



TRANSCRIPT OF RECORDING

MUNGABAREENA GROUP 2 SUBMISSION

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<THE RECORDING HAS COMMENCED

INTERVIEWER: Alrighty. Thanks. Thanks everyone again for coming and listening and now being part of this and sharing some of your experiences and knowledge and, and your journeys. I might start by just opening it up and saying
5 people want to have a - respond to what it feels like to be an Aboriginal person living in this area?

UNIDENTIFIED SPEAKER 1: I find it easy.
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INTERVIEWER: Great.

UNIDENTIFIED SPEAKER 1: That's because I mainly deal with everyone here. So yeah.
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INTERVIEWER: Yeah. That helps having a place like this to -

UNIDENTIFIED SPEAKER 1: Yeah, it does.

INTERVIEWER: - support. Great. Anyone else got thoughts on that?
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UNIDENTIFIED SPEAKER 2: Yeah. It's good because we'll do arts and craft and talk to other women.

INTERVIEWER: Great.
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UNIDENTIFIED SPEAKER 2: Yeah.

INTERVIEWER: Great. That's a tick from (indistinct 00:01:01)
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UNIDENTIFIED SPEAKER 3: I think it's like a cross border I reckon, and this area's always been very transitional. Like I've been here 49 or 53 years. And to see the - like when we, when we were first here - like, the community wasn't nowhere as big as it is now. But then you had Cyclone Tracy, which then brought a lot of
35 families to be resettled in and around this area. And also too then you had a lot that had moved but then come back. So it's been very transitional in this area as well. We often find that, you know, between here with Shep and Wagga that people are coming and going, you know. They'll go back home and then they'll come back to this area. And whether that's been because they've lived here before or yeah - or
40 they've got family and mob down this way that they'll, they'll come back to here. So - but all in all, look, you know, sometimes I say bloody Albury Wodonga but you know, it's still here after 49 years. So something's got to be keeping me here. And I suppose a lot of it's always been family so yeah.

INTERVIEWER: 49 years. And what's - what's changed or stay the same in that time?
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UNIDENTIFIED SPEAKER 3: I suppose the - we've got a lot more services than what we had back in the day. Like, you know, you've got Mungab, you've got AWAHS, you've got Indigicare, you've got Gumaraa. You know, services that weren't around back in my day. Like, I remember back in my day, we had a field
5 officer that came and seen us in the schools, would call all us black kids out and, you know, we'd get our uniforms sent to us in a box. Everything from your shoes, socks, your tunic and all that sort of stuff. You know, that was all sent to you in a box. And it was different back then. Like, you know - and to see how things have evolved and what services are available is a good thing. And the fact that they are culturally
10 appropriate services as well, you know, instead of having to attend mainstream for certain things. You know, you know you can go and feel safe in a service that's there. So yeah.

INTERVIEWER: Great.

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UNIDENTIFIED SPEAKER 3: And that are serviced by our mob, you know. So yeah. And I suppose its connection to -

UNIDENTIFIED SPEAKER 1: Like I've only been back here for 2 years, usually
20 in Geelong. And coming here is good, but down there you've got every month, every month they have things for diabetes at the centre where you have the diabetes educator, the foot specialist, the glasses. And I'd love them to be able to do something here for all the diabetes people, because it would really be great. \

25 **UNIDENTIFIED SPEAKER 3:** It's underway -

UNIDENTIFIED SPEAKER 1: I would extend -

UNIDENTIFIED SPEAKER 3: It's coming. It's (indistinct 00:04:47).

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INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: I think as an Aboriginal person in this community, I have found this the most accepting community, especially working at
35 Mungabareena. Working in Swan Hill, where I was a nurse for 15 years, but then I took on the same role I'm doing now, working alongside MDAS, it was very much - I found if you weren't black, you weren't black. That's how I was treated. Here the community is so accepting and just incredible. And it doesn't matter who your mob are, what tribe - everyone's just welcoming and I absolutely love Mungabareena and
40 yeah. (Indistinct 00:05:27) work with (crosstalk 00:05:27).

UNIDENTIFIED SPEAKER 3: Some of those, those towns like Swan Hill, like Mildy and places like that, that you weren't - you weren't there from birth. You
45 you're not a local.

UNIDENTIFIED SPEAKER 4: You're an outsider.

UNIDENTIFIED SPEAKER 3: You're not a part of it. Yeah.

UNIDENTIFIED SPEAKER 4: You know. Yeah and that's how I was treated the whole time.

5

UNIDENTIFIED SPEAKER 3: Yeah.

UNIDENTIFIED SPEAKER 4: Didn't matter what I was doing. You know, the community working with community. I was always an outsider. Whereas here it feels like I've been here my whole life. And I'm a Tassie girl, so I definitely haven't been here.

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INTERVIEWER: Why do you think - what is it about this area that makes you feel welcome?

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UNIDENTIFIED SPEAKER 4: I think it's just the community in general. You go to an event and everyone yarns and is welcoming and they don't have to know your name, but they just see a face and you get that smile and you walk into a room or any organisation, even mainstream, where you know, it's all about networking and working with clients and it's just acceptance. You know, and I'm proud to tell anyone I'm Aboriginal around here. And I've got a voice, too, if they've got a problem with it. So, you know, it's just a beautiful community. I love Albury-Wodonga, I can't see myself leaving here.

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INTERVIEWER: Great. Well, thanks for sharing. Anyone else got any thoughts on that and what it feels like being here?

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UNIDENTIFIED SPEAKER 5: I live in Wangaratta.

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 5: (Indistinct 00:06:48) Like sis said, like it was different back then. There was no services. It was more that there was questions asked whether there was black fellas living in town. There was. Not as dark as we got. Yeah and so it's good to see like how we have (indistinct 00:07:07 - 00:07:09) as well.

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UNIDENTIFIED SPEAKER 3: Yeah don't worry. They said that when the court was about to start. Do we even have any black fellas up here? And I'm like (indistinct 00:07:19). Like you know. So yeah, I understand.

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UNIDENTIFIED SPEAKER 5: And we've got (indistinct 00:07:24) as well (indistinct 00:07:25) so it's good to see that in the community.

