

**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

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for the Crown
Mrs Frances Joychild QC, Ms Alana Thomas and Tracey Hu
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Ms Susan Hughes QC for Mr Malcolm Burgess and Mr
Lawrence Reid
Mr Michael Heron QC for Dr Janice Wilson
Ms Frances Everard for the New Zealand Human Rights
Commission
Mr Hayden Rattray for Mr Selwyn Leeks
Mr Eric Forster for Victor Soeterik
Mr Lester Cordwell for Mr Brian Stabb and Ms Gloria Barr
Mr Scott Brickell for Denis Hesseltine
Ms Anita Miller for the Medical Council

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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1 **BRUCE ROBERT GIBSON, VICTOR KENNETH BOYD, MICHAEL VICTOR FERRISS**

2 **CHAIR:** Thank you, Ms Green. Before we do that I'll just welcome you three gentlemen. I take
3 it each of you is going to speak, is that right?

4 **MR GIBSON:** Correct.

5 **CHAIR:** On that basis I'll get you -- I don't know if you were at the hearing the other day when
6 I asked two gentlemen to do it and they thought they were getting married so I don't want
7 you to be under any allusions about this. I'm just asking if each of you would follow the
8 affirmation. Do each of you solemnly, sincerely and truly declare and affirm that the
9 evidence you'll give before this Commission will be the truth the whole truth and nothing
10 but the truth?

11 **MR GIBSON:** I do.

12 **MR BOYD:** Yes.

13 **MR FERRISS:** Yes.

14 **CHAIR:** If you each say your names so we know which is which. Which is Mr Gibson?

15 **MR GIBSON:** I'm Bruce Gibson.

16 **CHAIR:** You're Bruce Gibson, and that means --

17 **MR BOYD:** I'm Victor Boyd.

18 **MR FERRISS:** Mike Ferriss.

19 **MS GREEN:** Mr Gibson, if you can tell the Commission your full name and occupation.

20 **MR GIBSON:** Certainly. Bruce Robert Gibson and I've been a religious counsellor for 50 years.
21 I retired from my life's profession in the last five years, physical health issues contributed to
22 this. I still work now in the food safety for a food company on a reduced schedule.

23 **MS GREEN:** Do you have your witness statement dated 27 April 2021 in front of you?

24 **MR GIBSON:** I do.

25 **MS GREEN:** And if I can just lead you through your statement. Can you please tell the
26 Commission what your role was with the Citizens Commission on Human Rights and its
27 establishment in New Zealand? It's paragraph 1 on in the statement?

28 **MR GIBSON:** All right. First of all, internationally, the Citizens Commission on Human Rights
29 International was established in 1969 by the Church of Scientology and professor of
30 psychiatry Thomas Szasz to investigate and expose psychiatric violations of human rights.
31 The New Zealand branch of CCHR was established in 1975 and incorporated in
32 1976. I oversaw its establishment in my role as the public affairs officer of the Church of
33 Scientology of New Zealand.

34 Once the group was established, the first question that really arose was, well, how

1 do we go about this? And it seemed the best thing was, well, we go and we look and we
2 see and we find out what exactly was happening. Sometime later we had the good fortune
3 of meeting Thomas Szasz who was at that time the professor of psychiatry at the Upstate
4 University of New York, Syracuse, and he was quite a staggering figure, very Lincoln-like,
5 he wasn't anti anything, but he was for human rights.

6 **MS GREEN:** If I can take you to paragraph 5 of your statement, can you tell the Commission
7 about your understanding of electroconvulsive treatment and how it was used in Lake
8 Alice.

9 **MR GIBSON:** Certainly. So in my statement I've used electric shock treatment and
10 electroconvulsive treatment in several places instead of the abbreviation ECT. This is
11 because ECT in a way acts as a euphemism and disguises the ferocity of the procedure and
12 the pain that is caused without anaesthetic which was used consistently on the children at
13 Lake Alice.

14 **MS GREEN:** Can you please tell the Commission about CCHR's first visit to the Lake Alice
15 Hospital and your impressions that day, at paragraph 7 of your statement.

16 **MR GIBSON:** Certainly. Our first tour was in January 1976. I was part of the team from CCHR
17 who conducted the tour of Lake Alice Hospital. We didn't know what to expect. There
18 were five members from the CCHR who were part of the tour of Lake Alice. There was a
19 journalist present from the Whanganui Chronicle and a photographer and we met with the
20 superintendent, Dr Pugmire, and he appeared wary of us and a bit defensive. Initially it
21 seemed he was uncertain whether he would even allow us in. He was having second
22 thoughts. But, finally, he gave into reason and he allowed the tour to proceed and we
23 walked into the hospital area. I still remember that very well 45 years later. It was grey, it
24 was gloomy, it was very bare, it was lacking in cosiness or comfort, very institutional,
25 impersonal, a bleak world. I felt by the end of the tour there was an overriding atmosphere
26 of helplessness in this place.

27 We were taken to the children's unit initially. There was a wariness from the child
28 patients towards us. They didn't know who we were or what we were doing there. As the
29 tour progressed the word got around that we were there to help the patients and that we
30 were not part of the psychiatric or Social Welfare system.

31 **MS GREEN:** Please tell the Commission about the children that you saw at the Lake Alice Unit
32 and their approaches to your group, paragraph 15.

33 **MR GIBSON:** Certainly. On more than one occasion CCHR members were pulled to one side by
34 a child patient and spoken to in private. This was how we received unsolicited complaints

1 of abuse. A boy told one member that if they misbehaved they were sometimes locked in a
2 room of their own. One boy said he was locked up for some days. Another child
3 complained he was being given injections as punishment. More than one of them said they
4 hated the injections as they were painful and it made their legs so sore they could hardly
5 walk.

6 **MS GREEN:** What did the children say about electric shock treatment to you?

7 **MR GIBSON:** Two boys called a member into a room as they appeared not to want any of the
8 staff to overhear them. They told her that some of the children were given shock treatment
9 as a form of punishment to make them toe the line. Two days a week, they said, was set
10 aside for shock treatment. The children hated and dreaded receiving electric shock
11 treatment.

12 **MS GREEN:** Turning to paragraph 20, what did the Superintendent Pugmire tell you about the
13 running of the children's villa?

14 **MR GIBSON:** He didn't want too much to do with it. The superintendent told CCHR that the
15 running of the children's villa was left to the child psychiatrist, Dr Selwyn Leeks, to do
16 what he thought fit. It was here that Dr Pugmire absolved himself of any acts or treatments
17 in the children's unit, distancing himself from them.

18 **MS GREEN:** What were your impressions from this first initial visit to the children's unit, and I'll
19 just ask that a document be put overhead, it's 483002. While that's happening, what were
20 your initial impressions when you visited the unit?

21 **MR GIBSON:** Well, we knew at that time on the first visit that what we were hearing was wrong,
22 although we didn't know the full extent of what Dr Leeks and some of the staff were doing
23 to the children in Lake Alice. It felt like we'd stumbled upon a very serious issue; children
24 being subjected to electric shocks and drugs as punishment. We put out our report.

25 **MS GREEN:** That report is your 1976 interim report on tours of Kingseat, Tokanui and Lake
26 Alice, is that correct?

27 **MR GIBSON:** That's correct.

28 **MS GREEN:** If we could see page 19 on the overhead.

29 **MR GIBSON:** Can I comment on this report?

30 **MS GREEN:** Yes, do.

