

Witness Name: Gloria Barr
Statement No: [WITN0118001]
Dated: 25-09-2020

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

FIRST WITNESS STATEMENT OF GLORIA BARR

I, Gloria Barr, will say as follows: -

1. In 1976 or 1977 I began work as a Hospital Aide at Lake Alice Hospital near Marton. My shifts were four days on and two days off, which meant I worked a lot of shifts over the weekend. Of the four days I worked, the first two days were 8am – 8pm and the second two were 7am – 4pm. Every six weeks I did a four day stretch of night shift, 8pm – 8am.
2. I earned good money due to being paid shift and weekend allowances and overtime rates.

Lake Alice Geriatric Villa

3. When I started at Lake Alice, I was rostered into Villa 19. Villa 19 was a mainly geriatric villa for men and women with dementia, but with some younger chronic long-term psychiatric patients as well.
4. My job involved a wide range of tasks. I looked after all the medicated patients who routinely sat in the dayroom and I helped them with their personal care needs such as trimming nails, shampooing and setting some of the ladies hair in rollers, then combing and styling it nicely when it was dry and doing the odd perm for some patients. I escorted patients to doctor's appointments within the hospital or to outside hospitals or to any sports or entertainment in the Community Hall.
5. I supervised the bathing, showering and toileting of patients, did laundry, gave patients morning and afternoon tea and fed those unable to feed themselves. The work could be very challenging at times, I often had to remove clothing from

- patients that was heavily stained in human waste, wash the patients down and dress them in fresh clothes. There were no incontinent pads back then.
6. There were usually about five to six hospital aides like me rostered to Villa 19 at any one time and we usually worked in pairs. I worked with a man called Phil Firmin quite a bit and found him to be very good and kind in how he interacted with the very vulnerable patients. My motto was, treat all the patients as you would treat your mother, and Phil was of the same mind. Unfortunately, the same couldn't be said of all the staff.
 7. After a lengthy stint in Villa 19, I was rostered on Villa 5 for a while. This villa was kept in a poor condition and stank of human waste, disinfectant, and death. It was disgusting. Most of the older male patients were incontinent and most suffered from dementia of some sort or tended to have weird and unsettling obsessions.
 8. Night shift was the worst. We would do two ward rounds during the night and most of these men, who only had pyjama tops on, would wet their beds. We hospital aides had to wake them up one by one and get them out of their bed to change the sheets and pyjama tops.
 9. There were several deaths there during my stint in the Geriatric Villa. I think I discovered at least one of them. I helped another nurse give a deceased man a bed wash, put clean clothes on him, and most importantly, a toe tag tied to the big toe denoting the dead person's name and personal details. A doctor would be called to ascertain death and issue the right paperwork and then the undertaker would come and remove the body. As far as I could tell all the deaths I was aware of were the result of natural causes and at no time was I suspicious the deaths had been caused by neglect or foul play.
 10. I do have positive memories of some aspects of working in Villa 19, particularly the activities we involved the patients in. We kept many patients occupied making items such as woolen sheepskin slippers and we used to run a 'sing song dance' every Wednesday night at about 5.30pm for an hour in the big Villa 19 dayroom. A couple of other staff members would play guitar or banjo and we'd all be singing, whilst encouraging the patients from all over the hospital to sing and dance with us. It was really enjoyable for staff and patients.
 11. One year the Occupational Therapy staff decided that we should have a big gala and open day at the hospital. So, between us we organised this huge event. We roped in the military for use of their marquees and tarpaulins and for static

displays. We had all the usual attractions of a gala day including helicopter rides, but on a grand scale. Phil Firmin was willing to organize a hangi which he was very skilled at. He used one of the hospital trucks to get a truckload of volcanic hangi stones from Tangiwai and enlisted a bulldozer from somewhere to dig this huge hangi pit for dozens and dozens of hangi baskets laden with lamb, pork, chickens, potatoes, kumara, pumpkin, cabbage, stuffing and steamed puddings. There were 9,000 people who came to our Gala/Open Day, and a good many of them had some hangi food. It was a massive undertaking. Phil had a huge team of helpers who each had their role, and it was impressive and a great success.

12. The hospital hierarchy agreed to open certain villas for public tours, because this was a good public relations move to inform the public a bit about psychiatric hospitals and probably dispel a few myths about life inside the hospital. The public got to see the conditions that Lake Alice patients lived in and how they were cared for in terms of housing, facilities, meals and recreation. They would have observed a lot of the patients wandering around the gala day quite openly. For those of the public who had no idea what the inside of a psychiatric hospital looked like, any pre-conceived perceptions would have been aligned with the actual reality.