INTERVIEWER: Yeah. Great.

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UNIDENTIFIED SPEAKER 3: I think (indistinct 00:07:32) goes down (indistinct 00:07:33) as well. So yeah.

(Crosstalk)

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UNIDENTIFIED SPEAKER 4: Wednesday? Tuesdays?

UNIDENTIFIED SPEAKER 5: Thursdays. And there's a (indistinct 00:07:46) park and (indistinct 00:07:47 - 07:55:00).

10

INTERVIEWER: Great. But what about - so just listening and reflecting. A lot of the responses so far have been about services. But what about in society - how is it - how is it like living in actually the society of around here? We heard a lot of different stuff yesterday, you know, around racism and police and so forth as well. Like, so from a societal point of view, more broadly, how - how does it feel living here?

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UNIDENTIFIED SPEAKER 4: A reasonable -

UNIDENTIFIED SPEAKER 1: Good, I've lived here for 69 years and never left the place. So I like it. You got your fishing, you got - you can go camping, you got people you can talk to and all that. It's really -

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INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 1: I'll never leave. Only in a cardboard box.

INTERVIEWER: You'd get a better one than cardboard, I reckon.

UNIDENTIFIED SPEAKER 1: Yeah.

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UNIDENTIFIED SPEAKER 4: I think - I mean, I know that I - I'm the (indistinct 00:08:55) cup of tea, as we call it. You know, the more milk you have, the whiter you get? So - no, I do, I - my mother is Finnish, so I have got her appearance and I am natural blonde. And I do get that white privilege treatment. And I do overhear the, you know, F'ing blacks and, you know, the comments until they suddenly realise they're in the presence of an Aboriginal person.

35

UNIDENTIFIED SPEAKER 3: Yeah.

UNIDENTIFIED SPEAKER 4: And that's speaking it up real. So there is a lot of that around here. You know, I had my son's father say to me - my son's friend's father say to me something about - before realising we were Aboriginal - and he hadn't met my son yet who has this beautiful olive skin. We were waiting to pick the kids up, and he said something along the lines of, oh, those Aboriginals are just Indians that have travelled over in boats. They never owned the country. And yeah, so we had a good conversation. But this is what I mean. This is the comments. Yeah so.

45

INTERVIEWER: Yeah, and that hurt.

UNIDENTIFIED SPEAKER 4: It yeah, it was disgusting, the view from him. And he very quickly back-pedalled. And when he walked into my home and saw the
5 Aboriginal art everywhere and met my son - and I should have mentioned yesterday when I was talking about my son being king hit four times at school while this kid was hitting him, he was yelling you F'ing Mexican. And he's mate's yelling, he's
10 Aboriginal you moron. So, you know, they've always got to throw in an Aboriginal comment when they're insulting someone. So it is around community. We're not immune to it. I'm just being honest.

UNIDENTIFIED SPEAKER 3: I know I've had lots of like comments of when (indistinct 00:10:36) are being, you know, picked up by the police and that they're
15 being racially spoken to as in you fucking black bitch, you know, fucking waste of space and all this sort of stuff. And, you know, it's been then that I've said - that don't stick with me - you know, that needs to be told. And a couple of investigations have had to happen. There's been one cop that was stood down over on the south side because of his treatment of Aboriginal people. He was just very, very racist. And the
20 - the part of it - he was black himself, but I'm not sure exactly what nationality. But for him to be saying that and not standing back and sort of thinking, well, the same could be said for him. You know, those comments could be reversed. But yeah - and you see, you see this stereotype too. Like I see comments when people's outcomes from Koori court go up on, on community watch and stuff like that. Oh yeah, the clowns court or - yeah, see, they get off this, they get off that. But they're not - like it's a mentality that they're getting something better than everyone else or you know, that's just something else they get. They don't have to pay for this. They don't have to pay for that. And that's their mentality I don't think is ever going to go away. That we get free cars, free homes -
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UNIDENTIFIED SPEAKER 4: Yes.

UNIDENTIFIED SPEAKER 3: That and the rest of it.

35 (Crosstalk 00:12:26)

So you know that mentality is still there. And I - my thoughts, I don't know. I don't think we will ever change that. I think that's something, you know, we can educate and educate and educate, but there's always going to be those that who won't agree,
40 you know. And that's, that's in anything. That's not just in respects of like our culture and everything else. That's people in general.

UNIDENTIFIED SPEAKER 4: I think the referendum really brought out the racism in the country. I got to the point I couldn't even look at the social media at the
45 comments being made. It was sickening. It was - yeah, like gut wrenching stuff, the things that were said.

INTERVIEWER: To other people - you know, changed after the referendum or during the referendum. What it felt like?

5 **UNIDENTIFIED SPEAKER 3:** There was - we've got here about them wanting to change Australia and that's been a - sorry, that's been a big issue that they wanted to change the date. But yeah, it's mixed reactions on that as well.

10 **INTERVIEWER:** Yeah. What about - a few people raise health in different, different areas. As a kind of system and experiences in that system that people might want to share about. Does anyone want to start somewhere in health? So the thing we spoke about at the start, working with rehabs or mental health services or women's shelters?

15 **UNIDENTIFIED SPEAKER 3:** No.

INTERVIEWER: Or staff did you say, yeah?

20 **UNIDENTIFIED SPEAKER 1:** Yes there's always shortage to doctors because there's just not enough.

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 1: Yeah.

25 **INTERVIEWER:** In like hospitals?

UNIDENTIFIED SPEAKER 1: No.

30 **INTERVIEWER:** No.

UNIDENTIFIED SPEAKER 1: In the service and everywhere.

INTERVIEWER: Yeah. Health services. Yeah.

