

Witness Name: Victor Boyd

Statement No.: WITN0514001

Exhibits: WITN0514002- WITN0514067

Dated: 27 April 2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

WITNESS STATEMENT OF VICTOR BOYD

I, **Victor Boyd**, will say as follows: -

1. I am a volunteer researcher for The Citizens Commission on Human Rights ("CCHR") and I have been since 1977. I became involved through my involvement in the Church of Scientology. All of my family were members of the Church.

Contacting Former Lake Alice Patients in the late 1970s

2. When I was 26 years old and living in Whanganui, I worked at UEB Industries Ltd as a printer. It was there that I met a young colleague by the name of GRO-B GRO-B, who had been at Lake Alice in the Child and Adolescent Unit under Dr Leeks ("Lake Alice"). I interviewed him and obtained a statement from him on 10 November 1977.
3. GRO-B told me that he had met a 12-year-old child in Villa 13 who told GRO-B that he had run away and received ECT on the legs by Dr Leeks. Dr Leeks administered it without any anesthetic. GRO-B also told me that if a patient "played up", they would get injections of Paraldehyde. GRO-B told me that he

had seen a 14-year-old need support to walk after receiving such an injection (Affidavit of **GRO-B**, 10 November 1977 [WITN0514002]).

4. Due to the fact that I lived in Whanganui, I was in the right place at the right time to do this work for CCHR, which was based in Auckland. There had been inadequate official Government response to concerns raised about Lake Alice and we were determined not to let this matter drop.
5. Through my discussions with **GRO-B**, I was able to locate other former patients and make contact with them. I managed to meet with five former patients. One contact referred me onto another, who had also been in Lake Alice. These boys were around the age of 18 years by this time.
6. I used the phone book, making many calls and going personally to their homes. Because I had already spoken with and interviewed one former patient, whom they knew had been in Lake Alice at the same time, the next person I contacted was more willing to speak with me.
7. They understood I was a volunteer and that my only motive was to help them expose the abuse they suffered while at Lake Alice.
8. CCHR's purpose was to expose the abuse of human rights in mental health and to help ensure that patients have recourse if they feel they have been abused. CCHR's statement *Mental Health Declaration of Human Rights* articulates the guiding principles of CCHR and the standards against which human rights violations by psychiatry are relentlessly investigated and exposed (Mental Health Declaration of Human Rights, CCHR [WITN0514003]).
9. The former patients were willing to talk to me. I was not part of a Government authority which was an advantage because of their distrust in the system.
10. These boys were damaged by their Lake Alice experiences and my listening to what they had to say was a big thing for them. They told me of receiving electric shocks and drugs for undesirable behaviour in the eyes of the staff.
11. They had no perception of being helped when they were in Lake Alice, but instead considered they were punished for bad behaviour. The boys did not really have any understanding of their treatment and what it was supposed to achieve. They saw it as punishment.
12. I wrote down their accounts of what happened and drafted affidavits. This took several visits, making sure the statements were accurate and then I typed up

the finished version. We would then go off to the courthouse where an officer of the court would witness their signature. It cost 50 cents at time in those days.

13. I was collecting these statements for the purpose of documenting what had taken place in the Child and Adolescent Unit of Lake Alice psychiatric hospital. The Magisterial and Ombudsman Inquiries that had taken place considered only two individuals and their complaints, but we in CCHR knew there were more, so it was important to get some kind of evidence of that.
14. At this stage I was not getting medical records, which came quite a bit later in the 1990s and onward when CCHR had become a lot more organised in its methodology of documenting cases.

