

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
LAKE ALICE CHILD AND ADOLESCENT UNIT INQUIRY HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Ali'imua Sandra Alofivae
Mr Paul Gibson

Counsel: Mr Simon Mount QC, Ms Kerry Beaton, Mr Andrew Molloy,
Ms Ruth Thomas, Ms Finlayson-Davis, for the Royal
Commission
Ms Karen Feint QC, Ms Julia White and Ms Jane Maltby
for the Crown
Mrs Frances Joychild QC and Ms Alana Thomas for the
Survivors
Ms Moira Green for the Citizens Commission on Human
Rights
Ms Susan Hughes QC for Mr Malcolm Burgess and Mr
Lawrence Reid
Ms Frances Everard for the New Zealand Human Rights
Commission
Mr Hayden Rattray for Mr Selwyn Leeks

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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Hearing opens with waiata and karakia tīmatanga by Ngāti Whātua Ōrākei

[10.04 am]

CHAIR: Tēnā koutou katoa. Ki te mana whenua, Ngāti Whātua Ōrākei, tēnā kōrua, tēnā koutou katoa. Nau mai ki ēnei hui tūmatanui otirā, ki a koutou ngā tangata kua tae ā tinana mai e mātakitaki mai ki te ipurangi, tēnā tatou katoa. I just wish to welcome everybody today. I acknowledge Ngāti Whātua Ōrākei for placing their mantle over us each and every day, particularly for this very heavy mahi that we are facing before us and we're very grateful for that protection that they bring to us.

The other thing I wish to do is acknowledge everybody in the room, whether you are a survivor, an interested person, a member of the general public, or even indeed a family member. Welcome, you're very welcome to this hearing. And if you are watching by screen, and I see we have one here already, Mr Rattray's watching us from Australia, if you're watching you are most welcome as well and I hope that the reception is good and that you can follow the proceedings as much as you wish.

The last thing I wish to do is to acknowledge those survivors of Lake Alice who have passed away. Or those, and I'm sure there are some, who are just too frail to participate in this hearing, just to know, they are not forgotten.

So we will commence our proceedings today. Mr Zentveld, you wish to make a statement before we commence formally with our lawyers. And if you would like to do that, please come forward. Before you start perhaps I see you're not alone which is good. Would you like to introduce your companions.

OPENING SUBMISSIONS BY MR ZENTVELD

MR ZENTVELD: Okay, morning everyone. My name is Paul Zentveld, you might have heard of me in the past a little bit. This is David Shaw, this is Leoni McInroe, this is Hake Halo and this is GRO-B Ms Y, we're all survivors of Lake Alice and we're here for a reason.

Anyway, kia ora, kia orana and talofa, Commissioners, Commission staff, advocates and attendees. Thank you for coming to our call. All these many years when no-one but a tiny few believed us. Officials of Government did not really care what happened to us as children while in Lake Alice in the 70s. We have done many things over the years, including alerting the United Nations and here we are.

We stand before you, the survivors of Lake Alice, ready to tell our story publicly for the first time. Those who cannot be here are here in spirit. I would like to also acknowledge with huge respect Rosslyn Noonan, former Human Rights Commissioner, for pushing so hard, Jacinda Ardern, our Prime Minister, who made this Royal Commission

1 happen, Oliver Sutherland and ACORD, the Committee Against Torture of the UN, Tom
2 Fitzgerald and the New Zealand Police team who believed us and cared.

3 I would also especially like to say a heartfelt thank you to the Citizens Commission
4 on Human Rights who were with us right from the start, for their endless and tireless
5 dedication and work over many years. They were the first to believe us and cared.

6 I'd also like to add thank you for TV3 for putting three hard years of investment in
7 us and special thanks to Mike Wesley-Smith and also the CCHR team that I haven't named
8 but forgot to, just too rushed to get this here, Victor Boyd, who was with me right from the
9 start, well done Victor, Steve Green, who took me down to Wellington for my first court
10 case and also flew me to Geneva, and an asset to the CEO of CCHR, Mike Ferriss. Thank
11 you very much.

12 And I'd like to say one more thing. Look at the gathering today, it's packed.
13 Unbelievable. Thank you for caring everybody. Thank you for this hearing and thank you
14 for caring. Ngā mihi.

15 **CHAIR:** Thank you. Just before you go, can I just say that it's so important to us that the
16 survivors have had a voice before anybody else today, before the lawyers, except for me,
17 I'm sorry, I did a welcome, but you have gone ahead of everybody else in this room and
18 that is entirely appropriate. Thank you for coming. And God speed over the next couple of
19 days, I think we're all going to need help and it's great to see you here, so thank you very
20 much Paul.

21 **MR ZENTVELD:** We're here for two weeks.

22 **CHAIR:** Excellent, and two days. **[Applause]**. Now our lawyers get a chance to say something.

23 **MR MOUNT:** Ata mārie e te tiamana. Tena koutou e ngā Kōmihana, tēnā koutou katoa. Tena
24 tatou kua haere mai nei i runga i te karanga o tēnei kaupapa me ngā mahi nui, kei mua i a
25 tatou.

26 I realise there are a very large group of people who deserve to be acknowledged and
27 mentioned and I hope their names will be repeatedly mentioned as we move forward, but
28 my job at this stage is just to introduce some of the people who will be standing up and
29 presenting material in the hearing. My name is Simon Mount, together with Kerryn
30 Beaton, we are part of the Counsel Assisting team.

31 But crucially and for this particular phase of the Royal Commission hearings, the
32 work has been shouldered by a very dedicated team of people. Andrew Molloy has led that
33 team, together with Emma Finlayson-Davis and Ruth Thomas. They have been supported
34 by a large group of people, including Gerry Dobbyn who's moved on from the Royal

1 Commission but we have with us Erin James, we have Sarah Zydervelt with us in the room
2 today, and he's already been mentioned but Mike Wesley-Smith. Anyone who knows Mike
3 knows exactly how hard he has worked for a very long time.

4 But I realise of course this group represents only a part of the group of people, many
5 of whom have worked for decades to bring to us this point. But I'll now turn over to
6 Mr Molloy who will, I'm sure, continue the series of acknowledgments that need to be
7 made.

8 **CHAIR:** Thank you Mr Mount.

9 **MR MOUNT:** No reira, tēnā koutou, kia ora tatou katoa.

10 **CHAIR:** Tēnā koe Mr Molloy.

11 **OPENING SUBMISSIONS BY MR MOLLOY**

12 **MR MOLLOY:** Ko Maungakiekie e tū ana, ko Waitemata e takoto ana, ko Ngāti Whātua te mana
13 whenua. Me rata ana ki a koutou, ko ngā mema o te Kōmihana, Ko Andrew Molloy tēnei.
14 E tū whakaiti nei, e mihi atu ana. Tena koutou, tēnā koutou, kia ora ano tatou katoa. We
15 acknowledge Ngāti Whātua as mana whenua.

16 Members of the Commission, I am Andrew Molloy and I extend greetings to
17 everyone here today. And I do so on behalf of my cocounsel, Emma Finlayson-Davis, Ruth
18 Thomas and we are joined by our large and very capable inhouse team led, until recently as
19 mentioned, by Gerard Dobbyn whose substantial contribution we acknowledge and in his
20 place by Sarah Zydervelt and Erin James and Mike, Miriama and the entire team who are
21 here today.

22 May I also take a moment to acknowledge others in the room. As I've said, Ngāti
23 Whātua who are here as mana whenua of this place and who are guiding us every day as we
24 proceed with this hearing.

25 The children of the Child and Adolescent Unit at Lake Alice. Known and unknown,
26 alive or in memory, wherever you are. To your whānau and friends who support you or
27 remember you. The other core participants and their counsel. We have the Crown
28 Secretariat, the Citizens Commission on Human Rights, Selwyn Leeks through his counsel
29 Hayden Rattray in Australia and Te Kāhui Tika Tangata, the Human Rights Commission of
30 New Zealand.

31 We acknowledge all others who will participate with us either in person or remotely
32 through this hearing. And we acknowledge also Ngāti Apa. It is on their land and among
33 their people that these events that we will talk about took place. And they are left with the
34 residue.

1 Psychiatric services available up to the 60s were rudimentary compared to what's
2 available today. Until the emergence of anti-psychotics, care for many equated with
3 containment in institutions that had tended to be built deliberately in remote areas away
4 from urban populations in line with the British model of the 19th century.

5 During the 1970s, focus began to emerge around the need for children and
6 adolescents to be cared for separately from adults. Hospital boards around New Zealand
7 began to consider developing child and adolescent services and it was in that context that
8 the Palmerston North Hospital Board was looking to develop a similar service during the
9 early 1970s under the psychiatrist Dr Selwyn Leeks. And seeking to house the service the
10 board took advantage of the availability of empty units at the Lake Alice national forensic
11 hospital.

12 The availability of space appears to have taken priority over the fact that by placing
13 children and adolescents there, it would be adjacent to the national adult forensic mental
14 health facility. So unlike the child and adolescent services developed in Metropolitan
15 hospitals in Auckland or Christchurch, the Lake Alice Child and Adolescent Unit was sited
16 on 50 acres in a rural area 40 kilometres from Palmerston North.

17 We know that between 1972 and 1978 nearly 300 children were admitted to the
18 unit. We suspect that perhaps another 113 may have spent time there. We do not yet and
19 we may never know the exact number as any record or register that was kept has not come
20 to light.

21 Some of the children were less than ten years old. Many of these children came
22 from residential care facilities in the area which we heard something of during the hearing
23 last month. We heard then of the phenomenon by which New Zealand society during the
24 1950, 60s and 70s fixed upon challenging teenage behaviour and the label of delinquency.
25 A flavour of that carries over to this hearing.

26 I don't wish to appropriate in any way the accounts that you will hear direct from
27 people who were detained at the unit. But it might be helpful to cover something of what
28 will be outlined.

29 Children were subjected to abuse, including sexual abuse, while at the unit. Some
30 staff were among the perpetrators, sometimes the children fell victim to older and bigger
31 children and sometimes to adults housed at the main Lake Alice Hospital. The children
32 were also subjected to abuse masked in the terminology of orthodox therapeutic
33 interventions that in fact were nothing of the sort.

34 You will hear talk of electroconvulsive or ECT. You will hear terms such as

1 "modified" which simply means it was given after the administration of anaesthetic, and
2 "unmodified" which means that no anaesthetic was administered. You will hear of a
3 behavioural modification programme implemented by and under Dr Leeks imposed
4 somewhat misleadingly in the guise of Aversion Therapy. This also revolved around the
5 application of electric shocks to the body, the head, the limbs, even the genitals. No
6 anaesthetic was administered before the administration of those shocks.

7 You will hear an expert deconstruct what occurred at the child and adolescent unit
8 and make clear that what was practised bore no resemblance to Aversion Therapy or indeed
9 to any other therapy.

10 You will hear of a drug called Paraldehyde, administered as a sedative. It was
11 painful to receive and painful for prolonged periods afterwards. It was often administered
12 for punishment for action or inaction rather than for genuine therapeutic reasons.

13 These interventions, or the perennial threat that they might or could be used,
14 became a mechanism for behavioural control. This hearing will not focus on the
15 technicality of these procedures. The point is that children were subjected to interventions
16 and threats of interventions that posed as treatments, but which were administered without
17 therapeutic intent and with very opposite of therapeutic effect. The environment created
18 was inherently abusive.

19 Why are we here now? A file note from mid-1973 by a housemaster at Holdsworth
20 School records that he took a child to Lake Alice for ECT then returned him to Holdsworth.
21 He was warned by Dr Leeks that should he continue to misbehave at Holdsworth, more
22 treatment would follow.

23 48 years later in December 2019 the United Nations Committee Against Torture
24 issued its decision in respect of a claim brought by one of the people from whom you have
25 already heard this morning, Paul Zentveld. That Committee found that the failure of the
26 New Zealand State to conduct an effective investigation into the circumstances surrounding
27 the acts of torture and ill-treatment he experienced while admitted at the Child and
28 Adolescent Unit of the Lake Alice Psychiatric Hospital is incompatible with our obligations
29 under the Convention Against Torture. Specifically the obligation to proceed to a prompt
30 and impartial investigation wherever there is reasonable ground to believe that an act of
31 torture and/or ill-treatment had been committed.

32 That decision was personal to Mr Zentveld but throws into sharp relief a gaping
33 hole that has existed for all of the children of Lake Alice. Which is why we are here now.
34 While numerous eyes have been cast over these events over the years, we've never

1 previously pulled together the strands to try to compile as full a picture as we can.

2 In doing so, we seek to address two obvious story lines. The first and the
3 paramount is the experience of the children who were there. While some of these people
4 have spoken of this here and there, their voices have never been heard collectively by us as
5 a society. We have never acknowledged that what happened took place among us by
6 people acting on our behalf. This case study and this hearing can address in some way that
7 deficit.

8 Equally important is the story of the failure of accountability. This is
9 notwithstanding the number and the variety of complaints that have been made over the
10 years and right from the outset.

11 While the unit has acquired a degree of notoriety, it perhaps first came to wider
12 attention in 1976. We will hear later this morning of how Hake Halo, then a young boy
13 from a Niuean family, wrote to his family in his first language saying that he was receiving
14 painful electric shocks at the unit. Concern mounted and in January 1977, after pressure
15 applied by groups such as CCHR and ACORD, an Auckland Magistrate was appointed to
16 report on aspects of that unit's operations.

17 In the event, the Magistrate determined that the boy's complaint was not genuine but
18 was likely prompted by hysteria created around the subject of ECT. He states at page 25 of
19 his report that "I am certain that ECT was not used at Lake Alice Hospital as a
20 punishment."

21 But to be fair to the Magistrate, he did not have the benefit of the 1973 file note
22 from the Holdsworth housemaster. He did not know that the principal of Holdsworth had
23 stopped sending children to Lake Alice at the beginning of 1973, at least in part because of
24 misgivings about what might be happening there. He did not know that in 1973, three other
25 complaints had been made to social workers by patients or their parents that children had
26 been given ECT without anaesthetic as punishment for their behaviour, or that another
27 followed in 1975, or that in 1976 there were at least five complaints made by children or
28 parents other than Hake about ECT being administered painfully without anaesthetic,
29 without parental consent.

30 In 1977 the Ombudsman at the time, Sir Guy Powles, after investigating yet another
31 complaint, found that the child at the centre of that complaint had been unlawfully detained
32 and that his treatment with ECT was unreasonable and possibly unlawful. 1977 also saw a
33 further half a dozen or so complaints about shocks being administered without consent and
34 as punishment.

1 Complaints by two boys were referred to a District Inspector appointed under the
2 1969 Mental Health Act. He regarded the boys who spoke to him at some length as entirely
3 plausible and the matters were later referred to the Police by the Director of the Division of
4 Health at the time, Stanley Mirams, who asked the Police to consider whether an offence
5 had occurred under the Mental Health Act. The Police investigated but did not consider
6 charges under the Crimes Act and no charges were laid at that time.

7 The complaint of yet another child found its way to Dr Mirams. He interviewed the
8 young man involved and was sufficiently concerned by what he heard of Dr Leeks'
9 practises that he set in train the complaint mechanism operated by the New Zealand
10 Medical Council.

11 The Central Ethics Committee considered that Dr Leeks' behaviour in that instance
12 arguably constituted grossly unethical conduct likely to bring the reputation of the medical
13 profession into disrepute. The penal cases committee of the Medical Council laid a charge
14 accordingly but again it came to nothing. We do not know why, because if the reasons for
15 the decision were ever recorded, that record has not been retained.

16 Dr Leeks left New Zealand early the following year and commenced practice as a
17 psychiatrist in Australia. Children complained, parents complained, psychiatrists were
18 concerned, social workers raised concerns, educational psychologists were concerned,
19 teachers were concerned, CCHR was concerned, ACORD was concerned, a District
20 Inspector found allegations credible, the director of the Division of Health was concerned,
21 the Central Ethics Committee of the Medical Association was concerned. But the
22 Department of Social Welfare did nothing, the Medical Council found nothing, a
23 Magistrate and the New Zealand Police did not believe the children, and the Ombudsman
24 office, having upheld the complaint before it and having been made aware of the existence
25 of at least the Hake Halo complaint, took the matter no further. There was no-one who
26 could stand back, look from above and say there is something to see here.

27 Given those walls erected in 1977, it's remarkable that these events came back
28 before the public. The Commission has already heard from Leoni McInroe at the 2020
29 hearing into redress when she spoke of how in 1994 as a young mother looking to address
30 the difficulties of a failed relationship she had consulted with Philippa Cunningham, a
31 lawyer. Ms Cunningham is now a judge, but it was her nursing background that gave her
32 the insight to have Ms McInroe explore the roots of her trauma.

33 By later lodging a case in the High Court, seeking exemplary damages against the
34 Attorney General and against Dr Leeks personally for the mistreatment that she received at

1 Lake Alice, Ms McInroe put a ladder up against that wall. She has also spoken of how the
2 trauma caused by her experiences as child in that unit was exacerbated by the manner in
3 which the Crown defended the litigation with the unnecessary delays involved.

4 Her case, in which she was joined by a co-plaintiff, was eventually subsumed in the
5 settlement of separate litigation brought much later in the 1990s by nearly 100 other former
6 patients of Lake Alice represented by a single law firm, Grant Cameron & Associates.

7 Confronted at last with a mountain of evidence, including the testimony of dozens
8 of former Lake Alice children, and the content of clinical records and nursing notes
9 corroborating many of their claims, the Crown eventually settled that litigation,
10 acknowledging that the claims had merit. It agreed to pay compensation to be divided
11 among the litigants in a process overseen by a retired High Court Judge, Sir Rodney Gallen.
12 In some eight years of litigation involving Dr Leeks and the Attorney General, no evidence
13 came to light to suggest that the practises implemented at Lake Alice were common or
14 acceptable even for their time.

15 The Government of the day issued carefully worded apologies to survivors for care
16 that was not of an appropriate type or standard of care, and was, in a number of respects,
17 unacceptable. The litigation brought these events at the unit to the public attention once
18 again in the early part of this century, but even when 40 or so of those litigants forwarded
19 complaints to the New Zealand Police supported by the clinical notes they had obtained,
20 and their own statements, no prosecution was forthcoming.

21 And here we are. The case study that we are making into Lake Alice comprises a
22 number of parts. There has been an enormous logistical exercise in sourcing and obtaining
23 and assessing literally hundreds of thousands of documents from Government departments,
24 institutional bodies, rights-based organisations and individuals. Dozens of statements have
25 been taken from witnesses with something to tell us.

26 This public hearing, which is limited in time, is only the visible tip of the iceberg. It
27 will afford the public a glimpse of what occurred and involves only a fraction of what is
28 involved in our study. The hearing itself is a little different from those that have preceded
29 it.

30 We'll hear from a number of different types of witnesses. We will hear from some
31 staff. We will hear from a former housemaster of a residential home and from a former
32 principal of that home. We will hear from a child psychiatrist also in practice in
33 New Zealand in the 1970s and from the former director of mental health who held that
34 office at the time of the McInroe litigation. We'll hear from an expert in Aversion Therapy

1 and we will hear from representatives of various institutions. Some of these people attend
2 as a matter of courtesy and as a matter of duty, even though they have no personal
3 knowledge of the events with which we are concerned.

4 We will hear from the lawyer who acted in the mass litigation that led to settlement
5 with the Crown. We will explore the processes of the Medical Council and the decisions
6 made by the Police not to pursue prosecutions. We will hear again from the Solicitor
7 General about a number of aspects of Lake Alice, including New Zealand's obligations
8 under international human rights instruments and whether and how we have addressed
9 these over the years.

10 Most importantly, over the next two weeks you will hear from 18 of the children.
11 They are not children now. Most are represented by Ms Joychild and Ms Thomas, and you
12 will hear from them starting from today.

13 The passage of time has, of course, meant that opportunities have been lost. There
14 are people who had something to contribute from whom we will hear nothing. Mortality
15 and infirmity have played their part. Some of these children have passed away. We heard
16 posthumously from Patrick Stevens at the redress hearing. Over the next two weeks we
17 will hear from the whānau of others who have also passed.

18 We're conscious that not everyone will have the opportunity to speak in public and
19 that not everyone who speaks may be able to speak for as long as they might wish. And
20 from the outset I wish to acknowledge with sadness that there may be things left unsaid by
21 people wishing to say them. I assure anyone listening that we have made a very deliberate
22 decision to offer to as many people as possible the opportunity to acknowledge in this
23 public space that they were at the unit while balancing the competing demands on time.

24 And while we have sought to achieve this balance in consultation with Ms Joychild
25 and her team, I emphasise that the final responsibility for the decisions made lies with me.
26 It is not easy for people to talk to a Royal Commission about terrible wrongs that have been
27 done to them or to others, about choices and mistakes made and about consequences which
28 have been lived with life-long.

29 To those who engage and have engaged, whether reluctantly or not, we
30 acknowledge your contribution to our task.

31 **CHAIR:** Kia ora Mr Molloy, thank you for that fulsome opening which I think has set the scene
32 remarkably well.

33 The next – I haven't called for formal appearances, we'll just do it as we go. The
34 person mentioned several times in that submission was Frances Joychild QC and I now

1 acknowledge her, and invite her to come forward. Kia ora Ms Joychild.

2 **OPENING SUBMISSIONS BY MS JOYCHILD QC**

3 **MS JOYCHILD:** Tēnā koutou e ngā Kaikōmihana o te Lake Alice Inquiry. Ko Frances Joychild
4 me Alana Thomas tēnei. Ka māua ngā roia mo ngā mōrehu o Lake Alice. We're acting for
5 the survivors of Lake Alice.

6 **CHAIR:** I acknowledge Ms Thomas as well, thank you.

7 **MS JOYCHILD:** As you have heard this morning, the children of Lake Alice, now Lake Alice
8 survivors, welcome this inquiry. It's an inquiry into a dark and shameful seven year
9 episode in the history of State care for vulnerable children in this country. It is time for this
10 history to be told and it is time for this history to be heard by the nation as a whole.

