

Submission to VAD

Traditional Aboriginal communities

A draft of the Aboriginal Interpreter Service script attempts to inform traditional Aboriginal people about Voluntary Assisted Dying. By 'traditional' I mean those Aboriginal people who speak a traditional Aboriginal language and whose lives and views of the world are shaped by their language and culture. I confine my discussion to the region of remote Central Australia in which around twelve traditional languages are spoken and for which non-traditional Aboriginal languages such as Kriol are not spoken by a significant number of speakers.

Aboriginal people represent nearly a third of the population of the Northern Territory and an even larger proportion of the long-term population. They are also the traditional owners of the lands upon which much of the Northern Territory infrastructure is built and therefore deserve special consideration. They are unlikely to move away from the Northern Territory. Whatever is legislated in Darwin impacts upon them more than for the 'expatriate' non-Indigenous who live in Darwin and other population centres.

The VAD legislation should be opposed because of the nature of the Territory with its large number of remote speakers of traditional languages means and the difficulty of communicating with them.

Miscommunication

The Northern Territory parliament is unrepresentative of the whole of the Territory. The suburbs of Darwin do not reflect the Territory's linguistic and cultural diversity. Few of the legislators of the Northern Territory parliament are aware of the problems of translation as they themselves are monolingual. The Northern Territory is the jurisdiction in Australia with the highest proportion of speakers of traditional Australian Aboriginal languages and the greatest need for intercultural approaches to communication. Miscommunication is a feature of Northern Territory government when it attempts to speak to Aboriginal people in

remote areas. The Aboriginal Interpreter Service (AIS) consists of para-professional interpreters who are not trained to interpret in specialist fields such as law and medicine.

Recording VAD

A recording is sent out to communities so that they can be informed about government policy. The information is 'rescripted' from English to 'Plain English'. A 'rescript' is a 'front translation', that is, a Plain English version of a text which will be translated into the major Aboriginal languages of the Northern Territory. Usually, traditional Aboriginal language speakers are not able to understand Standard Australian English and even less do they understand the English spoken by professionals with the specialized jargon which is particular to each profession. Traditional Aboriginal language speakers do not understand words such as 'consent', 'options', and 'assisted' as there are no equivalent terms in their own languages. Traditional Aboriginal people are usually opposed to killing their relatives and will not discriminate between 'assisted dying' and 'killing'. They have no words or expressions which will make this distinction possible. Words such as 'assisted' are passives and do not mention who is 'assisting'. The word 'consent' is an abstract noun. These language structures are not easily translated into traditional Aboriginal languages and are likely to be misunderstood if they are not explained carefully.

Learning from the past

Their lack of confidence in the Northern Territory government will reinforce perceptions arising from other failures to work with them collaboratively such as the Northern Territory Emergency Response (NTER). The Commonwealth failed to communicate its apparent concern for children in 2007. At communities such as Imanpa, child welfare became associated with child removal because of the involvement of the Australian Army and memories of "Army", police operations that were directed against Aboriginal people in the past. It was a foolish move for the Howard government to engage the military. The exercise was coordinated by people who had little or no experience of working with Aboriginal

people but were convinced by the rightness of their cause and also convinced absolutely of their lack of need to communicate.

The chief failure of the NTER was in communicating with remote communities as Major General Dave Chalmers admitted, twelve months after the NTER started. It has become one of the most regretted of government policies in recent times. The NTER chiefs successfully communicated the message that whatever was done to remote Aboriginal people would not involve asking them their opinion or taking their advice. The Northern Territory government should learn from the mistakes that were made at that time and abandon the top-down failed communication policies of the Northern Territory and Commonwealth governments. They are manifestly inadequate.

Traditional Aboriginal people have good reasons to distrust conservative Northern Territory governments who have worked against their interests in the past and have represented only Anglo-Australian values such as 'Business' and 'Freedom'. The killing of Aboriginal people and, in recent times, deaths in custody and killings by Northern Territory Police have undermined trust in the Northern Territory Government.

When the first Euthanasia Bill was introduced to the Northern Territory, there was an undermining of confidence in the health system. People thought that they were going to be poisoned by the staff at the clinic and refused to undergo medical treatment. This happened at Ampilatwatja and Urapuntja (Utopia) homelands where Alyawarr and Anmatyerr are the languages which are spoken.

The Aboriginal Interpreter Service will not be able to find trained and qualified interpreters for the consultation process

The VAD script is 'top down' which is the usual way that the Northern Territory government communicates with traditional Aboriginal people, rather than asking them about their own views and acting on their advice. At the time of the Euthanasia Bill the government promised that extensive consultation would be held using interpreters. The assumption was that there were interpreters available and that they would be willing to interpret the message. At that time there was no interpreter service and the consultation process was not

held. Today it is still very difficult to find trained and qualified interpreters for the languages of Central Australia. It is even harder to find trained and qualified interpreters to discuss serious and controversial matters such as VAD. Interpreters are often reluctant to discuss 'assisted dying' as it is unacceptable to many of them. After living in a very harsh environment for millenia they are tenacious, cling on to life and attempt to live for as long as possible.

The rushed nature of this legislation will mean that the voices of some of the most vulnerable people will not be heard.

The complexities and challenges of living in the multilingual Northern Territory are not understood and minimal resources are devoted to addressing the challenges of communication.

The script is vague and falls short of providing detailed information

There is no detail in the VAD script. The script is euphemistic in that it contains words and phrases which are designed to avoid words which might 'make you sad and upset'. Nowhere in the script is there an explanation that people won't die of natural causes although it does say that a doctor will 'help the person die'. But patients will be caused to die. Avoiding the history of 'Euthanasia', this kind of death now has a new acronym. The reduction of 'Voluntary Assisted Dying' to 'VAD' makes it unnecessary to mention death. I would translate it as 'dying according to VAD law' rather than reducing it to an acronym.

The concept of 'assisted dying' is counterfactual for many traditional people

Consent is a difficult area to interpret. The hypothetical nature of this text and the conditionals and counterfactuals within it mean that it is not able to be translated and possibly not even to be discussed.

But the most obvious counter-factual scenario is that patients come to the clinic, expecting to receive treatment and are now being told that their doctor can help them to die if that is what they want.

The script claims that 'a really sick person won't be forced to say they want to die early' but this outcome will be difficult to avoid. Those who speak English tend to push their ideas forward and then the road is open to auto-suggestion. The idea that 'really sick people will be safe' is absurd. They will be 'safe' as far as they understand and are able to trust those who are advising them. They are likely to avoid health centres.

The Northern Territory government cannot be trusted

The history of the Country-Liberal (CLP) Northern Territory government is that it is unable to work effectively in an intercultural zone that is the Northern Territory. A 'frontier' mentality of rugged individualism is part of the culture of the CLP which is more aggressively libertarian than other conservative parties in Australia. During its many years of office, it promoted free-marketing policies which sought to liberate and promote the individual, (the white individual) and his 'Territory Lifestyle'. The CLP not only under-invested in Aboriginal communities but also promoted the idea that a person's choice about death was entirely their own, hence the Euthanasia Legislation which then emerged as a political issue and became tied to the notion of Territory Self-Government. The retrograde policies of the CLP including its Euthanasia legislation is the reason why many Territorians were opposed to Self- Government.

It is unlikely that the government will act to ensure that there is clear and effective communication and a proper process of consultation which involves listening to Indigenous voices in remote communities. It cannot be trusted with this legislation.

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