35 **UNIDENTIFIED SPEAKER 3:** Yeah. I had a mother call me up yesterday morning stating that her 21 year old son, he was - he's on the drugs. He's homeless. She can't have him in hers because she's got care of the grandkids because the mother isn't available for the child. And she said he was sanctioned to Nolan House, which is our mental health facility out of the hospital over in Albany. And she was saying that
40 they even though he was sanctioned, they released him because they didn't want him smashing the unit up. So they've released him and they've released him out with no - nowhere to go, literally. And he's got mental health as well as drug problems. He's been a part of the system when he was younger. You know, everything from child abuse and stuff like that. Not from the parents but from the carers for which he was
45 put into. And she was just at her wits end yesterday and said to me, what can be done Joy? What can be done? And, you know, it's so sad because you - there's nothing. Like he got accommodation through junction for a week and she said this is the best

he was. They put him up in a motel for a week, but the fact that he had his own place to go to for that week, he wasn't going from house to house to house to house. He had his own space. And she said it was the best he'd been for a week. You know, and the moment that ran out - bang, he was back homeless again. And she's at her wits end. And as a mother, you know, my heart bleeds for her. Because we don't have the facilities here.

INTERVIEWER: So is this about -

10 **UNIDENTIFIED SPEAKER 3:** And I'm not even just identified spaces - I'm talking mainstream. Like there's not a mainstream rehab. There's not a mainstream women's shelter over on this side.

15 **UNIDENTIFIED SPEAKER 4:** And the process emergency has, everyone has to be being accommodation.

UNIDENTIFIED SPEAKER 3: Yeah.

20 **UNIDENTIFIED SPEAKER 4:** Which - of course, yeah.

INTERVIEWER: Everyone has to put in what, sorry?

UNIDENTIFIED SPEAKER 4: Accommodation.

25 **INTERVIEWER:** Yeah.

UNIDENTIFIED SPEAKER 4: Which then if they play up, that burns it for the client and the organisation. And then we're running out of places to use.

30 **INTERVIEWER:** Yeah.

35 **UNIDENTIFIED SPEAKER 3:** Especially with when they're trying to get bail, you've gotta to have a bail address and, like, they can't go home, whether it be because of family violence or like domestic violence or they just don't have a home. And then you're trying to get them an address so they can get bail. But, you know, because of their drug use and mental health and that their, they've burnt their bridges around town. And if you can't get them accommodation, they got no opportunity of getting out.

40 **INTERVIEWER:** Yeah.

45 **UNIDENTIFIED SPEAKER 3:** For bail, you know. So they're going to sit in there and in some cases it could be unnecessarily. You know, the last thing we want is to be keeping people in custody. And if it's down to the fact that we couldn't give them somewhere to stay until their next court case, that's - that's disgusting. That a person - the alternative is that they're staying in gaol.

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 3: Because there's no housing affordability or no housing available to them.

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UNIDENTIFIED SPEAKER 4: That's happening a lot, isn't it?

UNIDENTIFIED SPEAKER 3: Yeah.

10 **UNIDENTIFIED SPEAKER 4:** Yeah.

INTERVIEWER: So there's a lack of there's a lack of mainstream services around rehabs and transitional housing supports and things like that. There's a total absence of an Aboriginal specific services.

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UNIDENTIFIED SPEAKER 3: Yeah. Yeah, definitely.

INTERVIEWER: And then the gaps in that mean that there's knock ons for everyone. Other outcomes around justice or health or -

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UNIDENTIFIED SPEAKER 3: Yeah. Yeah.

INTERVIEWER: Yeah.

25 **UNIDENTIFIED SPEAKER 3:** Yeah. And sadly some of the knock ons from that are suicide. And that's - and that should just - yeah.

INTERVIEWER: Yeah.

30 **UNIDENTIFIED SPEAKER 4:** Or re-offending. So (indistinct 00:18:54) so they've got somewhere to stay.

INTERVIEWER: Yeah.

35 **UNIDENTIFIED SPEAKER 4:** Because if they've got nowhere, nowhere to stay out here and life's that hard, it's easier to go back inside, isn't it?

INTERVIEWER: Yeah.

40 **UNIDENTIFIED SPEAKER 3:** A lot - a lot, I hear it time and time again. Look, they don't even want to come out and do their parole, because you know, their conditions that they have to then report, do drug screens, this, that and everything else. And they know they're not going to be able to conform to that. So for them, a lot of them will say, no, I'm staying in, I'm going to do my parole. So when I come out, I'm free when I come out, I don't have nothing hanging over my head. So they'll
45 choose to do the parole. And the other side of it is, and it's sad to say, that gaol is not a deterrent, because when they get in there, they know they've got a roof over their

head, clothes, feed and what have you. And, you know, this is to me the institutionalised side of it where, you know, we've got some that are just repeat offenders and gaol is not a deterrent. So they do get out - they, you know, they'll come out with their half a dole or whatever and, you know, straight back to the same
5 haunts as what got them in there in the first place. They'll go there and, you know, and it's terrible that you have people there laying bets on how soon they are going to be before they're back in, you know? And it's terrible. I had a girl the other day, a young girl. She'd be 25, I think. She was bailed three times in the one week, and each time she was bailed, she re-offended. And then she came back before them again.
10 And my problem was that the solicitor that represented her on the day - the magistrate was like, you know are you applying for bail today? She's like, no. And she said, is there any custody issues? She said, oh, she's a young Aboriginal girl, blah, blah, blah. Is there anything else? No. My client states to me that there - she has no mental health or drug problems. Yet the reason she wasn't getting bail on that day
15 as well was because she was waiting for a spot at Odyssey. Straight away that person's got a drug problem and she does have mental health. She's been in Kerferd many a times.

If that information isn't relayed to our magistrates as a custodial warning when they
20 come in, that girl's going to go in there, she's going to be coming down like a dog, and she's going to be, you know, thoughts of whatever it's going to be happening, and she's not going to get the service - or the medical that she needs when she gets in there, whether that be something to help her sleep for the comedown or whatever it might be. So straight away I was like, regardless of whether your client said that, you
25 would then say to the magistrate, although my client has said that, as you're aware, we were waiting on a bed at Odyssey, which indicates that the client does have a drug issue. Or, you know, she has had stints in care for which, you know, is around mental health as well. So if maybe those things can be noted when she's going into custody, because without that custody plan on there, they just look and they go, okay,
30 that person's Aboriginal. That's all - that's all they want to read. There would have been no other issues on there stating that she's drug dependent.

INTERVIEWER: Yeah.

35 **UNIDENTIFIED SPEAKER 3:** And I mean highly drug dependent and has mental health issues.