11 Over 300 children, all in the care of the State, either temporarily while patients at
12 Lake Alice or formerly as State wards. The Inquiry has come very late, some 45 to 50
13 years after the first ones were sent to a psychiatric hospital when they were children or
14 young adolescents.

15 This inquiry should, in our submission, be satisfied by one matter. It need not take
16 too much time inquiring to whether there was torture. That was accepted by the
17 Government in 2000 as part of its payments of compensation, and expressed very well in a
18 briefing from the Executive Personal Assistant of the then Prime Minister when he wrote to
19 the Prime Minister before the settlements, "an exhaustive factual analysis reveals the events
20 at Lake Alice to have constituted systemic and extensive child torture extending over a
21 number of years". Let us be in no doubt, the Government and the Government's legal
22 advisors, were fully aware they were dealing with a situation of systemic and extensive
23 child torture extending over a number of years.

24 There, most were tortured by electrocution without anaesthetic. We don't call it
25 ECT because it was not ECT as that was known at that time or today. They received
26 intensely painful injections of drugs, sometimes locked up alone for days or weeks and
27 subject to sexual assault in all its forms. Those who avoided some or all of these afflictions
28 lived nevertheless in an atmosphere of terror where they witnessed the fear and misery of
29 others and waited for their turn.

30 The treatment was outside all or any known psychiatric treatment for their
31 "behaviour disorders" at that time in the world and of course it is today. Though heroic
32 survivors, most have carried its impacts into every corner of their adult lives and
33 intergenerationally.

34 So these child survivors have large expectations of this Inquiry. They will be

1 listening keenly and wanting answers. Answers to how they were able to be admitted to a
2 psychiatric hospital when they had no treatable psychiatric condition, largely because of
3 what Dr Leeks called behaviour disorders.

4 For those who were State wards, why did their guardian, the State, let this happen to
5 them? For those admitted by the Magistrates or by their parents, what did the judges and
6 the parents know of what was happening to those children? Were they aware they were
7 going to be electrocuted without anaesthetic, that they had a high likelihood of going to be
8 sexually abused? How were they able to be electrocuted without anaesthetic or muscle
9 relaxant for punishment, for none other than getting four Ds that week in school, for not
10 speaking up in group therapy, being disruptive in group therapy, for answering back to staff
11 or not doing chores to the approval of staff. The list goes on.

12 How were they able to be given powerful and painful injections of Paraldehyde for
13 punishments as little as running over a scoria bed, hitting a boy back who hit you? The
14 Paraldehyde disabled them for hours and days. How were they able to be locked up alone
15 in a room with nothing but a bucket and a mattress for many days and sometimes weeks?
16 How was it that these children, the youngest of our group being only eight years old, were
17 subject to abuse in an institution and by people in power that were charged to protect them?

18 These questions have never been answered. No explanation has ever been given to
19 them by the State. No one person has ever been held to account. The country and
20 survivors have never been given this long-needed Inquiry. In the same document I quoted
21 from before, when the Government strategy as to how to deal with what it then learned was
22 systemic torture, the document I quote from says:

23 "The Crown has earlier conceded the probability of extreme media interest
24 nationally and internationally. Public hearings may be calculated to portray New Zealand
25 in international eyes as being something akin to a third world country with a Stalinistic
26 approach to children's rights as opposed to its current image as a leader in the field. The
27 damage to the national interest is impossible to calculate."

28 That is in a briefing paper to the senior executive of the Prime Minister at the time
29 and part of the strategy whereby there has been no public inquiry, survivors have signed
30 full and final settlements of their case and had an apology acknowledging only
31 inappropriateness in their treatment.

32 Most did receive an apology from the Government, as I've said for inappropriate
33 treatment, but that is not good enough. Most have received compensation in a take it or
34 leave it offer, with the indignity of having to use a large size of their award to pay legal

1 fees.

2 For the second half of this group that indignity was rectified in a court case taken by
3 Mr Zentveld. But for the first half it has never been rectified. That is not good enough.
4 Especially when Treasury had earmarked \$132 million in 2000 to resolve this matter when
5 the litigation was filed. Yet the Government, in a private settlement where the survivors
6 were given take it or leave it money, got away with paying them around \$13 million,
7 perhaps a little more.

8 Importantly, for none of them have the efforts by the State today enabled them to
9 move on and this is nowhere good enough. Not only have their questions as to why
10 remained unanswered by successive Governments, but no-one has been held accountable.
11 Not Dr Selwyn Leeks who mostly inflicted the electrocutions, not the staff who decided to
12 do so too when Dr Leeks was not around, not the staff who held the children down for the
13 electrocution – usually four staff to one child, not the staff who literally dished out
14 Paraldehyde injections for minor misbehaviour. Despite complaints from the 1970s, the
15 professional bodies regulating psychiatrists, psychologists, doctors and nurses have held
16 no-one to account.

17
18 GRO-C
19

20 Notably Dr Leeks' predisposition to give children ECT was stopped very quickly in
21 his first year or so of practice in Australia.

22 There has been no accountability through the criminal courts. No-one has been
23 prosecuted for the severe assaults and torture of these children. Apart from one patient and
24 a staff member, no-one that counsel know, has been prosecuted for the sexual assaults
25 many children endured from staff. Successive Governments have denied survivors every
26 request over the decades to lift the lid on Lake Alice to hold an inquiry. Successive Police
27 investigations have failed to prosecute Selwyn Leeks.

28 To this point in time survivors have felt betrayed by the State and the Police. This
29 is a story that the nation must hear in all its horror. It is a missing piece of the social history
30 of the nation. It's a missing piece of the history of the treatment of Māori children in care.
31 There will be many aha moments.

32 Reasons for crimes that appalled the nation at the time. Reasons for family
33 violence. Reasons for the sometimes poor parenting of a subsequent generation of children.
34 A collective shame for such ignorance of the vulnerability of male children to sexual abuse

1 in the care of adult males. A collective shame at the light-handed approach to sexual
 2 offending against the boys. A collective shame at the complicity of government systems
 3 and people in them that did not act or could not get their superiors to act when they sensed
 4 things were very wrong.

5 Importantly, the State neither exposed nor uncovered these wrongdoings. It was
 6 two non-governmental organisations, both treated with the level of derision and contempt
 7 by the Government and professionals, who shone a light and kept it shining through the
 8 long path to this hearing.

9 The survivors recognise the Citizens Commission of Human Rights and ACORD
 10 for their tremendous, thorough and persistent work to stand up for these children.

11 Counsel for the group of Lake Alice survivors act for 36 clients and the group
 12 interests as a whole. Several of these adults were children of survivors with tales to tell of
 13 intergenerational trauma. Some others are relatives. There have been suicides. These are
 14 real people who have suffered and continue to suffer because of Lake Alice and all its
 15 terror.

16 The first of these survivors started attending for day treatments in 1971. Their stay
 17 spans all the years of the existence of a Lake Alice Child and Adolescent Unit. There is a
 18 predominance of males and about 50% of these survivors are Māori alienated from their
 19 culture also while a patient. Most still live within the catchment of the old Lake Alice
 20 Hospital. There are hundreds of children that experienced the horror of Lake Alice, the
 21 abuse and torture at the hands of Dr Leeks and his nurses, some of those children cannot or
 22 are no longer able to tell their story.

23 As counsel, we pay homage to all those children and the bravery of those that
 24 represent them within this Inquiry. Through the courage of each survivor it is hoped they
 25 can provide a collective voice for those who no longer have one. We would like to read out
 26 the names of their clients. Alan Hendricks, Andrew Jane, Bronwyn Anderson, represented
 27 by her daughter Amy Sheree Weterman, Bryon Nicol, Charlie Symes, [GRO-B]
 28 Debbie Dickson, Donald Ku, Douglas Matthews, Fred Rawiri, [GRO-B], [GRO-B Mr
 29 JJ], Kevin Banks, [GRO-B], Leoni McInroe, Malcolm Richards, [GRO-B]
 30 represented by her son [GRO-B], Marty Brant, [GRO-B],
 31 represented by his twin brother [GRO-B] and his mother [GRO-B], [GRO-B],
 32 [GRO-B], Paul Zentveld, Rangi Wickliffe, [GRO-B], Sharyn Collis and her
 33 daughter Amy Bethune, Tyrone Marks, Michelle Ashby, and Anthony Coster.

1 adolescents were being subjected to electric shocks and ECT, electroconvulsive therapy, it
2 became a matter of public concern.

3 The complaints from patients at the units spawned a raft of inquiries. By 1977 a
4 Commission of Inquiry, the Police, the Medical Council, and the Ombudsman were all
5 investigating. That same year the Government decided to close the unit.

6 Justice for the survivors of the Lake Alice Child and Adolescent Unit has taken
7 much longer to achieve. It was not until the early 2000s that the New Zealand Government
8 decided to settle the civil litigation by apologising and offering compensation to the
9 survivors. Settlement was reached with 95 former patients in the first round and 90 in the
10 second round, and I'm told that the number now is around 200 in all.

11 I would like to read in full the text of the apology that the Prime Minister and the
12 Minister of Health delivered as part of the settlement as that encapsulates the Crown's
13 understanding and I hope that that can be put up on the screen as well. The apology reads:

14 "We are writing to you personally on behalf of the Government of New Zealand to
15 apologise for the treatment you received and may have witnessed in the Child and
16 Adolescent Unit at Lake Alice during the 1970s. We are apologising to all those who were
17 mistreated. We believe it is important to take this step to enable us to move on from some
18 shameful practises in mental health care in New Zealand.

19 As ministers" –

20 **CHAIR:** Sorry to interrupt, I wonder if we could have that enlarged, thank you, just so everybody
21 can read it.

22 **MS FEINT:** Thank you, that's better, though it's not showing on the screen at the front. Oh it's on
23 the side.

24 "As ministers we have not been given detailed information on your personal
25 situation or on the settlement you have received. But as a Government we have been
26 determined to acknowledge what happened and to take what steps we can to put things
27 right. We have publicly stated that whatever the legal rights and wrongs of the matter and
28 whatever the state of medical practice at the time, what happened to you in the Child and
29 Adolescent Unit at Lake Alice was unacceptable. What occurred to children there should
30 not have happened. We very much regret that it did.

31 We know that this apology cannot change the past, but we do hope it will go some
32 way towards enabling you at last to move on from your experience at the Lake Alice Child
33 and Adolescent Unit. In the same spirit, we hope that the settlement the Government has
34 made with you will be of some tangible help. We wish you all the very best for a positive

1 future."

2 And the original letter was signed by the Prime Minister, the Right Honourable
3 Helen Clark and the Minister of Health, the Honourable Annette King.

4 **CHAIR:** Just to be clear, Ms Feint, it seems what we have on the screen is not what you were
5 reading. Certainly it reads as an apology. Just to be really clear, do we know what this
6 letter is that we're reading on the screen?

7 **MS FEINT:** I'm told it is the apology but that's not the copy that I have.

8 **CHAIR:** All right, let's just say, thank you, we've read what you've written, which was the letter, I
9 believe, from the Prime Minister of the day, Helen Clark; is that right?

10 **MS FEINT:** The letter I have written(sic) was the letter that the Prime Minister and the Minister
11 of Health sent. We seem to have had a different letter put up on the screen.

12 That apology remains current today with settlements continuing to take place with
13 survivors as they come forward from time to time, most recently at the end of last year. It's
14 important that survivors know that any survivors who have not yet settled can still come
15 forward.

16 The apology refers to some shameful practises in mental health care in
17 New Zealand. It is for the Royal Commission to decide where the line is drawn between
18 outdated methods of medical treatment and care in the psychiatric institutions of yesteryear
19 and so-called "treatment", in inverted commas, that was in reality abuse then and now.

20 The consensus that emerges from the contemporary expert evidence before you is
21 that at least some of Dr Leeks' treatment methods were abusive not to mention unethical.
22 And yet the uncomfortable truth is that psychiatrists were reluctant to criticise Dr Leeks
23 back then.

24 The reference in the Crown's apology to the legal rights and wrongs of the matter
25 recognises that bringing civil proceedings was not a good way of reaching a fair outcome.
26 There were legal barriers in a court process, let alone the stress and cost that survivors
27 would have faced having to attend a court hearing. Those factors fed into the eventual
28 Government decision to reach a political settlement, albeit that the Crown acknowledges it
29 took much longer than it should have to reach that point.

30 The Crown acknowledges that many survivors giving evidence at this hearing still
31 feel that justice has not yet been served despite those settlements. It may be that there are
32 further lessons to be learned from this concerning the need for truth and reconciliation
33 processes that enable survivors to move on with their lives. And I might add there, the
34 need for accountability.

1 Some survivors have called repeatedly for the New Zealand Police to prosecute the
2 perpetrators of abuse at the Lake Alice Unit. Others have made it clear that they do not
3 want to lay complaints. Earlier Police investigations concluded in 1977 and 2010 that there
4 was insufficient evidence to prosecute Dr Leeks. These outcomes did not mean that Police
5 did not believe survivors, but were based on the likelihood that convictions would not be
6 secured at that time.

7 The United Nations Committee for the Convention Against Torture has also
8 investigated a survivor complaint of ill-treatment and torture whilst in the Lake Alice Unit
9 and in 2019 recommended that a prompt, impartial and independent investigation into the
10 allegations be undertaken. That recommendation, together with further complaints being
11 lodged, led to the Police reopening the investigation. The investigation remains ongoing.
12 The Police hope to be able to report on the outcome soon.

13 To assist the Royal Commission with its work, the Crown has provided extensive
14 written and documentary evidence from Oranga Tamariki, the Ministry of Health, the
15 Ministry of Education, Crown Law and the New Zealand Police concerning the response of
16 State agencies to the Lake Alice complaints in the way that those agencies operate now.

17 The Commission has also requested that representatives of the Police, the Ministry
18 of Health, the former Department of Social Welfare, and Crown Law appear to give
19 evidence in person at the hearing.

20 In closing, the evidence that will be heard over the next two weeks will be
21 harrowing. The Crown recognises the courage of survivors who have come forward to be
22 heard and acknowledges the importance of recording for all time the history of the Lake
23 Alice Child and Adolescent Unit. It is important that daylight can be shed on the truth.

24 The Crown welcomes the Royal Commission of Inquiry and looks forward to the
25 findings and recommendations of the Commission. What happened at Lake Alice must
26 never happen again. E ngā mōrehu katoa kia kaha, kia maia, ki a manawanui. No reira,
27 tēnā koutou, tēnā koutou, tēnā ra tatou katoa.

28 **CHAIR:** Kia ora Ms Feint, thank you. Ms Feint, there was question that you raised there, if you
29 can't answer it do let me know. But I think every person in the room and listening would
30 be interested to know, you referred to the Police investigation, the current one, and you said
31 it would be expected soon. Can we have any advance on "soon"? Does "soon" mean
32 this year or next year? Just so we get a sense of where that is up to.

33 **MS FEINT:** We're hoping it's definitely this year. The Police had hoped it would be wrapped up
34 before this Inquiry, but due to the volume of evidence that they're wading through that

1 hasn't proved possible. I understand that there's a meeting tomorrow which they hope to be
2 able to get some better sense of the likely timelines. So if it's all right with Your Honour
3 I'll not give any timing but see if we can report further.

4 **CHAIR:** Thank you, I appreciate that I've just sprung that on you, but if there is any information
5 updating as we go, I think everybody would like to know where that's up to. Thank you
6 very much for your submission. Thank you.

7 **MS FEINT:** Thank you, I'll just check what the position was with that letter of apology that was
8 put on the screen as opposed to the official version that I had, to let you know too what the
9 position is with that.

10 **CHAIR:** Thank you. That brings us – I believe we've covered all of our counsel and lawyers in
11 the room. It leaves us with Mr Rattray who has been sitting on Zoom watching the
12 proceedings. Mr Rattray, I invite you to introduce yourself and make any submissions you
13 wish thank you.

14 **MR RATTRAY:** Kia ora Your Honour, tēnā koe, kia ora koutou katoa. My name's Rattray,
15 I appear for Dr Selwyn Leeks. Dr Leeks was designated a core participant in this matter on
16 23 April 2021. He was assessed by Dr Sarah Lucas, a neuropsychologist, on 30 March
17 2021. She produced a report dated 7 April 2021. A copy of that report was provided to the
18 Commission the following day.

19 Dr Leeks is 92 years old. He has metastatic prostate cancer, ischemic heart disease,
20 chronic kidney dysfunction, Dr Lucas notes in her report that Dr Leeks' cognitive function
21 is most likely suggestive of Alzheimer's disease and his functional decline is also
22 supportive of a diagnosis of dementia.

23 As a core participant in this Inquiry, Dr Leeks has the right to give evidence and to
24 make submissions. But he is, by virtue of his age and cognitive capacity, manifestly
25 incapable of doing either. Dr Leeks is neither aware of the matters before the Inquiry nor
26 cognitively capable of responding to them.

27 While I represent him, I can't give evidence for him. My awareness is not his and
28 any response that I could make to the matters levelled against him would be mine. The
29 reality is I represent a man incapable of instructing me. A man who is incapable of
30 understanding this process and meaningfully engaging with it.

31 The very serious allegations that are the subject of this part of the Inquiry are said to
32 have occurred nearly half a century ago. When one considers that fact alone, it represents a
33 significant challenge for this Commission. When one adds to that the statutory requirement
34 for the Commission to comply with the principles of natural justice and fairness, the reality

1 of the challenge is all the greater.

2 I submit that the challenge can be overcome and that the work of the Commission
3 can be done and natural justice and fairness observed. And to that extent and to the extent
4 that I can, I will endeavour to assist the Commission to do just that. Thank you.

5 **CHAIR:** Thank you Mr Rattray. Thank you for your submission. Are you going to continue to
6 participate throughout the hearing or what do you intend to do? Just so that we know to be
7 ready for you.

8 **MR RATTRAY:** Certainly, Your Honour, I've got an open line of communication with the staff
9 at the Commission who have been extremely helpful, given my circumstances in
10 Melbourne. I had hoped to be with you all there.

11 The proposal, as I understand it, is for me to view the proceedings through the live
12 stream and for me to communicate in advance if I seek to make any submissions, and could
13 I ask that if the Commission or any counsel wish to contact me, I'm available and if
14 submissions are sought from me I'm more than happy to make myself available. I will just
15 need some notice to prepare myself for the appearance, that's all.

16 **CHAIR:** Certainly. Thank you very much for that indication, thank you for your submission.

17 **MR RATTRAY:** Thank you.

18 **CHAIR:** That brings us to the end of our closing submissions unless there's anything anybody
19 wishes to add here? I have made a terrible failing. I have failed to introduce my fellow
20 Commissioners and to each of them I apologise. So before we do go any further, may
21 I take the opportunity to introduce Ali'imua Sandra Alofivae who may wish to say
22 something very briefly.

23 **COMMISSIONER ALOFIVAE:** Good morning, tēnā koutou katoa, talofa lava. It's going to be
24 a hard two weeks but we're all here together.

25 **CHAIR:** Thank you. And to my left is Paul Gibson, Commissioner.

26 **COMMISSIONER GIBSON:** Kia ora, ata mārie, acknowledging everybody in the room and in
27 particular again the survivors and the survivors who have passed on, kia ora.

28 **CHAIR:** Thank you. Apologies to both of them. I didn't overlook them, they're just such part of
29 the furniture around me that I was negligent. I think on that note we will take the morning
30 adjournment. Mr Molloy.

31 **MR MOLLOY:** Ma'am, after the break my colleague Ruth Thomas will take over and I think she
32 will be introducing you to Hake Halo.

33 **CHAIR:** Shall we say 11.30, is that suitable Ms Thomas?

34 **MS THOMAS:** Yes.

1 **Adjournment from 11.11 am to 11.34 am**

2 **CHAIR:** Ms Thomas.

3 **MS THOMAS:** Tēnā koutou e ngā Kaikōmihana o te ra, tēnā koutou e te whare, ko Ruth Thomas
4 tōku ingoa. I now call the first witness, Hake Halo.

5 **HAKE HALO**

6 **CHAIR:** Talofa Hake.

7 A. Talofa.

8 **Q.** And welcome to your two important support people here. Before we start – and there's
9 more than two, we have four support people. Welcome to you as well. Before we start, I'm
10 just going to ask if you would take the affirmation, is that all right? Hake, do you
11 solemnly, sincerely and truly declare and affirm that the evidence you will give before this
12 Commission will be the truth, the whole truth and nothing but the truth?

13 A. I do.

14 **Q.** Thank you very much. I'll leave you with Ms Thomas, with Ruth.

15 **QUESTIONING BY MS R THOMAS:** Thank you, just to introduce some of the people seated
16 with Hake today, we have Tigilau Ness seated next to Hake as a live translator, if
17 necessary, and we have Oliver Sutherland also seated with Hake as his supporter, along
18 with his partner Moka to support today.

19 Hake, can you tell the Commissioners your full name please?

20 A. My full name is Hakeaga Halo.

21 **Q.** Before we start on the main part of your evidence today, Hake, would you like to start off
22 with a verse from Philippines. That's at paragraph 4 of your statement?

23 A. It says I can do all things through Christ who strengthens me.

24 **Q.** Hake, that verse was a verse that you had written in a journal you kindly showed me when
25 I met with you. Do you have that journal with you today?

26 A. Yes, I have.

27 **Q.** That journal, I think you told me you've kept that journal since the 1990s. What have you
28 used that journal for?

29 A. I just use it for my notes that I use, for information, for my Lake Alice notes.

30 **Q.** So since the 1990s you've been keeping a journal of everything that you've thought of in
31 terms of Lake Alice, the people you've met, the impacts it's had on your life?

32 A. Yes, appointments and everything, phone calls and all sorts.

33 **Q.** Would you like the Commissioners to see your journal and have a look at that over the
34 lunch break and then return it to you today?

