The committee convened at 10.56 am.

INQUIRY INTO VOLUNTARY ASSISTED DYING
Gunbalanya School Principal and Staff

Ms WILLIAMS: My name is Caroline, and I support the five members of parliament who are doing the inquiry into voluntary assisted dying. I will allow them to introduce themselves. I am very glad that you could meet with us today at a very sad time for the community, and thank you for facilitating this as well. I will hand over to Tanzil, who is the Chair of the committee.

Mr CHAIR: First of all, thank you very much everybody for taking the time to talk with us. My name is Tanzil and I am wearing a name tag because it is hard to remember my name sometimes. Caroline has put it up there as well. I am one of the five members of the Legal and Constitutional Affairs Committee of the parliament. There are five out of 25 people from the parliament here. There is me and I will let the others introduce themselves.

Mr KERLE: My name is Matthew Kerle. I am the Member for Blain. I look after Woodroffe, Moulden and Bellamack in Palmerston. I am one of the other members of the committee.

K McNAMARA: Hi, my name is Kat McNamara. I am the Member for Nightcliff, covering Nightcliff, Coconut Grove and Rapid Creek in Darwin. I am a member of The Greens party and part of this parliamentary committee.

Mrs CARLSON: I am Oly Carlson. I am a member of parliament and the Member for Wanguri. That covers Wanguri, Leanyer and Muirhead, which is just next door to the hospital and Casuarina.

Mr YOUNG: Hi, my name is Dheran Young. I am the Member for Daly. I am also a member of the Labor Party. I represent Daly River, Wadeye, Peppimenarti, all the way to Dundee, Wagait Beach and Berry Springs. I am also a member of this committee. We have other members of the CLP and Greens as well and we have all come together to work together on this.

Mr CHAIR: Before I say any more, it would be good to know who else we have in the room, if you guys just want to say hello. We met Raylene and Esther—Hagar. Already I have mucked that up, sorry. I read the book and now I have Esther in the brain. Maybe go around the rest of the room and everybody just say who you are. We might start with Sue because we know who you are.

Sue TRIMBLE: I am Sue Trimble, the co-principal this year as Esther is on study leave. I have been here since 2010. (Inaudible – distance from mic.)

Joe BROWN: Joe Brown. I am from head office.

Katie HELME: I am Katie Helme, the committee secretary.

Rosie BRUNKER: I am Rosie Brunker, the assistant principal for Gunbalanya School.

Roberta CARLTON: I am Roberta Carlton, I am the (inaudible) desk. I have been here about three years on and off.

GLORIA: My name is Kerry, but they call me Gloria at the moment. I work at the (inaudible) for Year 11 and 12. Also I am a chairperson on the school board.

URSULA: Hi, my name is Ursula Bedarri. I work for learning on country, and I am also a school board member.

HAGAR: My name is Hagar. I am a team teacher here. I have worked for the school for a long time and as a school board member as well.

RAYLENE: I am Raylene Gellar. I am also a board member and assistant teacher. I have lived and worked in Gunbalanya for a long time.

FRAN: My name is Fran Jacobson. I am the engagement team leader here.

GEORGIA: Hi. I am Georgia Eagleton. I work at (inaudible).

Mr CHAIR: Great. This is the biggest room we have had for a while. It is nice to have this many faces. Forgive me when I mess up your names, if we say anything. It is good to have so many people here to talk with today.

The first thing to say is that we have come today to talk about difficult things. It is not easy to talk about death and dying. If anybody feels uncomfortable or upset or wants a break, then you just tell us, we can stop, and we can take a break. If you need any help or support services, we also have some assistance that we can provide in that regard as well.

We are here today to talk about this report that was done last year. Five of us were asked to look at it. It is about giving people help and choice to finish up. When some people are very, very sick, in a lot of pain and they are suffering and might be passing away soon, they may want to finish up because they are suffering.

This report is a report into voluntary assisted dying—VAD for short. Every state and territory in Australia has a VAD law except the Northern Territory. Some of you who have been around for a long time may remember that back in 1995 there was a law for one year that the Northern Territory had, to help people who are terminally ill. They are so sick, they are dying. If a couple of doctors agreed, then they could get help to finish up. Then the Commonwealth Government intervened and stopped that law. Then it took until 2022 before they got rid of that. Now, the Northern Territory can have a law in this space if it wants to.

Our job is not to make the law. Our job is about going out bush to listen to people to hear what they have to say about this. That will help us write our report. We will give that back to the parliament and to the government, and we will see what the government wants to do next.

‘Voluntary’ is a key word; it means choice. This is not about forcing anybody to do anything. This is about whether or not people should have a choice if they are really crook—dying—to be able to get some help finishing up. ‘Assisted’ means there is a process here. It is not just anybody can pick this or do harm to themselves. This report has recommendations as to how it works.

If somebody was very sick, they see a doctor. If the doctor says, ‘Yes. You are dying’, they can access this. Then they have to wait a couple of weeks. Then they have to see a second doctor and, if they also agree, then the third step is somebody has to write and give consent. There have to be witnesses for that. If all that happens, then a medical team of doctors and nurses can help somebody with finishing up.

We will record this meeting today. We have a recording because we would like to use this evidence as part of our report but if there is anything that you say you do not want public or you want to keep private, you just tell us and we can cut that part from the recording of the proceedings. Does everybody understand? Is that okay with everyone?

SUE: Does everyone understand this part?

Mr CHAIR: I will double-check again. We are recording everything everyone is saying, and then somebody else will write it all down for us from the tape recording. We will use that evidence when we are thinking about what our report says.

Mr KERLE: We need to write a report about what people in communities think about this topic. We want to make sure that we have the right information. That is why we are recording. We would like to make what is said here public but if we want to talk about anything that is private, just let us know. We will make sure that bit stays between us.

Mr CHAIR: It is a very sensitive thing. Sometimes people tell us things and maybe they do not want everything public or published with their name with what they are saying. All good?

Mr KERLE: All good.

GLORIA: Example for my mum. When we came back from hospital last (inaudible) I think. Then I spoke to the doctors and nurses. They came and talked to my mum (inaudible). They just told her—if she wants to stay here in the community or do you want the medication to treat that, what you are feeling like when you are sick? She asked me and I asked her, and she said, ‘I do not want to go back to the hospital. I do not want to get more treatment. I just want to stay here with my family at home.’

Mr CHAIR: Yes.

Mr KERLE: And finish up.