Lake Alice Acute Villa

13. I worked for a period in the acute villa, Villa 6. This was where people went who were temporarily unwell with depression or other psychotic or psychiatric disorders, maybe for weeks or months, but were expected to recover. Quite a few of these patients who were very deeply depressed received Electro Convulsive Therapy (ECT) which meant being zapped with electricity through the brain. It caused a sort of temporary amnesia which evidently helped most patients to climb out of their depression.
14. I witnessed ECT a couple of times on adults. Patients were always administered a general anaesthetic, had their ECT, then went into a recovery room just like after a surgical operation. All the staff were registered staff, responsible for the care and wellbeing of these patients. The aides like myself did all the work that didn't require medical training. It was very professional.

15. Villa 6 was where ECT was usually given to patients in Lake Alice. The ECT was equipped with the necessary equipment such as oxygen machines and it had rooms for the patients to recover in.
16. I can recall working with the Lake Alice Superintendent, Dr Sidney Pugmire. I found him to be low key and quite relaxed, sometimes too relaxed. There was one incident where I had to escort a female patient to a meeting with Dr Pugmire in Villa 6. Dr Pugmire was leaning on the windowsill and started speaking with the patient who was standing next to a wardrobe in the room. There was a safety pin hanging on the wardrobe handle that the patient grabbed suddenly and went to start stabbing herself. I grabbed her and she responded by sinking her teeth into the top of my arm causing a large bruise. Dr Pugmire just stood there watching this unfold until I eventually managed to calm the patient down.

Experiences with Lake Alice staff

17. Theft by staff from the hospital was rampant. If a villa got nice new coloured towels, they would vanish overnight. If the patients were issued with nice new shirts or woolen jerseys, most of those would vanish into thin air. And it wasn't only clothes and nice towels, new curtains from the small villas, or armchairs, or other furniture that didn't look to hospital-like. All the fridges and freezers in the various kitchens would have to be padlocked shut so that food couldn't be pilfered. Bulk foods like tins of coffee, tinned fruit, or toilet paper. In fact, all commodities were fair game.
18. I think there was a culture among staff, particularly the catering, cleaning and artisan staff, thinking they had a God given right to take what they wanted, treating the hospital as their very own supply depot.
19. Staff used to go to the Staff Quarters for meals, which was across a playing field on the far side of the hospital grounds. There was a hot main meal and dessert in the middle of the day and a selection of dishes at teatime if you were working until 8pm. The food was of excellent quality and was dirt cheap. Mealtimes were only half an hour.
20. The Staff Quarters provided accommodation for nurses, people coming for events like block courses, or staff whose marriage had busted up and needed somewhere to stay temporarily. We nurse aides were rostered on to Staff Quarters one at a time. Our role was to check new guests in or out and generally

act as security, making sure wandering patients didn't come in. It was a very boring job, so much so that I took my sewing machine in and would catch up on any sewing or mending that needed doing, keeping an eye out for any visits from the hierarchy. I think they would have frowned on me doing personal sewing.

Lake Alice Child and Adolescent Unit

21. During 1976 and 1977 I was assigned to work for a few months in the Lake Alice Child and Adolescent Unit in Villa 7. The boys slept in Villa 7 and the girls were in Villa 6. The outside doors were always locked, so kids could not just walk out the exterior doors. Obviously, many internal doors remained locked at all times as well to prevent kids nipping off for any reason, to self-harm, maybe snog or have sex if it was during the day when the girls were there too, or even to just be alone.
22. There were two dormitories upstairs in Villa 7. There was a couple of lockup rooms at the end of the big day room downstairs and there were lockup rooms upstairs as well. If anyone played up, they would be put in one of those lockup rooms pronto.
23. I'm pretty sure there was no bed in the lockup rooms, just a hospital mattress, a barred window and a locked door with a small wire reinforced windowpane in the door in order for staff, or anyone to check on who was locked up. I cannot recall the periods of time patients would be placed in the lockup rooms.
24. There was a school on hospital grounds that most of the kids attended each day, escorted by a couple of us hospital aides. The schoolroom was a standard fibrolite prefab classroom building. It was located alone across the big grassed area between the groups of front villas and the administration block. The kids appeared to be well behaved in the classroom, but that may have been because they were on medication.
25. There were two different teachers, one a young female, whose names I cannot recall. I was very impressed by how the teachers treated the kids. It was just like any normal classroom, except the kids were all very well behaved and polite to the teacher. I recall the young female teacher being polite, respectful yet firm, kindly and using humour to convey her message. I would say that school was a peaceful time for the kids. There were a couple of us hospital aides sitting

amongst the kids and we were able to help with any work the kids were doing if needed.