- 1 A. If they would like to, yes, I don't mind.
- 2 **Q.** I might ask the Registrar to take that journal from Hake now to provide to the
3 Commissioners.
- 4 **CHAIR:** Thank you for that. We would be honoured to take that and we will take good care of it
5 and return it to you.
- 6 **QUESTIONING BY MS R THOMAS CONTINUED:** Now Hake, I'm going to ask you some
7 questions about your early life. The first one is can you please tell us where you were
8 born?
- 9 A. I was born in the Niue island, my home land.
- 10 **Q.** Who raised you?
- 11 A. My parents until I was about three or four months and my grandparents adopted me in the
12 Island way of adoptions.
- 13 **Q.** Your grandparents adopted you when you were around three or four months old and in the
14 course of your evidence today, when you refer to your mother, are you referring to your
15 grandmother?
- 16 A. Yeah.
- 17 **Q.** Because your grandmother and your grandfather raised you as their own?
- 18 A. Yes.
- 19 **Q.** How was your health when you were a young baby?
- 20 A. It was all right, but I was a sick child when I was small, with epilepsy.
- 21 **Q.** And how old were you when you came to New Zealand with your mother and father?
- 22 A. I'd say I was about five years old then because of my sister, I remember it from my sister's
23 birthday when she was born.
- 24 **Q.** When you arrived in New Zealand with your mother and father, what languages could you
25 speak at that time?
- 26 A. Can't speak any language, only my mother tongue Niuean.
- 27 **Q.** You started primary school at the Richmond Road School in Ponsonby?
- 28 A. Yes, I did.
- 29 **Q.** How did you find that school?
- 30 A. It was pretty hard, I didn't know anything, couldn't do anything, couldn't understand any
31 language, what was going on or what was being taught because of the language.
- 32 **Q.** Then you were moved, you went to the Grey Lynn Primary School?
- 33 A. Yes.
- 34 **Q.** How did that school go, did that improve or get worse?

- 1 A. Still the same as I reckon, but not too bad as like the first one.
- 2 Q. Then I think you made a comment in your evidence that you were still not talking because
3 you didn't know the language, you were transferred to Beresford Primary?
- 4 A. Yeah.
- 5 Q. There you were put into a special class?
- 6 A. Yes.
- 7 Q. Why was that?
- 8 A. Maybe my behaviour, as well as they noticed that I wasn't a healthy child at that time.
- 9 Q. Was there an incident at the Beresford Primary School on a day when there was a relief
10 teacher in charge of your class?
- 11 A. Yes, there was.
- 12 Q. Can you tell us what happened on that day?
- 13 A. As far as I can remember we were practising songs or, yes, and while I wasn't singing
14 properly, just making, -just trying to sing but not really good- and not participating properly
15 and my teacher got upset for not listening, so she came and took me out of the classroom.
- 16 Q. Where did she put you?
- 17 A. Outside of the class and locked the door.
- 18 Q. How did you feel when you were locked in a different room?
- 19 A. Well, I was pretty scared because it was dark, the alleyway there that leads up to the
20 stairways up to the top classes, but it was pretty dark and I was scared.
- 21 Q. What did you do?
- 22 A. I was trying to enter back into the classroom and I was pushing hard on the door to try and
23 let myself back in, but the door was locked.
- 24 Q. Did you manage to get out?
- 25 A. No. I was still pushing on the door, just mainly trying to get back in.
- 26 Q. What happened to your hand as you were pushing on the door?
- 27 A. As I was pushing I was just sort of forcing like that and then pushing. But then finally
28 I actually pushed on the wrong part where there was the thin glass and my hand went like, -
29 my hand was like that and it went through the glass- and I was cut severely.
- 30 Q. So your hand was cut and you were taken to the Auckland Hospital?
- 31 A. Yes.
- 32 Q. And you were not taken back to Beresford Primary School after that incident?
- 33 A. No.
- 34 Q. And is it after that incident that teachers or people perceived you as being violent?

- 1 A. Well, yes, that's the outcome.
- 2 Q. Then a notice came through to your parents to say that you were going to be put in the
3 St John's Psychiatric Hospital?
- 4 A. Yes.
- 5 Q. Do you know why you were to be admitted to the psychiatric hospital?
- 6 A. Mainly, I don't know, mainly because of --what happened at school, I suppose.
- 7 Q. Did you stay at the St John's Psychiatric Hospital for very long?
- 8 A. I was there for a while, yes, but my parents wasn't happy.
- 9 Q. They tried to get you out?
- 10 A. And they tried to remove me, yes.
- 11 Q. And I think with the help of, was it Reverend Talagi that they got you out of that
12 psychiatric hospital?
- 13 A. Yes.
- 14 Q. Where did you go once you got out of there?
- 15 A. Just went home and then- yeah-.
- 16 Q. Did you go for a trip back to Niue?
- 17 A. Yeah.
- 18 Q. Briefly?
- 19 A. Yes.
- 20 Q. When you came back from Niue, this was in March of 1973, you started back at school
21 again, what happened to your dad at that time?
- 22 A. He was pretty ill at the time and not long when we returned he passed away.
- 23 Q. You were quite close to your father?
- 24 A. Yes, and I was pretty upset about that.
- 25 Q. How did you cope with losing him in terms of your behaviour at school?
- 26 A. Well, it was pretty hard.
- 27 Q. I think at that time you started at Kowhai Intermediate?
- 28 A. Kowhai? Newton Central.
- 29 Q. Right. At this new school were you also put into a special class?
- 30 A. No, at Kowhai I was in the special class, Kowhai.
- 31 Q. Did anyone speak to you about why you were put into a special class at Kowhai?
- 32 A. No. First there was a special language class, but because of my misbehaving or the way I
33 was playing with the children that's when they put me into a special class, changed the
34 class, because they say that I was abusing the kids in class, but it's my friends in the class

- 1 when we're playing, it was a game of dodge ball.
- 2 **Q.** A game a dodge ball?
- 3 A. Yes, that you have to put the kids up on the wall and just throw the ball and the kids will
- 4 dodge. If that ball hits the child, that one comes down and you go up. But they say that I
- 5 was abusing the children, the handicapped children at that time, but it was my own friends
- 6 because I was in the special class at that time.
- 7 **Q.** So you got in trouble for playing the dodge ball game in that class?
- 8 A. Yes.
- 9 **Q.** And is that when you were then moved into another school, it was Avondale Intermediate?
- 10 A. Yeah. I was transferred to live with my parents at that time.
- 11 **Q.** How was your mum coping with your behaviour at that time?
- 12 A. Pretty hard because I was at that time mixing with friends and all that still.
- 13 **Q.** I think it was from Avondale Intermediate that you were expelled from school there?
- 14 A. Yes.
- 15 **Q.** How old were you then? Were you 12?
- 16 A. 12, 13, yeah.
- 17 **Q.** You've said that at that time you were playing up a little bit with your friends and you --
- 18 A. Yes.
- 19 **Q.** You actually did some shoplifting and you ended up in the Youth Court?
- 20 A. Yes.
- 21 **Q.** After your appearance in the Youth Court, where did the judge say that you had to go?
- 22 Where were you sent after that?
- 23 A. After a few warnings the judge gave me, I was just, as far as I can remember, put into the
- 24 boys' home.
- 25 **Q.** What boys' home was that?
- 26 A. Ōwairaka.
- 27 **Q.** Ōwairaka. So this was in October 1975?
- 28 A. Yeah, around there.
- 29 **Q.** How was Ōwairaka, how did you find that?
- 30 A. Well, it was pretty hard, pretty strict and that.
- 31 **Q.** How were the staff?
- 32 A. Staff was pretty strict, controlling us, making sure everything's done properly and all those
- 33 kind of things.
- 34 **Q.** When you first arrived at Ōwairaka, were you put in a secure room?

- 1 A. Yes, I was.
- 2 Q. Was that for a number of days?
- 3 A. Yeah.
- 4 Q. During your time at Ōwairaka, a decision was made by a medical officer that you would be
5 sent to Lake Alice?
- 6 A. Yeah.
- 7 Q. Were you given any information about Lake Alice, did anyone tell you what Lake Alice
8 was?
- 9 A. As far as I remember, no, I didn't, I didn't know anything what's going on.
- 10 Q. Do you know whether anyone told your mother and father about Lake Alice or what kind of
11 place it was?
- 12 A. Well, when I made inquiries when I came back out, because I was trying, like how I was
13 trying to find the information for my book, I asked all of them if anybody came and asked
14 anything or any information. They just told the same story, that they were told that they
15 were just taking me to a school there, nothing saying that they were taking me to a
16 psychiatric hospital. It's only take me to a school to learn or teach my ways or whatever.
17 Nothing else about psychiatric.
- 18 Q. So your family understood that you were going to Lake Alice because it was a school. At
19 the time that you were at Ōwairaka, were you a state ward at that stage, or was that later?
- 20 A. I think it's later.
- 21 Q. How did you get to Lake Alice, how did that travel, that journey happen?
- 22 A. It was through my social worker that came to the boys' home which made arrangements
23 with my parents as well to be there to – so he can take us as far as I can remember, take all
24 of us to the – take my mother and father and grandmother as well.
- 25 Q. But on the day that you were to be taken to Lake Alice, did your social worker take you to
26 the airport and your family weren't there in time, is that what –
- 27 A. Yeah, that's what happened. And he couldn't wait, just had to go because, I don't know
28 why, some –
- 29 Q. So when you're at the airport you didn't get a chance to say goodbye to your family?
- 30 A. No. He just said it's time to go into the plane, so we went in, waited in the plane there.
- 31 Q. From the plane were you able to see your family?
- 32 A. Yes, I was.
- 33 Q. Were they trying to wave at you from the airport?
- 34 A. From the airport, yes.

- 1 **Q.** How old were you at that time?
- 2 **A.** 76 –
- 3 **Q.** Were you 13 at that stage?
- 4 **A.** 75.
- 5 **Q.** 13 years old?
- 6 **A.** Yes.
- 7 **Q.** When you arrived at Lake Alice what was your first impressions when you –
- 8 **A.** Just the place looked different to me, looks like – it doesn't look like a school like how they
- 9 said. Just big white buildings, tall buildings all along the driveway. It does seem a bit
- 10 scary, but, wow.
- 11 **Q.** You were taken to one of those buildings, I think it was villa 7?
- 12 **A.** Yes.
- 13 **Q.** Was that a two-storey building?
- 14 **A.** Two-storey, yes, all two-storey buildings.
- 15 **Q.** And that first week at Lake Alice, what did it feel like, how did it compare with Ōwairaka?
- 16 **A.** Well, the good thing about it is that we're not locked in on that place, unless us kids would
- 17 be playing around or doing something stupid or being naughty or something with one
- 18 another, misbehaving or whatever, that's when we will be locked in a special room upstairs
- 19 in our bedrooms, our dorms – sleeping dormitories, sorry.
- 20 **Q.** There was some dormitories upstairs in that villa 7 and there was also a room that you
- 21 could be locked up in if that's what the staff did to you?
- 22 **A.** Yes, there's four lock-up rooms upstairs, on each side, two each side, sorry.
- 23 **Q.** When you arrived at Lake Alice, were you given some medicine right from the outset,
- 24 different types of medication?
- 25 **A.** No, no medicines as far as I remember.
- 26 **Q.** During the course of your time at Lake Alice, did you receive some ECT?
- 27 **A.** Yes.
- 28 **Q.** I'd like to ask you a bit about ECT now. But first just to ask, did you ever have a meeting
- 29 or a consultation with the psychiatrist at the Lake Alice before you had any ECT, so
- 30 Dr Selwyn Leeks?
- 31 **A.** No.
- 32 **Q.** So when was the first time that you met Dr Leeks?
- 33 **A.** Just on that day I think.
- 34 **Q.** Can you tell us what it was like on the first day that you received ECT?

- 1 A. My name was just called from the dormitory, from the lounge, sorry, and I just came out to
2 the personal call. I can't remember who it was but it's one of the male staffs and just
3 followed – he just said "Come with me", I just followed him.
- 4 **Q.** Did you know what was about to happen?
- 5 A. No, I don't. Just followed him upstairs because he just told me "Just follow me, just come
6 with me". And so I just followed without knowing what was going to happen. Still when
7 I got up there I still don't know what is this, but it's all prepared, everything's prepared
8 upstairs. The staff members' up there, he was up there, Dr Leeks.
- 9 **Q.** And were you put on a bed in this room?
- 10 A. Yes.
- 11 **Q.** And then what happened?
- 12 A. That's when they put the electrodes on my head and next minute, well, I just woke up
13 because I just was knocked out without feeling anything at that time.
- 14 **Q.** So the first time you received the electrodes on your head you were knocked out instantly,
15 so made unconscious?
- 16 A. Yes.
- 17 **Q.** So you didn't feel anything at that time?
- 18 A. No, just fall into a deep sleep.
- 19 **Q.** Once you woke up from that episode of ECT, did you then have another episode of ECT or
20 electrodes being put on your temples?
- 21 A. Mmm.
- 22 **Q.** What was that incident like?
- 23 A. Well, that one was really bad, I didn't know that that was going to be like that. I thought it
24 was just the same thing when I went up, just the same way.
- 25 **Q.** Was it the same or was it different this time?
- 26 A. It was different.
- 27 **Q.** How was it different?
- 28 A. I'd say it was really painful.
- 29 **Q.** Can you describe for us what happened, was it Dr Leeks in the room?
- 30 A. Yes, he was there.
- 31 **Q.** Did he put the electrodes on your temples?
- 32 A. Yes, the same thing, he had – there's another thing that he does, always had to wet it, wet
33 the ends of the pads that they put on your head with water.
- 34 **Q.** So he wet the electrodes then put those on your temples?

1 A. Yeah. But I thought it was just going to be the same kind of thing, same like before, but
2 when it – I started feeling funny, the way the actions are taken, the way the person is
3 looking, I asked him "Is it going to be painful?" And he said "Yes, it is", so I told him
4 "Well, I don't want it, please I don't want it", because I can see the way he's looking, it's all
5 written on his face, something is not right. But he said "Sorry mate, I'm just going to have
6 to – you're just going to have to go through with it", or "I'm just going to have to do it." So
7 he put me on, I was crying my eyes out at that time, I said "Well, if it hurts, you know, the
8 first time I don't want it", but he just seemed to take no notice. That's when he put it on and
9 put the mouthguard in. I'll be thankful for that mouthguard, yes, because explaining it by
10 the feeling without a mouthguard, the person will end up biting his tongue off if it wasn't
11 for that, as well as the pain that was so bad that the person was lying down. When they
12 turned it on I can feel myself actually sitting up, or not all the way up, I can't remember
13 how far, but your body's off the bed, your arms are up the front or you're straining to free
14 your arms but they're holding you down. And they turn it off, that's when you fall back
15 down. You're crying, you're crying, but because of the mouthguard, well – and he turns it
16 back on again and it goes on or whatever until you're knocked out, that's when it stops. But
17 the pain, I'll explain the pain is the way I explain it, it's just like what I said in the first
18 times, being hit by a sledgehammer on your head, the feeling, that's how bad I would
19 explain it.

20 **Q.** You felt that pain when the machine was turned on, came up off the bed and then it was
21 turned off again?

22 A. Yes.

23 **Q.** How many times did that happen, the on and off?

24 A. I'd say mainly until the person's knocked out, three or four or even more. The child, the
25 person is always screaming his head off and that.

26 **Q.** You said that people were holding you down. Who were they?

27 A. Just the staff members there. The ones that were with us all the days. Because the only
28 doctor, Dr Leeks is not there all the time, he only comes to do the ECT part and then woke
29 up one day and he's gone. It just depends on the reports of the – on our folders or whatever,
30 or from the staff members, and just do whoever he wants with the punishments of the
31 electric shock.

32 **Q.** So in your mind was this type of ECT or this type of electrodes on your temples, was this a
33 form of punishment?

34 A. I'd say yes, it is.

- 1 **Q.** How did you find the first occasion when you did have ECT which when you didn't feel the
2 pain, what did you think that was for?
- 3 **A.** Well, I say that's a treatment then because you can't feel anything, you just fall asleep.
- 4 **Q.** During your time at Lake Alice, how many times did you receive ECT as a treatment that
5 you can remember? Was it just the first time?
- 6 **A.** It's only about two times.
- 7 **Q.** From then on, whenever you had the electrodes on your temples, did you remain conscious
8 and could feel the pain?
- 9 **A.** Yes.
- 10 **Q.** Until a point where you might eventually be knocked out?
- 11 **A.** [Nods].
- 12 **Q.** In terms of this use of the electrodes on your temples, how did you feel afterwards once
13 you've gone through this pain and then were knocked out, how was your body feeling after
14 all of that?
- 15 **A.** The body's all right.
- 16 **Q.** What about your head?
- 17 **A.** But the head is – you seem to be all dazed and confused and all that sort of thing.
- 18 **Q.** You've said that staff were there, Dr Leeks was there, was anyone else in the room when
19 you were receiving these shocks to your temples that you can remember?
- 20 **A.** Nobody's allowed upstairs at that time. It's only them are allowed. But us kids, we do
21 know that somebody's always getting ECT because you can hear the screams from upstairs
22 coming downstairs to us kids in the lounge, in the sitting room, TV room, you can hear
23 them screaming, even the workers there that are working around there, they can hear it.
24 They're doing their jobs and crying at the same time because they know what's going on.
- 25 **Q.** Your medical records show that you did receive ECT unmodified, so that means with no
26 anaesthetic, no relaxants, twice in 1975 and five times in 1976. So that's a total of seven
27 times. Do you think you actually received that form of electrodes to your temples more
28 often than that?
- 29 **A.** I'd say it's more often.
- 30 **Q.** Can you tell us about a grade system at the villa, a grade system, was there a system
31 operating where children would get an A, B, C or D?
- 32 **A.** Yes.
- 33 **Q.** How did that work. If someone got two Ds or three Ds, what would happen to them?
- 34 **A.** It's just a behaviour chart of ours that they did themselves to sort of mark our way of

1 behaving. If we are not so – not behaving properly at that day in the ward or in the – even
2 in the school in doing our jobs and not listening and fighting and all those kind of things,
3 we'll get a – if we behave good like that, we'll get an A. If our behaviour is good on that
4 day. If we're not listening or something like that, it's a B. If we're – the report might be not
5 good at coming from school or something like that, or from the staff, or if they see us do
6 one mistake, might be a C. But we got to try and avoid the D part.

7 **Q.** So what would happen if you got a D or a few Ds?

8 **A.** We got to try and get – because if we get a D that day we have to go to bed at 7 and no
9 lollies or chocolates or whatever. That's right, but if we get four Ds, that's either
10 Paraldehyde or the ECT if I'm right on that, I'm not sure, but it's one of those like that, that's
11 how – we've got to try and avoid getting three Ds, not to get it, otherwise a beating or
12 whatever.

13 **Q.** So multiple Ds could end up in a beating or Paraldehyde or maybe ECT?

14 **A.** Yes.

15 **Q.** So you've mentioned Paraldehyde, what was that like?

16 **A.** Well, Paraldehyde is just like another way of giving us a hiding, the way I see it, but using
17 that injection. It is painful, it is bad, the pain. The child is walking like a pregnant lady
18 sometimes, swaying from side to side with his pants coming out of the sick bay still
19 halfway down, crying his eyes out, and that's only for 5ccs if that's right, about that much,
20 they're always using that much to punish us for whatever we're doing. But it's like using it
21 for us for instead of giving us a hiding with their hands.

22 **Q.** So who would give you this, was this the nurses?

23 **A.** The staff members themselves, the mens. There's only two that I can remember that uses as
24 much as the two staff that are mainly there, the main ones.

25 **Q.** When you were given this Paraldehyde it was an injection?

26 **A.** It's an injection.

27 **Q.** And it was normally given in your bottom?

28 **A.** Yes, up on the lower back part there.

29 **Q.** After having that injection, you said it was difficult to walk, you were waddling around?

30 **A.** Yes, because of the pain on your back, you can't – it takes a while for you, you can't even
31 sit down for how long, about half an hour or so, you just have to stand up.

32 **Q.** You said you would get this instead of the staff giving you a hiding, why would you get –
33 what sort of thing would make you then be given an injection of Paraldehyde, what sort of
34 behaviour?

- 1 A. Just misbehaving. I even get it for just laughing my head off with having too much fun
2 with the kids.
- 3 Q. So you got Paraldehyde for being too loud with your laughter?
- 4 A. Yes.
- 5 Q. While you were at Lake Alice, were you ever put in the secure room, you've mentioned
6 there were some lock-up rooms?
- 7 A. Yes, I was.
- 8 Q. What sort of behaviour would mean that you'd be put in that room?
- 9 A. Just like I said before, not listening or fighting or whatever with the kids, with our friends
10 or whatever mistake you made or behaviour you've done, wrong behaviour.
- 11 Q. Did you ever try and run away from Lake Alice?
- 12 A. I felt it, yes, but that's another problem with the kids when they run away, they'll always go
13 for the Police and give a false information about it, but that's why us kids run away in those
14 days. But they always ring the Police and tell the Police "Watch out for him, he's not very
15 normal" or whatever, lies they give. Then the Police, even though they tell him that's why
16 they're running away, but they don't believe the kids. They just bring them back because of
17 the bad reports they already sent through to the Police.
- 18 Q. When these kids were brought back to Lake Alice, what would happen to them when they
19 got back?
- 20 A. Locked up and wait for the ECT time.
- 21 Q. So the kids that ran away would then get ECT, whereabouts would they get ECT if they
22 were running away, whereabouts on their body?
- 23 A. Mainly on their legs.
- 24 Q. When we say ECT in that context, what are you actually talking about, the electrodes from
25 the ECT machine?
- 26 A. Yes, it is.
- 27 Q. And they were put on these children's legs?
- 28 A. Yes.
- 29 Q. And do you know what happened when they were put on their legs?
- 30 A. No, I don't, because we're not – like I said, we're not allowed up there at the time, we're
31 only – and we only know it when the person itself tells us, they've got it on their legs.
- 32 Q. When you say they got it on their legs, are you meaning an electric shock?
- 33 A. Yes, it is.
- 34 Q. And the other children would tell you that?