Mr CHAIR: We have lots of questions for you. We want to learn about what the health system and services are like out here. You came straight to the point that we hear a lot; which is we hear that a lot of people would like to finish up on country. We are trying to work out how hard that is; how easy that is; and whether we can help with that at all. Can you tell us more about it?

GLORIA: I spoke to mum. 'We need stay here a bit longer to see her great-grandchildren. Why you are saying this?' She said, 'It is too much for me. I do not like people, like doctor playing around my body. I just want to go. I do not like more treatment. I had enough. I just want to be with my family and I just want to pass in my country.'

I was crying a lot. I said, 'They need more treatment to stay a bit longer'.

URSULA: We do not know what the clinic is that like …

GLORIA: No.

URSULA: … it has changed to Red Lily now.

Mr CHAIR: This is Ursula. It is helpful if you say your name again just before you speak so we can …

URSULA: Oh, sorry.

Mr CHAIR: No, no. It is okay. Ursula, tell us more about that.

URSULA: We want to know. We all remember and we have stayed in this community for a longer while, when it was under the Northern Territory Health department was running it. Now the system changed and we do not really know much about what Red Lily is going to do with it to keep our elderly people dying in the community.

Mr CHAIR: Let us go back a step, and we will come back to this. What is the state of healthcare services for this community at the moment? Tell us whatever you want to tell us.

URSULA: I do not really know much about it. We do not know no more what the system is going to be like.

GLORIA: We did not know when they came—those people when they came in here. We heard a lot of stories about those group—Red Lily mob. People, when the older or the child when the get sick or something, he can go by himself.

URSULA: Especially old people.

GLORIA: They cannot escort a young person who has got a father or a grandfather or uncle …

Mr CHAIR: Understood, yes.

URSULA: That is the part. Long time they used to let a young person to go with the family member to listen to the doctor …

Mr CHAIR: Escort them up.

URSULA: … and explain. Now that do not work when the Red Lily took over.

K McNAMARA: They do not …

Mr CHAIR: Go ahead, Kat.

GLORIA: Yes, it does happen. Recently a now people are complaining about it.

URSULA: That is a lot of people who complain from here. One of my niece, when she was expecting …

Unidentified speaker: (Inaudible).

URSULA: Yes, she went there and asked them. She was in pain and they told me give her cold water and Panadol. Then my nephew turned around and told them, ‘No, I want to take my wife here. I have to take her into Darwin.’ She was in pain and they drove from Jabiru to Darwin. Everybody knows about this.

SUE: Red Lily commenced the handover from the government system was 1 July. This (inaudible) new processes (inaudible).

Mr CHAIR: Even with the changeover, can you tell us about what services there are for aged care, or for older people at the moment?

URSULA: We do not know really much about it. We want to know ...

GLORIA: We do not know.

URSULA: … how they going to run the facility and how to look after.

Mr CHAIR: What about historically? Before the changeover, what was it like? Was there sufficient aged-care support? Was there enough?

RAYLENE: There was aged care through the clinic …

URSULA: Yes, there was aged care before they changed it.

RAYLENE: The clinic consult with the aged care here …

Mr CHAIR: This is Raylene on the record, by the way.

RAYLENE: Yes, I am Raylene. I looked after care for my elderly father. I did not send him—put him through aged care. They used to have a referral list from aged care to the clinic but now, when Red Lily took over, we do not know that information or what they do.

Mr CHAIR: Kat, do you have a question?

K McNAMARA: It was not a question but more of a clarification. At the start, when you spoke about your mother wanting to come back to country and people wanting to come back when they are sick and not go back to hospital, the difference with coming back to die or be at home and die naturally, but with VAD, this is when people will choose to get a medication to help finish up. I am just clarifying. It is not just coming home to die on country. This report is about a special process.

URSULA: I understand. But when they come back, the clinic can help the patients at home. Is that what you are trying to say?

Mr KERLE: This one is specifically about—in other states and territories in Australia, like Queensland and New South Wales, they have a law for when someone is very sick and they are going to die, and they are suffering a lot, they can go to some doctors and say …

URSULA: In the community or in Darwin or somewhere?

Mr CHAIR: It can be both.

Mr KERLE: That is why we are here. We were asked by the government to come and ask you guys what you though about this idea. While we are here, we want to hear about some other things that are related to that, like when people are really sick, what happens.

This one specifically is about people who are really sick, in a lot of pain and they just want to finish up—if they can go to a doctor and get a medication that will make them finish up.

[Multiple people speaking.]

SUE: (Inaudible) doctors here, would those doctors be qualified to give that service?

K McNAMARA: Not necessarily.

Mr CHAIR: Let me explain the process. There is the healthcare system, and then for people who are going to pass away, there is the palliative care system—the doctors who help with pain relief and stuff. That is all we have here. In other places, there are also VAD services—V-A-D services. The VAD is, if somebody is so sick that they will are not going to get better and they want help to finish up, then they can be helped to finish up.

This report made a suggestion about how we could have VAD in the Northern Territory. Even before we start talking about all that, it is very good for us to understand what the health care, aged care and palliative care are like here. If you can help us …

URSULA: … needs to help them in the communities. There is a lot of things like no-one is running it other than they just left it there and left.

Mr KERLE: Is there no more aged care?

URSULA: I do not know but the shire runs the aged care.

GLORIA: Aged care never went away. When they are taking the food for the breakfast, the old people—it comes from the pension budget to pay for the aged-care food.

[Multiple people speaking.]

URSULA: They do not have beds like Maningrida has. They have an aged-care bed. The old people get looked after, but we do not have that here.

Mr CHAIR: We need to understand all the parts of it because if we are adding something new, we also want to know what already exists. That is why I am asking about aged care. Did you have something to say about palliative care? As soon as we said palliative care, I thought you were about to say something.

GLORIA: We do not have palliative care here.

Mr CHAIR: That was a key thing I wanted to get.

HAGAR: Can I say a little about that palliative care?

Mr CHAIR: Yes. That would be great.

HAGAR: When we have our loved one just almost leaving us, dying slowly, is it possible if they can maybe family members to go over and visit them, and stay somewhere else in the hostel or something like that? That would help the …

GLORIA: It is already there.

HAGAR: I am just making it clear. I am making it clear. That is the sort of ways how we can try—the family, even though that person, they look after him but we can go and visit every …

Mr KERLE: To summarise, it is important to people here that when someone is finishing up, that the family can come and visit them and be around them …

HAGAR: Yes, that is what I am trying to say—someone close to them; the family members who want to go and visit and stay somewhere, maybe.