INTERVIEWER: Yeah. And that stability they can find is in that - in prison because there's no stability support outside of there -

40 **UNIDENTIFIED SPEAKER 3:** So she would have been going in there getting no assistance for those - that first initial - like any good corrections officers and that in custody will see that yes, she is coming down and everything else, but when it's ordered by a magistrate that those things be addressed on them coming into custody,
45 then you know, that's - that's got to be addressed.

UNIDENTIFIED SPEAKER 4: This could be better advocacy for our mob, especially in the court system.

UNIDENTIFIED SPEAKER 3: Yeah.

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INTERVIEWER: Yeah. Yesterday we heard a bit about people in health settings, when they go to a doctor or a hospital or a service with, like, shakes or might have fallen. And if they identify that they're Aboriginal as part of that intake, then there's always assumptions made about why they fell over or why they had the shakes. It
10 might have nothing to do with the actual reason.

UNIDENTIFIED SPEAKER 2: Yep.

INTERVIEWER: Essentially just experiencing racism. Is that - does that ring true
15 to anyone here or people have heard of things like that before or.

UNIDENTIFIED SPEAKER 1: Yeah.

UNIDENTIFIED SPEAKER 3: They (indistinct 00:24:30) the base -
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UNIDENTIFIED SPEAKER 2: When I had my fall, they took X-rays and I had to actually get my worker onto it to get them, because they didn't send them out. So -

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 4: And as I said yesterday, as a support and care worker. I've taken many clients who've asked me because of their chronic pain, and not even sleeping. One uncle couldn't even sleep two hours a night. Two torn rotator cuffs, one in each shoulder, and he'd asked numerous times. Just some pain relief.
30 And when I took him, not a problem. But the doctor still had to throw in. It is only for short term use, I don't want you on this long term. These comments don't need to be thrown in. Obviously we wanted it, I'd explained he wanted it short term until he had his pending surgery, which was less than a month away, but the comments still had to be done. And that's so common.

35
INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: So and I quite often just have to pull the doctor up
40 on that and say, you know, there's no need for that. We've had this discussion. Please don't make him feel worse than he already does about asking for pain medication. So he or she - yeah. I've had - I've been, I've recently had a back operation like 12 months now, but having went to the doctor, my own doctor, no problems with pain medication because he knows like I'll only take it if I need it. He was unavailable and I'd seen another doctor. And he goes, and I said, can I get a script - by being direct in
45 this way - Like the way in which he spoke to me and approached me after I'd asked for that, I felt like he straight away judged me.

UNIDENTIFIED SPEAKER 2: Yeah.

UNIDENTIFIED SPEAKER 4: And this is in an Aboriginal org too, in an AMS. And I was straight away like - straight away feeling as if he was judging me, that all
5 I was there for - I was actually there for something else as well on the day. But I asked for those whilst I was there, and the impression I felt was that he was thinking like I only came there not for what I said I was there for, but just to get that script. Whereas my own doctor, I'll walk in and he'll say to me, do you want a script to be done today? You know, and it's because he knows that - okay, it's been 30 days or
10 whatever, she will probably - I don't have to ask him for it. And that's the difference, but this doctor made me - I came out of there and I, when I got home, I actually said to my son, I said, that doctor just made me feel like I was in there drug seeking, and I said - I said, I've never, I've never felt like that. I said, I'm not, you know? And yet that's how I felt when I walked out of there.

15 And I actually did tell my main doctor when I went back, I said, I don't ever want to see him again, he said. Why? Everyone likes him. I said, I don't. And he said what? I said, well, this is why. And I told him. He goes, really? And I said, yeah. I said, you know, here's me that can speak for myself and say something about it. But the next
20 person who is in you know, really, really bad pain.

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: If that was them, they may not ask for it and be
25 putting up with the pain because they don't want to be judged and they don't want to be seen as a drug seeker or whatever else, you know?

INTERVIEWER: Yeah.

30 **UNIDENTIFIED SPEAKER 4:** And I was just because it was a - this doctor was only new, but still if you're coming to work in an AMS you know, you can't be judgemental like that. It's just, yeah.

INTERVIEWER: You seem to have a similar experience?
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UNIDENTIFIED SPEAKER 5: Yeah. I see a regular doctor, but I actually went to another doctor who was available at the time, and she didn't even talk to me about my history. I mean, she could have looked it up, but she didn't even do that. I said, I need medication for my diabetes. And she turned around and straight away assumed
40 I wanted it for weight loss. I said I put Diabetes, not weight loss. So yeah, I had to actually mention it to her, and she looked it up in my vitals and said that.

UNIDENTIFIED SPEAKER 4: The first question that you start with - a disease like diabetes -
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UNIDENTIFIED SPEAKER 5: Yes.

UNIDENTIFIED SPEAKER 4: You shouldn't, you know -

UNIDENTIFIED SPEAKER 5: She just assumed I was there for weight loss medication.

5

UNIDENTIFIED SPEAKER 4: And she said, I rely on Duromine for that.

INTERVIEWER: What'd she say?

10 **UNIDENTIFIED SPEAKER 4:** No, I say give me Duromine for that. Don't worry about me. Don't worry about the injection. I'll just have the Duromine - legal speed.

UNIDENTIFIED SPEAKER 5: When everyone in the community was saying she's a good doctor, and we went back to see her.

15

UNIDENTIFIED SPEAKER 3: I really questioned the performance training that goes on with our GP. So, just to be honest, I've been in -

20 **UNIDENTIFIED SPEAKER 4:** I know back in the day it used to be very, very strict and ongoing. Yeah. But -

UNIDENTIFIED SPEAKER 3: the change over there is too quick now.

UNIDENTIFIED SPEAKER 4: Yeah, look -

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INTERVIEWER: Why do you question that?

UNIDENTIFIED SPEAKER 3: Just quite a few clients I've taken in. Just inappropriate comments made.

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UNIDENTIFIED SPEAKER 5: Yeah.

35 **UNIDENTIFIED SPEAKER 3:** Assumptions. The regular GPs that have been there a long time, fantastic. But the short terms that are coming and going, I question whether any - there is any training, or what's happening there. So we've had to change doctors a few times.