- 1 A. Yes, the ones that got it.
- 2 **Q.** When you were at Lake Alice, were you able to communicate with your family?
- 3 A. No, only through the letters, letter writing.
- 4 **Q.** Did you write some letters to your mum?
- 5 A. Yes, I did.
- 6 **Q.** Did you write those letters in English or in Niuean?
- 7 A. The first time when I was there I wrote it in Niuean because I didn't understand what we
8 have to do about that kind of part. Until the boys, a few boys have to explain it to me, that
9 we're not allowed to do that.
- 10 **Q.** Why were you not allowed to do that?
- 11 A. Well, they said that I have to write my letters in English and don't forget not to seal my
12 letters when we put it in the envelope, just take it into the office and leave it open like that
13 for them to seal.
- 14 **Q.** Why did it have to be left open in the office before it would be posted?
- 15 A. So they can read it first before they send it.
- 16 **Q.** So did you continue to write your letters in English?
- 17 A. Yes.
- 18 **Q.** To your mum?
- 19 A. I have to.
- 20 **Q.** At some point did you also start drawing some stick figures in your letters to your mum?
- 21 A. Yes, I did.
- 22 **Q.** What did you do with those stick figures, did you include some speech bubbles?
- 23 A. Well, I was – I did because I was pretty angry at what was going on with that ECT thing
24 and I was trying to find a way of getting the message out to my parents and letting them
25 know what was going on and finally one day it came to my mind how to do it, it was an
26 understanding of how to do the – the way to get it out, that first I write it in my letter in
27 English that everything is all right and this and this and this, my school I've just finished
28 and all that like that, but in the end I had to draw a happy face and I first did it in a straight
29 line to see if it will get out, if they will respond to that part and when they respond, that's
30 when I started doing it in a happy face, and told them about it.
- 31 **Q.** So you drew the stick figures with happy faces so that they'd get out, be sent out. What did
32 you write in the speech bubbles?
- 33 A. I wrote that just a short few words in Niuean, like saying "mum, electric shock, so painful
34 to me."

- 1 **Q.** Can you see a picture on the screen in front of you?
- 2 **DR SUTHERLAND:** His screen's not on.
- 3 **QUESTIONING BY MS R THOMAS CONTINUED:** Hake, can you see the screen over by
- 4 Oliver's shoulder or up on the wall? What are we looking at in that picture there, is that a
- 5 stick figure picture you've drawn?
- 6 **A.** No, I won't do it in that – not that one, that's one of my ones I was practising.
- 7 **Q.** From your journal?
- 8 **A.** Yeah.
- 9 **Q.** And in the speech bubble we can see the – is that your green handwriting?
- 10 **A.** It is my own, yeah.
- 11 **Q.** Can you see that clearly, can you read that out to us?
- 12 **A.** "Mum, mummy, fakasoka he faoa au, mo e huki au, mamahi, tagi au."
- 13 **Q.** What message were you passing on to your mum in that speech bubble?
- 14 **A.** "Mum, the people have given me electric shock as well as the – like the same Paraldehyde
- 15 injection and it's painful, I am crying, like I am in pain."
- 16 **Q.** So this is a picture that's come from your journal but at the time you drew pictures like this
- 17 and sent them in the letters to your mum?
- 18 **A.** It's supposed to be – I was going to do it like that, but I thought no, I better not do it like
- 19 that, because they'll catch me out, I'd get caught.
- 20 **Q.** So you put a smiley face?
- 21 **A.** So I changed it and put it in a smiley face instead.
- 22 **Q.** And did your mum – did she receive the letter?
- 23 **A.** Yes, she responded back.
- 24 **Q.** What did she say?
- 25 **A.** She said to tell them to stop it.
- 26 **Q.** Were you able to tell anyone that?
- 27 **A.** I was saying to tell, but I didn't tell otherwise they'll – I'm scared they will say how did your
- 28 bloody mother know. And I'm scared that that's when they might take me back up and give
- 29 me more.
- 30 **Q.** So you get more?
- 31 **A.** ECT.
- 32 **Q.** Electric shocks?
- 33 **A.** Yes.
- 34 **Q.** Thank you. Hake, I'm going to ask you about what happened after your first – you were at

- 1 Lake Alice for a certain amount of time and then you went home for the Christmas break?
- 2 A. Yes.
- 3 Q. When you got home and out of Lake Alice for that break, how did it feel to be at home?
- 4 A. It was a good relief, I was happy that I'm back, back home.
- 5 Q. When you were back home over that Christmas break, so this was in January of 1976, you
- 6 were at home for that period and you were asleep in your bedroom?
- 7 A. Yes.
- 8 Q. And in the bedroom next door to you was your sister?
- 9 A. Yes.
- 10 Q. And you were in that room when your sister was murdered?
- 11 A. Yes.
- 12 Q. And you were the first person that ran into her room?
- 13 A. Yes.
- 14 Q. And you found your sister, she'd been murdered by her boyfriend?
- 15 A. Yes.
- 16 Q. She was holding her baby at the time?
- 17 A. Yes.
- 18 Q. And you were just thankful that her baby was still alive?
- 19 A. Yeah.
- 20 Q. At that time your sister was 19 and you were 14?
- 21 A. Yeah.
- 22 Q. I think you've said in your statement you felt alone, you had no support and no-one to speak
- 23 to?
- 24 A. Yeah.
- 25 Q. And it made you upset, you got into more trouble?
- 26 A. Yes.
- 27 Q. When you went back to Lake Alice, just a few weeks after that, were the staff there, the
- 28 nurses, Dr Leeks, did they know what had just happened in your family?
- 29 A. I think they do, yes.
- 30 Q. So they were made aware that your sister had just been murdered?
- 31 A. I'm sure, yeah.
- 32 Q. Did they offer you any support, any counselling?
- 33 A. No.
- 34 Q. When you got back into Lake Alice at that time, you said you were upset and your

- 1 behaviour got worse?
- 2 A. Yes.
- 3 Q. So you'd just gone through this at home, you came back, your behaviour was worse, did
4 you then get more electric shocks?
- 5 A. I'd say that's all together, yeah.
- 6 Q. More ECT or electric shocks than you'd had ever before?
- 7 A. If I – yeah, if I playing up and all that. Only one person that knows about it was my – also
8 my teacher in the classroom that I really trusted.
- 9 Q. Was that your teacher, Anna Natusch?
- 10 A. That's her.
- 11 Q. So you trusted her?
- 12 A. Yes.
- 13 Q. Were you able to talk to her about what had happened with your sister?
- 14 A. Yeah.
- 15 Q. Was she able to support you?
- 16 A. Big support and big help.
- 17 Q. What did she say to you to encourage you?
- 18 A. Mainly just encouraging me to – not to give up hope and to keep on doing my things and
19 good behaviour and all that so I can get back out, because this place is not the place for
20 you, you don't belong in here.
- 21 Q. Were you able to complain to any other staff about what was happening?
- 22 A. No, I didn't trust anybody.
- 23 Q. In August of 1976 you did get out of Lake Alice, you were discharged?
- 24 A. Yes.
- 25 Q. You were 14 years old, and you went back to your parents?
- 26 A. [Nods].
- 27 Q. How did you feel when you got out of there?
- 28 A. Big relief.
- 29 Q. At that time did your mum, did she go to the lawyers to try and arrange to adopt you, to
30 legally adopt you?
- 31 A. Yeah.
- 32 Q. Was there an interpreter at that meeting with the lawyer?
- 33 A. I'm not sure, I don't think so.
- 34 Q. At that meeting, are you aware that that was the first time your mum was actually told that

- 1 you had been made a state ward?
- 2 A. Yeah, that's when she first found out about it.
- 3 **Q.** So previously the court had made you a state ward, but no-one had told your mum what that
4 was in a language that she could understand?
- 5 A. No.
- 6 **Q.** So it wasn't until she was seeking some legal advice to adopt you that she had this
7 explained to her?
- 8 A. Mmm.
- 9 **Q.** Did you go back to school when you got out of Lake Alice?
- 10 A. No.
- 11 **Q.** How was your epilepsy when you got out of the Lake Alice, you've mentioned that you
12 experienced seizures when you were a young child?
- 13 A. After a while it started coming back.
- 14 **Q.** This is after you got out from Lake Alice?
- 15 A. Yes. I was in Three Kings then.
- 16 **Q.** Sorry?
- 17 A. I was living in Three Kings at that time when it first started.
- 18 **Q.** Getting worse again?
- 19 A. Mmm.
- 20 **Q.** Is this a time when your brother rang you up to ask if you would like to go to church with
21 him to get some prayers for healing?
- 22 A. Yes, yeah.
- 23 **Q.** And is that what you did?
- 24 A. Yes.
- 25 **Q.** Throughout that period and since that time, have you found your faith has helped you
26 recover and get through the impact of Lake Alice?
- 27 A. Yes.
- 28 **Q.** Do you have your statement in front of you?
- 29 A. Yes, I have.
- 30 **Q.** At paragraph 77 of that statement is there a prayer that you've got at that paragraph that
31 you'd like to read to the Commissioners? It's at paragraph 77. Would you like to read that,
32 Hake, to the Commissioners?
- 33 A. "My faith has really helped me move on from what has happened to me and continues to
34 help me. I pray often. I would like to refer to part of a prayer I wrote in my diary in

- 1 January 2007. Heavenly father in Jesus' name who is and will be always be my healer and
2 my saviour and there is no-one else to be. I just come before you and thank you for all the
3 blessings you have granted unto me."
- 4 **Q.** Thank you Hake. Since going to that church to seek some healing, have you now become
5 an elder in that church?
- 6 **A.** I am an elder, and I'm the main – the oldest one in there now.
- 7 **Q.** You've told us you did not get to go to school when you got out of Lake Alice?
- 8 **A.** Yeah.
- 9 **Q.** But sometime after Lake Alice you were then put in another institution that was Carrington
10 Hospital?
- 11 **A.** Carrington.
- 12 **Q.** What was that like?
- 13 **A.** Seems to be the same as Lake Alice.
- 14 **Q.** Was there ECT, did you receive ECT?
- 15 **A.** No.
- 16 **Q.** Did you receive Paraldehyde?
- 17 **A.** Once.
- 18 **Q.** What happened when you were given Paraldehyde?
- 19 **A.** I think I was not well at that time, but with me and the person that gave it, the nurse that
20 gave it things are not good with me and her in there. We seemed to disagree, have a lot of
21 disagreements with things, so I don't know why I was given that from her.
- 22 **Q.** But you managed to get out of Carrington and you didn't have to go back there?
- 23 **A.** Yeah.
- 24 **CHAIR:** Can I ask Hake a question. Hake, you say you and the staff member, you didn't get on
25 well.
- 26 **A.** Yeah.
- 27 **Q.** And did you lose your temper to her?
- 28 **A.** Sometimes, yes, when we argue.
- 29 **Q.** When you were arguing?
- 30 **A.** Yeah.
- 31 **Q.** And was that when you got the Paraldehyde?
- 32 **A.** On the time when I was not well, not feeling well, yeah.
- 33 **Q.** So was it a treatment for you do you think?
- 34 **A.** I don't know if it's a treatment or –

- 1 Q. What was it like, was it the same as at Lake Alice, was it still painful?
- 2 A. Yeah, the pain, that's how I take it because the same kind of pain that I felt.
- 3 Q. Yeah, okay, thank you.
- 4 A. That's why I took it like that it's Paraldehyde, but I don't know, I might be wrong.
- 5 Q. So it was just because of the pain –
- 6 A. The pain was –
- 7 Q. – that you thought it must be Paraldehyde?
- 8 A. Yes.
- 9 Q. I see.
- 10 A. And the same taste of the smell that came out of the mouth.
- 11 Q. Thank you for that.
- 12 A. That's all right.
- 13 **QUESTIONING BY MS R THOMAS CONTINUED:** Hake, I'm going to ask you some
- 14 questions about the impact of Lake Alice on your later life. Just in terms of your
- 15 relationships with your family and friends, what sort of impact has Lake Alice had on your
- 16 close relationships in terms of coping with your temper and things that might trigger you?
- 17 A. Well, I reckon that has really – it does spoil my life on that. I find it really hard, because I
- 18 can remember one staff that's been interviewing me at one time that said that they were
- 19 trying to stop this treatment like this or giving to young kids, as when they grow up they
- 20 find it hard to control their temper and all those things. And I do seem to believe it because
- 21 that's exactly what I find it hard as well to control on myself and I can see it because it has
- 22 spoiled my life on that, even on jobs, the jobs that I've been working on it doesn't seem to
- 23 last because of my temper and arguing with the bosses, or like I bring up things don't go
- 24 right on what I'm supposed to do and all those kind of things.
- 25 Q. So you've had a number of jobs, but often they've ended quite abruptly as a result of
- 26 something happening and temper flaring?
- 27 A. Only one job I lasted long with PDL Plastics for 11 years.
- 28 Q. And even at that job was there sometimes while working with packing the plastic bottles
- 29 that triggered your memories back to Lake Alice?
- 30 A. Yes.
- 31 Q. Was that in relation to the static electricity that you used to –
- 32 A. Yes.
- 33 Q. – receive when you had to scoop up the plastic?
- 34 A. Yeah. When I feel that, yeah, I couldn't – I'd be really scared and sitting there, what am

1 I going to do on this job, doing this, I can't even do it, even I had to bring the – to tell my
2 foreman, the boss to – what the heck is this thing, this has got electricity in this dryer, it's a
3 big whole bin drying the powder up, when you're scooping the powder to bring and put it
4 into the machines, that's when you can feel it, it's like a – but he says "It's nothing mate, it's
5 only static electricity", what he said.

6 **Q.** But to you it was something?

7 **A.** But to me, yeah, it's just like real electricity.

8 **Q.** We're going to move back to 1977 now. So you had got out of Lake Alice at the end of
9 1976, but did your mum come to you at that point and say "Hake, listen, the Government
10 knows about your story"?

11 **A.** Yes.

12 **Q.** They know about your letters and what did you think at that stage?

13 **A.** Well, I don't know, I just said how did they know? Who told them?

14 **Q.** Who was it at that time that wanted to talk to you?

15 **A.** Well, she said that there was a Palagi man that came home with an interpreter, Niuean –
16 with a Niuean man, but well, he's the interpreter for – but I didn't know it was
17 Dr Sutherland at that time.

18 **Q.** So the man that wanted to speak with you, the Palagi man was Oliver Sutherland?

19 **A.** Yes.

20 **Q.** Who's seated with you today?

21 **A.** Yes, he is.

22 **Q.** Did you talk to him?

23 **A.** Yeah, when they came back, yes.

24 **Q.** And you spoke to him with an interpreter, was that Mr Kolo?

25 **A.** Yeah.

26 **Q.** When you spoke to Oliver and Mr Kolo, how did that make you feel as a child at that point
27 telling these adults what had happened?

28 **A.** It was a relief sometimes.

29 **Q.** Did they believe you?

30 **A.** Well, they seemed to.

31 **Q.** Once you'd spoken to Oliver and Mr Kolo, the Inquiry, the Mitchell Inquiry was
32 established. Can you remember, were you ever asked to give evidence at that Inquiry?

33 **A.** Yes.

34 **Q.** Can you remember giving evidence at that Inquiry or was that at a different matter a few

- 1 years later that you spoke?
- 2 A. I remember giving inquiries before for that. But I might be wrong, I don't know.
- 3 Q. I think the notes say that you spoke later on to the – at a court hearing, that was –
- 4 A. Yeah.
- 5 Q. – in relation to the CCHR?
- 6 A. That one.
- 7 Q. But in relation to the Judge Mitchell Inquiry –
- 8 A. Oh –
- 9 Q. In the 70s, you weren't asked to speak there?
- 10 A. Okay.
- 11 Q. There was a note that – I think it was a note that the judge came to talk to you and your
12 whānau at home, but when I spoke to you you said you couldn't remember ever meeting
13 Judge Mitchell?
- 14 A. No.
- 15 Q. But you can remember meeting Oliver Sutherland?
- 16 A. Yes.
- 17 Q. And Grant Cameron, who was a lawyer?
- 18 A. Yes, I remember meeting him.
- 19 Q. So Grant Cameron worked with you to seek some redress for your time at Lake Alice?
- 20 A. Yes.
- 21 Q. And you were given some money, you received a payout?
- 22 A. Yes.
- 23 Q. But some money was taken away from that as legal fees?
- 24 A. Yes, well, I didn't know it was legal fees, because I was told that the other half of the
25 money that I think they're putting it away for us for this time when we grow up.
- 26 Q. So you didn't know that the money taken out was actually being taken out as a legal fee?
- 27 A. No, not until I saw my statement.
- 28 Q. As you were working with the Royal Commission?
- 29 A. Yes.
- 30 Q. At around about this time did you also speak to Justice Gallen?
- 31 A. Yes.
- 32 Q. How did you find that interview, how was he when you spoke with him?
- 33 A. That was all right. It's just the same.
- 34 Q. When you spoke with Justice Gallen, he talked a bit about Dr Leeks with you?

- 1 A. Yes.
- 2 **Q.** What would you like to say about Dr Leeks now? In your statement at paragraph 94 you've
3 made a note about Dr Leeks. I'm not going to ask you to read that out, but is there a phrase
4 there that you recall Dr Leeks using in relation to you?
- 5 A. Yes. I just returned that back to him, that's – he's just writing about his own self.
- 6 **Q.** What is that phrase, what did he call you?
- 7 A. An "uncontrollable animal".
- 8 **Q.** What do you say in reply?
- 9 A. Well, that's just – I just return it back to him, he's just talking about him, the way he treats
10 us, because I can see it, I've got nothing to do with this, I'm nowhere near it. It's only one
11 thing that I can see on this that it's just the way I play up with the kids and that in there,
12 when we're in there.
- 13 **Q.** You've said you received some money as part of the process from the lawyer. And you
14 also received a letter of apology from the Government?
- 15 A. Yes.
- 16 **Q.** What would you like to say about that, how did you find that letter of apology when you
17 received it?
- 18 A. I'm thankful for that for the Government to apologise.
- 19 **Q.** I think in your evidence you've said that you would have liked to have got a more personal
20 apology?
- 21 A. Well –
- 22 **Q.** Is that something that you would have liked?
- 23 A. If it can be done, yeah.
- 24 **Q.** In terms of your life after Lake Alice and education, when you got out of Lake Alice, you
25 weren't offered any form of education after that, were you?
- 26 A. No.
- 27 **Q.** Is that something you would have liked to have been offered?
- 28 A. Well, yeah.
- 29 **Q.** And some more life skills to help you get jobs?
- 30 A. Mmm, yeah.
- 31 **Q.** What about your Niuean culture, how has the experience of Lake Alice affected your
32 culture?
- 33 A. Well –
- 34 **Q.** Has it hindered anything, or have you felt that you're still able to participate in all Niuean

- 1 cultural life? You've taught your children your language?
- 2 A. Yes, no, I think, just like how you said, I have taught all my kids, four kids the language as
- 3 they grow up and we just communicate on their time when they want to speak the language
- 4 they just talk, we just talk in the Niuean language.
- 5 **Q.** So Lake Alice hasn't taken that away from you?
- 6 A. No.
- 7 **Q.** Just in conclusion now, Hake, is there anything that you would like to say to the
- 8 Commissioners looking towards the future? I think in your evidence you said "If I was told
- 9 a grandchild of mine had to go to an institution", what would you say?
- 10 A. I'd just say no.
- 11 **Q.** Why is that?
- 12 A. Like what I've – I don't want them to go through what I've been through or any other child.
- 13 **Q.** Thank you. Thank you, Hake, I'll just see if the Commissioners may have any questions.
- 14 **CHAIR:** I just have one question for you. You got an apology and I take it it was in a letter, was
- 15 that right?
- 16 A. Yes.
- 17 **Q.** So what sort of apology would be meaningful to you?
- 18 A. Like I said, I'm just happy I got this one here.
- 19 **Q.** You got that one, yes. What about someone speaking to you directly?
- 20 A. I don't really need that.
- 21 **Q.** You don't need that?
- 22 A. No.
- 23 **Q.** You've healed yourself, haven't you.
- 24 A. **[Nods].**
- 25 **Q.** Through your church.
- 26 A. Yeah.
- 27 **Q.** It's good to see. Thank you. I'm going to ask Sandra Alofivae now.
- 28 **COMMISSIONER ALOFIVAE:** I'm not going to ask you any questions about what happened at
- 29 Lake Alice because you've provided a very full brief. But I do want to just ask you some
- 30 other questions around your culture and maybe your faith if that's okay.
- 31 A. Yeah.
- 32 **Q.** Thank you. Hake, you're very strong in your culture, aren't you?
- 33 A. Yes, I am.
- 34 **Q.** And do you think that's because that was instilled in you when you were a little baby, a

- 1 little child growing up by your parents?
- 2 A. Yes.
- 3 Q. Very important?
- 4 A. [Nods].
- 5 Q. And when you came to New Zealand, was it about 1967 when you first came across?
- 6 A. 68.
- 7 Q. 68, how did you come across?
- 8 A. I come on the ship.
- 9 Q. Was it the Tofua?
- 10 A. Yeah, might be that one, yeah.
- 11 Q. So you go to Samoa, then you fly over in the plane?
- 12 A. Yeah.
- 13 Q. Do you remember how you felt when you knew you were going to come to New Zealand?
- 14 A. Just feel happy and quite sad because leaving mum, the real mum and dad behind and
15 brothers and sisters like that, but looking forward to meet the other family coming here.
- 16 Q. And did you have a big family in New Zealand that you were coming to?
- 17 A. Yes, I have.
- 18 Q. So you had lots of other cousins?
- 19 A. Other cousins, yes.
- 20 Q. Uncles and aunties?
- 21 A. Aunties, yes.
- 22 Q. You said that you couldn't speak English?
- 23 A. No.
- 24 Q. Which is not unusual, because in Niue you would have all been speaking Niuean?
- 25 A. Niuean.
- 26 Q. Then you come to New Zealand and you come to Ponsonby, was there a big Pacific or a big
27 Niuean community waiting for your family?
- 28 A. Yes, I'd say.
- 29 Q. There were lots of people coming to New Zealand, lots of Pacific people in the 60s and the
30 70s?
- 31 A. Yes.
- 32 Q. And Hake, do you remember when you started school, did you have dreams about what you
33 might have wanted to be when you left school?
- 34 A. No, nothing.