Holdsworth School in Whanganui

15. In 1977, I met with Ray Limpus, who had been a teacher at Holdsworth School in Whanganui between 1972 and 1975. He made an affidavit giving evidence about what occurred to some of the children at his school. The children would be taken away from his class by either one of two of the school housemasters, Ken Hughes or Graham Lee. Ray was told they were being taken away to see the dentist. They were taken one at a time and would be away for one to three days. These children were being taken to Lake Alice.
16. Ray Limpus particularly remembered one boy, GRO-B who used to be friendly and easy to get along with. He was taken away to Lake Alice and returned two days later. He came into the classroom and behaved very aggressively. He threw chairs on the floor and would not speak to Ray for some days. Ray suspected he had received ECT at Lake Alice.
17. Ray checked on GRO-B file in the office and his file stated that he had received ECT that week. GRO-B had also been given drugs after he received ECT. He was sick and vomited, and was lethargic and sleepy while on the drugs.
18. Ray stated that the boys in his classroom who had received ECT became worse after they received it. He reported that ECT seemed to have changed their personality.

19. Some of the boys had told Ray that they were held down and then given ECT and that it was an extremely painful experience.
20. Ray Limpus signed his affidavit on 20 December 1977 (Affidavit of Ray Limpus, 20 December 1977 [WITN0514004]).

Charlie Symes' Evidence

21. I met with Charlie Symes in Whanganui in 1978.
22. He signed a statement describing a macabre series of events while he was a child patient in the Child and Adolescent Unit of Lake Alice. His testimony confirmed that ECT and drugs were being used as punishment. He wrote that he got ECT two days after he was admitted to Lake Alice and that it required four or five nurses to hold him down, while for four or five minutes Dr Leeks was flicking the dial on the machine. He said ECT without a needle (anaesthetic) was given to him twice a week and with anaesthetic about five times. He was at Lake Alice for about five months in his first admission.
23. On one occasion when he was administered unmodified ECT (no anaesthetic), he stated that he almost died and was taken to Whanganui Base Hospital and put on a respirator. After about one-and-a-half weeks he came out it (recovered). Then after a period of nine months at Hokio and the Kohitere boy's homes, he went back to Lake Alice where he stayed for 15 months. He was 16-17 years of age by this time. Charlie Symes stated:
 - a. *When some of the other patients got [ECT], you could hear them screaming their heads off. Most of them got it as punishment for things like, smoking, leaving the hospital grounds, walking out of the ward, going over to the canteen.*
24. After four months in Lake Alice for the second period of time, Charlie stated that he was manhandled up some stairs into what the staff called the "boot room" and the kids called "thump therapy". There he was punched and kicked by four of the staff whom he named in his statement. He was then placed in a secure room for a couple of weeks and was given medication, Paraldehyde, Largactil, morphine, sleeping pills and tranquilizers.

- a. *On the eleventh or twelfth month, I was given ECT below the belt, by Leeks, which was very painful. Dr Leeks told me that I could do nothing about it, not even if I reported it, so I didn't, not even to Dr Pugmire.*
 - b. *Dr Leeks was in a pretty bad mood that day, and a couple of hours after I got it, two new boys got it. They told us later that they received it on their private parts, and if they had known this was going to happen before they arrived, they would have taken off* (Affidavit of Charles Symes, 20 September 1978 [WITN0514005]).
25. After Charlie completed his statement, I lost contact with him until in mid-1981.
26. Lindsay Randle, a CCHR supporter in Christchurch, wrote to me advising me that he had met Charlie in Christchurch where they both lived and had taken Charlie to the Central Police Station to lay a complaint about his treatment at Lake Alice Psychiatric Hospital, including about being shocked on the genitals (Letter from Lindsay Randle to Victor Boyd, 12 June 1981 [WITN0514006]).
27. I wrote to Charlie on 17 July 1981, advising him that he could lay charges for what he revealed in his statement about Lake Alice and Dr Leeks using ECT on his private parts. I was working in the CCHR office in Auckland at this time, but I offered to assist him through the police complaint process (Letter from Victor Boyd to Charles Symes, 17 July 1981 [WITN0514007]).
28. Charlie was very interested in taking some action and I arranged to get another statement done which was essentially the same as the previous one. He completed this in 1982 and we lost contact and I did not follow this through. This was a missed opportunity unfortunately, but now this evidence shows how as early as 1977 we had a former child patient stating he was shocked on the genitals and knew of others who had received the same treatment.