40 **UNIDENTIFIED SPEAKER 1:** Not long ago, the one with the X-rays went in there and I said, how's my shoulder? And she turned around and she said, the X-rays look really good. And I said, really? I said, well, I've been told that I've got a tear in my rotor cuff. And she said, oh well we'll send you for an ultrasound. Back then it was free (indistinct 00:30:17). And that was my brother that said there was a tear, because he used to do massaging on bodies.

45 **INTERVIEWER:** Yeah right. Yeah.

UNIDENTIFIED SPEAKER 3: Yeah. We didn't need to be dismissed like that, you know? And if you hadn't already heard that, you would have went on. And, you know, the damage and everything else is there -

5 **UNIDENTIFIED SPEAKER 1:** Yeah.

UNIDENTIFIED SPEAKER 3: So, you know, it's long term what happens as well. It's not -

10 **INTERVIEWER:** Yes -

UNIDENTIFIED SPEAKER 3: Just immediate, but long term. If that wasn't dealt with at the time then -

15 **UNIDENTIFIED SPEAKER 1:** Then physio (indistinct 00:30:49)

UNIDENTIFIED SPEAKER 3: Yeah -

20 **INTERVIEWER:** Yeah, that's a good point. So is that kind of dismissiveness.

UNIDENTIFIED SPEAKER 3: Yeah.

INTERVIEWER: There's that people like thinking that they know better or there's that idea of, you know -

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UNIDENTIFIED SPEAKER 3: It doesn't matter -

INTERVIEWER: Making assumptions about what you're actually there for -

30 **UNIDENTIFIED SPEAKER 3:** Get them in and out.

INTERVIEWER: Trying to get drugs rather than trying to get better.

35 **UNIDENTIFIED SPEAKER 3:** They want to have to, you know, (crosstalk 00:31:05) -

UNIDENTIFIED SPEAKER 1: When you say, you know, it's hurting, I can't do this with it, I can't do that with it. And they say, well, there's nothing showing.

40 **INTERVIEWER:** Yeah.

UNIDENTIFIED SPEAKER 1: Well there's more there. You need to investigate it.

45 **INTERVIEWER:** And what about like specific, like Aboriginal health supports and some of the mainstream services. Are they there, or adequate or -

UNIDENTIFIED SPEAKER 4: I think gateway has got one, have they?

UNIDENTIFIED SPEAKER 3: No. Not anymore.

UNIDENTIFIED SPEAKER 4: Not anymore?

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UNIDENTIFIED SPEAKER 3: They're just not around. I think everyone's utilising Mungabareena mainly and AWAHS -

UNIDENTIFIED SPEAKER 4: Yeah.

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UNIDENTIFIED SPEAKER 3: Now they've got to come to the ACCOS.

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 3: Or their ACCHOS. Especially when it comes to AOD (indistinct 00:31:40) care, aged care support.

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 4: I mean, that's the pressure on those workers as well -

INTERVIEWER: Yes.

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UNIDENTIFIED SPEAKER 4: That, you know, their client base is getting larger and larger because they're having to go and advocate for their clients.

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 4: And be present, whether that be, you know in health, education, justice or whatever. And you - you know, you've got one worker, specific roles, and you know that workload gets a lot bigger because, you know, there's services that they're using -

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INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: Don't actually accommodate for them.

INTERVIEWER: (indistinct 00:32:23)

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UNIDENTIFIED SPEAKER 3: I mean, yeah, for me personally, I think I'm at 23 clients at the moment with referrals coming in. And I have two roles in one, health promotion and chronic care, and it's crazy. You know, it's almost at the point where you have to strictly say which chronic conditions you can take on. And you know, other workers say, you know, say you're at capacity. But to me, with mob you want to (indistinct 00:32:45), when they're asking for help, you help. so that needs to be

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understood as well. So it's a big workload. I know other workers, like, it's not just me. It's like -

5 **INTERVIEWER:** Yeah. Sue (indistinct 00:32:57)

UNIDENTIFIED SPEAKER 3: Sue (crosstalk 00:32:58). And she's run off her feet.

10 **UNIDENTIFIED SPEAKER 1:** Yeah.

INTERVIEWER: And why do you think that is? Do you think that's because of the gaps in other services?

15 **UNIDENTIFIED SPEAKER 3:** Gaps in other services but also funding availability to provide extra workers -

INTERVIEWER: - Yeah.

20 **UNIDENTIFIED SPEAKER 3:** I think when it comes to specifics, like AOD we do have two workers, but our (indistinct 00:33:21) mental health and emotional well-being, we have one worker.

INTERVIEWER: Yeah.

25 **UNIDENTIFIED SPEAKER 3:** You know, our biggest area. We have one worker.

INTERVIEWER: Yeah.

30 **UNIDENTIFIED SPEAKER 3:** Yeah. Chronic care is huge - one worker.

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 3: So there's areas where they need to expand.

35 **UNIDENTIFIED SPEAKER 4:** Yeah, definitely.

INTERVIEWER: So there's just - sounds like just - there's just not enough resources and support staff to support community needs -

40 **UNIDENTIFIED SPEAKER 3:** That's it -

INTERVIEWER: In those spaces. And is that the same - mental health was something that was raised at the start. Is that, you don't have a comment around the - how sufficient supports are or what, or the needs?

45 **UNIDENTIFIED SPEAKER 4:** - Seems like mob's been left behind. I think that is (indistinct 00:33:59)

UNIDENTIFIED SPEAKER 3: It is. It's huge, and there's nothing there.

UNIDENTIFIED SPEAKER 1: Yeah.

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UNIDENTIFIED SPEAKER 3: That support - (crosstalk 00:34:04) No - say like - and I'm not just talking here. Like, the AMS has a mental health worker, but it's one worker. And that worker, you know is covering both sides, and surrounds. And in that role you know, there's only so much you can be doing. Like mental health isn't
10 in a 5 minute appointment, 20 minute appointment. Mental health clients are long, long appointments. So how many are you actually getting to see on a daily basis, and you know, the follow up and everything else. So yeah, and it's not just, I suppose, our Koori organisations or our mob that our feeling it. It's non-Indigenous as well. Like the facilities just aren't there. And that's another thing that's in the news every night is
15 about mental health.