- 1 **Q.** So you were always speaking Niuean in the home?
- 2 **A.** Yeah.
- 3 **Q.** With all of your cousins?
- 4 **A.** Yes.
- 5 **Q.** So you only spoke English when you were outside of the home?
- 6 **A.** Yeah.
- 7 **Q.** And did anyone try to help you with the language?
- 8 **A.** My cousins, yeah, they're trying to teach me and that, at that time. But it's still pretty hard
9 the way I see it, only might be the easy words, come, go or thing like that.
- 10 **Q.** Because they were just kids too, right?
- 11 **A.** [Nods].
- 12 **Q.** And then in school they never – the teachers, what I'm really wanting to understand, is the
13 teachers in the schools, were there other Pacific kids in your school?
- 14 **A.** Yes, plenty.
- 15 **Q.** Plenty of Pacific kids?
- 16 **A.** Yes.
- 17 **Q.** And were there other kids who couldn't speak English very well?
- 18 **A.** I should think so, yes.
- 19 **Q.** And when you went to Lake Alice and Ōwairaka do you remember the ethnicity of the kids
20 that were in those placements?
- 21 **A.** Mainly the Pacific and Māori children.
- 22 **Q.** So the kids were mainly Pacific and Māori ?
- 23 **A.** Yeah.
- 24 **Q.** At Ōwairaka?
- 25 **A.** Yeah.
- 26 **Q.** And at Lake Alice?
- 27 **A.** Lake Alice is quite a big mix, quite a few Pakeha children, Palagi children, sorry.
- 28 **Q.** What about the staff, do you remember the ethnicity of the staff?
- 29 **A.** Staff was the Palagis. Cleaners were like the Māori s and things like that.
- 30 **Q.** But were you ever able to talk to any of them or weren't allowed?
- 31 **A.** No.
- 32 **Q.** To the Pacific staff, the cleaners and things.
- 33 **A.** Yeah, we communicate with the staff – the cleaners sorry.
- 34 **Q.** Was that in your language?

- 1 A. No, just talk English.
- 2 **Q.** In English. And Hake, I just – about your faith, so faith was very big to your family as
3 well?
- 4 A. Yes, it's a big faith, I come from a big church going family. My grandfather's a minister, as
5 well as the uncles and families, got a few ministers in the family.
- 6 **Q.** So you came from a really rich cultural Niuean background and a very strong faith
7 background as well?
- 8 A. Yes.
- 9 **Q.** So when you went into Lake Alice and in Ōwairaka that was very foreign to you, very
10 different?
- 11 A. [Nods].
- 12 **Q.** Yeah?
- 13 A. Yeah.
- 14 **Q.** How did you cope. I know we've asked that, but you know, you talk – how did you
15 manage to stay strong in there?
- 16 A. Just through my faith or whatever, because I could see there was – just like this drawing
17 here, because I can see that wasn't my doing, it's just something like a supporting from
18 somewhere, from him above I say, helping and supporting me.
- 19 **Q.** So your faith which was instilled by your family and then the language, you were very
20 clever to do the stick figures with the speech bubbles, because your mother was able to
21 respond to the speech bubbles where you couldn't if you just wrote it in English, right?
- 22 A. Yeah.
- 23 **Q.** Thank you, Hake, you've been very, very helpful. It's now fallen to me to thank you, so
24 I just want to say to you in your language, Fakaoue lahi ke he haau a loto fakamalolo mo e
25 manamanatuaga mo e matutakiaga e haau a Iloilo, fakailoa atu he mai tuai tighau, e
26 fakatulouaga a Niu Silani, he koe haau fakamooli a loto toa, tagata tuga koe. Ko tautolu oti
27 ke onoono ki he aho nei. Kia fakamonuina mai he Atua ia koe. Fakaau.
- 28 A. Oue tulou.
- 29 **Q.** To your supporters who flank you as very, very strong anchors, Dr Sullivan(sic). Lau
30 afioga Tigilau, lou tuagane ia Feke a e mai se lau peleina lau paga, fa'afetai, fa'afetai,
31 fa'afetai lava.
- 32 A. Yeah, fa'afetai lava, fa'afetai.
- 33 **CHAIR:** That seems to be a very appropriate note to end. Thank you very much in English from
34 me and from all of the Commissioners for all the efforts you've done. Can I just say this,

1 this is not the first time you've told your story, you've told it many, many times, but we
2 recognise that and it can never be easy, but you have done it and I think you've done it
3 because this time it's in the public eye and we thank you very much for that.

4 A. Thank you very much.

5 Q. It's very important. Thank you.

6 A. Thank you.

7 Q. Time for lunch. [Applause]

8 **Lunch adjournment from 12.50 pm to 2.04 pm**

9 **CHAIR:** Ms Feint. Before we start I believe you want to talk about that letter.

10 **MS FEINT:** Yes, thank you Madam Chair. I just wanted to clear up the confusion this morning
11 because we had a different letter put on screen from the letter of apology from the Prime
12 Minister that I read out. We've now got to the bottom of it.

13 So the letter that I read out and that was in my opening submissions was dated 31
14 October 2001 and that was the letter that was sent to the round 1 claimants and then there
15 was a second letter for round 2 dated 23 December 2002 and that went to the round 2
16 claimants. I had assumed that they got the same letter, but the second one had been
17 tweaked. And then just to confuse matters further, the letter that was put up on the screen
18 was neither of those two, that was a draft of the round 2 letter it appears.

19 So what we could do in our closing submissions is just we could set out the
20 documents in the relativity bundle.

21 **CHAIR:** Yes, that would be sufficient. It's apparent to me the substance wasn't very different but
22 it was just expressed in slightly different ways. If you could remember to do that in your
23 closing that would be great. Thank you for the explanation.

24 **MS FEINT:** Thank you for allowing me to clarify that.

25 **CHAIR:** That's fine. Now Ms Thomas.

26 **MS R THOMAS:** Thank you Madam Chair. We now have our next witnesses from ACORD. I'll
27 just introduce we have Dr Sutherland, Dr Ross Galbreath and seated next to Dr Sutherland
28 and Dr Galbreath is Robert Ludbrook who is also a member of ACORD, the lawyer for
29 ACORD. He's seated with Dr Oliver Sutherland and Dr Galbreath today as a support and
30 also so that he's able to hear more clearly his friends' evidence today.

31 **DR OLIVER SUTHERLAND**

32 **DR ROSS GALBREATH**

33 **CHAIR:** Can I just welcome you three gentlemen, it's very good to see you all sitting there, and to
34 thank the two of you for assisting. I have been told that it's possible that particularly you,

1 Mr Galbreath, might like to supplement Dr Sutherland's evidence, is that correct, you might
2 like to add one or two things?

3 **MR GALBREATH:** Yes.

4 **CHAIR:** If that's the case, I don't know about you, Mr Ludbrook, are you interested in saying
5 anything in particular?

6 **MR LUDBROOK:** No.

7 **CHAIR:** Just out of an excess of caution, what I'll do is ask you both to take the affirmation then
8 we can avoid any messy disputes later on about who said what. Is that all right? So
9 addressing to you, Dr Sutherland and Mr Galbreath, do you both solemnly, sincerely, truly
10 declare and affirm the evidence you give before this Commission will be the truth, the
11 whole truth and nothing but the truth?

12 **DR SUTHERLAND:** I do.

13 **MR GALBREATH:** I do.

14 **CHAIR:** Thank you both.

15 **DR SUTHERLAND:** Sounds like a wedding.

16 **CHAIR:** It sounds like a wedding but I promise you I'm already married, not today thank you.

17 **DR SUTHERLAND:** I meant me and Ross.

18 **CHAIR:** Well, you can talk about that privately later.

19 **QUESTIONING BY MS R THOMAS:** Thank you. Oliver, do you have some opening words
20 that you would like to address to the Commissioners?

21 **DR SUTHERLAND:** Tēnā koutou, tēnā koutou, tēnā koutou katoa. Tuatahi, tēnā koutou Ngāti
22 Whātua whānui, kaitiaki o tēnei whenua, o tēnei rohe, o tēnei takiwa, Ngāti Whātua, ngā
23 mihi ki mahana tēnei ki a koutou.

24 Tuarua, te poari, no kaitiaki o tēnei kaupapa tēnei koutou, talofa lava, ka nui ngā
25 mihi ki a koutou katoa.

26 Tuatoru, koutou kua tae mai nei i tēnei ra, koutou katoa i tēnei ra, tēnā koutou, tēnā
27 koutou, tēnā koutou katoa. Fakalofa lahi atu to my Niuean friends.

28 Madam Chair, here we are after 45 years, late, but it's never too late for justice.
29 I first want to acknowledge those survivors of Lake Alice who as teenage children
30 recounted their experiences to me in 1976 and 1977, and also those others who are going to
31 be recounting their experiences during this hearing.

32 In particular I want to pay my respects to Hake Halo who gave his evidence this
33 morning. Because when he was just 14 years old he was brave enough to come and to talk
34 to me and to talk to us and to speak out publicly and to lift the lid for the first time on the

1 dreadful story of the Lake Alice Adolescent Unit.

2 I also want to pay my respects to the educational psychologist Lyn Fry, because if
3 Lyn Fry hadn't come to us and ACORD and broken the Official Secrets Act and given us
4 details of Hake's treatment and talked to us about it, we would never have known of Hake
5 and we would never have gone to him, and if we hadn't have done that I don't know, there
6 wouldn't have been a Mitchell Inquiry as we'll come on to. So I do want to pay my respects
7 to Lyn who I understand has made a submission to the Commission and is living in
8 London.

9 Lastly I just want to pay my respects to those members of the Auckland Committee
10 on Racism and Discrimination. We were a team and we're still a team and I'd just like to
11 acknowledge Mitzi Nairn and Ray Nairn and Ulla Sköld, as well as Robert Ludbrook and
12 Ross and myself, just want to pay my respects to my colleagues.

13 Madam Chair, 45 years ago in May 1977 when I revealed the appalling treatment
14 suffered by children at Lake Alice to Dr Stanley Mirams, who at the time was the Director
15 of the Mental Health Division of Ministry of Health, when I told him in particular about the
16 enforced administration of electric shocks to children's bodies, I said publicly and I quote,
17 "If the new allegations are proved correct, the misuse of the shock treatment, the shock
18 equipment will constitute perhaps the most appalling abuse of children in the guardianship
19 of the State that this country has known."

20 At the time ACORD only had details of three children. Now, of course, we know
21 that there were scores if not hundreds, and we know from their testimony that there was no
22 "perhaps" about it; they suffered, and the abuses that they suffered were indeed the most
23 appalling abuse of children in the guardianship of the State this country has known.

24 **MS R THOMAS:** Thank you Oliver. If you could now move on to paragraph 3 in your
25 statement. You have said that the New Zealand Government knew what was happening at
26 the Lake Alice Child and Adolescent Unit in 1976 and 1977. How did the Government
27 know this?

28 **DR SUTHERLAND:** Well, they knew because, of course, of the courage of Hake Halo in the
29 first instance, 13 year old who spoke out to his grandmother and then other children spoke
30 to us of their abuse. Psychologists such as Lyn Fry risked their own careers and spoke out.
31 And I spoke out, together with my colleagues in the Auckland Committee of Racism and
32 Discrimination, a journalist with the *New Zealand Herald*, Peter Trickett, did a tremendous
33 job in publicising what was going on at Lake Alice, and then the Ombudsman denounced
34 the electric shock procedures as not justified.

1 So they knew, the Government knew, the people in positions of authority knew and
2 cannot say that they were unaware of this abuse. And particularly the punishment of the
3 use of shock equipment on children's legs to deliberately cause pain, and the allegations
4 which we made that this was torture.

5 **MS R THOMAS:** If we now move on to paragraph 9 of your statement, which is titled "The Case
6 of Hake Halo". December 1976 you were the spokesperson for ACORD at that time?

7 **DR SUTHERLAND:** Yes, I was.

8 **MS R THOMAS:** Can you tell us what was ACORD, what is ACORD?

9 **DR SUTHERLAND:** The Auckland Committee on Racism and Discrimination was a group
10 established in 1973. Essentially we were challenged by Māori and Pacific activists at the
11 time that the problem in New Zealand was institutional white racism and what Pakeha
12 needed to do was to research and expose that racism. And that, I guess, was the basic
13 kaupapa of ACORD and that was what we saw as, I guess, our mission at the time.

14 **MS R THOMAS:** In December of 1976 you've mentioned the name of Lyn Fry who was a
15 Department of Education psychologist, she contacted you. What did she say to you at that
16 time?

17 **DR SUTHERLAND:** Well, Lyn came and told us that she'd been the -- when she was the
18 educational psychologist for a series of inner city Auckland schools she became involved
19 with the case of Hake Halo. He was having difficulties at school and she was attempting to
20 find ways to help him and his family out of the difficulties. She said that she told us that
21 she had wanted him to go to Hokio Beach, a Social Welfare home and she advocated for
22 that for some time but in fact Social Welfare wouldn't do that and he went through
23 Ōwairaka and then eventually to Lake Alice.

24 **MS R THOMAS:** Did she give you any information about Hake's experiences at Lake Alice?

25 **DR SUTHERLAND:** She did. She told us, of course, that he had complained of having shock
26 treatment, that he'd complained of having punish shocks put on his head for punishment
27 and she told us enough about Hake's situation for us to want to talk to Hake, which then we
28 did.

29 **MS R THOMAS:** Once she had given you this information but before you spoke to Hake, what
30 did you decide to do to gather more information about this unit that she described?

31 **DR SUTHERLAND:** Well, the first person I got in touch with, not because I knew him but
32 because he was well-known, was the Superintendent of Carrington Hospital, Dr Fraser
33 McDonald. I telephoned him and I told him what I knew of Hake's story, which was based
34 on what Lyn Fry had told me at that stage, and I made notes of my phone conversation with

1 him at the time. Dr McDonald told me that there were three classes of patients at Lake
2 Alice. There was a security wing for the criminally insane. That's what most people had
3 heard of, but there was also a second area for overflow people who needed psychiatric work
4 from the Palmerston North area and they were what he called the good psychotics who
5 caused no trouble.

6 But it was also the outpatient hospital for Palmerston North Hospital Board and
7 included the Child and Adolescent Unit. I asked him about ECT being used on a child as
8 young as Hake's age and he said, and I quote, "I can't remember ever having given ECT to
9 someone under 16 years". Then he said to me that he'd used a consent form for ECT at
10 Carrington but he didn't know if it was used elsewhere in New Zealand.

11 So I continued to gather more information. We were starting to get a feel for what
12 was happening at Lake Alice. But then I got in touch with Dr Sheila Godfrey at the Child
13 Health Division of the Department of Health and Dr McLeod at the Auckland Hospital.
14 Then on 7 December 1976, a week after Lyn Fry had come to us, I rang Professor John
15 Werry, a psychiatrist at the Auckland Medical School, and –

16 **MS R THOMAS:** I'll just pause you there, we'll bring up the notes of that conversation, if that's
17 all right, on to the screen.

18 **DR SUTHERLAND:** Oh yeah.

19 **MS R THOMAS:** At the time of your information-gathering you also made some file notes
20 effectively of your conversations?

21 **DR SUTHERLAND:** Yes, those are my file notes.

22 **MS R THOMAS:** Would you read for us please the highlighted paragraph, perhaps if we call that
23 out so it's a bit bigger?

24 **DR SUTHERLAND:** I can read it. Yes, Professor Werry said to me, you can see it's quoted,
25 "ECT has a very specific indication. It is given in cases of severe depression, whereas this
26 boy seems to be suffering from a personality disorder."

27 **MS R THOMAS:** Professor Dr John Werry, he was a key member of the Royal Australia and
28 New Zealand College of Psychiatrists at that time?

29 **DR SUTHERLAND:** Yes, he was, and I felt that by talking to him it was, in a sense, talking to
30 the College of Psychiatrists who then might have – who he might be able to pass the
31 information on that children of the age of 13 were being given shock treatment at Lake
32 Alice.

33 **MS R THOMAS:** If we now move on to paragraph 13 of your statement. You've gathered

1 evidence from other people in relation to this unit. Did you also speak with Hake and his
2 family?

3 **DR SUTHERLAND:** Yes, yes, certainly I did. On 8 December I spoke with and I interviewed
4 Hake, his parents were there, but most importantly I spoke with his key caregiver who was
5 his grandmother as we've heard. She had brought Hake up since he was a baby. She didn't
6 speak English, I knew she didn't, and so I took with me a Niuean leader who was a
7 neighbour of mine in Grey Lynn, John Kolo, who was also a senior member of the Niuean
8 community in Auckland. He was the person I used repeatedly in my interactions with Hake
9 and his family. And John explained to Hake's family just what ECT, electroconvulsive
10 therapy, constituted, because they had no idea at all. Most people don't, and they certainly
11 didn't have any idea what it was.

12 When he explained that to the family they broke down and they cried. They were
13 happy for us to make his case public, so long as nothing would identify the family and they
14 hoped that by making his case public it would get the authorities to do something for Hake
15 and do something for other children.

16 **MS R THOMAS:** To make this case public, is that when, Dr Galbreath, you authored a letter on
17 behalf of ACORD on 13 December and you wrote that letter, sent it to the minister of
18 Social Welfare?

19 **MR GALBREATH:** Yes, that's correct, yes.

20 **MS R THOMAS:** I'll just ask for that letter to be brought up on to the screen please. Just to
21 confirm, this is a letter dated 13 December 1976. It's addressed to the Minister of Social
22 Welfare. If we scroll down to the bottom of that document, it's a letter that you sent, Ross,
23 on behalf of ACORD?

24 **DR GALBREATH:** That's correct, yes.

25 **MS R THOMAS:** If we go back up to the document at paragraph 2.

26 **MR GALBREATH:** Yeah.

27 **MS R THOMAS:** Would you be able to read, if we call that out so it's larger, the first part of that
28 paragraph?

29 **MR GALBREATH:** Yes, this is the guts of what we're saying to the Minister, that as his legal
30 guardian and without the consent of nor consultation with his own family, your department
31 arranged for the transfer of this 13-year-old Niuean, whose only offences were for
32 shoplifting, to the Lake Alice Hospital for the criminally insane. During the next 11
33 months he received forced medication by intra-muscular injection and about 10 treatments
34 of electroconvulsive therapy.

1 His family did not give their consent for this, nor were they ever told officially that
2 it had taken place. Then on October 19th, Hake – it's been redacted – who was still a
3 State ward was returned to his family in Auckland. An officer of your department who had
4 been handling this boy's case for some years then tried to persuade his family to send the
5 boy back to Niue where he can work with animals. They were instructed by this and, of
6 course, refused to do it since the immediate family was in Auckland and there was no
7 possibility of specialised help for Hake in Niue.

8 Since he returned from Lake Alice the family has had no help or advice from your
9 department and are being left to look after as best they can a boy who is still a ward of the
10 state. Your department has not even ensured that his child benefit is restarted, his parents
11 have not received it since his return from Lake Alice Hospital."

12 **MS R THOMAS:** Thank you. Now if we could come back to your statement, Oliver, at
13 paragraph 15?

14 **DR SUTHERLAND:** The day after we sent that letter to Bert Walker I spoke again with Hake
15 and together with my interpreter, John Kolo, being present. Hake said that he had had ECT
16 six or seven times and has had it "straight, I wasn't put to sleep first." He said, "it hurts
17 when I have it." Hake then went on to say, "Dr Leeks says you get this for having done this
18 and this wrong. They did this to punish me. Leeks, he's no good."

19 **MS R THOMAS:** Did Hake also mention something else that you noted but didn't think so much
20 of it at the time?

21 **DR SUTHERLAND:** Yeah, my notes, looking back on them now, say that he said to me that it
22 was also given in the chair. Now I didn't realise the significance of that because this was in
23 December 76, until a few months later when I met other boys whose cases we'll come on to,
24 who said that they were sat in a chair and were given shocks to their legs. So Hake was
25 foreshadowing that particular issue as far as we were concerned, but we didn't realise the
26 significance of it.

27 **MS R THOMAS:** At that time. And you introduced Hake to the journalist from *The Herald*,
28 Peter Trickett, and then on 15 December of that year 1976 the first news article about
29 Hake's case was published?

30 **DR SUTHERLAND:** That's right.

31 **MS R THOMAS:** I'd now like to ask you some questions in relation to Craig Jackson, so if we
32 move on to paragraph 19 of your statement. Craig Jackson was a psychologist for the
33 Department of Education and he was the district psychologist in 1972 through to 74 in the
34 area that included Lake Alice. At the time he had written to the Inspector of Education

1 raising concerns that he had with Lake Alice, and I'd now like to bring up the letter which is
2 7 January 1977, a letter that Craig Jackson has written.

3 Just to confirm, this is a letter 7 January 77, it's a letter written by Craig Jackson to
4 Dr Stanley Mirams, the Director of Mental Health Division. If we could bring up
5 paragraph 2 so that's clearer to see please. Oliver, would you mind reading that paragraph
6 out?

7 **DR SUTHERLAND:** "During the" – Craig Jackson writes, "During the latter part of 1972
8 through 1973 and again in 1974 (until August), I was responsible in my professional
9 capacity as acting district psychologist, Palmerston North, for consultative liaison visits to
10 the principal of the Lake Alice Hospital school from its initial stages of establishment."

