On December 23, 2016, as most Australians were winding down for the holiday week ahead, Faysal Ishak Ahmed, a 27-year-old man from South Sudan died in immigration detention when he collapsed with a seizure. After his death, it emerged that the young man had repeatedly presented at the facility’s healthcare provider over a period of several months for a range of health issues such as stomach upsets, high blood pressure, fevers and heart problems. However, he never got to see a doctor and each time was dismissed by the nurse on duty. He described one such
incident to his friends shortly before his death:

I went to the [healthcare provider] and then [they] told me that, hey you don’t have anything, you are not sick and you’re pretending to be sick, and from now on, we don’t want you to come down here, so please stop coming here. (Quoted from ABC News)

Even if rarely with fatal consequences as in Ahmed’s case, the experience of not being listened to and not being taken seriously is one that many people who speak English “with an accent” can relate to.

Cases such as these where patients with limited proficiency in the dominant language are not taken seriously and oftentimes simply ignored are not unique to Australia, as a US study of doctors and nurses working with patients with limited English proficiency demonstrates (Kenison et al., 2016). In a quote that has almost uncanny echoes of Faysal Ishak Ahmed’s experience on the other side of the world, one junior doctor reported this conversation with a senior clinician to the researchers:

And he said, ‘Oh, you know we see this, a lot of this Haitian chest pain.’ And I said, ‘What do you mean by that?’ And he said, ‘Well, they come in and the tests are negative, and they have a different perception of pain than other people.’ He kind of wrote it off that way. I felt a little weird that it was written off that quickly. To write off the chest pain on a patient who is having trouble communicating because she’s using a phone interpreter. (Kenison et al., 2016, p. 3)
Most people assume that language proficiency is a specific skill set that a person has or does not have. It is further assumed that, once migrants have reached a particular level of English, they will be able to “integrate” and interact on a level playing field. This view of language proficiency as a property of the speaker is fundamentally mistaken because we don’t use language as isolated individuals. Language is a social tool and language proficiency is jointly constructed in interaction. To be able to form grammatically correct sentences does not necessarily translate into “the power to impose reception”, as sociologist Pierre Bourdieu has pointed out.

A wealth of sociolinguistic evidence demonstrates that non-standard speech, such as the English of multilinguals that shows traces of their non-English-speaking background (NESB), is rarely taken just as a specific way of speaking but as an index of a particular identity – often the identity of someone who is considered less worthy. Ahmed was assumed to be a fake patient. In our research with adult NESB migrants here at Macquarie University, we have met highly qualified job applicants whose skills were obscured by their accents; capable and diligent students who were considered lazy and poorly motivated on the basis of their English expression; or consumers who did not
manage to return faulty products within the warranty period because shop assistants pretended not to understand them.

Mundane interactions such as these have broad social consequences. Far from interacting on a level playing field, NESB speakers have unequal opportunities to access employment, education, health care or community participation.

While we have become increasingly vigilant with regard to discrimination based on race, gender, sexuality or disability, linguistic disadvantage is far more difficult to recognize. Partly this is due to the fact that Australians who speak English as their first language have fewer and fewer opportunities to learn another language and hence are poorly equipped to relate to the challenges of language learning. As a result, discussions of linguistic diversity are often based on the false premise that individuals exert full control over their linguistic repertoires. In reality, learning a new language while also trying to do things through the medium of that language – to work, to study, to present your symptoms to a nurse – is a double challenge and these two aims of communication are not always compatible.

To mitigate linguistic disadvantage requires both individual and institutional efforts. Individuals need to be prepared to share the communicative burden rather than placing it exclusively on the shoulders of NESB speakers. Institutions need to put in place adequate policies and training opportunities to identify and meet language needs. Switching on to an unfamiliar accent may require extra mental effort and catering to the language development needs of everyone in an institution requires extra resources. However, these investments will pay dividends by contributing to the kind of inclusive and cohesive society we all want to live in.
How language barriers such as these can be bridged will be the focus of tomorrow’s “Bridging Language Barriers” Symposium. We’ll be looking forward to welcoming attendees to Macquarie University but if you cannot attend in person, you can still join the conversation with our team of live-tweeters. Our Twitter hashtag will be #LOTM2017.