Mr KERLE: Is that possible here in community? When someone’s finishing up …

GLORIA: Sometimes when they are …

URSULA: (Inaudible) when they are in Darwin …

HAGAR: That is in Darwin when people …

GLORIA: That family member not going to make it back to finish off in the community, and the doctor will say, ‘No …

HAGAR: They will not help that person go back.

GLORIA: … if we send that person you never know, he might finish up in the air’.

HAGAR: What I am trying to say is that it is different. When you are in the hospital, you want to go in town, there has to be some place where they can stay and go and visit them every now and then if they want to see them—which we know and understand that the person is dying slowly …

Mrs CARLSON: Hagar, I want to ask you a question about that. Is it more important to you, the community and the family members that you do finish up on country? Is that more important than finishing up in a hospital?

HAGAR: Yes.

GLORIA: I know some will like to get more support with the person who almost dying, but if it is a community, family always go together, and we sit down and look after them with the help from the clinic. Someone will go up and check them every now and then to see …

URSULA: How far this person …

Unidentified speaker: (Inaudible) when you have hope.

GLORIA: Yes, I know that, but when somebody is very sick and not coming back home. Like what Hagar is saying. If the clinic help you for the hotel or (inaudible) stay and go there to visit him. But not (inaudible) every year around. They did not do anything. We used to travel. We used to stay with our family. We used to pay our own accommodation.

Mrs CARLSON: One of the things we have been talking to other communities and have come to uncover, possibly the word ‘assisted’ for you guys is different to how this VAD is looking at the word ‘assisted’. Rather than waiting until the last minute when they cannot travel anymore—they are too sick—and then you miss out on getting family time, is there something we can recommend in the report that could help you guys?

When your family member is told that they are going to die and they have enough time to get back on country, the word ‘assisted’ then is different to you guys. You make good sense and you understand what is going to happen; that person is dying, they no longer able to be treated with medication anymore. They are going to finish up. But to try to work out a plan on getting them back to country earlier.

URSULA: Yes, like my mum.

Unidentified speaker: The sometimes do teleconference at the clinic. We meet up at the clinic and then the doctor says what is going to happen to the patient. That is when NT Government was running the clinic. I do not know about now. Either they going to still be doing that. If the patient in Darwin and the family members cannot make it to see, they can always go to the clinic. I do not know if it is going to continue happening to do teleconference with the doctors.

Mrs CARLSON: Do you use Telehealth here often?

GLORIA: Yes.

Mr CHAIR: Does it work okay?

Unidentified speaker: I mean videoconference.

GLORIA: Yes. They used to when NT Government, but now Red Lily bought and we are not really sure what they up to now. I have never been there since my mother when I got here back, I did not go to the clinic because I knew that old people that used to work in government—the NT Government mob—but they all left, but they knew what my mum’s problem. At the moment, we do not need any medication for her. I just leave it.

Unidentified speaker: That is (inaudible).

Mr CHAIR: Let us slow down a little …

Unidentified speaker: (Inaudible).

Mr CHAIR: No, no, it is great that everyone is telling us. Thank you so much; it is all helpful.

Some places, we found, telehealth is not working very well but here it sounded pretty good. Can you tell us what do you do with telehealth at the moment?

GLORIA: They used to call from the Darwin doctor with a patient and ask for someone. They have to call the community and the drivers—the clinic staff—had to go and let the family know. This time, if they need to talk to the family—do they want to come back home or this and whatever—they can see the video. I used the telephone conference.

URSULA: If it is an escort person that escorts that person and he is only one person, he cannot make decisions, she or he will talk to the doctor and ask to make a teleconference and speak with the rest of the family members.

Mr CHAIR: Gotcha. When you do that, have interpreters been involved or needed?

URSULA: Yes. Sometimes.

GLORIA: Or we can just be going …

Mr CHAIR: Everyone in this room has very good language skills in English, as well, but in some places, we found there are not enough interpreters. Are you able to access enough interpreter help?

URSULA: Maybe some of the families. But I am okay with that. I have my sister. She used to be an interpreter, also. She can explain how the family—what the doctor says about this person coming to finish off.

Mr KERLE: I want to ask a similar question to Oly's. If someone had kidney trouble or cancer, and they were in Darwin Hospital, and the doctor said, 'Look, you are not going to get any better. You will only get worse from hereon,' and if they are in a lot of pain, do you think people in this community or whoever you are allowed to speak for, if they had the choice between living a little bit longer in Darwin Hospital or a hospital in town, or coming home to community but knowing that it would mean that they would finish up, what choice do you think people would make?

URSULA: Our family would come together and talk about it.

Mr KERLE: Would it be a community decision?

URSULA: Yes. Families.

[Multiple people speaking.]

GLORIA: Sometimes the community and sometimes (inaudible). It does not mean another family, but we always support them just to help the family and help the community.

Mr KERLE: In other places we have heard it would be the *junggayi*. The family would talk and make that decision.

Mr CHAIR: Do you guys regularly make decisions like that, about healthcare for somebody else? Does the family come together? Does this happen regularly? Who are those family people you are talking about?

GLORIA: For me, my mothers. If I need help or something, I have to go to her. My mum and her mum …

Mr CHAIR: First cousin?

GLORIA: Yes. Sometimes I have to go to her or my adult family members. Sometimes I just sit by myself and think about what I have to do with my mum. That is fine for my mother; that is what she said. From last month, she had a kidney problem she had a lung problem and had health problems. They did not do enough for her. So she said to them, 'It to go back see my friends and look at the young ones, to remind me, and then I pass'. I said, 'Hello. I am here. If you need something, I will always be here. I am your daughter.' But she said, ‘It is a bit long and bit old’. She had a lot of (inaudible). Her hip got worse and everything. That is my idea. Sometimes I do not see much family, but I only know the people who always stay and help.

Mr CHAIR: Once your mum came back here or for somebody in a similar situation, outside of the family and the community, is there enough medical help? Are there enough nurses? Or when someone is in pain, is there somebody to give enough pain relief? What is the situation like?

GLORIA: Sometimes when she feels more pain or hurt, sometimes she asks me to call them. They can see her record and what she needs. But at the moment, she has stopped everything. She does not want anymore.

Mr CHAIR: So she has withdrawn from all treatment at this point?

GLORIA: Yes.

Mr CHAIR: When she chose to withdraw from treatment, did the doctor say yes or no?

GLORIA: Yes.

Mr CHAIR: They said okay?