11 **MS R THOMAS:** Thank you. If we can now bring up the subparagraphs (a), (b) and (c), if you
12 could read those to us Oliver.

13 **DR SUTHERLAND:** Yes, he's giving his impressions of the use of shock treatment at the time;
14 "(a), that as far as I could reliably ascertain it was often used without pre-medication
15 procedures, which I understood to be contrary to ethical medical practice; (b), that in my
16 view it was being used punitively as part of the disciplinary structure, governing the
17 conduct of youngsters resident in the unit; (c), that the majority of youngsters in the unit at
18 the time had received this treatment without reference to their medical or psychiatric status
19 or grounds for admission."

20 **MS R THOMAS:** Thank you. If we could just call out paragraphs 5 and 6 of that letter. If you
21 could read that out?

22 **DR SUTHERLAND:** Craig Jackson goes on; "At the time I voiced my concerns to the inspector
23 supervising Special Education of the Whanganui Education Board, Mr K Robinson, and
24 have currently written to my administrative superior, Mr R Sinclair, Chief Psychologist on
25 the matter. I appreciate that I am not competent to pass any definitive judgments as a
26 non-medically trained person, on medical treatments. But nevertheless, on humanitarian
27 grounds, and on the basis of commonsense judgment it appeared to me at the time that
28 unethical use was being made of this treatment."

29 **MS R THOMAS:** Thank you. You can take that one down and, Oliver, if I can just remind you
30 to speak slowly and we'll move on to paragraph 20 of your statement. You and Craig
31 Jackson corresponded with letters back and forth to each other. What did Craig Jackson
32 say to you about his efforts?

33 **DR SUTHERLAND:** He wrote to me and he said that he felt he had done all he could within the
34 system end quotes to draw the attention of the higher authorities to definite irregularities in

1 the use of ECT as a treatment in the adolescent unit.

2 **MS R THOMAS:** In January 1977 the Minister For Social Welfare announced there would be a
3 ministerial inquiry. Can you read to us the terms of reference listed in your statement there
4 – paragraph 21(a) – for that inquiry?

5 **DR SUTHERLAND:** Yes, I will, I'll say this is the inquiry we thought we wanted because it was
6 going to, we hoped, lift the lid, clear the air about what was happening at Lake Alice. But
7 the terms of reference were rather narrow.

8 The first term of reference in principle 1 was that the Magistrate, Mr Mitchell,
9 should inquire into Hake's case and report on the authority on which treatment was
10 administered to the boy by the medical authorities at Lake Alice. In other words, who was
11 responsible for the treatment that the boy got.

12 **MS R THOMAS:** Just turning over there, the second –

13 **DR SUTHERLAND:** And any associated matters that may be thought by you to be relevant to
14 the general objects of the Inquiry.

15 **MS R THOMAS:** How were those terms of reference viewed by ACORD and by the
16 Psychological Association, for example?

17 **DR SUTHERLAND:** Well, they were too narrow, I mean in ACORD, we had already been
18 calling for a full public inquiry into what was going on at Lake Alice. And, of course, this
19 indicated that Mitchell was only going to look at Hake Halo's case on its own. And then
20 when the terms of reference were announced, the Psychological Association spokesperson
21 said that they had called for a formal inquiry about the reported use of ECT on adolescent
22 children at Lake Alice and that the Inquiry's limited terms of reference didn't meet the
23 association's request. Moreover, it was going to be held in camera, none of it was going to
24 be published.

25 **MS R THOMAS:** If we could now turn to paragraph 25 of your statement where you talk about
26 the Mitchell Inquiry taking place in February of 1977 and ACORD filed some submissions
27 to that inquiry. If we could bring those up, please, on the screen. If we could call out the
28 paragraphs numbered 1 to 5 so they're a bit larger. Are these the submissions that ACORD
29 made to the Mitchell Inquiry, was it at the start of the Inquiry?

30 **DR SUTHERLAND:** Yes, they are.

31 **MS R THOMAS:** Could you read through those one at a time?

32 **DR SUTHERLAND:** Yeah, they were issues that we wanted Mitchell to cover. First was the
33 right of the family to be told in a language that they fully understood and of their choosing

1 precisely what the Government department was doing with respect to their child and why;
2 in short, the right to know.

3 The second issue was the right of the natural parents or grandparents to be consulted
4 in the language which they understand as to the educational, welfare and medical treatment
5 (especially shock treatment) to be administered to their child.

6 That led on to the right of the natural parents or the grandparents to give or not give
7 informed consent for medical treatment (especially shock treatment) to their child.

8 The fourth issue was whether the State, when it's taken over the legal guardianship
9 of a child, then has the right to do whatever it pleases to that child and to the body and to
10 the mind of that child without reference to the natural parents or the grandparents.

11 And lastly, we continue to be concerned about the handing over by one Government
12 department, which is the Department of Social Welfare, to another, which was the
13 Department of Health which ran Lake Alice, of a child without ensuring that the child's best
14 interests would be the paramount consideration in any treatment or mode of treatment
15 which he might receive and also without ensuring that his special needs as a Polynesian
16 child would be fully understood and met.

17 Because I have to say, that throughout Hake's entire story to this stage, no-one had
18 paid the slightest attention to the fact that he was Niuean, none. Except Dr Leeks who felt
19 he should be sent back to where he'd come from, and that he was a monument to the
20 inadequacies of the immigration system, which Dr Leeks put in writing. Not in my
21 evidence but I've said it, and I'll never forget it.

22 **MS R THOMAS:** He made these submissions at the Mitchell Inquiry. And I understand
23 Mr Robert Ludbrook was your lawyer at that Inquiry, Dr Galbreath was in attendance every
24 day for the six days of the hearing and you yourself, Dr Sutherland, were also in attendance
25 when you were able to be observing that inquiry. From your memory of the Inquiry, did
26 Hake or any of his family give evidence at that hearing?

27 **DR SUTHERLAND:** Not as far as I know.

28 **MR GALBREATH:** No, I'm sure I was there on every day and he wasn't, or no-one from his
29 family were there that I was aware of. He certainly didn't give evidence.

30 **MS R THOMAS:** Ross, if you could just move the microphone slightly closer to your chin.

31 There you go.

32 **CHAIR:** I think it's important, if you don't mind, just to repeat what you said.

33 **DR GALBREATH:** Yeah. Neither Hake nor his family were at the Inquiry and they certainly
34 didn't give evidence. There was a suggestion, I think, in Mitchell's report that he had been

1 to see them, but we never heard any confirmation of that from them.

2 **MS R THOMAS:** Once the evidence of the Mitchell Inquiry had concluded, so the six days of
3 hearing, Oliver, what did you do at that point, did you write a letter?

4 **DR SUTHERLAND:** Yeah, I wrote to the Chief Ombudsman, Sir Guy Powles, who by that stage
5 I knew quite well and I was aware that he was looking into another case at Lake Alice, and
6 I wrote to Sir Guy and I said – summarised some of the evidence that was given for him
7 and I concluded by saying that it's abundantly clear that a full-scale inquiry into Lake Alice
8 Adolescent Unit is essential and I hope Mr Mitchell recommends it.

9 **MS R THOMAS:** When you wrote that to Sir Guy, what made you say that?

10 **DR SUTHERLAND:** Well, there was a bigger picture, it was clear that what happened to Hake
11 was part of the picture, and it was what happened to an individual boy. But in fact, there
12 was so much that was abundantly wrong with what was happening and we were just
13 starting to unravel small bits of it, little bits of information came to us that built a bit of a
14 picture that we thought that a full inquiry was the only way to get to the bottom of what
15 was happening to these children at Lake Alice.

16 **MS R THOMAS:** And at that stage you were hopeful that Judge Mitchell would recommend
17 that?

18 **DR SUTHERLAND:** Yeah, more than hopeful, I think we thought that he would be bound to,
19 given how much he had already started to see.

20 **MS R THOMAS:** So if we could move over in your statement through to paragraph 32 in relation
21 to the findings of the Mitchell Inquiry and the report of the Commission. In that paragraph
22 in your statement you cover one of the answers to the term of reference that Judge Mitchell
23 has stated. Can you read that out to us please?

24 **DR SUTHERLAND:** Yes, I will. Just to remind you, the term of reference that we're talking
25 about was the one that says, "Mitchell should report on the authority upon which treatment
26 was administered." So when we go to what Mitchell's report actually said, he said:

27 "I consider that the authority for his treatment can be implied from the conduct of
28 the people concerned, both the family and the Department of Social Welfare. This rested in
29 the trust imposed on all sides in Dr Becroft who made the placement. At the same time, it
30 must be acknowledged there was no express authority for the ECT from the family or from
31 the offices of the Department of Social Welfare."

32 So whatever Mitchell was doing he could not escape and if he was trying to
33 exonerate the department, which he did, he could not escape the fact that there was no
34 express authority given for the boy's treatment.

1 **MS R THOMAS:** And when you had spoken with Hake and with his family, what was their
2 understanding of what they had or had not consented to?

3 **DR SUTHERLAND:** His family, I don't think they knew that consent was even sought. I don't
4 think anyone asked them. Don't forget that all they were told was that he was being sent to
5 Lake Alice to go to a school, the last of a number of schools and the one that perhaps they
6 hoped would be the one that would help him best.

7 **MS R THOMAS:** So their understanding was he was simply being sent to a school, no
8 understanding that it was a psychiatric hospital, no mention of ECT and no understanding
9 of consent or request for consent?

10 **DR SUTHERLAND:** Not at all. You need to remember that he was in the Ōwairaka Boys' Home
11 when he was sent down, even visiting rights were limited to the family there. So they could
12 only see him in the context of Ōwairaka when he was sent down directly and put on a plane
13 and sent straight down to Lake Alice.

14 **MS R THOMAS:** So when ACORD received a copy of the Mitchell Inquiry report, how did
15 ACORD interpret that report? And at the moment we're on paragraph 33 of your statement.

16 **DR SUTHERLAND:** Firstly, we need to remember that the Minister had publicly said – had
17 vindicated the department, so Bert Walker was very happy with the report, as I guess when
18 we read it we probably knew he would be. As far as we were concerned of course we
19 regarded it as a whitewash. It didn't – except for that one statement there was no
20 authority, informed consent being given. But otherwise, really what Mitchell did was just
21 simply exonerated the actions of the officials and the medical staff who dealt with Hake,
22 and actually directed blame towards his family if anywhere.

23 **MS R THOMAS:** Can I ask you now to read slowly but paragraph 34 of your statement in its
24 entirety?

25 **DR SUTHERLAND:** It was how we summed it up, which was Hake's case exemplified all the
26 worst elements of institutional racism that were prevalent in New Zealand in the 1960s and
27 the 1970s. We've got to remember that was a time in which large numbers of Pacific
28 people were migrating to New Zealand, many of them like Hake's family not able to speak
29 English.

30 Hake and his grandmother, who had whangai'd him or informally adopted him,
31 they'd arrived in New Zealand to join the Pacific Island community in 67, neither able to
32 speak English. Their encounters with the education, Police, Social Welfare, judicial, and
33 ultimately the health systems for the next 10 years were all characterised by

1 misunderstandings and confusions. Nobody used an interpreter except us and we took John
2 Kolo. But none of the rest of them. How they thought the grandmother could possibly
3 understand anything, because she couldn't, and it was never explained, and she never did
4 understand until we met with her.

5 It was a classic institutional racism. Which culminated in Judge Mitchell's Inquiry
6 and report which then again demonstrated the failure of all those institutions that dealt with
7 Hake and his grandmother to understand the cultural divide between themselves and this
8 troubled Niuean family.

9 **MS R THOMAS:** We now move on to paragraph 37 of your statement. During Hake's case,
10 some other families had contacted you and had contacted ACORD about their boys'
11 experiences at the Lake Alice Child and Adolescent Unit. What did they tell you?

12 **DR SUTHERLAND:** Yes, they came to us because at the time there was considerable publicity,
13 front page publicity about Hake's case. And these families had seen this publicity and
14 approached me on their own volition to tell me what their boys had experienced. And
15 I interviewed the boys and their families; one Māori, one Pākehā. Both boys were wards of
16 the State at the time they were placed in Lake Alice Adolescent Unit. They told me about
17 children not only receiving ECT to their heads, and ECT as punishment to their head, but
18 also a special sort of punishment in which the electrodes from the ECT machine were
19 placed on either side of their knees and an electric current was passed through their knees
20 as a form of punishment.

21 One of these boys described to me what happened when he was given this
22 punishment. I quote, "They gave me a shock, turned it off and on, it jolts you out of the
23 chair. The chair fell over. The chair fell over and I rolled around the floor until they turned
24 it off. I got it twice on the knee, once for whistling at one of the nurses and once for
25 smoking."

26 **MS R THOMAS:** I'd now like to ask Ross some questions, if we could turn to paragraph 48 of
27 your statement, Ross.

28 **MR GALBREATH:** Yes.

29 **MS R THOMAS:** Just to confirm, Ross, you attended all of the hearing days of the Mitchell
30 Inquiry?

31 **MR GALBREATH:** I did, yes.

32 **MS R THOMAS:** And then once ACORD had received the new evidence that Oliver has just
33 spoken to us about these other two adolescents receiving electric shocks to their knees, how
34 did that new evidence change your understanding of what you'd just watched in the

1 Mitchell Inquiry?

2 **MR GALBREATH:** Well, it changed the perception of what we had called shock treatment
3 completely. It wasn't shock treatment, it was shock punishment. And at the Mitchell
4 Inquiry we'd all been talking about shock treatment and Dr Leeks had let us go on thinking
5 that, he didn't tell the whole truth basically. So everyone from the judge and most of the
6 rest of us and – perhaps one or two of the psychiatrists there might have guessed what was
7 going on, but the rest of us – when we talked about shock treatment we thought ECT.

8 So the revelation of what was being done, well, it seemed so – I used the word
9 "egregious" in my evidence – so wicked that we hadn't – we simply hadn't imagined that
10 anything like that could be happening.

11 **DR SUTHERLAND:** No.

12 **MR GALBREATH:** But it seemed so egregious that for once we didn't go straight to the
13 newspapers over it, it was so bad that we felt we had to inform the authorities of what was
14 going on. And as I recall, Oliver was going to Wellington for work, so while he was there
15 he went and spoke to Dr Stanley Mirams, the Director of Mental Health, and Mirams
16 initially seemed to be taking it very seriously and said there were some aspects of it he just
17 couldn't imagine being done, but I think his position shifted a bit later.

18 But the whole Mitchell Inquiry, of course by this stage its report was about to come
19 out, but we realised that it was almost irrelevant, it hadn't actually penetrated to what was
20 really going on.

21 **MS R THOMAS:** And do you –

22 **MR GALBREATH:** It was all under a misapprehension.

23 **MS R THOMAS:** So this misapprehension, do you think, looking back, that Judge Mitchell was
24 also under that misapprehension?

25 **MR GALBREATH:** Yes.

26 **MS R THOMAS:** You said that Oliver went to Wellington and he actually went to speak to
27 Dr Stanley Mirams, so I'd just like to ask Oliver if we turn back to your evidence now, at
28 paragraph 38?

29 **DR SUTHERLAND:** Yes, I had decided, I was going to be in Wellington and I should see
30 Dr Mirams personally, not do what ACORD's usual practice was, which was to make a
31 press statement straight away. We did soon after, but I presented these allegations to
32 Dr Mirams on 11 May 77. And I, at this meeting, again I stated ACORD's demand for a
33 full inquiry into the Lake Alice Child and Adolescent Unit and that it should be closed.

34 Then in a press release, the day after I guess, I made that comment, I started my

1 evidence with and I'll read it again, that "If the new allegations put before Dr Mirams were
2 proved correct, the misuse of the shock equipment will constitute perhaps the most
3 appalling abuse of children in the guardianship of the State that this country has known."

4 Then within days of this meeting Dr Mirams said in an interview with the
5 *New Zealand Herald* that the ECT machine had been taken away from the Lake Alice
6 Adolescent Unit.

7 **MS R THOMAS:** Thank you, I'll now ask for the next document to be brought up which is a
8 news article. While that's happening, Oliver if you could just tell everyone, or remind
9 everyone who Dr Mirams was?

10 **DR SUTHERLAND:** Dr Mirams, Stanley Mirams was the Director of the Mental Health
11 Division of the Department of Health and he had responsibility, therefore, for all
12 psychiatric institutions in the country run by the department.

13 **MS R THOMAS:** So you had this meeting with him, that's when he told you the ECT machine
14 would be taken away and then he also had an interview, and this is the article where
15 Dr Mirams is quoted in May of 1977. It's a little bit fuzzy on the screen, but would you be
16 able or comfortable to read, perhaps if we do it block by block, that first highlighted?

17 **DR SUTHERLAND:** "Dr Mirams confirmed that detailed statements from children put to him by
18 ACORD alleged that the ECT equipment in the adolescent unit had been used to administer
19 electric shocks to children's legs." He went on, "If this is true it would involve deliberately
20 giving a painful shock with the intention of it being painful, he said.

21 "The pain would not be incidental to the treatment as it is with much medical
22 treatment. This is the allegation I'm looking into. If it's true, a number of considerations of
23 professional judgment could apply but I would find it very difficult to envisage any defence
24 which could be offered in those circumstances. Administering electric shocks to parts of
25 the body other than the head might be classed as Aversion Therapy, Dr Mirams said. But
26 as a former child psychiatrist himself, he could not imagine using electric shocks himself as
27 Aversion Therapy on children. I cannot envisage using ECT on children at all except in
28 very unusual situations, perhaps in the case of a child who is profoundly depressed".

29 Then in bold, "Any suggestion that ECT applied to the brain could be justified as
30 Aversion Therapy would be unthinkable."

31 Now he said "unthinkable". Yet that is what Hake said happened to him, that is
32 what happened to Hake, you get this for having done this wrong or that wrong.

33 **MS R THOMAS:** And those words you've just read out are the words quoted as being Dr Mirams
34 at the time?

1 **DR SUTHERLAND:** They're Dr Mirams' quote from his interview with the newspaper.

2 **MS R THOMAS:** After that news article being published, the very next day Dr Mirams
3 commissioned a District Inspector to investigate the two allegations that ACORD had
4 presented to him?

5 **DR SUTHERLAND:** Yes, that's right. There was an Auckland lawyer called Gordon Vial and he
6 was the District Mental Health Inspector, I think under the Mental Health Act, and Mirams
7 asked him to investigate the allegations that ACORD had made, and the cases, yeah.

8 **MS R THOMAS:** This was all happening in May of 1977, which is a particularly busy month
9 because that's also when the Ombudsman report was released?

10 **DR SUTHERLAND:** Yes, that's right, his report came out on 23 May.

11 **MS R THOMAS:** What were the five main conclusions from the Ombudsman report? This is at
12 paragraph 41.

13 **DR SUTHERLAND:** Sir Guy's report was into the case of a 15 year old Māori boy and he'd been
14 investigating since July the previous year and Sir Guy concluded, firstly, that the boy's
15 detention at Lake Alice was unlawful; secondly, little consideration had been given to the
16 question of whether the boy or his guardian consented to the treatment; 3, Sir Guy said
17 ECT should never be given to a protesting patient and that this form of treatment, in all but
18 the most exceptional of circumstances, ought to be eschewed if for no other reason of the
19 difficulty of obtaining consent from young people.

20 Fourthly, it was to be given – if ECT was to be given it should be given – it should
21 be the modified form with anaesthetic. He lastly found that the cumulative effect of a
22 number of the actions and decisions of the offices of the Departments of Health and Social
23 Welfare caused that boy, and I quote, "a grave injustice", which was probably the harshest
24 criticism he could make as Ombudsman of those departments.

25 **MS R THOMAS:** Now within a day of that report being released, *The Herald*, the journalist Peter
26 Trickett ran an article; how did he respond in the article to the Ombudsman's conclusions?

27 **DR SUTHERLAND:** Peter Trickett was interested in what might be going on in other psychiatric
28 institutions in the Auckland area, so he went to five of them and he inquired in each case
29 whether they used ECT on children or adolescents and in every case they said that they did
30 not.

31 **MS R THOMAS:** If we move to paragraph 44 of your statement. What were ACORD's next
32 steps?

33 **DR SUTHERLAND:** Well, we weren't satisfied with the response. Gordon Vial was busy
34 investigating these cases, but in fact of course the Lake Alice Unit was still operating,

1 Leeks was still there. So on 7 June 77 I spoke to Dr Mirams and told him that I'd already
2 been in touch with Gordon Vial, the District Mental Health Inspector, because it appeared
3 that he hadn't interviewed the family of one of the boys and I wanted, because I knew these
4 people, I wanted him to interview the mother of one of the complainants.

5 Mr Vial had not interviewed this mother and I urged, again, I urged Dr Mirams that
6 a full inquiry into the past and present dealings of this unit was required. And I received
7 the reply from Dr Mirams to say the matter was now in the hands of the Police. And the
8 Minister of Health, Frank Gill, was quoted as saying that Dr Mirams had studied Mr Vial's
9 report which he'd got at that stage and was of the opinion that section 112 of the Mental
10 Health Act may need to be invoked. And that section 112 relates to the inhuman treatment
11 of patients.

12 **MS R THOMAS:** And at that point you're aware the Police were investigating – what was
13 ACORD still aiming for at that time?

14 **DR SUTHERLAND:** We wanted an independent inquiry. Actually, we called for a Royal
15 Commission, and here we are. That was 77. Gosh, I hardly knew what a Royal
16 Commission was in those days, but at any rate we did and we felt it was the only way, it
17 was no good, the Police – whatever the Police were going to do, and we'll see in a minute
18 what they did do or didn't do, but a Royal Commission was really the only way to deal with
19 what had, I think, got completely out of hand in terms of the way the authorities were
20 dealing with it.

21 **MS R THOMAS:** And who did –

22 **DR SUTHERLAND:** And we sent a telegram – we did send a telegram to Frank Gill asking what
23 was going on and making the allegation that what had happened to the children was torture.