31 **MR GIBSON:** So we conducted a tour of three, it was Tokanui, Kingseat as well as Lake Alice.
32 This is set out in quite some detail in this report here. Our concerns were published in the
33 Whanganui Chronicle two days later. Following the publishing of our interim report, there
34 was further media coverage about children being given shock treatment at Lake Alice. It

1 was from these beginnings that the Lake Alice Child and Adolescent Unit was brought to
2 the attention of the New Zealand public for the first time. CCHR raised the issue of human
3 rights abuse in Lake Alice, Kingseat and Tokanui. But we were also interested in what
4 other abuses might be occurring in various psychiatric hospitals around the country, so we
5 brought these issues into public eye to raise awareness and to hopefully bring about change.

6 The story of Lake Alice and abuse of children made headlines and this was when
7 the medical reporter for the New Zealand Herald, Peter Trickett, took an interest and started
8 writing articles. He personally cared about and was energetic in the pursuit of truth. He
9 extensively interviewed CCHR and senior medical staff, he visited Lake Alice and spoke
10 with several children and reported his findings in a long article. I spent an entire day with
11 Peter. He interviewed me and worked on the article. The result was "The abuse of the
12 children at Lake Alice through Shock Treatment used as punishment."

13 **MS GREEN:** Mr Gibson, if I can take you to paragraph 36 of your statement.

14 **MR GIBSON:** Yes.

15 **MS GREEN:** CCHR took part in the Magistrates Inquiry into the case of a Niuean boy. Can you
16 tell us about your involvement and I refer to you paragraph 36 of your statement.

17 **MR GIBSON:** Certainly. CCHR was concerned with two major matters at the Magistrates
18 Inquiry. One, the authority by which ECT was administered to the boy by medical
19 authorities at Lake Alice Hospital, and any assorted matters that may be thought relevant to
20 the general objects of the Inquiry.

21 **MS GREEN:** If I can refer you to paragraph 41 of your statement where you talked to the Inquiry
22 about the children that had spoken to you. Can you read that out.

23 **MR GIBSON:** Certainly. Part of our submission to the Inquiry included the fact that a number of
24 the children had spoken to members of CCHR when they toured the unit. The CCH
25 Chairman on the tour, the late Tony Wilson, civil engineer, reported the following.
26 "During the tour of the Children's Section the group spoke freely with the boys who were
27 around the ages of 10 to 15 years. Upon my assurance that I was there to help them and to
28 improve their conditions, they overcame their initial suspicions and hostility. This was
29 upon me agreeing not to identify them with their statements, for they were fearful of
30 punishment. This is what was said. The electroconvulsive therapy, shock treatment, was
31 used as a threatened punishment and given for unruly behaviour and disobedience; that
32 ECT was given to quieten them; that they had an intense fear of ECT; one boy stated he had
33 been given four days solitary confinement for running away and this was verified by the
34 other boys; those who had been given drug injections as punishment stated the injections

1 were very painful."

2 In summary, CCHR's point of view was that electric shock was barbaric and should
3 never be given without consent to anyone, least of all children, and especially children who
4 were in the care of the State who had had all their rights removed.

5 **MS GREEN:** And how did the Magistrate regard the issue of electroconvulsive treatment at the
6 Inquiry, and I refer you to paragraph 43 of your statement.

7 **MR GIBSON:** The Magistrate made sure the subject of electric shock treatment was outside the
8 scope of the Inquiry as we and others had made it known that we wanted a wide-ranging
9 inquiry into the treatment.

10 Instead, the Magistrate considered that electric shock treatment was warranted when
11 he made the following statement which I do not think he was qualified to make. The
12 statement was this: "There can be no doubt that the boy's condition when he entered Lake
13 Alice Hospital in November 1975 called for ECT."

14 **MS GREEN:** Now if I just take you to paragraph 54 of your statement, how did the Magistrate
15 view CCHR's involvement in the case?

16 **MR GIBSON:** The Magistrate considered it significant that CCHR visited the hospital in January
17 1976 and how the children who talked to CCHR members gave them some ammunition to
18 fire at the hospital. He did not accept the allegation that ECT was used as punishment for
19 unruly behaviour and considered that the fear of it was exaggerated. I think we've seen the
20 opposite during this hearing. Part of this reasoning was that the boy in question was more
21 afraid of injections.

22 **MS GREEN:** Can you tell the Commission about the Magistrate's findings in this case, especially
23 concerning CCHR and ACORD's involvement, and that's at paragraph 62 of your
24 statement.

25 **MR GIBSON:** The Inquiry Magistrate dismissed all aspects of CCHR's and ACORD's concerns
26 regarding the treatment of the Niuean boy. In addition, Judge Mitchell considered the tour
27 of Lake Alice by CCHR in January 1976 and the subsequent media coverage was what
28 triggered the Niuean boy to complain about the electroconvulsive treatment, and up until
29 then, the boy did not have a problem with the treatment he was getting, he said. It was with
30 this viewpoint in mind that the Magistrate made no recommendation for change at the Lake
31 Alice Children's Unit, but rather, chose to point out, and discourage it even: "The protests
32 from people with no direct interest in the case about the administration of ECT without
33 express authority from the family will no doubt make doctors hesitant in future and people
34 who would rather entrust these decisions to their doctors but find the doctors unwilling to

1 take that responsibility." However, in fairness, the Magistrate did say: "Whether that's
2 progress or a step backwards is matter on which there may be different opinions."

3 As it turned out, the Magistrate was correct in his prediction for after the media
4 exposure on the subject of electroconvulsive treatment being used on children, the number
5 of treatments used in New Zealand dropped dramatically from around 7,000 in 1976 to
6 5,000 in 1977.

7 **MS GREEN:** If we can just put up the overhead 83004. An article appeared in the Listener, that
8 will be on the screen there, and it was entitled "Electro Shock Treatment in New Zealand:
9 A Special Report" and it's dated 6 May 1978. Do you remember when that article came
10 out?

11 **MR GIBSON:** Yes.

12 **MS GREEN:** Is there anything you want to comment about in that article?

13 **MR GIBSON:** Well, the injustice of the whole thing on shock treatment on children was the
14 injustice of it. There appeared enough information at the Magisterial Inquiry which built
15 up to it, and enough evidence, also with articles such as this, to warrant further examination
16 of the harmfulness and the pain caused by electric shock treatment, which needed inquiry, it
17 needed looking into. Well, we're here 45 years later and we're still looking at it, and this is
18 a long road in which we're really hoping for major, major change. Because furthermore, we
19 believed at that time there should have been a recommendation for this wider investigation,
20 especially as it implied punishment was being used and no consent with children.

21 **MS GREEN:** All right. We're going to move on now to the Ombudsman Inquiry and some
22 aspects of this Inquiry at paragraph 69 of your statement. That was an inquiry by the
23 Ombudsman Sir Guy Powles. Can you tell the Commission about your memory of that.

24 **MR GIBSON:** Certainly. In 1977 the Ombudsman Sir Guy Powles conducted his own inquiry
25 following a complaint from the parents of a child who had been admitted into Lake Alice.
26 His investigation went a lot further and looked into the issues of the detention and treatment
27 of the boy, and once again the lack of his and his parents' concern to treatment. Compared
28 with the Magistrates Inquiry, the Ombudsman was much more critical of the boy's
29 detention and treatment with electroconvulsive treatment.

30 **MS GREEN:** If I can just refer you to paragraph 7(sic) of your statement. Tell us about some key
31 points of the Ombudsman Inquiry from your point of view?