GLORIA: Yes. They asked a few questions from the nurses and doctor before they left. I then asked my mum if she wanted to still get treatment and go back to town. She said, ‘I had enough. I am done. I just want to stay with you and the family.’ She had already lost her sister—my youngest mum—and that is why she was thinking of having her sister and why she was gone too soon, instead of her—my other mum. She made her decision.

Mr KERLE: That is her choice.

Mr CHAIR: Sorry Hagar, I cut you off. You were about to say something.

HAGAR: Just about the community, if we are bring our loved ones there, to pass away, to be looked after amongst their family, we would like to see more support at the clinic if we want it that way. they would come in and we would give them whatever they need. It would help (inaudible); that is what we would like to see.

Mr CHAIR: That is good to know. We know that in other states and territories where they have VAD law, when they introduced the law, they also found that they need more support—just like you described—particularly in palliative care. With palliative care they found that people want more palliative care and some people choose this. But even in the bigger states and territories, like maybe in Victoria, where this first started in 2017, maybe a maximum of 400 to 500 people every year choose because they are too sick and they qualify and they have help to finish using an injection.

GLORIA: (Inaudible) Talking about medication, when my father was in pain and I said, ‘Do you want to go back and have a rest back home?’ And he said, ‘Yes, I need to go back home to sit with my family’. He was in a lot of pain everywhere, so he asked me, ‘I can’t even sleep because of a lot of pain—and something to make me sleep and comfortable.’ I rang the doctor and asked him and he said, ‘Okay, this is your choice’. I double-checked with my father: ‘You want this? Or you don’t want it?’ And he said, ‘I want it’. Two days later they gave him that, and just make him rest till he gone.

Mr CHAIR: Did he pass away?

GLORIA: Yes.

HAGAR: We are saying that if a person who is almost dying and is sent back to the community—but we need more support and health from the clinic. They come every now and then, visit and sit with the family and check when he is passing away.

[Multiple people speaking.]

URSULA: Maybe a nurse or a doctor should go to the home and treat that person who is dying, without pain.

Mr CHAIR: That is palliative care on country.

URSULA: Yes. My mother did that too, she was on chemotherapy for a long time and she did not want to get her treatment after five years. She came home and made a teleconference with a female doctor and she said, 'No I do not want to get treatment any more'. The nurses supported her and at that time she was passing they brought her treatment—morphine or something. She then died with no pain.

Mr YOUNG: The medication being given, the morphine, is more for pain relief is morphine. This particular medication we are talking about with voluntary assisted dying, would be to finish …

URSULA: Would be to put that person down to sleep forever and not waking up. Yes, I understand.

Mr YOUNG: If that was to become the law in the Northern Territory, how do you think the community would feel or how you would feel about the law, knowing that people would have a choice to choose that?

URSULA: But it was up to them. For a long time, they used to do that. I remember for example my cousin-brother could not wake up, and his mum made a decision with the doctors to give him an injection to sleep.

Mr CHAIR: Ursula and Gloria, we hear from a lot of places, and we have known for a long time that sometimes when people are in too much pain, that is what happens. But sometimes people have not asked people out in community to know how they feel about that or whether this happens in community as well. It is useful to have an understanding.

URSULA: I was so young when I heard that (inaudible) it was not okay. But now I understand how it works.

Mr YOUNG: Here if it was to become law—voluntary assisted dying—and someone from this community wanted to make that choice, would it be the individual's choice, the person's choice or would there be, we were talking about family making decisions too. How do you think that would work or look in Gunbalanya if this became law?

URSULA: Well, I do not know about that. If it was for me and my family, I would not let my elders to make the decision for me.

FRAN: My dad is in Darwin at the moment, and he has had bowel cancer about four times where the doctor will say it looks like it has come back. He told me that he will not get treatment anymore. He is the type of person who would do something like this. That would be better because he would probably take his own life. He is just really strong in his decision. We are at the point of trying to get him to go back and see his family in Italy.

K McNAMARA: And that is one of the reasons why this law, I think, was created originally because there is a problem with people like that who would take their own life. This is like, let us make sure that we can do it safely, calmly and with dignity.

FRAN: For me, that would be my choice as well if I ever got to that point. I would rather die before my time, before I got sick, and let my family remember me in a good way, than remembering all that bad stuff.

Mr CHAIR: Fran, let us talk about all these examples. We are learning so much. We want to know about all these stories. Gloria's story, Ursula's story she was just telling us and let us talk about your dad's situation now for example. He is currently in RDH.

FRAN: He is in and out.

Mr CHAIR: He is in and out at the moment. If given the option, could he come back to somewhere else. Could he leave, and discharge himself?

FRAN: We live at my house in Darwin. I stay out here for work. We have been going back and forth. My other siblings are looking after him, but it has got to the point where it is too much and they cannot handle the pressure. So I have been going in every single week. These are the hard (inaudible) I have with my dad all the time.

Mr CHAIR: It is very difficult.

FRAN: But I have know this is his decision from way back. I remember being in primary school and the law being passed and then taken away. Back then, he even said because he was struggling with cancer at that stage in time. And he was like, if he had the choice of doing the VAD, that is the choice he would take.

Mr CHAIR: Gotcha.

FRAN: I guess it comes down to the person. For my family, my siblings cannot handle the fact that that is the decision my dad would make, and I totally understand that. I have even said that to my husband and my kids—if I ever got to that point, this is the part where I would want to go. Not all families are like that. Some families have to go back and have that strength from supporting family members. Each family dynamic is different.

Mr CHAIR: Family dynamics is an important part of what we are trying to understand. In your situation, it sounds like your dad has a very clear personal choice he would make, but in your situation would you still expect or want for him to consult with his family?

FRAN: He has been consulting for a long time. My siblings just choose not to listen to that, and they cannot deal with that.

Mr CHAIR: It happens. Not everyone agrees.

FRAN: They are not strong enough to make those decisions and stuff like that. That is what he is asked and if any of them got to a point where that was something available doing it, then that is what I would say: ‘This is what Dad wants’. Pretty much the choice will be that we will allow him to go home and visit his family and come back, because if we try take away that, he will just go and he will not come back. He is that type of person.

K McNAMARA: When you say home, where is that?

FRAN: (Inaudible)

Mr CHAIR: Gloria, I am dying to ask you questions and you are dying to speak.

GLORIA: Could we have a five minute break?

Mr CHAIR: Absolutely, yes let us have a five-minute break.

GLORIA: A cup of tea.

Mr CHAIR: Yes, that is a good idea.

The committee suspended.

SUE: Can we clarify credited, what it means?