24 **MS R THOMAS:** And did you receive a reply to that telegram?

25 **DR SUTHERLAND:** Yes, Gill replied saying the Police inquiry into improper treatment and
26 allegations of improper treatment were continuing.

27 **MS R THOMAS:** Did he also say to you that there had been no previous allegations of torture
28 and there was no evidence of those allegations?

29 **DR SUTHERLAND:** Yes, he did.

30 **MS R THOMAS:** And when you had used the word torture in your telegram to –

31 **DR SUTHERLAND:** Frank Gill.

32 **MS R THOMAS:** – Frank Gill, what were you referring to?

33 **DR SUTHERLAND:** I was referring to the use of shocks on the legs particularly, and the use of
34 ECT on the – or the use of the equipment on the head as punishment.

1 **MS R THOMAS:** So by sending the Ministry of Health that telegram describing the electric
2 shocks to the knees of those boys as torture, what had ACORD put on the record at that
3 time, effectively?

4 **DR SUTHERLAND:** Well, we'd said to every authority that wanted to listen that what was
5 happening at Lake Alice was absolutely unacceptable and that the only way to get to the
6 bottom of it and to find out who was accountable was to have a Commission of Inquiry.

7 **MS R THOMAS:** Then in January of 1978 the Police announced that they had found no evidence
8 of criminal misconduct. What was ACORD's position in response to that announcement?
9 This is at paragraph 48 of your statement.

10 **DR SUTHERLAND:** Yeah, I think by then we were beyond being surprised. Nobody had
11 believed these children except us and the Citizens Commission. And I think we probably
12 weren't surprised at all that the Police shelved the whole matter.

13 **MS R THOMAS:** In terms of, if we're turning now to paragraph 49 –

14 **DR SUTHERLAND:** But what we did maintain was that those violations of the children's bodies
15 was a gross violation of the children's rights and we said so. But you've got to remember,
16 we didn't have a Human Rights Commission at that stage, didn't start until 77, this was 77,
17 so there was no other body that anyone could go to.

18 **MS R THOMAS:** What were your thoughts at that time about whether these electric shocks were
19 punishment or treatment? This is in relation to paragraph 49 of your statement?

20 **DR SUTHERLAND:** As Ross has said, there are difficulties when you look at – and if you look
21 at it from the child's point of view, let alone their parents, that you have an ECT machine
22 with two electrodes that are put on the head to – for therapeutic reasons to shock a child out
23 of deep depression, the classical use for ECT, the only use for ECT in fact. And then you
24 have situations that we were facing where those same electrodes which had a therapeutic
25 use suddenly had a punitive use, and we found it very hard to get our heads around that and
26 to explain that.

27 And I'm really pleased that Frances Joychild called it electrocution, it was a word
28 that we never used but in fact that's what it was, she was right. High voltages, high
29 amperages were passed through the children's legs. One of the children said to me not only
30 was it put on his own knee but two of the boys who ran away together were made to sit
31 together and their knees were pressed together and shocks were put on – the electrodes
32 were put on one knee of one boy, one knee of the other boy and their knees pushed together
33 and they were shocked at the same time. Unspeakable.

34 **MS R THOMAS:** Oliver, just before I get to your conclusion, I'm going to go back to one

1 paragraph that we omitted earlier and you won't forgive me if we don't go back there. It
2 relates to accountability, so if we actually go right back to paragraph 7 and your paragraph
3 8?

4 **DR SUTHERLAND:** Yeah. We wanted to get to the bottom of who was responsible, who was
5 accountable, because if Mitchell wasn't going to do it and if Police weren't going to do it
6 and if Mirams wasn't going to do it then we would try and do it – we would do it one way
7 or another. The unit was administered by the Palmerston North Hospital Board and, as
8 we've said, it was on the same site as the adult facility which was administered by the
9 Department of health under Dr Pugmire. So the question really always remained, who was
10 responsible for Leeks? Or who was he responsible and accountable to.

11 We talked this over with Peter Trickett, *The Herald* reporter who was doing the
12 investigative work on this, and he interviewed both the Superintendent of the Palmerston
13 North Hospital Board, Dr Kenneth Archer, and he interviewed the Superintendent of Lake
14 Alice Hospital, Dr Sid Pugmire, trying to determine which of them was responsible for
15 Dr Leeks and they both denied responsibility.

16 And in the end, Dr Pugmire was quoted as saying "I suppose he's really answerable
17 to himself."

18 **MS R THOMAS:** And that was a quote that he made in the *New Zealand Herald* 15 December
19 1976?

20 **DR SUTHERLAND:** That's right.

21 **MS R THOMAS:** Thank you. Now just coming to a conclusion of your evidence, Oliver, if you
22 could read out paragraphs 51, 2 and 3.

23 **DR SUTHERLAND:** Tracing and encapsulating everything that we'd done, I suppose, over those
24 years, in '77 we called the act of punishing children with powerful electric shocks to their
25 body what it is, which was torture. We repeatedly drew attention to complaints of abuse
26 and we repeatedly called for a full inquiry into these allegations. And so it can't ever be
27 said, and maybe the Crown won't say it, that the people in power in the '70s did not know
28 what was going on at the time. They knew, they knew because we told them repeatedly.
29 The response of the authorities not to hold any department to account or any individual to
30 account through a disciplinary hearing or criminal prosecution is now a matter for this
31 Commission of Inquiry.

32 45 years later finally the time has come for this Royal Inquiry to ask those probing
33 questions, make findings on where the accountability must lie. Thank you.

34 **MS R THOMAS:** Thank you Oliver, thank you Ross.

1 **CHAIR:** Take a moment. You've had a lot of those up until now, but could I -- just looking at the
2 accountability question, and there's a lot more work for us to do in terms of reading all the
3 background and the like, but something jumped out at me in paragraph 46 of your evidence.

4 **DR SUTHERLAND:** Do you want me to go to it?

5 **CHAIR:** Yes, remind yourself of what you've told us. And this is --

6 **DR SUTHERLAND:** Yes, we didn't read this one out.

7 **CHAIR:** You didn't, I think it's important. Dr Dobson, who you say here was the Chair of the
8 New Zealand division of the Royal Australia and New Zealand College of Psychiatrists. So
9 we're talking here about -- you mentioned before about professional bodies and the like.

10 **DR SUTHERLAND:** Yes.

11 **CHAIR:** Do you know enough about the hierarchy of psychiatrists to know whether Dr Leeks
12 would have been answerable in a professional capacity to that college?

13 **DR SUTHERLAND:** Look, they must have had rules, they must have had --

14 **CHAIR:** Professional standards.

15 **DR SUTHERLAND:** -- codes of conduct, must have.

16 **CHAIR:** Yes.

17 **DR SUTHERLAND:** I don't know much, and with a bit of luck we'll be able to ask Professor
18 Werry, because Professor Werry was also a senior in this, but Dobson, as I said, he was the
19 Chair or whatever he was of the New Zealand division. And what he said -- do you want
20 me to go on?

21 **CHAIR:** Yes please.

22 **DR SUTHERLAND:** What he said to us, what he said to me at a meeting that we went to in
23 August '77 when all this stuff was brewing, he said that he knew that in '77 and '74 at Lake
24 Alice shocks were administered to children's bodies as quote "Aversion Therapy" unquote.
25 And in fact this was new to us. We hadn't been aware that that's what was happening, or
26 that's how it could be described.

27 Since the Police were already in the middle of their investigation I wrote to the
28 Police, who were investigating these allegations, to tell them that Dobson had told us that
29 during '73 and '74 the children got Aversion Therapy electric shocks. And the Police
30 replied to my letter by saying that "Your letter is acknowledged." So if nothing else they
31 were put on notice that it was being used as Aversion Therapy.

32 **CHAIR:** Did you --

33 **DR SUTHERLAND:** Yet what the difference was between punishment and Aversion Therapy.

34 I mean, you know, smacking a child, you can say it's Aversion Therapy but we've outlawed

1 it, I mean – you understand.

2 **CHAIR:** Well, I'm sure I do. It's just interesting, isn't it, because you wrote to the Police about
3 this.

4 **DR SUTHERLAND:** Yes.

5 **CHAIR:** You talked about Aversion Therapy. Did you have any other contact with the Police?
6 We're still talking about accountability, I've covered the Psychiatry College or College of
7 Psychiatrists. In terms of Police, did you and ACORD have any formal contact with the
8 Police about their inquiries?

9 **DR SUTHERLAND:** No, and we never knew what that '77 inquiry did, but with a bit of luck one
10 of the later witnesses in this hearing will tell us, because we don't know who they
11 interviewed, we don't know who they – how deeply they dug, they certainly didn't come to
12 us, even though we were the ones who laid the original complaint and were in touch with
13 the families.

14 **CHAIR:** Then my last issue that jumped out at me in the course of your evidence was the
15 response of the Government, or at least of the then Minister of Social Welfare, to Sir Guy
16 Powles' report?

17 **DR SUTHERLAND:** Newspaper headlines, he said that Sir Guy had gone off half-cocked.
18 That's what he said, it was an incredibly rude and dismissive response to Sir Guy's very
19 in-depth inquiry. It was a calculated insult and it was meant to be I'm sure.

20 **CHAIR:** Why do you think that might be, if I might ask an obvious question?

21 **DR SUTHERLAND:** Why should Bert Walker think that? Because Bert Walker was sick to
22 death of hearing about Lake Alice, he'd heard about it from us, he criticised me personally
23 when we first told the story of Hake's case, he said that the only person who was doing any
24 harm to the child was Dr Sutherland by making it public. Not that I ever made Hake's
25 name public, but the very fact, that indicated the attitude that the Cabinet Ministers of the
26 day had towards us. Though he did announce an inquiry, and again we don't quite know
27 what went on behind the scenes that led to the inquiry that I think he felt he would have
28 rather not had.

29 **CHAIR:** It concerns me, and I know we're talking history, but it is, as you say, a very important
30 part of our history that this was the Minister of Social Welfare who I believe at that time
31 would have had the guardianship of Hake.

32 **DR SUTHERLAND:** Yeah, he did. They were in lieu of parents. That was why we made the
33 point about them just simply when they had Hake under their supervision just handing him
34 to another government department. Harold Skuse is Hake's social worker, flew him down

1 to Palmerston North, took him to Lake Alice and bugged off. I mean that was the end of
2 it as far as Social Welfare were concerned.

3 **CHAIR:** Handed over to the Department of Health.

4 **DR SUTHERLAND:** Handed over to Leeks. Well, to the Department of Health or whoever was
5 running Leeks' clinic.

6 **CHAIR:** And again, we come back to accountability, don't we.

7 **DR SUTHERLAND:** Absolutely, absolutely. Well, the Department of Social Welfare couldn't
8 say they still were not in lieu of Hake's parents, but were they? I don't know the answer to
9 the question, that if a government department hands over a child to another government
10 department they say "Yeah, we'll take that child and house it and look after it" or whatever
11 they would say. I don't know whether that – whether there's any legal process for that to
12 happen. But there wasn't in that case anyway, he was flown down and waved goodbye.

13 **CHAIR:** That's a very important question for us to be looking into, and we have enough lawyers
14 in the room who I'm sure are going to get to the bottom of it well before we've finished, but
15 thank you very much for raising those really important questions.

16 **DR SUTHERLAND:** That must have happened, you know, to so many of those children. The
17 ones who were in Holdsworth and then were suddenly transferred, or Epuni and were
18 suddenly transferred, they came from everywhere, they came from all those 20 Welfare
19 homes, which were Social Welfare homes, into Lake Alice which was not Social Welfare.

20 **CHAIR:** Yes. Thank you. I'm going to ask my colleagues if they have any other questions.

21 **COMMISSIONER ALOFIVAE:** Thank you, Dr Sutherland, for that very full and
22 thought-provoking evidence, so in terms of all of the material that you and your colleagues,
23 Dr Galbreath and Dr Ludbrook, have provided for us. I want to ask a couple of questions,
24 like I did with Hake, about the extended situation around the context really because in the
25 big scheme of things it comes back actually it was a language issue.

26 **DR SUTHERLAND:** Exactly. Right from the beginning.

27 **CHAIR:** How could that have not been picked up?

28 **DR SUTHERLAND:** But you see he went to – my kids went to Richmond Road School, he went
29 to Richmond Road School, of course they had no Niuean teachers there, not in the '70s,
30 they didn't have any Māori teachers there hardly in the 1970s, but somebody should have
31 realised this boy can't speak English, he can't do his homework, he can't do anything. So
32 we'll treat him as subnormal and he gets into the special units and the special schools and
33 the St John's home for mentally disabled children of all places. It was a language thing,
34 you're absolutely right. And as soon as we got an interpreter then the grandmother

1 understood and Hake understood and then they were horrified what they heard but they
2 understood.

3 **CHAIR:** So the trajectory and the framework and the mindset that was applied was actually fully
4 framed in the Palagi sense in terms of western ideology, let's send him to Hokio because
5 that might fix his behaviour as opposed to actually let's ask a few more questions around
6 the context and the growing neighbourhood that this young person comes from.

7 **DR SUTHERLAND:** Yeah, you know enough to know that it was institutional racism, it was a
8 Pākehā system through and through and through and nothing that Hake did as a Niuean boy
9 mattered, he was treated as a backward – as just another backward kid.

10 **CHAIR:** Thank you for putting those statements on record. Much appreciated.

11 **COMMISSIONER GIBSON:** A question following on from Judge Shaw's, Dr Sutherland. You
12 talked about in the context of accountability, you talked about departmental accountability
13 and you talked about engaging with politicians. What's your sense of where and when
14 political accountability kicks in and what does that look like, what should that be?

15 **DR SUTHERLAND:** What it was in this case, they sort of handed it over to the Police so Frank
16 Gill could say well, look Frank Gill was the Minister of Health, he handed it over to the
17 Police. Bert Walker, Minister of Social Welfare, they all said the Police are investigating,
18 and that investigation ran for months.

19 I don't think there was any accountability taken at the political level. Every attempt
20 was taken to denigrate those of us who were pursuing justice in this particular case and the
21 rights of the child. Is that what you wanted? There was no political accountability, there
22 were no politicians, none of them were interested at all in delving into what might have
23 been going on and what might be going wrong in a government institution, for which they
24 were ultimately responsible.

25 **COMMISSIONER GIBSON:** And what might a political accountability look like for a Minister
26 with a given portfolio?

27 **DR SUTHERLAND:** Well, what we might have liked would be for Bert Walker or for Frank Gill
28 to stick their hand up and say, "We accept, we believe this child and we believe that there is
29 something to be investigated" and they would have the full inquiry that we called for. That
30 would have been accountability; they would have believed the children.

31 **COMMISSIONER GIBSON:** Thank you Oliver, Dr Sutherland. It's my privilege to
32 acknowledge you and also Ross and Robert for the work you've put in over the years. 45
33 years is a long time to wait for justice. But first can I acknowledge the work you did in
34 contributing more than significantly to the closure of the Lake Alice Child and Adolescent

1 Youth – something was achieved, and also acknowledging the three of you and the work of
2 ACORD on institutional racism.

3 **DR SUTHERLAND:** There are others of us here as you know.

4 **CHAIR:** Yes, to all of you as well, the work on institutional racism which was pioneering and
5 should be an inspiration to Tauwiwi in this country to take on board some of this kaupapa
6 and, you know, I think you uncovered something more than that, something perhaps
7 compellingly sinister, and thank you and thank you for persevering and waiting 45 years for
8 something to happen. And we hope we can do something with that, kia ora, thank you.

9 **MS R THOMAS:** Thank you.

10 **CHAIR:** On that note, we invite you to now have a rest for a short time, I know you never stop,
11 but in the meantime this afternoon it's time for afternoon tea. I think if we resume at
12 about – in terms of timing, sorry to do housekeeping all around you, feel free to go. Timing
13 for when we should start again?

14 **MS FINLAYSON-DAVIS:** As I understand it the next witness is waiting to be called, he's
15 appearing from Australia so we can start whenever you see fit, Madam Chair.

16 **CHAIR:** All right, let's give ourselves 15 minutes and we'll come back in 15 minutes, is that all
17 right?

18 **MS FINLAYSON-DAVIS:** Thank you.

19 **Adjournment from 3.19 pm to 3.38 pm**

20 **CHAIR:** Ms Finlayson-Davis.

21 **MS FINLAYSON-DAVIS:** Tēnā koutou e ngā Kaikōmihana o te ra, tēnā koutou o te whare, ko
22 Emma Finlayson-Davis tōku ingoa. The next witness to be called is Tony Sutherland who
23 is appearing, as I indicated earlier, by video link from Australia.

24 **ANTHONY SUTHERLAND**

25 **CHAIR:** Hello.

26 A. Hi.

27 **Q.** That means you can see me so that's a good start.

28 A. Well done.

29 **Q.** How would you like me to refer to you? I see you're Anthony in your brief of evidence, the
30 lawyer's just referred to you as Tony, how would you –

31 A. My mother called me Anthony, I like to be referred to as Tony.

32 **Q.** I'm not your mother so I will refer you to as Tony.

33 A. Thank you so much.

34 **Q.** Let me just give you the affirmation and ask you to agree. Tony, do you solemnly,

1 sincerely, truly declare and affirm that the evidence you'll give before this Commission will
2 be the truth, the whole truth and nothing but the truth?

3 A. I do.

4 **Q.** Thank you. I'll hand you over to Ms Finlayson-Davis.

5 A. Thank you.

6 **QUESTIONING BY MS FINLAYSON-DAVIS:** Good afternoon Mr Sutherland. Before we
7 begin, can I just check that you have somewhere in front of you the statement you prepared
8 for the Commission dated 20 October 2020?

9 A. Yes, I have.

10 **Q.** And just to let you know, Mr Sutherland, that statement has already gone to the
11 Commissioners and they have read it in advance, so today we'll just be taking -- I'll just be
12 taking you to certain parts of that statement.

13 A. Yes, fine, thank you.

14 **Q.** To begin with, Mr Sutherland, just to cover your professional background, you joined the
15 Police in 1965 and you were a Police Officer through until 1979; is that correct?

16 A. That is correct, yes.

17 **Q.** And in the beginning part of the 1970s, you became a Juvenile Crime Prevention Officer?

18 A. Yes.

19 **Q.** And at some point in time that transitioned into a role known as a Youth Aid Officer?

20 A. That's right, I think that was about 1973.

21 **Q.** That new role had a number of different aspects. One of them was to participate in weekly
22 meetings with what was then called the Child Welfare Department?

23 A. Yes.

24 **Q.** And the Māori Affairs Department; is that correct?

25 A. That's right.

26 **Q.** What were the purpose of those meetings?

27 A. All juveniles, people under the age of 17 years who were referred to or apprehended by the
28 Police, a file was prepared, the file came to my desk. Before a decision was made as to the
29 action by the Police, I took that file to a weekly meeting with The Welfare and Māori
30 Affairs, and the child subject to the file was discussed and we, at the end of the meeting,
31 would make a recommendation. I would go back to the station and report that, the written
32 report, to the District Commander who would then make the ultimate decision as to
33 whether the child was prosecuted or otherwise disposed of, the matter was disposed of.

34 **Q.** And another part of your role was perhaps community outreach where you would go out to

1 various schools and talk about the role of a Police Officer; is that correct?

2 A. Yes, trying to lift within the juvenile population the image of the Police and trying to break
3 down barriers that may have been there. Also – [screen frozen].

4 **CHAIR:** I don't know if you can hear us, Tony, but you've frozen on the Zoom. We'll just wait
5 for a moment and see if that's going to come right. We don't have a living human being
6 who's coming forward to assist us. I think we might have to have an adjournment. Sorry
7 everybody, we'll just take a few minutes while we get the technicalities sorted.

8 **Adjournment from 3.44 pm to 3.49 pm**

9 **CHAIR:** Sorry that we lost you, Tony, we're back again.

10 **QUESTIONING BY MS FINLAYSON-DAVIS CONTINUED:** Mr Sutherland, before
11 technology got the better of us, I think I'd asked you about your role going out to speak to
12 various schools in the local area.

13 A. Yes.

14 **Q.** One of those schools was Holdsworth residential school, wasn't it?

15 A. Yes, that is correct.

16 **Q.** You visited Holdsworth a number of times I think in that role; is that correct?

17 A. Yes, a whole series of visits to various classes within the institution, like a classroom
18 situation.

19 **Q.** I think at paragraph 15 you touch on this, but what did you perceive the environment to be
20 like during your visits to Holdsworth?

21 A. It was very much an institution and not a classroom, not a school environment. The
22 children -- I almost perceived that there'd be a prison-type attitude and environment as
23 opposed to a classroom where the students were involved and active.

24 **Q.** Now I want to turn now to a particular conversation that you had on one of these visits to
25 Holdsworth school and you start discussing this from paragraph 17 of your statement,
26 Mr Sutherland. You talk about a conversation you had with Assistant Principal John
27 Drake.

28 A. Yes.

29 **Q.** Can you tell us about that conversation?

30 A. As well as going into the classroom I also spent time with the teachers and/or masters in the
31 various – outside of the classroom, like have morning tea with them or even have lunch
32 with them on occasions. At one stage we were returning back into the school area, the area
33 where the (inaudible) – walking through the foyer with John Drake who I think was the
34 Assistant Principal then, or one of the management of the school, and as we walked through

1 there was a notice board which was behind the glass in the foyer up on the wall of the
2 foyer.

3 That was a list, I asked him, and it was a list of all the students, all of the inmates
4 of Holdsworth. Beside each name there was a number, I don't recall what the range was,
5 but I asked him about was this the list of the inmates, yes, it was, and in the conversation
6 what did the numbers refer to. And he said "Well, that's how the kids know when they're
7 going to be discharged or otherwise." I said, "So what do you mean?" He said, "Well, if
8 they get a certain number of points, when they get a certain number of points they will be
9 sent home or released or move out of Holdsworth."