26. All staff who worked in the Adolescent unit could wear civvies (normal street clothes) to work so as not to make it look so institutionalised.
27. Some of the staff I can recall working with were Nurse Aide Denis Hesseltine, who was very kind and Nurse Sandra Holmes who was lovely towards patients. I like to think I was kind to patients as well, but the atmosphere in general could often be hostile and confrontational, and these fragile human beings often had no respite from this atmosphere.
28. I also remember Charlie McCarthy, but I'm not certain whether he was a registered nurse or not. Being part Maori, he was part of the Maori staff fraternity at Lake Alice. Charlie was a pleasant guy though, and friendly enough. I only observed him being ok and respectful to the patients and people in general.
29. There were other staff I found weren't very kind to patients. There was Nurse Wayne Russell who was very austere and Nurse GRO-C who didn't appear to show a lot of compassion or warmth. It was a hard job so perhaps that explains how they acted.
30. Another nurse in the Unit was Howard Laurence. He only worked night shift as far as I recall. I saw him as a man who was pre-occupied with his own world, and merely came and worked nights to babysit the patients in Villa 7 as a means of earning reasonable money for little effort. I don't think I ever saw him engage with any of the boys in a kindly manner. It's not that he treated them badly as such that I witnessed, but that he pretty much ignored them on a personal level unless he had to interact, say with giving medication. I think he pretty much ignored the likes of me as well. I don't ever recall interacting with him at during any change of shifts when I finished at 8pm, and he started his night shift at 8pm.
31. Bruce Shears was another night shift worker. In my opinion, he only did the job to earn reasonable money for little effort or responsibility, as the patients were mainly asleep on his watch. He wasn't warm towards the adolescents in Villa 7 and I don't recall having any conversations with him about anything. By what I could see, people who did permanent night shifts only did so because they didn't have to be involved in any planning to do with patients' daytime activities, or deal with the myriad of things that cropped up during the day that staff were responsible to do and follow up on.

32. The Unit's Psychologist Victor Soeterik is another person I remember. He seemed to be in the Unit a lot of the time, at least a couple of days a week. He was very serious and ran the group therapy sessions in the Villa's big day room. For the sessions, the chairs would be set up in a big circle and I think all the patients would be present. I only attended two or three of these sessions. In general, it seemed to me that kids mainly doxxed each other in for something that they shouldn't have been doing, like having a sneaky cigarette, or blaming each other for things like bullying amongst the patients.
33. I do recall thinking at the time that all of these kids would have gained more benefit from any therapy or counselling if it was done in private, one on one and in a respectful and dignified way. With group therapy, there was the danger of recriminations from other kids for anything that was divulged in the group setting. In fact, in my opinion, the whole concept of lumping all these maladjusted teenagers together was a recipe for disaster and they weren't in a setting where they could be shown loving kindness. The likes of Dennis Hesstletine and Sandra Holmes treated the kids in a kindly and respectful manner, and I like to think I did as well. But the atmosphere in general could often be hostile and confrontational, and these fragile human beings often had no respite from this atmosphere.
34. I can't honestly recall whether the patients said anything about the ECT or paraldehyde they received in the Unit to Victor Soeterik, as I was only in the company of both Vic, Dr Selwyn Leeks and the patients in a handful of group therapy sessions. Speaking out could have earned the patient who complained a further dose of punishment, veiled as treatment for their condition. The kids were petrified of being taken upstairs for ECT or a paraldehyde injection, and often seemed unsure whether they'd be singled out for such treatment.
35. I remember the head of the Adolescent Unit, Dr Selwyn Leeks, as not being an approachable person. He basically ignored me. He used to come into the Adolescent Unit while the kids were having group therapy. I think he also had one on one sessions with some of the patients. The kids were fearful of Dr Leeks and I believe the fear stemmed from Dr Leeks' use of ECT on them without anaesthetic.
36. Unfortunately, during my time in this Villa, some kids were given ECT without anaesthetic. It was sometimes given as a punishment. I believe giving ECT

without an anesthetic is tantamount to assault. The kids were terrified of being zapped through their head while being fully conscious.