32 **MR GIBSON:** Well, the Ombudsman considered consent was a fundamental legal right, which
33 was very important from our perspective, and the consent should be informed otherwise
34 psychiatric treatment such as ECT would constitute an assault. And he clarified and made

1 it very clear, he said: "It is a fundamental principal of our law that a person who is capable
2 of consenting must have a reasonable opportunity to acquiesce to any extraneous
3 application of force. Otherwise, the act would constitute an assault. In the context of
4 medical and psychiatric treatment, it is well established that the consent and cooperation of
5 the patient is, where possible, a condition and upon the administration of treatment."

6 The Ombudsman further recommended that the Department of Health review the
7 use of ECT: "With regard to the reservations I expressed about the way ECT was
8 administered to the boy, I suggested that the Department of Health undertake a review of
9 the administration of ECT in institutions under its responsibility in the light of the
10 following observations." And the Ombudsman went on to say: "The use of unmodified
11 ECT as a mode of treatment for children and young persons detained in psychiatric
12 hospitals under the Mental Health Act should be discontinued;

13 2, the use of ECT treatment on children and young persons in psychiatric hospitals
14 should be discouraged in all but exceptional circumstances and where the principles of
15 consent have been met fully;

16 3, consideration should be given to instituting legislative change to give effect to 1
17 and 2." These findings were heartening to us when they came out. CCHR saw the issue of
18 electroconvulsive treatment being given to children as something that needed to be looked
19 into by a formal inquiry, especially when given without any consent.

20 **MS GREEN:** Just to confirm, the date of that report was April 1977; is that correct?

21 **MR GIBSON:** Correct.

22 **MS GREEN:** If I can just bring up an overhead which is 006. Can you tell the Commission about
23 what was happening there and it's at paragraph 76 of your statement.

24 **MR GIBSON:** Just looking at it I see how much I've aged. Okay, all right. So a protest was held
25 then on 16 April 1977. This was two weeks after the release of the Ombudsman's report.
26 CCHR staged a protest against the continued use of electroconvulsive treatment on
27 children. Among the people who took part were members of the Auckland Committee on
28 Racism and Discrimination and people from the women's party, women's rights party in the
29 Values Party. Here, I would like to acknowledge tremendous work over all these years by
30 ACORD. Fantastic. Oliver Sutherland and his group have done fantastic work.

31 We were calling for a Royal Commission on the use of ECT on children saying it
32 was savage and cruel and it should be banned. And it was reported, "Protest at Hospital",
33 Whanganui Herald, of that date.

34 **MS GREEN:** If I just take you to follow the sequence of events. So paragraph 79 of your

1 statement, which is six days after the protest, can you tell us what happened then?

2 **MR GIBSON:** Yeah. Six days after the protest, Dr John Dobson, Chairman of the New Zealand
3 Committee of the Australian and New Zealand College of Psychiatrists, who had been
4 made aware of the protests, did nothing. At no time did Dr Dobson or the College of
5 Psychiatrists investigate Dr Leeks or ask for an investigation into Dr Leeks' practice and
6 methods of treatment of the children at Lake Alice, at no time. On the -- yes.

7 **MS GREEN:** Tell us about the meeting held with Dr Mirams, the then Director of Mental Health,
8 and that's at paragraph 81 of your statement.

9 **MR GIBSON:** On 9 August 1977, Harry De Jong and Margaret Boyd of CCHR met with
10 Dr Mirams, the Director-General of Mental Health to tell him that a full inquiry into Lake
11 Alice was needed. Dr Mirams was not prepared to order an inquiry but he did say there
12 was going to be a conference of psychiatrists and the Lake Alice affair would be discussed
13 there. He did say that unmodified ECT would not be used anymore.

14 **MS GREEN:** So tell the Commission, in your conclusion, what happened as a result of CCHR's
15 initial activities regarding Lake Alice?

16 **MR GIBSON:** Well, we'd been campaigning that the practice of ECT being used on children and
17 young people at Lake Alice and in all psychiatric institutions should stop. We did want a
18 full investigation done of the use of ECT in New Zealand psychiatric hospitals, but despite
19 not getting this, we did make a considerable impact on this abusive form of psychiatric
20 practice. What did occur was the superintendent of Lake Alice Hospital, Dr Sidney
21 Pugmire, removed the ECT machine from the Child and Adolescent Unit after consulting
22 with Mirams, then Director of the Department of Health division of mental health. And it's
23 to be noted that the 1977 amendment to the Children and Young Persons Act included a
24 clause requiring consent before a child or young person can be given psychiatric treatment.
25 I refer to the Children and Young Persons Amendment Act 1977.

26 **MS GREEN:** And to conclude your statement, please tell us your views, as you stated at
27 paragraph 88, to this Commission about your views at that point in time.

28 **MR GIBSON:** Very happily. We knew that the issue of human rights in mental health and
29 psychiatry had been firmly established through our actions and the actions of ACORD and
30 others concerning Lake Alice. The subject of abuse in mental health system would not now
31 go away. And so, it has proved.

32 **MS GREEN:** Thank you for your statement. Do the Commissioners wish to ask questions of
33 each witness?

34 **CHAIR:** We haven't discussed that, I'll just confer. We're all happy to wait until the end, we're

1 dying to get on to the next exciting instalment.

2 **MR GIBSON:** Sure, okay. I just want to say I had the honour of helping establish CCHR at this
3 time, at that time. We all knew that this campaign to bring about human rights in mental
4 health had only just begun. What we didn't know was that CCHR would still be fighting
5 for the victim survivors for nearly 50 years to come. And in this is the unknown heroes
6 who over this period of time, through each of the groups, had their members working,
7 working, men on my right, 45 years of research and thank you -- sorry -- thank you for
8 what you're doing. Thank you for your attention and care. You have the power to create a
9 safer future for some of the most vulnerable in our society.

10 **CHAIR:** Thank you. [Applause].

11 **MS GREEN:** The next witness is Mr Victor Boyd. Can you tell the Commission your full name
12 and occupation?

13 **MR BOYD:** Yeah, I'm a small business owner. My name is Victor Kenneth Boyd, I live in
14 Auckland on the North Shore.

15 **MS GREEN:** And you've made a statement to the Commission dated 27 April 2021. Do you
16 confirm that statement is true and correct?

17 **MR BOYD:** Yes.

18 **MS GREEN:** I'm going to refer to you to various paragraphs of your statement for you to speak
19 to.

20 **MR BOYD:** Okay.

21 **CHAIR:** Can I just interrupt briefly and say what I've said to many witnesses, that we have your
22 statements, we've read them, and even if you're not referred to parts of them, they're very
23 much in our mind. So for ease and time, we'll probably be skipping over some but that's
24 not to say that it's not noticed and understood. Thank you, Ms Green.

25 **MS GREEN:** Please tell the Commission about your involvement with CCHR and I'm referring
26 you to your first paragraphs in the statement 1 to 14.

27 **MR BOYD:** Right. I started this quest, if you like, when I was 26 years old in 1977. I lived about
28 a half an hour car drive from where Lake Alice was. And as it turned out, when the case of
29 the Niuean boy hit the headlines, because it was close to Whanganui, the Whanganui
30 newspapers certainly covered it, and I was part of one of the protests down there at Lake
31 Alice. My workmates knew that I'd done this and one of them said to me, "That guy in
32 dispatch, he's been in Lake Alice." So what I did was I asked him a couple of questions and
33 asked for an interview from him, he was only 18, and he gave me an interview and I got an
34 affidavit from -- of his experiences of what it was like at Lake Alice. And he gave me

1 several names for me to contact of other boys who had been in Lake Alice.