10 I looked at him and said, "How do you control that? How does that happen, how
11 do they get the points?" He said, "Oh we give them the points as masters and myself as
12 the -- he may have been the principal then -- we award the points or deduct the points as we
13 see fit", and he said, "mysteriously they get the right number of points when they are ready
14 to go." And we both smiled and understood what that meant.

15 I said, "So what about losing points?" And he said, "Yes, well we control that, we
16 allocate minus points if they misbehave." I said, "So if they get the right number of points
17 they can go home and they can see their progress on the board, if they get a negative
18 number of points, a certain number, they don't go home?" He said, "That's right." I said,
19 "So what happens to the kid who goes out the back door, who gets a minus point?" He
20 says, "Then they go to Lake Alice." I looked at him and he said, "Rest assured they come
21 back with a totally different attitude." And that comment stuck in my head. I wanted to
22 talk about that further. And he more or less cut the conversation short and we went off our
23 separate ways. We never developed that second part of the conversation.

24 **Q.** As a result of that conversation, you talk about, I guess, the concerns that left in your mind
25 about what was happening and you go on --

26 **A.** Yes.

27 **Q.** -- to talk about what you did in response to those concerns. I think you --

28 **A.** I -- yes.

29 **Q.** Sorry, you take it from there.

30 **A.** I went back to my office and I thought about it for a couple of days and it worried me in
31 that the Police Department had a procedure if you wanted -- if a person -- if a citizen had to
32 go to a mental hospital there was a procedure you had to follow. But that didn't appear to
33 be consistent with these children out at Holdsworth going to Lake Alice. It worried me.
34 I arranged the matter with -- at the next weekly meeting that I had with the Welfare. Ray

1 Wallace was then – he was the second in charge of the Child Welfare in Whanganui, he
2 was the one who presided – he chaired the weekly meeting.

3 I raised it at the end of our meeting, I raised it with him what I'd seen at
4 Holdsworth, and he pretty well closed me down, again, "I don't want to talk about that here,
5 this is a weekly meeting about juveniles going prosecuted by the Police, it's not about
6 Holdsworth, that's a Welfare matter, I don't want to get involved." This is Ray Wallace
7 talking. Ray and I knew each other pretty well, we'd spent some social time together, but
8 he still wouldn't give me the opportunity to discuss the matter further.

9 Subsequently for some other reason I ended up in Eric Medcalf's office, Eric
10 Medcalf was the District Officer in charge of the Welfare, Child Welfare. I raised it with
11 him that I had observed this at Holdsworth and I was a little concerned about was it a
12 policy, was that what they did, and he also shut me down and said, "Look I don't really get
13 involved with Holdsworth, it's not an area of my concern, can we move on to other things."
14 So we talked of other things.

15 Subsequently I had the opportunity to discuss with my – I had two senior officers
16 in the Whanganui Police Station, Superintendent Brian Dean who was my District
17 Commander, the man I reported to and his second in charge was Inspector John Turner.
18 John Turner and I had had an opportunity to have a discussion and I raised it with him as to
19 what I -- my reservations of what I saw, being what was happening at Holdsworth. And
20 he'd also closed me down again saying that, "We're the Police department, we're interested
21 in offenders, we're not – this is a Child Welfare Department, they'll handle what happens up
22 there."

23 Subsequently I had an opportunity to have a discussion with Superintendent Brian
24 Dean, I raised it with him and expressed my concerns and he also said, "Look, you know,
25 we've got enough to do as a Police Department, let's not get involved with what the Welfare
26 are doing, I'm sure the Welfare and Eric Medcalf are capable of looking after what they
27 do."

28 I came away from all of that pretty frustrated, but with the level of what I'd seen I
29 was disturbed but not – I wasn't motivated enough to escalate it, after having been closed
30 down by those four in authority people.

31 **Q.** So Mr Sutherland, at that stage we've talked generally about it being "concerns", what was
32 your concern that the children were being taken from Holdsworth to a psychiatric unit, did
33 you know anything more than that at that stage?

34 **A.** No, I had no indication of anything else, other than the fact that they were in an institution

1 and I was aware, I was totally aware that the Welfare Department controlled these kids in
2 that environment. The kids didn't have any avenue to appeal, to talk about their problems,
3 they only had the environment they were in.

4 Because I was aware of how (inaudible) went to Lake Alice, went to any mental
5 institution, and as a policeman I'd been involved with that with various people, I mean it
6 was a fairly good system. The system that existed outside of Holdsworth seemed to me to
7 be quite a fair system, and an individual who was involved in that system stood a fairly
8 good chance of having a reasonable hearing before he got to Lake Alice.

9 But it appeared to me that at Holdsworth if you upset a teacher – and there's
10 another little aspect of that – but if you upset a teacher he could give you a negative points
11 system and that teacher could actually get a child to go to Lake Alice. And that didn't
12 appear to me – and we're talking of 8-, 10-, 11-year-old kids, we're not talking of adults,
13 we're not talking of people who have got a voice. And that wasn't the system that I wanted
14 to be part of.

15 **Q.** Perhaps just going back a little. This conversation, or these series of conversations you
16 had, can you help orientate us with what year that might have been?

17 **A.** I think I was made the Youth Aid Officer about '73 and it would have been subsequent to
18 that, may have been '73, '74, '75, I don't have any paperwork or any record of that.

19 **Q.** Certainly. The attitude that you got when you raised it on these four separate occasions, did
20 that surprise you?

21 **A.** Yes, from the Welfare Department it surprised me, but perhaps I can explain why I was so
22 concerned, was that I had identified a master who was at Holdsworth who I had some
23 reservations about, his behaviour. And I had raised that previously with Ray Wallace and
24 with Superintendent Brian Dean, and as a result the Welfare instigated from Wellington
25 Head Office an investigator who came to Holdsworth, investigated what I suspected and the
26 master was, I understand, transferred out of Holdsworth.

27 That was almost an immediate response within a couple of days of me raising my
28 reservations through Brian Dean, and then he raised it back at the Head Office and then at
29 the Welfare Head Office, that was an immediate reaction. Now if that same master had
30 been able to control these kids with his negative points, heaven alone knows where that
31 could have gone. That master was a paedophile.

32 **Q.** So in terms of that, you're contrasting the immediate response with that other issue, which
33 we –

34 **A.** Yes.

1 **Q.** – perhaps will leave there with the response you got when you raised the transfer of
2 children?

3 **A.** This issue, yes.

4 **Q.** You say in your statement, Mr Sutherland, that you didn't know about the electric shocks
5 being given at Lake Alice or that that was part of the treatment there. If you had known at
6 the time, and I appreciate this is a hypothetical question, if you'd known that that was
7 occurring, would your response have changed in any way to hearing of that?

8 **A.** Yes, I would have pursued it and I wouldn't have been shut down. I had another avenue, if
9 you like, being a Youth Aid Officer, the Youth Aid Section had its own national division
10 within the Police and we had our own officer in charge who was at Police headquarters. If
11 I'd known of the shock treatment I would have escalated it first to John Turner, then with
12 Brian Dean, and if I hadn't got a response I would have involved the CIB, and if I got no
13 response I would have escalated it myself until I found out the – how it could be justified,
14 how it could be rationalised.

15 To me – I use – in my statement I use the word "shocking", which is an
16 unfortunate term in the context of what it's all about, but to me that's horrendous that we
17 take a 10-year-old kid and give him electric shocks. But I didn't know that, I didn't know of
18 that shock treatment until subsequently.

19 **Q.** Was that, if you like, once you were shut down following your attempts to raise concerns,
20 was that the end, as far as you knew it, of the matter, for your personal involvement at
21 least?

22 **A.** Yes, subsequently I've been reminded of a hearing that happened that GRO-C
23 subsequently, for some reason I thought, I understand took action, civil action against one
24 of the GRO-C and –

25 **Q.** Right, I might just –

26 **A.** – and that was the time that I was involved.

27 **Q.** Certainly. In terms of raising any further concerns, though, that was the end of your
28 involvement?

29 **A.** Within the Police Department, yes, yeah.

30 **Q.** Thank you Mr Sutherland, I'll ask you just to remain there in case the Commissioners have
31 any questions for you.

32 **A.** Yeah.

33 **CHAIR:** Tony, can I just – you've raised a very interesting area for me. And that is, and I know
34 we're talking back in the '70s, but I'm interested in the relationship or the culture of the

1 relationship between the Police and what we all called the Welfare back then in those days.
2 It seems to me that from what you've told us here that the, at least the senior police officers
3 who you spoke to, had the feeling that Police was Police and Welfare was Welfare and you
4 didn't get involved across the board. Is that a fair summary of the situation?

5 A. I think it was very divisional: Police Department on their side of the fence, Welfare on the
6 other and the Police Department was having enough problem coping with the Youth Aid
7 Section as being a whole new approach to juveniles and doing something other than just
8 taking them before the courts. And we – I was a bit of the meat in the sandwich, I think,
9 and we had to forge our own way ahead and I'm only a constable and the other – the
10 hierarchy is there around you.

11 I was a bit of a go-between and I had very good rapport with initially Eric
12 Medcalf, because he chaired the weekly meetings, and secondly with Ray Wallace, and as
13 I say, the relationship with Ray Wallace was a personal one as well. But the Police
14 Department as a whole operated out of the Police Station and the Welfare operated out of
15 their office. And there wasn't a lot of – in terms of community involved there – much
16 discussion about that at that level, I saw, I didn't see.

17 Q. I think you are right, you were forging ahead, it was a new and important social initiative,
18 wasn't it, for the Police to have the Youth Aid officers engaging with the community and
19 facilitating, trying to keep children away from the justice system?

20 A. Exactly, that was what we were about. And that's where the talking with schools was, so
21 we had a better rapport with the kids.

22 Q. And that's where the rub was between you and the Welfare Department, wasn't it, because
23 you inevitably came up against each other or had to work side by side sometimes with the
24 same children?

25 A. Yes, that's why we had the weekly conferences was to try and not have the confrontation
26 and I think that we reduced the prosecution rate very substantially.

27 Q. Yes.

28 A. And those kids got dealt with differently and I think positively.

29 Q. Thank you for that. My colleague, I've stirred up something for my colleague Sandra
30 Aloffivae, she'd like to ask you a question.

31 **COMMISSIONER ALOFIVAE:** Good afternoon, Mr Sutherland. Thank you for letting us
32 know that the prosecution rates have gone down. My question is really around, we've heard
33 a lot of evidence both in our private sessions and also hearing our public hearings that
34 young people were getting picked up for things like stealing chocolate bars.

- 1 A. I'm sorry?
- 2 **Q.** Young people were being brought before the Youth Court –
- 3 A. Yes.
- 4 **Q.** – for things –
- 5 A. Juvenile.
- 6 **Q.** – for things like stealing chocolate bars, so things that today we would consider completely
7 minor misdemeanors, if that.
- 8 A. I don't know what's going on in New Zealand now, but certainly back then a decision made
9 by a juvenile – not a juvenile, a young constable only recently made a constable at 19 could
10 end up with a child being in court. Whereas by bringing in the Youth Aid Section and the
11 system, that kid would end up with a warning and go a different way and not end up in
12 court. It really was a very positive move and – but we had to argue against policemen who
13 had been policemen for 40 years and "Put the buggers before the court", that's all you did.
14 And that was your part done then, if you put the matter before the court that was the
15 judicial system. And that was the environment that I found the Youth Aid Officer was
16 working within.
- 17 **Q.** Thank you, I think the philosophy behind the Youth Aid division is something that should
18 certainly be supported and we understand that, but even back then in the '70s in your day,
19 this is the some of the material that we're hearing, and –
- 20 A. Yes.
- 21 **Q.** – it's quite concerning, I suppose, around attitudes of the times that children could be put
22 into care for things so minor. I guess I'm just wanting to understand really from your
23 perspective now that you're able to reflect quite frankly where that was heading back in the
24 '70s and into the '80s?
- 25 A. From my point of view I saw – initially when I was made the Juvenile Crime Prevention
26 Officer that was a shared role with court orderly. So not only did I have the kids coming up
27 on one half of my desk as a juvenile crime offender, but then the next – if he was
28 prosecuted, as initially he automatically was, I would see him in the court, and then you
29 saw that kid up the street, that child up the street walking the street when I was on patrol or
30 whatever and he was aggressive.
- 31 Go back to six months later, eight months, 12 months later when we had the
32 conferences organised and I was doing Youth Aid, we would deal with the child, I would
33 visit his parents before I had the conference at Welfare, I would assemble all of the facts of
34 the file, I would take the file then to Welfare, I would get the input from the Welfare people

1 if they knew him and knew the family, or – and if the child was a Māori boy – if the child
2 was a Māori person the input from the Māori Affairs officer who was at the conference,
3 very worthwhile and totally positive outcome. We would then formulate what we thought
4 the best way to handle this kid going forward as opposed to punishing him for what he did.
5 We weren't so interested in punishing him, we were interested in making sure that he went
6 on a better path going forward.

7 And that system worked. I would then meet that child perhaps in a classroom or
8 walking up the street and he was a positive kid. He – most of them, I mean there were
9 some ratbags, of course there was – but most of them benefitted by the opportunity and you
10 would give them one or two opportunities and then after a while would decide he's not
11 benefitting, he needs to get a lesson somehow. But the whole role of Youth Aid broke
12 down in the Police Department this "prosecute them" attitude, I believe.

13 **Q.** Thank you very much Mr Sutherland.

14 **CHAIR:** You've painted a very fine – or given a fine model of how to deal with young people and
15 it's a great pity that many of the people who were children when they were taken into care
16 didn't come into your benign presence and they might have come out rather differently.

17 Tony, can I thank you most sincerely for making yourself available through the
18 Zoom, the magic of Zoom, and to thank you very much for a very important insight into
19 what was happening back there in 1973. I also want to thank you for raising it, you know,
20 you had the courage to raise it at the time, the fact that you didn't get any traction I think is
21 no fault of yours, but is something that we're looking into in terms of accountability for
22 allowing things to happen. So many thanks to you and for engaging with the Royal
23 Commission.

24 **A.** Thank you, thank you for the opportunity.

25 **Q.** You are most welcome. Goodbye.

26 **A.** Bye.

27 **MS FINLAYSON-DAVIS:** Thank you. The next segment of evidence relates to the efforts of
28 Craig Jackson. As we are all hearing, there were a number of people that raised concerns
29 or made complaints during the 1970s about the operation of the Lake Alice Child and
30 Adolescent Unit. We've heard today from Oliver Sutherland, Ross Galbreath and of course
31 just most recently Tony Sutherland of their efforts.

32 We also heard from Oliver Sutherland about some of Craig Jackson's efforts. Craig
33 Jackson was an acting district educational psychologist for the Department of Education.
34 He visited the Lake Alice school approximately once a month between 1972 and 1974 in a

1 consultative role. He worked with the principal and the staff to advise on programmes and
2 on the educational needs of the students.

3 You will hear that during the 1970s Mr Jackson tried on a number of occasions and
4 through a number of different government departments to raise concerns and to advocate
5 for an inquiry or an investigation into what was going on in the unit.

6 You will also hear that Mr Jackson's boss, Don Brown, who was Acting Chief
7 Educational Psychologist at the time, also intervened. Both Mr Jackson and Mr Brown
8 have passed away and are not able to give this evidence themselves. Their efforts have
9 been collated into a timeline which will be played now and I will narrate for accessibility
10 purposes.

11 I should note that the source documents for each event on the timeline have been
12 obtained by the Commission pursuant to section 20 notices. Their contents have been
13 summarised in the interests of time, however the full documents are available of course for
14 a review. Thank you Lucas.

15 **CRAIG JACKSON - (video played)**

16 **MS FINLAYSON-DAVIS:** So in September or October 1974 educational psychologist Craig
17 Jackson informs Acting Chief Psychologist, Don Brown, that he has no direct knowledge
18 that improper use was being made of ECT. However, he was aware, through discussions
19 with the principal of Lake Alice school, that ECT was being used in what appeared to be a
20 punitive fashion at the Lake Alice Child and Adolescent Unit.

21 As a result of that conversation, on 6 November 1974 Don Brown acting on
22 instructions from Head Office Department of Education met with Lake Alice Medical
23 Superintendent Dr Sidney Pugmire.

24 Following that meeting on 11 November 1974, Dr Pugmire writes to Don Brown.
25 He says he has investigated the unit's therapeutic techniques and found that the anxieties of
26 the educational psychologists were completely unfounded. However, to avoid confusion,
27 the nursing staff had been completely changed, including the charge nurse. Further, he
28 advised that Dr Selwyn Leeks agreed to discontinue the use of – it is noted as
29 "electrotonus", but we believe this should be a reference to "ectonus" – to discontinue the
30 use of ectonus and to always give an anaesthetic before ECT treatment.

31 Don Brown responds to that letter on 14 November 1974 thanking Dr Pugmire for
32 his assurances and advising that he would pass on the information to the psychologists
33 concerned.

34 15 December 1976, we have a letter from Craig Jackson to Rod Sinclair, the Chief

1 Educational Psychologist at that stage, following media suggestions of an inquiry into the
2 unit – this is the reference to what would become the Mitchell Inquiry – Mr Jackson tells
3 Mr Sinclair about his conversation in 1974 with Don Brown regarding the alleged misuse
4 of ECT in the unit.

5 Rod Sinclair writes back to Craig Jackson two days later on 17 December 1976.
6 Rod Sinclair tells Craig Jackson he was to take no part in any inquiry into the allegations,
7 or to make any statement to the media. Rod Sinclair said he considered the matter an issue
8 for the Health Department.

9 7 January 1977, Craig Jackson writes to the Director of Mental Health Dr Stanley
10 Mirams. Now this is the letter that Oliver Sutherland read out for us earlier in his evidence
11 where Craig Jackson set out three points he was concerned about in relation to the use of
12 ECT in the unit. He goes on to suggest that any future inquiry should look at ECT use on
13 children.

14 26 January Dr Mirams writes back to Craig Jackson dismissing his concerns, saying
15 that he had not seen any specific evidence of ECT being given in breach of medical rules.

16 Craig Jackson responds to that letter to Dr Mirams on 15 February that year and
17 says that his concerns were based on his professional experience, saying motivations
18 underlying the punitive as opposed to therapeutic use of ECT may betray a reality more
19 disturbing than the disturbing realities of mental illness itself.

20 12 May that year, Craig Jackson prepares a media statement which he provides to
21 the media and to the Department of Health describing again his concerns with ECT use in
22 the unit.

23 And later that month he writes to Dr Ronald Barker, then the Deputy
24 Director-General of Health, noting that his statement about Lake Alice had not received
25 proper consideration by the Department of Health.

26 8 June 1977, this is a letter between Dr Pugmire and Dr Mirams. Dr Pugmire is
27 responding to an inquiry Dr Mirams has made about Craig Jackson's involvement with the
28 unit. Dr Pugmire said Craig Jackson was very friendly with the Lake Alice school
29 principal, that he visited the unit on Mondays, he did not have access to clinical files and
30 had not attended unit group sessions.

31 13 June 1977, Craig Jackson's solicitors write to the Mental Health District
32 Inspector – we've heard Dr Sutherland talk about this process. Gordon Vial was instructed
33 to investigate some complaints and Craig Jackson's solicitors ask Gordon Vial to consider
34 Craig Jackson's statement.

1 14 July 1977, Craig Jackson writes to Jonathan Hunt, the Labour spokesperson for
2 Health, and he provides Jonathan Hunt with his statement regarding his concerns about the
3 unit.

4 28 July 1977, Craig Jackson is made aware of the Police investigation, so he writes
5 to Detective Rod Butler who was heading up that investigation, offering his assistance to
6 the Police investigation, saying that he was prepared to stand by the claims he had made in
7 his statement.

8 The following day, 29 July, Detective Butler acknowledges Craig Jackson's letter
9 which he says has been added to his file to be sent to the Police Commissioner for
10 consideration.

11 4 October 1977, Craig Jackson writes to Police Commissioner Ken Burnside, noting
12 that he had not been approached for further information about his concerns and again
13 indicating he was happy to be interviewed by Police to provide more details.

14 10 October, Police Commissioner Ken Burnside writes back to Craig Jackson
15 saying that a decision on the outcome of the Police investigation was yet to be made.

16 We jump forward now 20 years and on 31 March 1999 Craig Jackson prepares an
17 affidavit for lawyer Grant Cameron confirming his views as expressed in the 1970s, saying
18 it was his impression, despite the complaints he raised at the time, that nothing was done to
19 cease the irregular use of ECT allegedly as punishment in the unit.

20 I believe that's the last entry on that timeline. Now looking at the time, Madam
21 Chair, there is one further audio-visual – a visual clip that we could play at this stage. What
22 it shows is a helpful location graphic to place Lake Alice and where it is situated in the
23 North Island.

24 Following that, though, there is moving footage of the hospital taken in 1977.
25 We're not sure that has been made public before and the content may be somewhat
26 evocative or triggering for those members of the public in the back of the hearing space. So
27 I signal that in advance for people to consider. But it shows sort of a car ride through the
28 hospital as it then was in 1977.

29 With your agreement we could play that clip now. It's approximately two to three
30 minutes in length.

31 **CHAIR:** Thank you for the warning. And I'm conscious that we have people both in the room
32 and watching from afar who may be triggered by these views, so I'm just reiterating that we
33 will see it, we will listen to it or view it, but if you feel that this is something that's going to
34 be difficult for you we wouldn't have any objection or no problem with you leaving the

1 room and looking after yourself and taking advantage of our welfare people if you need.

2 So I think with that fair warning, we should play it. Is it ready to go now?

3 (Video played)

4 **MS FINLAYSON-DAVIS:** Thank you Madam Chair. That concludes the evidence for today.

5 **CHAIR:** Thank you. So we'll invite our kaikarakia.

6 **Hearing closes with waiata and karakia tīmatanga by Ngāti Whātua Ōrākei**

7 **Hearing adjourned at 4.34 pm to Tuesday, 15 June 2021 at 10 am**