UNIDENTIFIED SPEAKER 4: Yeah. And that's why we, as we mentioned yesterday, and they're sending money overseas and doing all of that.

20 **UNIDENTIFIED SPEAKER 2:** Yeah.

UNIDENTIFIED SPEAKER 4: What about all of us, like our own communities. How about looking after Australia first?

25 (crosstalk 00:35:27)

UNIDENTIFIED SPEAKER 2: Too good at giving, but not to our own.

INTERVIEWER: Is there anything else, you guys have covered a lot in the last half
30 an hour or 40 minutes. Is there anything else in that space that anyone wanted to add around health? No worries if not, the other topic that got brought up was around education, and the importance of that. Did you want to kick off in what you were wanting to get out there?

35 **UNIDENTIFIED SPEAKER 4:** I think it was a personal experience of my son again. Maybe he's upsetting everyone, but when I brought up better education, you know, really looking into our KESO workers where he goes to school. She was doing a session, and he giggled in the background or something, and she turned around and threatened to break his kneecaps with a digging stick.
40

INTERVIEWER: With a what stick?

UNIDENTIFIED SPEAKER 4: With a digging stick. And then she looked at him and said, oh, I'm surprised you even know what a digging stick is. He instantly
45 having a go at if I, you know, educated my son on his culture. And when I contacted the school and pulled him out of the class and, you know, said he'll no longer be taught by this woman, you know there was nothing done. They just didn't care, so he

doesn't attend the cultural awareness training that they do there anymore. And she continues to teach it. You know, and I contacted the school. I said, threatening to discipline a child who's 16, who's actually not a child anymore. He's a young man who would be at initiation age with a digging stick, is not the role of a woman to begin with. It's the role of an elder. I said if she is truly knows her culture, she would know that, you know? But nothing I said even mattered. So I queried how many other KESO workers are in the way -

10 **UNIDENTIFIED SPEAKER 1:** There's a bit of changes going in at my school -

UNIDENTIFIED SPEAKER 4: I hope so.

UNIDENTIFIED SPEAKER 1: Oh, yeah. They have a (indistinct 00:37:15).

15 **UNIDENTIFIED SPEAKER 4:** Oh, no, not that school. I'm talking the one he's at now.

UNIDENTIFIED SPEAKER 1: Oh, the one he's at now? Okay.

20 (crosstalk 00:37:24).

UNIDENTIFIED SPEAKER 4: She did say college. I've got to go (indistinct 00:37:27). But Yeah, so that - and my son like I said goes to a school, but he can't attend mainstreams, he's had a lot of bullying issues and learning -

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INTERVIEWER: Yep.

UNIDENTIFIED SPEAKER 4: And he should have felt safe in that school. So for the KESO worker to make that threat towards him.

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INTERVIEWER: Super inappropriate.

UNIDENTIFIED SPEAKER 4: Yeah.

35 **INTERVIEWER:** Yeah.

UNIDENTIFIED SPEAKER 4: So I wonder what cultural awareness training goes on in schools. And as we were talking previously with aunt, you know, saying about you know, getting better education into the school system about our history. And having our traditional owners do it from the local area.

40

INTERVIEWER: Yeah.

45 **UNIDENTIFIED SPEAKER 4:** Not, I guess, a fly in - like myself, I wouldn't dare step into a school in this area and teach the culture. I'm a Palawa woman, not a Koori woman. I think that really needs to be looked at closely.

INTERVIEWER: Yep. So making sure that local traditional owners are responsible and empowered to do any cultural awareness.

UNIDENTIFIED SPEAKER 4: Absolutely.

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INTERVIEWER: Or cultural education?

UNIDENTIFIED SPEAKER 2: Yeah.

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INTERVIEWER: Yeah, locally.

UNIDENTIFIED SPEAKER 1: (indistinct 00:38:28)

INTERVIEWER: Yeah.

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UNIDENTIFIED SPEAKER 2: (indistinct 00:38:35)

INTERVIEWER: Thanks for sharing. Anyone else have any thoughts on education or schooling, or things that they want to share?

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UNIDENTIFIED SPEAKER 6: Yeah. So it's from my sister down in Melbourne. She's a speech pathologist there, and one of her schools - it's a predominantly white school. There's only a few Aboriginal kids there, and they actually did a welcome to - acknowledgement to country in Italian for like - and she was like and she didn't get asked to do it. She was like, and then she questioned, like why would you do it in Italian? And they said, oh, it's just being inclusive to everyone. And like I understand that, but like, you can do it in the traditional language there. Like, why wasn't that their first thought instead of having trying to be as woke as they can, like they're just making decisions that they don't understand - (indistinct 00:39:36) like why - yeah.

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UNIDENTIFIED SPEAKER 4: You'd do it in Wurundjeri wouldn't you?

UNIDENTIFIED SPEAKER 6: Yeah, yeah.

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UNIDENTIFIED SPEAKER 4: Yeah.

UNIDENTIFIED SPEAKER 6: And it's like, why wouldn't you get an elder - advice from one of the local elders?

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INTERVIEWER: Yes.

UNIDENTIFIED SPEAKER 6: And it's like you want to try and push this into like a woke (indistinct 00:39:55), where it needs to be built up into this strength to - Yeah, be powerful, instead of trying to make it as woke as you can.

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INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 3: I think there needs to be that greater education, not just with schools, but with other organisations that, going to the ACCOs and the ACCHOs and consulting with the community, and taking it back to community consultation, especially with our elders and traditional owners. It's been gone to the
5 wayside, and that needs to be brought back in. I mean, that's the first thing everyone's taught. When you do like a Diploma of Community Services. But I don't think it sinks in, and it's not passed on to people and -

INTERVIEWER: It's a similar point to the UN. If you've got local traditional
10 owners empowered to make those decisions -

UNIDENTIFIED SPEAKER 6: Yeah.

INTERVIEWER: You're not, probably not going to get an acknowledgement in
15 Italian.

UNIDENTIFIED SPEAKER 6: Yeah, probably. Yeah.