37. I was involved in one incident involving a young boy around the age of 12 in the Adolescent Unit in Villa 7. The boy had been soiling his pants when he got stressed. On one occasion when this was discovered, Dr Leeks told us to take him upstairs into the dormitory to receive ECT. I can't recall who escorted the boy up to the room, but it could have been nurse Wanye Russell. The boy was absolutely petrified, the expression on his face was one of sheer terror as he was marched upstairs.
38. The boy was trembling and afraid. We put him on the bed next to the ECT machine which Dr Leeks stood next to. Dr Leeks told me and the other staff to hold the boy's limbs because when a child gets ECT, their body jerks. It is sort of like a real jerk motion and knees, ankles, hips, wrists, shoulders, elbows can be dislocated as a result. The jolt is more severe than when someone has paddles applied to their body to restart their heart.
39. Electrodes were put on the boy's head. At this point he was absolutely petrified, almost catatonic. I wasn't entirely sure what was going to happen but ended up witnessing for the first time a patient getting ECT without anaesthetic. It was terrible to watch.
40. During the short time of preparation for unmodified ECT, the boy was on the bed, on his back, with several of us holding his joints so they didn't dislocate when he got zapped. Dr Leeks administered the ECT. The boy was rendered immediately unconscious and his body was left twitching for a wee while. I do not know whether he had any recollection of having had unmodified ECT or whether there were any physical or psychological consequences.
41. I never saw the boy give consent for the ECT and do not recall there being any discussion of any clinical reason for him needing to receive ECT. I believed the ECT was given as punishment as it came immediately after the boy was discovered to have soiled his pants.
42. It was common knowledge among the staff in the Unit that ECT was given as punishment. The kids knew this as well. Whenever a patient was taken upstairs the rest knew what was going to happen. It was awful.
43. Patients were also given paraldehyde injections as punishments for misbehavior while at the hospital. This rendered them zombies for days, giving them a particular chemical smell, which took days to be excreted from their

bodies through the skin, kidneys and lungs. It was hideous. I can recall one incident where I witnessed a boy get a jab in the corridor between the dayroom and the Charge Nurse's room.

44. I used to cry inside seeing these poor screwed up young people. I had three boys myself at that stage and couldn't imagine my sons having to endure the lives that these kids had, and the treatments given to them.
45. I did hear of sexual assaults amongst the adolescents themselves, but this was hearsay. All the boys slept in two open dormitories end on end, with a nurses station in the middle, so a lot of the boys were very vulnerable to any sort of assault including sexual attacks from other patients. Some of the boys had been involved in sexual assaults prior to coming to Lake Alice hospital.
46. I used to think that what most of these kids, of about 13 to 18 years of age needed, was a loving mum and maybe dad, a safe stable life, and not be in an institution like this. A lot of the patients had been in foster homes or had parents in jail. Prior to arriving in the hospital, a lot of them had been traumatised and horribly abused mentally, physically, sexually abused and neglected. Those experiences had changed their personalities and how they viewed and treated themselves and other human beings.
47. I never thought these teenagers were treated respectfully. They didn't seem to have people formally advocating for them and I'm sure that if their parents and caregivers knew what went on there, they would never agree to have them stay.
48. I have to say that a lot of the registered staff seemed unmoved and detached by the plight of these vulnerable young people, who were all herded together in a most hostile environment. Some of these young people were severely disturbed, and a lot of the kids were scared stiff of some of the other kids. They also used to dob each other in for any perceived infractions like sneaking a smoke or breaking some other rule.
49. While working at Lake Alice, I never complained about what I saw regarding the use of paraldehyde. Not being a registered psychiatric nurse, I was unsure of the appropriateness of using paraldehyde to subdue an adolescent for several days. I just assumed the registered staff and doctors knew what they were doing. Also, because most of these teenagers had suffered horrific abuses of all sorts prior to entering Lake Alice, I was in no professional position to question the doctors' methodology. Although I did not feel comfortable with a teenager being zonked out like that for so long by being given a paraldehyde injection, I

would have assumed that this was part of their protocols. If I was in the same position now, I would have talked to someone about my observations. I'm not sure who I would have spoken to though, probably no one who was on the staff at Lake Alice, as they would have closed ranks for sure, in my opinion. These days, I would possibly talk to a human rights lawyer first, to discuss my best options for being a whistle blower.

50. Regarding my concern about the ECT session with the boy I have described, I quite possibly discussed this with Sandra Holmes or Dennis Hesseltine, or another kindly staff member. That was my unease at how a boy of around 13 called was given unmodified ECT just for pooing his pants, which he did from terror as I recall. Maybe using ECT for him losing control of his bowel in fright may have been an appropriate treatment, but not, I repeat not, unmodified ECT. He should have been given a general anaesthetic as the patients were given in Villa 6, the Acute Villa.
51. I believe it is important former staff members of the Adolescent Unit speak out about what they witnessed there as it was not right.

Statement of Truth

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed

GRO-C

Dated: 25th Sept 2020

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