Mr CHAIR: Yes. It means they are allowed to do it. Not just any person can be involved …

Mr YOUNG: They have had training.

Mr CHAIR: Yes. Training and basically a licence, essentially, to be involved.

Mr KERLE: Like a driving licence.

Mr YOUNG: It cannot be just any nurse or doctor, say, for example from Red Lilly; it would have to be someone like a nurse or doctor that has done some training. It would be separate to Red Lilly.

Mr CHAIR: One way it might work, it is not definite, but this is one way we are thinking about now. In the Northern Territory (words missing – new Liberty file selected) are not am allowed to talk to people about this; the patient has to bring it up. In other states and territories the doctor or nurse can bring it up. We have to make a decision in our report, for example, that would our healthcare practitioners be allowed to bring this up or not. Those are the kind of questions we are trying to figure out.

SUE: Hagar would you approve if the doctor said to you: ‘Hagar, this is getting towards the end of life and you need to make a decision how or where you want to pass’. Would you approve the doctor having that discussion with you or not?

HAGAR: No. I want the doctor to talk to me.

SUE: You want to sit down and the doctor to bring it up.

HAGAR: Yes. He is giving me a choice. I have to do it.

RAYLENE: Because it is my life, and I want to end it.

SUE: You want them to say you have this option, this option and this option. You want the doctor to say that to you.

HAGAR: But what if the doctor calmly said, he cannot do anything, we and we make that decision. What if he cannot make the decision, not alone, but with the family members?

Mr CHAIR: This question I can answer. For someone to pick the VAD, they have to be able to make their own decision. They still have to have sense, give consent and understand. No-one else can decide for someone else.

Mr YOUNG: For example, if someone has got dementia, loss of memory, they would not be able to make this choice.

GLORIA: Like my mum. She always talk a lot and sometimes she asks the same questions and sees the same people walk up and down, shouting and screaming. Sometimes I get really angry talking to her, and I get upset when I see her reactions. Sometimes I sit quiet until she sees that I am sitting quiet, and she asks ‘Are you okay?’ I say ‘I am okay, but are you okay?’ I do not know what she thinks.

Mr KERLE: It is really important that if this became a law in the Territory, it would only be for people who can make decisions. If they are sleeping in a coma or they cannot make decisions any more, they cannot do this. We have not settled on it yet, but we need at least two doctors to agree. The person has to make the decision themselves and say ‘I would like that’ and two doctors have to agree that the person is very sick, suffering and in a lot of pain, and that their mind is able to make that decision. That is the only way this would happen.

Mr CHAIR: It is like a comedy routine happening with Esther and Sue back there.

SUE: Esther is (inaudible). That is the least of my worries.

Mr CHAIR: That is good, I am pleased to hear that is the case.

Mr KERLE: Is there anything else from the (inaudible).

Unidentified speaker: In the hospital, sometime they have (inaudible).

Mr CHAIR: Not on this. By choosing VAD, it is the individual person who has to have the sense to be able to make a choice. If they are unable to do that, a next of kin could not say ‘No, we are choosing VAD’. That does not work. The situation you are describing, for example, let us say someone had a car accident and they are in the hospital. They have no sense anymore, and the doctor might talk to the next of kin if they are on life support machine about whether we turn the machine on or turn the machine off. That is not the situation, that is a different situation.

This is only for people who are terminally ill and dying—like cancer, neurodegenerative condition, kidney failure, and they are basically dying. Then two separate doctors, it cannot be the same doctor, separately agree, then they can access this. At the moment, it does not exist here. We do not have a law for this. That is why we are trying to work it out.

Mr YOUNG: We might come back to that because it is an important point. We were talking outside in the break about family decision-making, cultural decision-making, especially in Gunbalanya and how it is different to other communities. If voluntary assisted dying was to become law, obviously it is someone's choice, but in Aboriginal way, it is not necessarily the person's choice, it is family and kinship in place. Do we want to talk about that now how we were talking outside, with your mother and your brother.

URSULA: My brother was at an outstation, and I could not make a decision or even my little sister could not agree with that. But I had to call my brother, put him on speaker with my little sister and the rest of the family to support us, but they had to sit quiet and we were the ones to make the decisions. That is when my mum came back from getting treatment. She did not want to get any more treatment for cancer.

Mr KERLE: And that is when she came back.

URSULA: Yes, after five years she was okay, but it came back again. They could not treat it. They could not find any more treatment to fight it. It was strong; so she made the decision to the chemo doctor, who was in charge looking after her. She said no to them, and the other family was there. It was upsetting. I cried, I know, but it was her decision. When she died, we had to make our decision for her to bury her and all of that.

SUE: Just one question, if it becomes law, and what we were talking about outside, after the consultation process (inaudible).

Mr YOUNG: We might do that at the end. People have questions around what happens.

Mr CHAIR: Let us talk about that now. Whatever questions you have, let us answer them.

Mr KERLE: Hagar had an important thing she wanted to say.

HAGAR: About Mrs Taylor—she was on renal but she passed away. For myself and my family, we did not know where to get help. The building was built here, and we were hoping that someone would come and work and help our family to do that renal stuff—dialysis. It was just too long, and we used to hear stories but nothing has been done about it so we do not know what is going to happen.

GLORIA: Did not know what to say, or who to ask.

Mr CHAIR: We will include that in all of this because some communities have better schools; other communities have worse schools. Some communities have better aged care; other communities have poor aged care. Some have palliative care; some have none. We can obviously see you guys have an amazing school, but we are hearing loud and clear that you have concerns about the health clinic set up at the moment. We understand that.

GLORIA: We need dialysis help—renal health—because we have some people experiencing renal like stuff but then someone, for example like my grandfather—and my niece and her sister, she did her training in Darwin and the husband did not want to stay back in town; he wants to come back in the community and do this. So they trained both, even though they were renal patients, they trained them, and he came back here. He did not want to go back so he was doing it himself here with his wife. That is Esther's nephew.

K McNAMARA: But that does not happen here.

GLORIA : No, but that is what I am saying. Even my grandfather used to go as outpatient and travel here to get his treatment by himself. He used to bring his nephew.

SUE: Absolutely, and that idea that idea that offers them because so many of our staff have family in Darwin and have to travel in and out to Darwin to see loved ones because they have to get treatment there.

GLORIA: Yes, in Darwin.

SUE: So that is why Hagar is asking is why is there not a renal service (inaudible).

GLORIA: Close to our loved ones, and close to the community with family surrounding them. But we see it is there but it is not being used and not helping.