2 Now, what I did was I searched and I basically just hunted them down and said,
3 look, you know, what I'm trying to do here. We're all volunteers in CCHR, I wasn't part of
4 the system, I'm here to do research on what happened at Lake Alice, I'd like to hear of your
5 experiences. And this is basically how I approached the 30-odd patients that I've
6 interviewed.

7 In 1977 I interviewed five of the boys who'd been in Lake Alice and got affidavits
8 from them of their experiences. They all really spoke of the painful injections and electric
9 shocks which they thought were unwarranted. Two survivors talked of electric shocks to
10 the genitals. We are now aware of 11 survivors who speak of this.

11 So that was my beginnings.

12 **MS GREEN:** If we can just have an overhead up, it's 514003. Can you see that document in front
13 of you, the Mental Health Declaration of Human Rights, and you refer to that in your
14 statement at paragraph 8. Do you want to make a brief statement to the Commission about
15 your purpose or CCHR's purpose, what was driving you, if you like, in reference to the
16 declaration that's on the screen, if you can see it?

17 **MR BOYD:** Well, the Declaration of Human Rights has been put together from the experience of
18 CCHR's overseas, because they had more experience with mental patients' rights and some
19 abuses than we had in New Zealand because New Zealand just started this in 1976. So
20 that's basically the impetus behind the Declaration of Human Rights.

21 **MS GREEN:** Do you still -- this is still a driving belief for you?

22 **MR BOYD:** Yes. It has a lot of aspects to that which we think need to be put into New Zealand,
23 particularly after what we've uncovered with Lake Alice over the years.

24 **MS GREEN:** I now refer you to paragraphs 15 to 20 of your statement where you talk about
25 Mr Ray Limpus and I'm going to ask that his statement be put overhead. It's 514004. And
26 I wonder if you could tell the Commission about your dealings with Mr Limpus?

27 **MR BOYD:** With Ray Limpus, who's passed away now, but I actually -- I knew him as an
28 acquaintance and when he knew that I was looking at Lake Alice as a hospital and what
29 was going on there, he was a teacher at Holdsworth School which we have heard a bit
30 about, and he was -- just are told me a few of the events and one of the events was one of
31 the boys he was looking after was -- the housemaster said, "We're taking him out to go to
32 the dentist." Two or three days later he returned and Ray looked in his file and he found
33 that he'd been to Lake Alice and had shock treatment, ECT.

34 That was a concern to Ray, and he did a statement for us of further of his

1 experiences as a teacher.

2 **MS GREEN:** What's the date of that statement, can you see there?

3 **CHAIR:** It can be highlighted and magnified if you wish any particular parts.

4 **MS GREEN:** I think it would be good for the Commission to just know the date.

5 **CHAIR:** Is it at the top or the bottom?

6 **MS GREEN:** I don't think we've got the signing page there. Here we are, yes.

7 **CHAIR:** There it is.

8 **MS GREEN:** 20 December 1977.

9 **MR BOYD:** 77.

10 **MS GREEN:** Please tell the Commission about you facilitating a boy making a complaint to the
11 Director-General of Mental Health, and that's in paragraphs 32 to 41 of your statement.

12 **MR BOYD:** Right, another boy I found out about, I located him from Wellington and I went and
13 asked if I could speak to him and he said yes. Now, what he was about, he told me later on
14 that he'd spoken to his mother about what events occurred to him at Lake Alice and his
15 mother had said, "They're not allowed to do that, son." And when I came to see him and
16 spoke with him, he was very impressed, he told me later he felt someone cared about what
17 happened to "us boys at Lake Alice", as he put it.

18 So after that, I kind of lost contact with him as I do with some of the others
19 because they're pretty transient people sometimes. He told me he made a complaint to the
20 Director-General of Mental Health off his own bat. So when I was interviewing him, he
21 described several incidents of the shock that was applied to children and himself, which
22 were quite outlandish I thought, and one of them, the main one I thought was where he
23 described -- see, at Lake Alice, unfortunately they had a boy in there who had known
24 sexual preferences, shall we say, and he was sent to Lake Alice from a boys' home and he
25 was allowed to mix with other boys, and the staff found out after about five months that
26 he'd sodomised five of the other boys in there.

27 And this particular survivor told me where he was invited to turn the dial of the
28 shock machine because there was a special session set up where it was a punishment
29 session, where they were allowed to get their own back on this boy who had sodomised
30 them by giving him electric shocks. And this affected the survivor and he was certainly
31 part of the complaint that he made to the Director-General of Mental Health.

32 Now, what happened there is we found out sometime later that the complaint went
33 to the -- was passed on by the Director-General of Mental Health to the Medical
34 Association who looked at the complaint and consulted with several psychiatrists about the

1 allegations, and they wrote to Dr Leeks and said "Well, we're not happy about this, you're
2 using the shock machine to -- as a punishing situation and we think this is likely to bring
3 the profession into disrepute."

4 Now we found out later that they communicated with Dr Leeks. Dr Leeks wrote
5 back to the Medical Association and he said, "No, you are wrong and I am right" and he
6 basically told them, "Well, you know, I'm a psychiatrist, I know what I'm doing." And
7 that's that. So the Medical Association was not happy, they wrote to the Medical Council.
8 The Medical Council -- in 1977 all this is, the Medical Council wrote to Dr Leeks saying
9 "You've been found guilty of unprofessional conduct in a professional respect." Dr Leeks
10 wrote to the Medical Council and he said, "No. You, Medical Council, are wrong and I am
11 right." And the Medical Council weren't happy with this, so they set a date for a hearing,
12 but unfortunately for one and all, the outcome of that hearing is not able to be located by
13 the Council or by ourselves.

14 So Dr Leeks was not censured, the complainant was given no information about
15 what happened, and Dr Leeks continued to practise in Australia with a certificate of good
16 standing from the Medical Council.

17 **MS GREEN:** So just taking you on to paragraph 44 of your statement. What do you remember of
18 the Police investigation where you supported the boys to make complaints?

19 **MR BOYD:** Right. Well, essentially, there were three investigations in 1978 which caught the
20 attention of media and myself and they got serious investigations; the Magisterial Inquiry,
21 the Ombudsman Inquiry and the Police investigation. Now, the Magisterial Inquiry was
22 looking at one boy, the Ombudsman Inquiry looked at one boy and the Police investigation
23 looked at two, two boys, the complaints of those people.

24 So there was four boys. And we in CCHR thought, well, is there any more to this
25 and because I was in Whanganui at the time, living in Whanganui, I was kind of asked and
26 kind of volunteered to scout around a bit more to see what there was about Lake Alice, if
27 there was anything more.

28 So I basically -- in those days you had to do everything yourself, there were no
29 laptops and no cellphones, and I scouted around and found further survivors and got their
30 story. So what we were doing in CCHR, we were trying to put a bigger picture together, if
31 there was one, than what these inquiries were looking at.

32 So that's most of the work that I had done in the 70s.

33 **MS GREEN:** I thought it might be helpful for the Commission to have a summary of CCHR
34 involvement from 1977 to 1979. And if you could put up the witness statement, it's 14001.

1 Paragraph 55. I thought you might like to just take a journey down that decade and just
2 highlight the important things. It should be on your screen there or on your -- in your
3 statement.