GRO-A Mr DD Evidence

29. Perhaps one of the most bizarre incidents that was disclosed to me was by former Lake Alice patient, [GRO-A Mr DD]. He told me about a boy with a known history of sexually deviant behaviour, who was put into the Lake Alice. He sexually assaulted five of the boys there. The victims of the assaults were gathered together by Dr Leeks to take part in an ECT session on the

perpetrator two days before he was to leave Lake Alice and appear in Court for sentencing. The boys present were instructed by Dr Leeks to operate the shock machine and each were given a turn of the dial of the shock machine causing him pain. One of the boys, **GRO-B** declined to use the ECT machine on the boy, but observed what happened.

30. I came away from hearing this this wondering who would believe me if I were to tell this story, and who would ever believe the young man who had told it to me.

31. After these meetings, **GRO-A Mr DD** went overseas and I lost contact with him. It wasn't until much later that we reconnected.

Medical Council investigation 1977

32. When I re-connected with **GRO-A Mr DD** in 2004, he told me that after my meetings with him, he felt I was someone who cared about what happened to the children at Lake Alice. **GRO-A Mr DD** told me that he had gone on to lay a complaint to the Director General of Mental Health, Dr S W P Mirams, after our meetings in 1977.

33. In 2004, **GRO-A Mr DD** still did not know what had happened about his complaint as he was never informed. I helped him apply to the Medical Council to get the records. The records concerning his case comprised some 20 pages. They showed the outcome of the meeting with the Director General was that **GRO-A Mr DD** signed a statement which became a complaint. The complaint was sent to the Medical Council and reached the Penal Cases Committee of the Medical Council (Bundle of Medical Council Documents, 1977, page 4 [**WITN0514008**]).

34. The Medical Council had set a date for a hearing into the complaint at the end of 1977, but there was no further documentation and no findings. The documentation of the Medical Association and the Medical Council indicated that they disagreed with Dr Leeks' treatment practices.

35. On 26 August 1977, W J Pryor, Chairman, Central Ethical Committee, wrote to Dr Leeks saying:

- a. ... *In this particular case we can in no way see that it is acceptable psychiatric therapy to involve the victims in a punishing situation*

with the patient concerned.

- b. *We appreciate that this could have been carried out by you in good faith at the time, but feel strongly that this constituted grossly unethical conduct likely to bring the reputation of the medical profession into disrepute* (Medical Council documents, page 9 [WITN0514008]).

36. [GRO-A Mr DD] complaint was investigated by the Medical Association which referred it on to the Penal Cases Committee of the Medical Council of NZ.

37. Dr Leeks never denied the allegation as we now know from the records. He claimed that by getting the boys to administer the shocks to their assailant, it would be therapeutic for them. In his letter, Dr Leeks considered the Association and the Council were the ones who were wrong, not him.

38. In his letter of 7 November 1977 to the Medical Council, Dr Leeks wrote:

- a. *It did not seem unreasonable therefore, that much could be done to help the five youngsters by their being part of the therapy of their attacker, as well as doing something in an active way about their feelings. It would I felt be of great value too for [GRO-B] to hear and perhaps understand a little better the feelings of those whom he had harmed. The five boys were asked to tell [GRO-B] about what it was like for them in the recent assaults and their feelings now. At that point they turned the switch and gave [GRO-B] the faradic [electric] stimulus, I had a few words with [GRO-B] and the boy concerned, and the next one took over. They then left the room and I continued the treatment session as on previous occasions* (Medical Council documents, page 17 [WITN0514008]).