[Multiple people speaking.]

SUE: Has not been used for a long time.

Mr CHAIR: Esther just say something.

ESTHER: Staff are involved—or what you are talking about already setting up. When my nephew came back, he came back and was well trained with his partner when they came back here when they started doing that dialysis.

Mr CHAIR: What sort of work, was he a nurse or healthcare worker?

ESTHER: He was a patient.

Mr CHAIR: He was a patient who was trained to do it himself.

ESTHER: They trained him and his partner in Darwin before they came back to Gunbalanya.

Mr CHAIR: I see, and that used to happen more in other places too, but now especially with dialysis, you have to stay in hospital. They do not seem to be releasing people to do it themselves anymore. How long ago was that Esther?

ESTHER: A few years ago.

SUE: Is there dialysis is over in Jabiru, Hagar?

[Multiple people speaking.]

Mr CHAIR: More than five years ago?

URSULA: I do not know, somewhere in 2015 or 2016 when he became a renal patient. Somewhere in 2017 or end of 2016 they came, and he was the first patient to use that. When he finished, that is when they shut it down. Nobody—did not look after them or support them.

K McNAMARA: For other specialists, no dialysis, do you ever get the chemo specialist doctors or other kidney specialists? Do they come here ever?

SUE: We get some. We get the usual brand of allied health professionals …

URSULA: Podiatrist—foot doctors, heart doctor …

K McNAMARA: On a regular visit.

URSULA: On regular visits, just for the day sometimes.

Mr CHAIR: We know there are not enough doctors and nurses, not just in the Northern Territory but in all of Australia. We know that it is hard and we cannot do everything everywhere, but we want to make sure that we recommend that if we have to focus on one area or another area, what areas are that we should focus on. For us specifically, we got asked to look at this VAD law, and what we know in other places, if you start a VAD law, usually you need more palliative care help as well. It is really important for us to understand if there is any palliative care help at the moment or if you could use more? Can you tell us anything about palliative care here?

URSULA: There is none

Mr CHAIR: There is none?

URSULA: Maybe talk to the clinic. They need to answer all these questions. We might say yes or okay and share this back to our families at home. Some of them may not agree. Or maybe they can take it back to the clinic and the support members there, they can maybe make decision for that.

Mr CHAIR: Just on that issue, Ursula, I know it is a very difficult thing to talk about, but can you guys remember the last time somebody finished up on country and they had help with pain relief around here? Has it happened recently?

URSULA: Yes, but like I said, we do not know about Red Lily. It is just new.

Mr CHAIR: Even ignoring Red Lily, when was the last time somebody who passed away on country had any help with pain relief with local support before Red Lily opened?

URSULA: NT Government.

Mr CHAIR: Last year, or year before?

URSULA: Yes, all those years back there was help. This year I do not know about. The financial year changed and it was different now. Because they all are in Tiwi now, and I want them to come back here now.

[Multiple people speaking.]

Mr KERLE: Ursula, I have a question, and if you do not want to answer that is okay. With your mother, when you made that decision and she came back to community, what did that look like? Did they give her a hospital bed to lie in, was the nurse coming out?

URSULA: That is the part no one helped that way. Nobody supports that when people are dying they do not bring the bed where they die in the bed, like from the clinic.

Mr KERLE: Was she in the clinic?

URSULA: No, she was at home. I had her home, and I looked after her until she passed away at home with our own mattresses we bought from the shop, our own money to spend for her to lay down.

[Multiple people speaking.]

Mr CHAIR: Hey guys, let us have one conversation at a time if we can so we can let Ursula finish.

URSULA BADARI: And all of that we had to go buy new stuff at the shop and then cleaned the house and put her in a nice clean bed and looked after her.

Mr KERLE: And then everyone came and stayed around the house?

URSULA: Yes.

Mr KERLE: Was the nurse coming to give her medication?

URSULA: Yes.

SUE: Comment around the facilities—the Gunbalanya Clinic as you know has been in the media, and it is very old (inaudible). They build a clinic over at Jabiru—state of the art and all fabulous but no staff. So in the Dry Season we have the potential to go there to get renal treatment or whatever, but there is no staff. There are lots of reasons around that, but they are not classified as very remote so you do not get the extra money for nurses and doctors. You (inaudible), Jabiru does not. The facilities are so old that we do not have a room to have a palliative care space. It has only one toilet, and is only a treatment space.

Mr CHAIR: To finish up on that, you were saying it was a leprosarium originally, is that correct? So very much not fit for purpose.

SUE: The facility over there, the reason it was built was political, yes. If it was running effectively, we could use it in the Dry Season; it's only 40 minutes. It could maybe be a shared facility. So that is something that could help.

Mr CHAIR: That is very useful.

GLORIA: We used to travel there to get X-ray or those ones, but now we travel from here to Darwin, but we used to go to Jabiru for our X-ray or something, but not now.

Mr CHAIR: Jabiru's facilities are different than they used to be.

Unidentified speaker: How far is it to Jabiru by car?

URSULA: Forty minutes.

Mr CHAIR: It is feasible.

URSULA: It takes us five hours.

SUE: In Wet Season, we have to fly. Everyone here in the Wet Season gets flown all the way to Darwin. Everyone is in and out; then they get caught up in town and then they cannot get back to family, and if you do not keep to the schedule that has been set for you, then you have to pay your own way back, and it just gets messy. That is why half the community is living in Darwin because that circle does not necessarily work for everybody.

Mr CHAIR: Gloria, can I ask before I forget, what year did your father pass away?

GLORIA: About 2000 or 2001.

Mr CHAIR: About 20 years ago, just getting that on the record as well. Same thing, Ursula, you were talking before about your mum.

URSULA BADARI: Yes, my mum passed away on 2 May 2019.

Mr CHAIR: More recently. It is clear that there are some healthcare deficits here. We know that if you add VAD anywhere, it puts more pressure on the health system, because the health system has to help as well. People are concerned that if there was VAD, they want to make sure that if Aboriginal people, or people in remote locations, want help with palliative care, or separately with VAD—they want to make sure that they can access it as well.

Hypothetically, if there was a law, and someone here was in pain and dying and wanted to choose VAD, and if they were able to talk to their family, community, *junggayi* or whoever it may be, and they agreed that if could happen, do you think it would be a problem if someone came out here and helped them with VAD on country?

SUE: Will that doctor have a translator?

Mr CHAIR: That is a very good question. We would recommend that. One of the things we have found is that interpreter and translator services are definitely short on the ground for a lot of areas—court services and medical services. For this, we can safely say definitely, yes.