4 **MR BOYD:** Okay. Well, I'm just looking a bit ahead here actually to 90, 91. We've covered the
5 inquiries that occurred through 77 in very general terms because this is all the time I've got
6 here. But in 1991, just moving forward just a shade, CCHR helped with a complaint to the
7 Medical Practitioners Disciplinary Committee on another survivor. He pointed out in his
8 complaint that the Medical Council may already have information on Lake Alice.

9 Now, the Chairman, Dr Williams, he determined from this complaint "There are no
10 grounds for an inquiry into the conduct of Dr Leeks." We thought that this was another
11 chance to uncover the systemic abuse that looked like was unfolding here.

12 **MS GREEN:** All right, we'll move on. Now if we go to the first class action and that's at
13 paragraphs 76 to 78 of your statement. What would you like to say to the Commission
14 about that?

15 **MR BOYD:** Okay. Well, there was momentum building. The survivors that we could contact,
16 and there were other survivors, because they were getting older, and somewhat, shall we
17 say, a little braver, a little braver, and essentially what happened was that there was a law
18 firm in Christchurch, Grant Cameron Associates who started putting a class action together
19 of cases which had been supplied to him. We supplied the affidavits from 1977 which
20 showed that what he was encountering in 1999 with the survivors, they were saying the
21 same things then as what they said in 1977.

22 And this was a help with the credibility for his class action. So he was putting those
23 together, but from 1997 he was a catalyst in generating more media in Australia and
24 New Zealand and in April of 1999 he filed in the High Court in Wellington the first 56
25 cases that he put together of eventually 85. It needs to be spoken that in the same year that
26 he'd filed those cases, Dr Leeks cancelled his registration with the Medical Council in
27 New Zealand, which meant that the New Zealand Medical Council would say later on that
28 "he's no longer in our jurisdiction, we won't investigate him."

29 **MS GREEN:** Can I take you on to paragraphs 80 to 83 of your statement. What happened as a
30 result of the class action from your perspective?

31 **MR BOYD:** We thought this was very significant. It was the class action by Grant Cameron
32 Associates resulted in a Government apology and ex gratia pay outs to the victims. At
33 2001 there were 85 -- to 85 individuals, \$6.5 million. When we talk about ex gratia
34 payments we're talking about like a gift and the Government made it very clear that they

1 sincerely apologised to the survivors, we thought that was magnificent, but they also said
2 "these pay-outs mean we're not accepting any legal liability whatsoever for this." And the
3 Minister of Health sent out a press release where she said many children should never have
4 been in Lake Alice, some were put in there because there was nowhere else for them to go.

5 But with the outcome of this civil suit, no one was held to account, no one censured,
6 there was no demand for any Police investigation or any investigation by a responsible
7 authority and the survivors were told to go to the Police if they want to go further. But
8 some may have been reluctant to do this and some may have had no knowledge of how to
9 do this, so at that stage we helped six complainants take complaints to the Police.

10 **MS GREEN:** The next significant event was the Gallen report. You talked about that at
11 paragraphs 84 to 89 of your statement. Can you summarise what you understood was
12 achieved by the Gallen report?

13 **MR BOYD:** Well, this was really the first look at a large group of the survivors, not just one or
14 two individuals. It gave a real insight into events at Lake Alice. Sir Rodney Gallen, the
15 retired High Court Judge who wrote the report, was appalled and went beyond his brief to
16 write this report. The Government unfortunately challenged it being made public but that
17 got overruled. And he described incidents of seclusion, electric shocks of children and
18 terror at the treatment they were receiving at the hands of the staff, not just the psychiatrist,
19 but the staff at Lake Alice.

20 So from this of course the pay-outs from Lake Alice increased. As of 2009 there
21 were 195 claimants for the pay-outs and the Government's paid out \$12.8 million of
22 taxpayers' money without any accountability for that.

23 **MS GREEN:** An overhead is going to appear now, I hope, and that is a press article dated 2001,
24 "Children 'wept in terror'", October 2001. Is that the publicity that the Government did not
25 want at the time?

26 **MR BOYD:** Yes. The Gallen report was quite graphic and described in general terms but -- and
27 there was detail in there. What I'm saying is in general terms, I mean there were no names
28 mentioned, it was done on proper confidentiality, but it described the events of what the
29 staff were doing at Lake Alice to the children.

30 **MS GREEN:** Now, the Police investigation occurred from 2002 to 2010 and you cover that in
31 paragraphs 93 to 103 of your statement. Can you summarise the important points, from
32 your point of view, about the Police investigation?

33 **MR BOYD:** Well, when we look at this one here, CCHR knew of nine complainants who were
34 never interviewed by the Police as part of their investigation of criminal misconduct. We

1 now know there were 41 who were not interviewed by the Police. We also know that there
2 was a statement in a Police job sheet where a registered nurse stated they had witnessed a
3 boy being shocked to the genitals and thighs and ECT was used as a punishment. We
4 thought that is highly significant, coming from a registered nurse at Lake Alice.

5 So the Police also got an expert opinion from Professor Walter who was an
6 Australian psychiatrist and I'll just read out that, it's only a paragraph of what he provided
7 to the Police. So here is the quote: "In summary, Dr Leeks' treatments appeared to depart
8 significantly from the standards of the day. This was in the areas of his direct clinical care,
9 including his method of use of electrical treatments and his dubious reasons for some of
10 those treatments. His level of supervision of staff, including the various treatments used by
11 those staff and his documentation, the last even by 1970s standards. It's worth adding that
12 it appears difficult to ascertain what governed Dr Leeks' decision-making, example, when
13 to give patients modified versus unmodified ECT, not that the latter is ever medically
14 indicated."

15 So, the outcome of that investigation, there was no criminal prosecution concerning
16 any of the staff.

17 **MS GREEN:** Next, you followed the Medical Practitioners Board of Victoria investigation
18 between 2003 to 2006 and that's at paragraphs 158 to 176 of your statement and I'll get an
19 overhead on the board, it's 1458. Can you take the Commission through that Medical
20 Practitioners Board of Victoria, MPBV?

21 **MR BOYD:** We thought because Dr Leeks was practising in Australia at the time, we forwarded
22 several complaints to the Medical Practitioners Board as did Grant Cameron Associates and
23 they thought enough of it to do an investigation into the conduct of Dr Leeks. Although he
24 was practising in Australia, they were looking solely at what he'd done, what he was doing
25 at Lake Alice in the 70s.

26 So they hired a law firm, Minter Ellison, who came to New Zealand to interview
27 CCHR and survivors and they wanted an affidavit from me that the interviews that I'd done
28 in 1977 were true.

29 The CCHR gave the medical board all the information we could and the medical
30 board investigated and they compiled 39 charges against Dr Leeks of infamous conduct in a
31 professional respect. His conduct was seen as not having an adequate medical basis.

32 So what follows is just a few sentences of the book of evidence that the board
33 compiled which they presented to Dr Leeks and his lawyers. These were 15 counts of
34 administering electric shocks to the temples without anaesthetic, 15 counts of administering

1 electric shocks to the temples without anaesthetic and without consent, two counts of
2 permitting adolescent patients to administer electric shocks to another patient, three counts
3 of administering electric shocks to the genitals and four counts of administering electric
4 shocks to the hands, thighs and shoulders without anaesthetic.

5 So it was extremely disappointing to the survivors, who we were working with, that
6 Dr Leeks avoided accountability by resigning. He was not censured. Actions were not
7 referred to the Police and, once again, not held accountable even though the charges were
8 not taken away.

9 **MS GREEN:** How did you and CCHR respond to this result? I'm referring you to paragraphs 170
10 to 176 of your statement.