39. The available paperwork sent from the Medical Council shows they sought advice from Professor of Psychological Medicine, F J Roberts, who regarded the use of child patients as part of the shock treatment "novel" and saw it as problematic when the boys perceived the treatment as punishment. In his letter of 18 Nov 1977 to the NZ Medical Council, Professor Roberts disagreed with Dr Leeks' actions and did not agree with the premise of his argument for using the boys in the therapy. But this equated to a comparatively mild form of rebuke given the serious

nature of the alleged offenses.

40. The paperwork on the complaint ends abruptly and the investigation appears to be discontinued with no account of any findings despite the bizarre nature of the case and the obvious departure from medical and psychiatric practice.
41. In the end, Dr Leeks was free to continue his practice (Medical Council documents, pages 18 to 20 [WITN0514008]).
42. It is hard to not equate Dr Leeks' actions as punishment. The victim of the ECT session had committed a criminal act; he was charged and due to appear in Court and Dr Leeks arranged for the boys to administer the shocks two days before he was due to be sentenced. One would have thought that turning the matter over to the police and the laying of a criminal charge would be sufficient to help the victims regain some sense of justice and empowerment.
43. This episode, and Dr Leeks' justification for it, I believe reveals a lot about his nature. He saw the administering of ECT to the boy as therapeutic, both for the recipient and the boys who were coached to do it. He had the boys talk to their abuser while giving him electric shocks, as this is what Dr Leeks did while administering ECT to children. In this way Dr Leeks tried to make the boys like himself.

Police Investigation 1977-78

44. The New Zealand Police conducted an investigation into the alleged abuse of two boys who had been through the Lake Alice when it was brought to their attention by Dr Oliver Sutherland and ACORD in May 1977. The boys claimed they had been given painful electric shocks on their legs as punishment. It was established that the shocks had been given with an ECT machine, which was designed to be used to administer shocks to the head causing a current to pass through the brain. Dr Leeks claimed that he had been using the machine as a form of aversion therapy.
45. In addition, included in the paperwork that I obtained from the Medical Council in 2004, was a 22 June 1977 letter from Dr Mirams to the Medical Association. The letter from Dr Mirams stated that he was referring part of the complaint made by GRO-A Mr DD to NZ Police.

- a. *I have passed to the Police the information in the final paragraph of the notes of interview and, as you may know from the Minister's public statement, there is a police investigation going on at the moment to determine whether or not there is an adequate basis for any prosecution. The Police have not been informed of [GRO-A Mr DD] other allegations which I am passing to you (Medical Council documents, page 5 [WITN0514008]).*
46. By 22 January 1978, the Commissioner of Police, Mr K B Burnside announced that no criminal offences had been committed. He stated that the police had obtained an independent medical opinion that helped them reach this conclusion. The Press Association reported that the Health Department Director of Mental Health, Dr S W P Mirams, "expressed pleasure that the police inquiry had found nothing of a criminal nature," and that "Lake Alice Hospital was under constant pressure and as it was one of the few adolescent psychiatric units it tended to get a collection of extremely difficult cases" ("No Evidence of Criminal Act in Mental Hospital", Press Association, 28 January 1978 [WITN0514009]).
47. In 2006, I was able to locate the initial two complainants, [GRO-B] and [GRO-B]. With their permission we tried to get the Police file on the 1977-78 case, but it could not be found in the Police records. Then I also interviewed another Lake Alice survivor, [GRO-B], who told me he was interviewed by police around the time of this investigation. [GRO-A Mr DD] had also informed me he was interviewed by police at this time.
48. The documents relating to this Police investigation have never been available and presumed lost. We understand the file has now been found in Archives, misfiled, and that it is now in the hands of the current 2020-21 Police investigation team.
49. None of these Inquiries and investigations had found any wrongdoing. No charges were laid. We in CCHR believed at the time that we had barely scratched the surface of what had been going on inside the Lake Alice, which was why I continued to collect more affidavits from the young people who had been in there.