Mr KERLE: They would have to.

Mr CHAIR: Yes, they would have to, otherwise it could not possibly be a reasonable process.

Mr KERLE: They would need to get informed consent.

Mr CHAIR: Yes. One thing that Dheran points out, which is true, is that even if someone wanted to choose VAD help, at any point they can change their mind.

Mr KERLE: They can actually say no.

Mr CHAIR: You could talk to the doctor for the first time and say ‘I am in a lot of pain, can I have this? They can say yes, and two weeks later you could talk to the second doctor, says ‘I agree’ as well. You could go to the next one and give the written consent and witnesses, and even then you can say, ‘No, I have changed my mind’. For whatever reason, anytime you want to change your mind, you can.

URSULA: Before the paperwork is processed.

Mr CHAIR: Yes anytime, right up until the very end. This is why we know that in other places, sometimes people say THAT they are in a lot of pain and want this and they go through all the processes, and at the very end, they change their mind. They may be scared, want something different or die of natural causes.

It does not happen like that often. It is only if someone knows what they are doing. You do not dragged out for years, but it takes a few months for someone to choose and see one doctor, then a second doctor, get consent and then get a medical team to help them.

GLORIA: That was the same with my mum. The first doctor came, Dr Lara, and then the second doctor, Dr Andrea, and the third doctor (inaudible) and then they wanted a (inaudible) and a few nurses came in. I told them to wait and I picked up my brother. My other my other brother was in Darwin. I then went to my eldest brother, and we spoke with the three doctors, the manager and nurses. They asked three questions of what to do with my mum, and then I asked her. The first doctor asked, and I asked her; the second doctor asked it, and I asked her again; and the third doctor with the paper. Then I asked her again, and I had enough. I write my name and do this—I do not want to go back and get more treatment. They brought a chair for her shower and helped her to bed before they left. But they got everything for her. I do not know about this (inaudible). Sometimes I cannot call that.

I asked mum, 'If you are really in pain and still need help from the clinic, that is okay. I kept praying; she always trusted God. That is my story; that is my mum's story.

Mr CHAIR: That is a very important story for us to know, and we are very grateful that you are sharing with us. The more stories we hear, the better we can understand what might be helpful for people, not just in Darwin, but in communities and homelands.

GLORIA: Sometimes I do not need help from my family, and I come here and make calls to my workmate. Sometimes I ask them for a little bit of a hand; sometimes they tell me this, this, this, okay. Sometimes I come to these two principals and ask for something with these things—need help, like for my own family. Sometimes I do not want to hear this, la, la, la, la, whatever. Can go back and have more treatment. But that is her, this is not us. She makes it at home; she wants to do this.

On the other one you were saying …

Mr CHAIR: That is okay. Come back to it when you remember.

Mr KERLE: I have some questions about choice. This is just for the record, to help us out. We talked a lot about people wanting to have choice for things, and the importance of having choice in a few scenarios for a few different things. First one, we talked about your mum and people who are sick and getting treatment and they make a choice with the family to stop getting treatment knowing that means they are going to finish up. Is it important to have that choice? Is it important that is an option that people can choose?

URSULA: Yes, that is how it goes for us.

GLORIA: Especially for our elders.

Mr KERLE: How important is that choice? Is it very important?

URSULA: Yes, it is very important and a lot of stress from the families and upsetting. Listening to that person who is going to make his or her own decision, how he or she wants to pass.

Mr KERLE: When we write our report, one of the things we might be recommending is to look at if you want to withdraw from the treatment, to make sure that works a bit better. The other one is just about this VAD one. We write a report and we give that to the government and the government decides if they want to make it a law. If this became a law and balanda in town wanted to use it, and they want to have that choice, is that okay for people on community? For the people here, is it okay for other people want to make that choice, even if people here do not?

GLORIA: What do you mean if people make their choice?

Mr CHAIR: We mean even if nobody here in Gunbalanya use this, if in Darwin, somebody chooses this, is that okay by you? Does that make you upset? Is it okay that somebody can choose what they want to do or you do not want that for anybody?

URSULA: For me, I want to come back and talk to my family about it, or let the doctor explain that to the families before go ahead signing and putting that person to sleep forever.

Mr CHAIR: But what if it is somebody outside of your family; somebody completely different?

Mr KERLE: A balanda in Darwin.

URSULA: In Darwin, people would ask me about my family dying or coming to, and if they were to come up with this and if this was law, I would just say that we use teleconference. If I cannot reach them, I would go back to the community and let the doctor know to call the community clinic and get the family members to come and have a yarn on the conference call.

SUE: Ursula, I think what they are asking …

Mr CHAIR: That is okay; it is helpful too.

URSULA: I understand. I would not make that decision myself to say, okay yes you can do it.

SUE: Can I pose it differently? If my neighbour in Darwin—and you do not know that person, but if that person is really at the end with a lot of pain, and they made the choice to take this option of passing, would that be okay for you if my neighbour would do that? You do not know that person, do you want that person to have that choice?

URSULA: I would say no.

[Multiple people speaking.]

URSULA: I would not make that choice for that person.

Mr CHAIR: Can we just clear that up.

SUE: I am not asking you to make that choice. Is it okay for you if my neighbour, Mr Bills, says I am going to make this choice. It is not going to offend you, if this person says I want to end my life?

URSULA: Okay, yes, if that person from my family would make that choice.

SUE: Yes, but you are not upset that Bill is going to do it hey?

URSULA: I want to say okay but I did not want to upset other family members.

Mr CHAIR: Yes, that is what we are getting at. We just wanted to clear that up.

GLORIA: Except for who is next door to me, is really sick and no one is there to support. I do not even know that person, but he still needs a help. Before I ask for other people, we help each other to make that person die with himself or something. We need to support them. It does not matter if they want to …

URSULA: In our culture they would say you went and made the decision yourself and you kill that person, they would accept that or something and then we start arguing and hating each other, not talking to each other, those kind of things will happen to my life if I went.

Mr KERLE: That is all important. It sounds like if someone in the community wanted to use this one because they were very sick and the community or family and the correct decision-makers were involved, like traditional owners and custodians, and the family agreed, then they could use that, is that right?

URSULA: If I talk to my sister and she will understand this because she knows that her mum made a decision for her son because he did not make any choices because he was in a coma for a long time. That was in 1999 that it happened; and it was okay. Maybe it was in the law, but then they stopped it. I remember that. I was 14 years old when they had to put him to sleep using that. I know what you are talking about and now they ask if you guys want to do it again, to get through that process again and make it law under that.