11 **MR BOYD:** All right. Well, one of the things that I did was I wrote to the Royal Australian and
12 New Zealand College of Psychiatrists to do with what we should do now, were they
13 concerned about the fact that here was this culture at this hospital, and just because the
14 psychiatrist had resigned, what about the culture of the staff who needed to be corrected
15 because to all intents and purposes, what they understood was happening at Lake Alice was
16 correct.

17 So the Royal College said I can write to the Medical Council of New Zealand. So
18 I wrote to the Medical Council of New Zealand and the Council said we will not investigate
19 because Dr Leeks is no longer in our jurisdiction.

20 I also went to see my local Member of Parliament, Dr Wayne Mapp, and we put
21 together some questions of -- Dr Wayne Mapp at that time was in opposition, so he was
22 happy to write to the Minister of Health and he asked the Minister of Health if they are
23 providing the medical board with any assistance.

24 Now, this was all going on at the same time as the medical board was doing its
25 investigation and as you can tell the Police were also investigating, but the Minister of
26 Health wrote back, and here's the quote for that which is just a paragraph. He wrote, "I am
27 advised that neither the Ministry of Health nor other State entity for which -- redacted --
28 responsible is providing any advice, inquiries or assistance in respect of the investigation
29 being undertaken by the Medical Practitioners Board of Victoria in relation to Dr Selwyn
30 Leeks."

31 **MS GREEN:** What did you do following that, and I refer to paragraphs 177 and 178 of your
32 statement?

33 **MR BOYD:** It was extremely disappointing to us, working with the survivors, that we were
34 seeking some accountability and responsibility for what happened, and we looked at the

1 United Nations, what options there were there. We discovered that non-Government
2 organisations can make submissions under the United Nations periodic reviews, so the UN
3 reviews what the New Zealand Government does every four years as part of the contracts.
4 It basically says, well, what have you been doing, New Zealand, about this and that? And
5 New Zealand had to respond.

6 So I helped draft the first of two reports which went to the United Nations, and they
7 came back wanting the Government to do small things but the Government didn't do
8 anything about that. So this went on to about 19 -- sorry, from 2010 to about 2015, and
9 I helped one of the complainants, Paul Zentveld, make a complaint to the United Nations.
10 Working with CCHR we put that together and the UN found -- upheld that complaint,
11 which is an extremely rare thing, we found out.

12 So this event going to the United Nations and the complaint being upheld is covered
13 by Mike Ferriss shortly.

14 **MS GREEN:** Thank you for that. You've made some recommendations in your statement and
15 they're going to appear on the board and you might like to speak to them. That's at
16 paragraphs 182, 183 and 184.

17 **MR BOYD:** Right. To give a very brief summary of this, in light of the cruel and inhumane
18 abuses that occurred at Lake Alice there needs to be real change to ensure such things do
19 not occur in the future. One of the key issues was how a psychiatrist in good standing with
20 a practising certificate and registered with the Medical Council was able to do what he did
21 without anyone within his profession stopping him. We believe that one of the reasons is
22 that psychiatry operates above the law in several ways, which is why a psychiatric
23 practitioner can detain and treat someone against their will and Dr Leeks took advantage of
24 this.

25 **MS GREEN:** Thank you. That concludes that statement.

26 **CHAIR:** Thank you, Mr Gibson.

27 **MR BOYD:** Mr Boyd.

28 **CHAIR:** Sorry, Mr Boyd, I beg your pardon.

29 **MS GREEN:** The next witness is Mr Ferriss. Will you tell the Commission your full name and
30 occupation?

31 **MR FERRISS:** My full name is Michael Victor Ferriss. And I'm currently the Director of the
32 Citizens Commission on Human Rights. This is a voluntary role. I've held that since the
33 beginning of 2018.

34 **MS GREEN:** And you've made a statement dated 27 April 2021 to the Royal Commission. Do

1 you confirm that that statement is true and correct?

2 **MR FERRISS:** Yes, I do.

3 **MS GREEN:** I'm going to refer you to some of the paragraph numbers and I know that you're
4 keen to elaborate on those and talk to the Commission.

5 **MR FERRISS:** Sure.

6 **MS GREEN:** Could you tell the Commission about your role with CCHR, paragraph 1 on?

7 **MR FERRISS:** Okay. Well, I have been involved with CCHR since 1989 and helped get it going
8 again, actually, at that point because it kind of lapsed during the middle 80s, and we picked
9 it up again and we investigated -- one of our investigations was deep sleep treatment at
10 Cherry Farm and exposed that but then we started getting these Lake Alice stories coming
11 through, so there was a focus on that as well. We'd been building up a considerable body
12 of knowledge about Lake Alice over the years, as you've heard with Victor. So my
13 submission really picks up on the work done by CCHR to get the Lake Alice case before
14 the United Nations.

15 **MS GREEN:** So tell us about CCHR making submissions to the United Nations, and that's
16 covered at paragraphs 7 to 10, if you could just summarise?

17 **MR FERRISS:** Sure. So, as you've heard from Victor, he was researching the United Nations
18 procedures along with Steve Green who was the Director of CCHR at that time. And they
19 submitted -- and New Zealand was a signatory to the United Nations Convention Against
20 Torture and they'd also enacted the Crimes and Torture Act in 1989. So they put together a
21 submission, it was entitled "Allegations of Torture and/or Cruel, Inhuman or Degrading
22 Treatment or Punishment." It contained information about ongoing issues of people being
23 held in seclusion and restraints, and lack of effective recourse for the mentally ill whose
24 rights were being abused in the mental health system.

25 But the main focus of the submission was about Lake Alice and the lack of an
26 independent and impartial investigation of the events that occurred there.

27 **MS GREEN:** Tell us what your view was of the New Zealand Government responding to your
28 application to United Nations -- complaint to United Nations and submissions?

29 **MR FERRISS:** They responded saying they were committed to the investigation and resolution
30 of allegations of torture or ill treatment by the State, and that the Lake Alice settlement
31 process is complete. But in their submission they also said the Lake Alice claimants'
32 allegations were factually and clearly established. And we now understand that they did
33 conduct an exhaustive research into what happened at Lake Alice and there was advice to
34 the Prime Minister that child torture had occurred over a number of years. So they did

1 know about this. But they were trying to contain it, it seemed at this point, in front of the
2 United Nations.

3 **MS GREEN:** Why do you think they wanted to contain it?

4 **MR FERRISS:** I think they wanted to uphold New Zealand's image as being a protector of
5 children's rights, when in fact they were starting to look like they were taking a Stalinistic,
6 third world approach to child rights, as quoted from the report to the Prime Minister.

7 **MS GREEN:** Can you take the Commission through CCHR's response at paragraphs 12 to 18 of
8 your statement to what the Government had submitted to the United Nations?

9 **MR FERRISS:** Yes. So CCHR submitted a further report in April of 2012 and in that report it
10 highlighted independent medical opinions by Professor Garry Walter, and you heard Victor
11 read out a bit of that, because he was giving advice to the Police. We also provided the
12 report of Judge Gallen, which the New Zealand Government was now claiming had formed
13 part of its investigation. And we were arguing that the payments to the victims of ill
14 treatment at Lake Alice were ex-gratia and not proper compensation, as they were settling
15 an out-of-court civil action against the Government. And that there was still no
16 accountability for the perpetrators of the ill treatment and torture of the children.

17 **MS GREEN:** How did the United Nations Committee Against Torture, UNCAT, respond to these
18 submissions?