Dr Leeks leaves the country

50. During the Police Investigation in 1978, Dr Selwyn Leeks, the head of Lake Alice Unit, left the country ended up practising at a hospital in Cleland Street, Dandenong, Victoria, Australia, where he was in charge of child and adolescent psychiatry.
51. An article was published in Scientology's *Freedom* magazine entitled, *Aussie Kids in for a Shocker*, detailed how Dr Leeks was accused of electric shocking children at Lake Alice without consent and was now practising in Victoria and that he was once again in charge of child and adolescent psychiatric unit ("Aussie Kids in for Shocker", *Freedom*, March-April 1979 [WITN0514010]).

Petition for an Inquiry into ECT on Children and Adolescents

52. By 1979, CCHR had gathered a number of statements and affidavits from young people who had complained about forced ECT, which many saw as punishment. A large number of these cases were from Lake Alice, but other hospitals were involved too, such as Kingseat, Tokonui and Porirua.
53. As I had collected a lot of these affidavits, myself, and two others from CCHR met with MP, Jonathan Hunt, in his office in Wellington. We talked to him about the real need for a Commission of Inquiry into the use of ECT, especially on children, in New Zealand.
54. Jonathan Hunt MP, then presented a petition on CCHR's behalf to hold a Commission of Inquiry into the use of Electro-Convulsive Therapy. This was forwarded to the Social Services Select Committee where we presented our case. Ultimately, it was rejected by the Cabinet Committee on Legislation and Parliamentary Questions. Its reasoning was that the treatment had been used for 30 years and it was a matter of professional judgement of the doctor responsible (Letter from George Gair to Jonathan Hunt, 30 October 1979 [WITN0514011]).

Summary of CCHR involvement with agencies from 21 January 1976 until 1979

55. In the period 21 January 1976 until 1978 CCHR was engaged in the various activities set out below to fact find and advocate for Lake Alice

patients and former patients and in seeking to redress their grievances.

The summary shows:

- 21 January 1976 – tour of Lake Alice_hospital;
- February 1977, Magistrates enquiry regarding the Niuean Boy's case - no findings supporting and redress of the grievances. A non-disclosure direction from Magistrate William Mitchell.
- April 1977, Enquiry conducted by the Ombudsman, Sir Guy Powles – findings regarding a lack of informed consent.
- 22 April 1977 - Six days after the protest at Lake Alice Hospital, Dr John Dobson, Chairman of the NZ Committee of the Australian and New Zealand College of Psychiatrists, wrote to Dr Janet Moore of the Values Party Women's Rights Group, with a warning not to get involved with CCHR because it is linked with the Scientology movement.
- June 1977, GRO-A Mr DD made a complaint to the Director General of Mental Health – Director General Stan Mirams facilitated the complaint being sent to the Penal Cases Committee of the Medical Council of NZ.
- 1977 Medical Council Investigation – unclear if a hearing took place. There were no findings against Dr Leeks.
- 1977-78 NZ Police complaint – investigation completed, but found no criminal wrongdoing.
- 1979 Petition for an Inquiry into ECT on children and adolescents. No Inquiry took place.

56. Throughout the 1980s, our group focused on other cases of psychiatric abuse in other centres such as Porirua, Tokonui, Kingseat and Oakley/Carrington.

57. The death of GRO-B at Oakley in 1981 was a major case, as GRO-B died soon after getting forced ECT. This death resulted in an Inquiry. GRO-B cousin, GRO-B, died in Carrington psychiatric hospital in 1989 after being restrained and given a forced injection. This also resulted in an Inquiry in which CCHR took part.

58. In 1990 to 1991, CCHR exposed the Deep Sleep Treatment at Cherry

Farm in the 1970s and other hospitals. After an inquiry compensation was paid out to several victims of this treatment, and these were the first group of psychiatric abuse cases who received compensation.