UNIDENTIFIED SPEAKER 3: That's a new one.
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UNIDENTIFIED SPEAKER 6: Yeah, yeah. And that only happened a few weeks ago, like -

INTERVIEWER: Yeah.
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UNIDENTIFIED SPEAKER 6: Yeah. But yeah, she stood up for that, and asked the tough questions.

INTERVIEWER: Yeah.
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UNIDENTIFIED SPEAKER 6: Yeah. And they still haven't - yeah, they still haven't come back to her answering those questions. They just left those questions to be stale. Like, not going anywhere, yeah.

UNIDENTIFIED SPEAKER 4: They would just hope she goes away.
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UNIDENTIFIED SPEAKER 6: Yeah pretty much.

UNIDENTIFIED SPEAKER 4: Yeah.
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INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: That's like me complaining about the KESO worker, they just hoped I went away.
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UNIDENTIFIED SPEAKER 6: Yeah.

INTERVIEWER: Yes.

UNIDENTIFIED SPEAKER 4: They don't like us kicking up a stink.

5 **INTERVIEWER:** Is that lack of accountability as well?

UNIDENTIFIED SPEAKER 4: Yeah. They just hope we go away, but we don't.

UNIDENTIFIED SPEAKER 6: Yeah.

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INTERVIEWER: Yeah. What about, do you mind if I ask you about your schooling? What was your experience of education in this area?

15 **UNIDENTIFIED SPEAKER 6:** In this area? Very, very tough. I didn't get a lot of support. I suffer - I suffered from PTSD. So I had a very - It was a very tough schooling because I didn't understand, anything - like it, information didn't come to me normal. Like, I only learned to read and write at the age of 17. Like, I was lucky enough to have that support in high school, but in primary school I never got it. Like, by the - when I was in kindergarten, one of the teachers - or the principal actually, 20 they said that there was - my nan - that he said to one of the supports, oh, black kids aren't meant to write. And my nan was lucky enough that she got the principal, actually kicked off school. And I was lucky enough to actually have a support system there. And, yeah, I'm very lucky. I'll say I'm very lucky to have - I was very lucky to have that support, because I know a lot of kids, a lot of Indigenous kids around this 25 area don't. They - like they try to, but they don't understand the - like they say, oh, he's Aboriginal. He needs to learn the didj, he needs to learn just the - just like the basic things that the community outside the Indigenous community see. Like no, he needs to - he doesn't need to learn the didj. He doesn't need to learn dot painting. He needs need to learn the traditional - he needs to learn what was traditionally taught 30 around here. The law that was taught around here. So like the dances, the songs, the kinship, the totems, the bush medicine, what this area was used for. Like, yeah.

INTERVIEWER: Yeah. (indistinct 00:43:30)

35 **UNIDENTIFIED SPEAKER 6:** And I finished year 12, so.

INTERVIEWER: Nice work.

UNIDENTIFIED SPEAKER 6: Yeah.

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INTERVIEWER: I reckon your - everyone would be pretty proud to have you -

(crosstalk 00:43:40)

45 **UNIDENTIFIED SPEAKER 6:** Yeah.

INTERVIEWER: You as a son. you seem like you've got a - I might, maybe we finish off by people got any thoughts on - you've spoken about lots of areas in health and education and young people and mental health. What are - is there something in particular that you'd like to see, if you could have a magic wand that would change something for the better for your kids or your grandkids? Is there a big thing that you'd like to see change or something that comes to your mind?

UNIDENTIFIED SPEAKER 6: What I was talking about before, and this is from doing like, research on one of the (indistinct 00:44:21) of Sir Doug Nicholls. One of his quotes he said back in 19- when was it? Probably 1960s or something? He says, life is like a piano. Like, you can try and get the tune. So a white key, playing white key, and then you play a black key, but that's only going to get you the tune. The only way you can have harmony is playing both. That's the only way that you can have harmony in it. So having that understanding of the white culture, and the white culture understanding the black culture, instead of them just trying - or just pressing on this, pressing on that, pressing on this. Instead of we need to work together to - we need to work together to form harmony in communities, yeah.

UNIDENTIFIED SPEAKER 4: Stop them from (indistinct 00:45:13)

UNIDENTIFIED SPEAKER 6: Yeah, exactly. Like, yeah. And that's (indistinct 00:45:17).

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 6: Yeah.

INTERVIEWER: Great. What about anyone else? Anyone else has like a - the change that they're passionate about, or that they'd like to see happen in the future?

UNIDENTIFIED SPEAKER 3: (crosstalk 00:45:33)

INTERVIEWER: Yeah.

UNIDENTIFIED SPEAKER 4: I think the big thing for us here at Munga is building this space back up to the community hub that it used to be. And bringing back the yarning circle out the back and having a space where you can come and - this is now the elder's hub, and having a space for our youth, where community can be together again.

UNIDENTIFIED SPEAKER 2: Yeah.

UNIDENTIFIED SPEAKER 4: And it's a work in progress, but it's definitely (indistinct 00:45:57).

UNIDENTIFIED SPEAKER 1: Yeah, we'll get there.

UNIDENTIFIED SPEAKER 4: That's a big thing. Having somewhere where the community come. Creates a safe space.

INTERVIEWER: Yeah. Beautiful. Any last words you want to add? Yeah -

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UNIDENTIFIED SPEAKER 7: I feel that we should do more like, talking about racism. Like, really should be more people educated, and like - and advertising. Like, you never see posters about racism, or see it mentioned on TV, or you know, I think that would help educate a lot of the public about our culture and that - how we treat it differently.

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INTERVIEWER: That's a great point. So having some actual campaigns and things out there.

15 **UNIDENTIFIED SPEAKER 7:** Exactly, yeah.

INTERVIEWER: Talking about the impact of racism -

20 **UNIDENTIFIED SPEAKER 7:** Yeah. You only hear about it in (indistinct 00:47:02).

UNIDENTIFIED SPEAKER 4: Instead of all -

25 **UNIDENTIFIED SPEAKER 7:** I feel like it should be a common - it should be always (indistinct 00:47:09). Should be posters, you know, lots of education about it.

UNIDENTIFIED SPEAKER 4: Calling it out.

30 **UNIDENTIFIED SPEAKER 7:** Yeah, exactly. Yeah.