19 **MR FERRISS:** Yes. On May 7, 2012 the United Committee Against Torture wrote to the
20 New Zealand Government saying the Committee is further concerned regarding allegations
21 it has received, that the State party has not conducted a prompt, impartial and effective
22 investigation into all claims of abuse from Lake Alice or to prosecute alleged perpetrators
23 of the torture and ill treatment perpetrated there. Then they asked them to clarify whether
24 they intend to do it.

25 **MS GREEN:** What should come up on the screen now is the concluding observations from the
26 Committee Against Torture. And that response of UNCAT is dated 7 May 2012, page 4,
27 paragraph 2. What was it that the Committee said?

28 **MR FERRISS:** Yes, I just read that, yeah. It's from Felice Gaer who was a rapporteur for the
29 follow-up Concluding Observations Committee Against Torture.

30 **MS GREEN:** Tell the Commission about meeting with the UN subcommittee on the prevention
31 of torture representatives who visited New Zealand, and that's paragraph 22 of your
32 statement.

33 **MR FERRISS:** Yes. May 2013, there was a United Nations Subcommittee on Prevention of
34 Torture who oversee the Central National Preventative Mechanism. They visited

1 New Zealand for the first time, they toured 36 places of detention and met with civil and
2 Government organisations, and Steve Green and myself met with three of the members of
3 the team from the UN, and we discussed some of their observations, especially in the
4 mental health facilities. And they spoke of the importance of independent reports from
5 groups such as our own who were not connected to the official lines of politics and
6 Government as they presented an alternative viewpoint to the official one. So they
7 welcomed our reports and the work that we do in investigating human rights abuse in the
8 area of mental health.

9 **MS GREEN:** I'm going to take you on a bit to paragraph 33 of your statement. Please tell us
10 about CCHR's submission to the UN in 2015.

11 **MR FERRISS:** Yes. Now over a period of five years we've been engaging with reports to the
12 UN Committee Against Torture and presenting the Lake Alice case. And at that time the
13 Director of CCHR, Steve Green, and Lake Alice survivor Paul Zentveld, travelled to
14 Geneva to meet with the members of the Committee Against Torture and to sit in on the
15 New Zealand's sixth periodic review hearings, and while there they met with two members
16 of the Committee Against Torture, and Steve talked about the role of CCHR and introduced
17 Paul as a victim of the Lake Alice Psychiatric Hospital. Paul said he was there on behalf of
18 the Lake Alice survivors and told his story to the Committee members. And they said they
19 rarely get to meet victims of torture as they're often either dead or in regimes where they
20 cannot easily leave and certainly Paul was the only victim of torture from New Zealand
21 who had appeared before the Committee.

22 So they listened to Paul's account and our own. They greatly valued the fact that
23 they'd travelled to Geneva to represent the Lake Alice case. Overall, the UN trip was
24 worthwhile in terms of us bringing sharp-end focus for the Committee Against Torture, but
25 it still didn't make any difference to how the Government was responding. We were getting
26 support, however, from the Human Rights Commission at that time.

27 **MS GREEN:** Can you tell us about your knowledge of how the Police treated Paul Zentveld's
28 Police complaint?

29 **MR FERRISS:** Yes. Well that was in 2015 as well, and after the UN trip, so Paul and CCHR
30 applied for the Police record of how they regarded his complaint that he had made and they
31 basically found that -- it said they considered the treatment that Paul had received could
32 have resulted in charges being laid. So, despite that finding, the Police also said it was too
33 late to prosecute, and had other reasons not to prosecute. But finding that piece of
34 information became the impetus for us to then look at how to file a formal complaint to the

1 UN Committee Against Torture. We had tried every avenue to hold people to account over
2 what happened at Lake Alice. It was pretty clear that the New Zealand Government and
3 the Psychiatric Royal Commission, profession, did not want Dr Leeks paraded as their
4 torturer-in-chief of children. So they weren't complying to the UN's urges to hold a public
5 inquiry, even though they were obligated to under the Convention Against Torture. So our
6 formal complaint, we had to provide all the necessary details, that we'd exhausted all the
7 remedies in this country, and it was sent to the UN in July of 2017.

8 **MS GREEN:** How did the New Zealand Government respond to this new complaint to the UN?

9 **MR FERRISS:** They didn't like it. I thought that was quite clear from their response that they did
10 not like it. They provided a 32-page letter and 450 pages of attached evidence and their
11 evidence was all of the investigations that you've heard about today and previously,
12 including the Police investigation that resulted really in nothing. No one was being held to
13 account, no one was taking any responsibility, they were individualising their investigation
14 so they weren't going to look at a broad number of people. So it was quite easy to show the
15 UN that their defence was actually working against them. And the UN upheld our
16 complaint, which they issued on 29 December 2019. And they rejected all the State parties'
17 arguments, because they wanted really the complaint to be dismissed; again, not taking
18 responsibility for what was happening or what had happened at Lake Alice.

19 **MS GREEN:** I'm referring you to paragraphs 46 to 48 of your statement. This tells us what the
20 UN Committee Against Torture's findings were. We've got an overhead of that. You might
21 like to speak to that.

22 **MR FERRISS:** So that came out in 29 December 2019. And we found out that, you know, you
23 don't often win with cases at the United Nations, it's a fairly rare thing, and certainly in
24 cases of torture, and in liberal democracies such as ours.

25 They urged the Government at the end of this report to:

26 "(a) Conduct a prompt, impartial and independent investigation into all allegations
27 of torture and ill-treatment made by the complainant -- which was Paul -- including, where
28 appropriate, the filing of specific torture and/or ill-treatment charges against the
29 perpetrators and the application of the corresponding penalties under domestic law;

30 (b) Provide the complainant with access to appropriate redress, including fair
31 compensation and access to the truth in line with the outcome of the investigation."

32 And lastly:

33 (c) Make public the present decision and disseminate its content widely with a view
34 to preventing similar violations of the Convention in the future."

1 **MS GREEN:** And if that overhead can be entered into the record? How did the Government
2 respond to this decision, and I refer to paragraphs 49 to 54 of your statement.

3 **MR FERRISS:** They, the New Zealand Government, responded saying that there will be a new
4 Police investigation and the already-begun Royal Commission of Inquiry into Abuse in
5 Care are going to make a case study of the events at Lake Alice Children's Unit, of which
6 we are involved in right now. And of course this is the first public hearing of Lake Alice
7 abuse.

8 And in the reply the Government also said the decision was made known with a
9 posting on the New Zealand Police website. Not that everyone goes on the New Zealand
10 Police website.

11 And so when we responded, of course we were very happy that a new Police
12 investigation was now opened and that the Royal Commission will be looking into Lake
13 Alice. We did object to just putting the decision on the New Zealand Police website, that
14 was a very way to make it unknown. We had made some media about it, that the
15 New Zealand Government did not make this decision known. And it seemed to then again
16 reflect that idea that on the world stage they don't want to be seen as where they have a
17 torturer in their midst and they didn't really do anything about it.

18 So the Human Rights Commission did put it on their website, but that was the only
19 other agency to do so.

20 **MS GREEN:** And by way of conclusion, there's two parts to this, and if I just refer you to
21 paragraph 57 of your statement, and if you can just share with the Commission CCHR's
22 recommendations for the future and your summary on page 57, I think, would be very
23 timely.

24 **MR FERRISS:** Okay. So, yeah, we've pursued the case for 45 years, we saw it as a clear-cut case
25 of psychiatric abuse of children taking place in a psychiatric hospital under the watch of
26 numerous Government agencies including the Department of Health, Department of Social
27 Welfare and the Department of Education.