Mr KERLE: But it is very important that it is only if the person wants to and if they are a cultural person, a person with culture, then there needs to be cultural decisions before they can do it.

URSULA: The way I am thinking, that is a lot of the way you are explaining I understand but I am thinking of other family members that might affect them, or the doctor might, or they will hate me for it all my life.

Mr KERLE: What you just said is very important. If you made the decision by yourself, without involving the right people, then people will blame you for that death.

URSULA: For making that person's decision and letting them know.

GLORIA: For me, one of my temp teachers when she got (inaudible) was from New Zealand. She worked with me for a long time, when she got very sick, and she was crying under the bed covers, she was shaking and crying. And I said, 'I know her; I worked with her.' I walked to her house and comforted her, and wait for the nurse to come. I helped and supported her. She always supported me, the community and the kids. The people come, this mob, you have to have each other and support each other.

SUZIE: Can we go through that important question again because it is very important for the board is that being consulted and going through that process, we were like, here now, (inaudible).

Mr YOUNG: There were a few questions about what happens after this. We talked outside and you asked me to draw it up. Should I go from the start from parliament to (inaudible).

Mr CHAIR: Whatever you think is helpful. While you are drawing that diagram, could I quickly explain these documents.

Mr YOUNG: I was going to do it as I go.

Mr CHAIR: Okay, go ahead if you like.

Mr YOUNG: We have Parliament House in Darwin. There are 25 members of parliament. I am one member of parliament. Kat is another member, Matt, Oly and Tanzil. That is five members of parliament. There are 17 CLP members, who are the government; we have four Labor; one Greens; and three Independents, including the Speaker. We have 25 members altogether.

Underneath this, we have the committee and what we are talking about is voluntary assisted dying. There are five members. The government has asked us to talk about voluntary assisted dying. That is what we are doing here today; we are talking to yourselves in Gunbalanya. We are here in Gunbalanya and you are talking to us. We have also talked to other communities—Ngukurr, Borroloola and Barunga. Some members are flying today to Alice Springs and next week we will be in Tennant Creek. We will be talking to communities around there, so all across the Territory we will be talking to people.

Once we get all the information from this, our committee—there will be a report. All this information goes to the committee into this report. The report will be sent to the government, back to where it started. The parliament will get to see the report—everyone—and it will be up to the government to decide if they want to make it law. All this information we have collected today will go back into the parliament.

URSULA: (inaudible) and they are going to make the final decision?

Mr YOUNG: They may say, 'You know what? We want to make this law' or they may say, 'We don't want to make it law'.

K McNAMARA: If they do, they bring it to parliament and everyone gets to vote.

[Multiple people speaking.]

Mr YOUNG: You are a board member for the school …

Unidentified speaker: Yes.

Mr YOUNG: You have some stuff you might vote on. It is exactly the same.

Unidentified speaker: It is the same. Even when you guys come and we do voting for the community, the whole community—yes, I know how it works.

Mr YOUNG: Yes, it is the same as parliament. There are 25 members, so you need 13 members to pass the law.

Unidentified speaker: This report is not guaranteed?

[Multiple people speaking.]

Mr KERLE: Anything you tell us we can put in the report, which then becomes public and everyone can talk about it.

GLORIA: (inaudible). When it comes together, those four together …

Mr YOUNG: There is myself, Labor; Kat, Greens; Matt, Tanzil, Oly CLP. We have all come together to work together to write this report. Everyone gets to see the report and then it will go to the government to make the law.

K McNAMARA: Of course, we have the staff who actually do a lot of work.

[Multiple people speaking.]

Mr YOUNG: We need to get to vote to agree (inaudible).

Mrs CARLSON: That is why it is important for your voice to be in this report on how you feel, on what your issues are in your communities. If a law comes into play, then we need to know what support services are in the community to support that law as well.

Mr YOUNG: Are there any more questions or does that make sense where it goes?

S TRIMBLE: Is there a timeline for that report to go up?

Mr YOUNG: Yes, it will be the end of September that we send the report to the government, but it will not be seen until November sittings—is that the next one?

Mr CHAIR: There are no guarantees about that at the moment. We will report back to the government at the end of September and then we will see where we go from there. If we finish …

Mr YOUNG: As it currently stands in the terms of reference, it is at the end of September, for now.

Mr CHAIR: We are running out of time, so I just want to answer a couple of Gloria's questions.

All these papers we will leave for you guys. This was the report—we did not write this—written by the expert panel. It is quite a long report and that is what we were asked to look at. We will leave a copy of this for you.

We wrote this shorter one, called the consultation paper, which summarises this and says what we are going to do, basically, and what the major issues are.

In the parliament in July, just the other day, this was our first report we wrote, a halfway report—an interim report—where we said this is what we have done so far and this is what we are going to do next. We said we were going to come out to Gunbalanya, for example.

We have got the things we have been saying to the media. Then also we have got this diagram, which is inside this report, which explains how the VAD model works. One doctor, second doctor, written consent—that sort of thing. You can see how that works as well. Any of this information …

Unidentified speaker: A model.

Mr CHAIR: Yes, that is the model in the report.

Any of the information, if you want it, is all online. Any of the information, if you want, we can provide to you as well.

Also, for another two weeks, until 29 August, we are still taking written submissions. Later, after we have gone, if you guys want to write anything and send it to us via email, we will add it to all the other things. Alternatively, you can also give us a phone call. There is a hotline number where you can ring and if you give verbal testimony, then we can also record that. There are about 100-plus people already who have given us written submissions from all over the place. All that information adds.

But the one thing that people said before on this report was that not enough people asked people in remote communities what they think. That is why our focus at the moment in August is going to as many remote communities as we can in the time. We cannot go everywhere, obviously, but we are trying to go to as many places as we can go, where we are welcome and where we can help.

We are running out of time and we are going to have to finish up so that we can move on to your guys' next meeting. Can we say on behalf of all the group, thank you so much for sharing all your stories today. It has been really helpful for us to understand, and we want to keep sharing with you as well. As our work comes out, you can find it in the parliament and you will hear more about it in the media and that sort of thing as well.

When our final report is available, we will make sure that all the people that we visited we will provide a copy to, so at least you can see what our final report was. We are hopeful that we can move this forward for Territory. We do not know exactly what is going to happen, but we are just trying to move it forward so that it is not stuck like it is stuck right now.

Thank you so much for everything.

The committee concluded.