UNIDENTIFIED SPEAKER 4: And that might -

UNIDENTIFIED SPEAKER 7: That's all part of bridging the gap too isn't it?

35 **UNIDENTIFIED SPEAKER 4:** Definitely.

UNIDENTIFIED SPEAKER 7: Yeah. That might help people to start to call it out when they see it.

40 **UNIDENTIFIED SPEAKER 4:** I think too -

UNIDENTIFIED SPEAKER 7: Not just black fellas, I mean white fellas too.

INTERVIEWER: Yes.

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UNIDENTIFIED SPEAKER 7: It's like when they see it or hear it they can call them out. You know what I mean, like it's not nice to have to call them out all the time.

5 **UNIDENTIFIED SPEAKER 4:** There was like the - at the footy them saying about the welcome you know, having the welcomes each time the matches, and things like that. And one of our elders who was actually explaining what the - the welcome was about because you know, you had all these ones saying, oh, I'm sick of these bloody
10 welcomes, you know? We're always got to have a welcome. So it was only a couple of weeks later after that was said, that one of the elders, before they did the welcome, explained what the welcome was about, so that there was that understanding of why we do this welcome, instead of them just standing up, giving a welcome. Explaining what the welcome was about.

15 **INTERVIEWER:** Yes.

UNIDENTIFIED SPEAKER 4: Because I think non-Indigenous people can sometimes look at - like here that oh, well, why do we have to have a welcome? you know, like this. But if they're educated around, why we have to have that welcome
20 and the respect around that, then it doesn't become an issue. It doesn't - it's not a, oh, we have to have it. It's like, we have this welcome because, you know? So yeah, when I did a presentation at TAFE the other day, I actually explained to the students that, you know, we always get the comment, why do I have to be welcomed to my own country?

25 **UNIDENTIFIED SPEAKER 3:** Yeah.

UNIDENTIFIED SPEAKER 4: And when I explained to them and I showed them the map of all the different tribes. And I said, we're not welcoming you to Australia,
30 we're welcoming you onto country. So when they do the welcome at the MCG, they're welcoming everybody who's travelled to Wurundjeri country. And when I explained that welcoming you to country, not to your country, everyone was like, oh, now I get it. So how hard is that to explain to the rest of everyone else?

35 **UNIDENTIFIED SPEAKER 6:** It's like welcoming, like welcoming someone into your house. Like we're welcoming people into our house.

UNIDENTIFIED SPEAKER 7: Yeah.

40 **UNIDENTIFIED SPEAKER 6:** Like what, you wouldn't - you wouldn't get somebody just walk in and they just walk through. No, you're oh, g'day how you going? Like, having a good day. Yeah, good thank you for coming.

INTERVIEWER: Yeah, that's a great way to put it.
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UNIDENTIFIED SPEAKER 5: And some people, like, get confused between what's the difference between welcome and acknowledgement.

UNIDENTIFIED SPEAKER 2: Yeah.

(crosstalk 00:49:48)

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UNIDENTIFIED SPEAKER 5: A lack of knowledge.

INTERVIEWER: Yes.

10 **UNIDENTIFIED SPEAKER 4:** Yes. Increased education everywhere. And that starts in the schools.

UNIDENTIFIED SPEAKER 5: Yeah.

15 **UNIDENTIFIED SPEAKER 4:** And you're right. There isn't enough like, media stuff around. You know, even having some little ads on the TV stating, you know, little bits of culture. You know, slowly educating.

20 **UNIDENTIFIED SPEAKER 3:** You shouldn't have to go on NITV to see it.

UNIDENTIFIED SPEAKER 4: Yeah.

UNIDENTIFIED SPEAKER 3: Well seriously, because that's all it's on.

25 **UNIDENTIFIED SPEAKER 4:** Yeah, yeah, it's a really good idea.

UNIDENTIFIED SPEAKER 7: Yeah, it's really good.

30 **UNIDENTIFIED SPEAKER 4:** Like you run in at the state, the health service, they have about - on the telly, it's just all different Aboriginal programs and stuff like that, and different segments on there. And it's not all just about, you know, health and things like that. It's about things around the land and, you know. Like, the first inventors, that was a brilliant show. That was an amazing show, because it showed people where we were coming from.

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INTERVIEWER: yep.

40 **UNIDENTIFIED SPEAKER 4:** You know, that - what's in place today in modern time was already happening many thousands of years ago, in a different way the white man took it on. Based on what was already in place, and the initiatives that were happening way, way back then -

INTERVIEWER: Yeah.

45 **UNIDENTIFIED SPEAKER 4:** And having the proof that those things were happening, because, you know like, taking samples of the trees that weren't there all them years ago, because that was open land.

INTERVIEWER: Yeah.

5 **UNIDENTIFIED SPEAKER 4:** Actually showed them that there was life here, that there was, you know, that we could live off the land, and that the way - it wasn't primitive.

INTERVIEWER: Yeah.

10 **UNIDENTIFIED SPEAKER 7:** Yeah.

UNIDENTIFIED SPEAKER 4: It was actually very smart, the way in which we lived. So, yeah. That always annoys me, because you just get into something and the doctor calls you.

15

INTERVIEWER: no what?

UNIDENTIFIED SPEAKER 4: The doctor calls you just as you get into one of those shows. I don't know where to find the rest of the show.

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INTERVIEWER: Well, I reckon that's a great spot to finish up, thinking about, you know, the power of not just talking about injustice, but also the strength and knowledge, and inventions and all the diversity strengths there. So, I just want to say thank you so much for one, coming and listening and taking some time out of your day. And even more importantly, like sharing from your hearts and your heads, and it really is important for us, and it's important for Yoorrook to be able to hear your voices directly from here. And you know, our promise is that we'll take them, and we'll use them and make sure that they'll be - they'll be included in this public record, and can help inform some changes to come. So thank you very much.

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UNIDENTIFIED SPEAKER 2: Thank you.

INTERVIEWER: Thank you.

35 **UNIDENTIFIED SPEAKER 4:** Thanks.

INTERVIEWER: And the next steps are, what we'll do is we'll get a transcript. I'll stop this recording.

40 **<THE RECORDING CONCLUDED**