28 Our information gathering over the 45 years showed the complaints of ill treatment,
29 abuse and torture were covered up by officials in the agencies above, as well as the medical
30 and nursing councils.

31 So our recommendations, there were a few, but they basically could be summed up
32 as saying that there has to be mechanisms so this doesn't happen again.

33 **MS GREEN:** These will appear on the overhead now. That's at paragraph 78.

34 **MR FERRISS:** We also believe that the Medical Council should have investigated Dr Leeks'

1 practice even though he had resigned his ticket to practise here. We believe that they had
2 the choice to do so, and they chose not to. They could have been the heroes in this story,
3 but they weren't; they chose to hide their practitioner and give him a ticket of good practice
4 where he could go overseas. Well, I think that's the priesthood of psychiatry, isn't it?

5 So I think the Medical Council, there should be something that would compel them
6 to investigate a practitioner who practises with their licence with serious allegations such as
7 we're talking about here.

8 And also for children in care, just very quickly, there should be a mechanism where
9 they have a way to communicate to a safe person such as ourselves, but it's not going to
10 be just -- it's not just us, we might have been ahead of our time, but to be able to
11 communicate ill treatment that they're receiving at the hands of whoever their carer might
12 be. And it might be a rare event, but they should have an ability to make known any kind
13 of abuse that might occur in the future. That kind of sums it up.

14 **MS GREEN:** Thank you for that, Mr Ferriss. If you can just answer any questions that the
15 Commissioners have, but that concludes the statement.

16 **CHAIR:** Thank you, Ms Green. Do counsel wish to ask any questions of these witnesses?

17 **MR MOLLOY:** No, thank you, ma'am. I simply acknowledge something that Mr Ferriss alluded
18 to, which is that there are not many lawyers, let alone many lay people, who have taken the
19 matter to the United Nations, let alone succeeded there.

20 **CHAIR:** Certainly. A fine observation. Anybody else wish to ask any questions of these
21 witnesses? We have a question.

22 **MR GIBSON:** Thank you, gentlemen. First, an acknowledgment of all the years that you've been
23 looking into this. I think the general issues of human rights and mental health even
24 precedes the 45 years, and partly my questions want to look at the circumstances which led
25 to the possibility of the creation of Lake Alice and what happened there. You have talked
26 about the potential of psychiatrists almost being above the law, abuse of mental health. But
27 expanding on those ideas of professional accountability, especially in the psychiatric
28 profession, how that compares with the broader mental health -- broader health professions
29 and other professions, and also the environments of mental health care, mental health
30 treatments, what is it that you see through your years as leading to the creation of the
31 environments and the professional accountability mechanisms?

32 **MR FERRISS:** I think -- well, certainly, Lake Alice is an egregious example of psychiatric power
33 gone mad. But it wasn't the only hospital where children were, and were getting shock
34 treatment. And, essentially, psychiatry's coercive power is legal through the Mental Health

1 Act that allows them to treat a person against their will. That essentially puts them above
2 the law when it comes to accountability of how they treat them. And proving ill intent of a
3 psychiatrist is possibly trying to prove ill intent of a slave owner whipping his slave.
4 They're essentially allowed to do it in that legal environment.

5 So how do you change that? Well, make compulsory treatment illegal. Get rid of
6 it. And we're not the ones suggesting this, it's now being suggested by the World Health
7 Organisation. It's now being suggested by the UN Committee on Disabilities. These ideas
8 have been around for a little while. And as soon as you -- and they're arguing that as soon
9 as you can treat a person against their will, you're disempowering that person from getting
10 better. You're saying you cannot decide on what's good for you. Certainly there might be
11 cases of psychosis and periods where a person might need some intervention, but it
12 shouldn't be for a lifetime. It shouldn't be that someone in the psychiatric agency has this
13 ultimate control over one's future.

14 So there is a big sort of conversation around this, and our Mental Health Inquiry
15 started to go into this a bit, that they really need to dig in and look at what real treatment
16 would look like without the coercion, without the compulsion, and real help in this field.
17 Does that answer your question?

18 **MR GIBSON:** Yeah. So at the moment we haven't done all we can to prevent the kinds of
19 situations which result in --

20 **MR FERRISS:** No, not at all. But again, when you've got children in care, there has to be
21 accountability, but the child also has a voice, and allowing them -- because one of the
22 things, you need things, as we heard from Bruce and Victor, is that they visited the
23 hospitals, the children started to tell them what was happening because they believed them.
24 We also have heard that in other cases the children were not believed.

25 So -- and listening to this Commission, we hear acknowledgments of belief of
26 people's accounts and stories. And when it comes to putting this idea of what child torture
27 might look like, I think we heard it yesterday with -- and with Hake the day before what
28 that kind of looks like, and it is horrific. How could you be a human being and be part of
29 that? So yeah.

30 **MR GIBSON:** A lot of what we've heard is from children and young people who didn't have
31 diagnosis, there were many without and many, I think, with diagnosis who went through
32 Lake Alice. To what extent does that matter? Is there any justification if you do have some
33 mental health diagnosis, of compulsion, of what we do to children or what has been done to
34 children?

1 **MR FERRISS:** The idea of diagnosing behaviour is a really shady area. Some, you could say, is
2 that they're diagnosing normal behaviour. When it comes to children, normal behaviour
3 can be running around and screaming and doing crazy things. And -- but by putting a label
4 on behaviour, it shouldn't be a licence to treat behaviour in ways that are unwanted, even
5 brutal, yeah. We have a big argument with labels.

6 **MR BOYD:** Just one thing, if I could add here. The New Zealand Bill of Rights Act has got some
7 really good aspects in that, and just one thing; that could have more clout and more respect
8 as to uphold the Bill of Rights Act in this country.

9 **COMMISSIONER GIBSON:** Thank you, thank you, gentlemen. I note there's even been calls
10 from professionals in the last couple of weeks for a more human rights-based approach to
11 mental health and I think you are pioneers in the area.

12 **MR GIBSON:** If I can just add one thing too? The concept of originally an asylum which is a
13 safe place, safe space, and sometimes the argument can be, well, the person's so erratic,
14 possibly in a self harm or harm others and so forth, so therefore we have to do some
15 dramatic thing like electric shocking and so forth. So I don't subscribe to that or believe in
16 that. I think, for example, if it absolutely comes to it, the person might need an injection to
17 go to sleep for a little bit, but in a safe environment where it is -- the place is an asylum, it
18 is a place where one could go where the world has become too much for the individual to
19 be able to handle, go back to the original concept of what it was, which is a safe space and
20 we are not witnessing the safe space.

21 **CHAIR:** It remains for me to thank you three gentlemen. I don't have any questions, I think your
22 briefs of evidence and the documentation that you provided is extraordinary and more than
23 adequate. All I'm going to say is this, that I think it was you, Mr Ferriss, said that the
24 Medical Council could have been the heroes of this story. I just want to acknowledge the
25 heroes in this room. **[Applause]**. Mr Zentveld, you don't have to clap for yourself, but and
26 included, so there are many survivors who are heroes, but you three gentlemen have taken
27 up a cause for so long, 45 or more years, and I just want to honour that and just say that you
28 are among the heroes. Thank you very much indeed. **[Applause]**. Kua mutu aku mahi I
29 tēnei wā.

30
31 **Hearing closes with waiata and karakia mutunga by Ngāti Whātua Ōrākei**

32 **Hearing adjourned at 5.10 pm to Thursday, 17 June 2021 at 9.30 am**

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