Medical Practitioners Disciplinary Committee investigation 1991

59. In 1991, **GRO-B**, a former Lake Alice patient, contacted CCHR and talked about his experiences at Lake Alice. He wrote an account of what took place at Lake Alice. This included the fact that he was assaulted by a nurse and given Paraldehyde as a punishment, which he described as causing a sudden uncontrollable feeling go through his body which made him feel stiff and unable to move. He wrote that he was taken in a wheelchair to a room in another building where he was stripped of his clothes and put onto a steel bed and strapped to it. He described how a female nurse shaved his hair around his forehead and cream was applied to both sides. The electrode buttons were placed on each side of his forehead and he looked up to see a man who introduced himself as Dr Leeks. According to **GRO-B** Dr Leeks told him that after this treatment he was going to listen and do whatever he was told to do. **GRO-B** stated that he saw Dr Leeks move his hand to a knob on the ECT machine and at the same time telling him he would be a better person. He then experienced a sudden pain shoot through his whole body and intense pain in his head; his body went stiff. Then everything stopped but it happened again and this time the pain was unbearable and everything went blank as he blacked out. Afterwards, he was told by the nurses that the pain he was experiencing was part of the treatment.
60. **GRO-B** wrote that the experience at Lake Alice affected him ever since, causing him headaches, sweating nightmares and temporary memory loss. He said he rebelled against the system and white people because Dr Leeks was white (Letter from **GRO-B** to CCHR, 23 April 1991 [WITN0514012]).
61. CCHR arranged some free counselling for **GRO-B** which helped him deal with those experiences.
62. On 30 April 1991, **GRO-B** laid a formal complaint with the Medical Practitioners Disciplinary Committee and the Manawatu-Wanganui Area Health Board about the treatment he received at Lake Alice. CCHR helped formulate the complaint (Complaint from **GRO-B** to the Medical Council, 30 April 1991

[WITN0514013]). This complaint was assessed by Dr Radcliff, the Medical Superintendent and Ms Vivienne Ayres, Manager of Secondary Care Mental Health Services, Manawatu-Wanganui Area Health Board. Both dismissed his complaint because there were not any records of him being refused contact with his family and being given unmodified ECT or paraldehyde as punishment.

63. With CCHR's support [GRO-B] wrote in his complaint that he knew Dr Leeks gave other boys ECT as punishment and that the Council may already have information on this. He said he believed Dr Leeks should be held accountable and made answerable for his actions.

64. In her reply Ms Vivienne Ayres wrote:

a. *I am unable to comment on the practice of Dr Leeks during the 1970's. He has not been in practice in New Zealand for some years now. Relevant information pertaining to activities at this hospital some 18 years ago is limited to that which is recorded in individual medical records* (Letter from Vivienne Ayres to [GRO-B] 10 June 1991 [WITN0514014]).

65. Clearly, there was no effort to look at Dr Leeks and Lake Alice more closely even though the Lake Alice Hospital administration and the Medical Practitioners Disciplinary Committee ("MPDC") were in a position to do so.

66. Dr Williams, Chairman of the MPDC, determined, *there are no grounds for any enquiry into the conduct of Dr Leeks* (Letter from G.J. Neville to J. Hartnell, 17 June 1991 [WITN0514015]).

67. [GRO-B] was a member of the music group, [GRO-B] and wrote several songs for them.

68. In 2005, I caught up with [GRO-B] after he received a Government payout for the abuse he suffered at Lake Alice. He was not happy as he said that he only received \$24,000 from the \$60,000 he was awarded. He said he used these funds for a music studio to help his children who were also playing music. Sadly, [GRO-B] has now passed away (File note taken by unidentified person of [GRO-B] call to CCHR, 25 July 2005 [WITN0514016]).

Legal cases against Dr Leeks

69. CCHR picked up on the Lake Alice issue once again in the 1990s when Leoni McInroe("Leoni") and [GRO-B] filed claims against Dr Leeks and

the government. In particular, Leoni filed an Accident Compensation Commission claim and then filed in the High court against both Dr Leeks and the Crown (Royal Commission survivor witness statement of Leoni McInroe, 31 July 2020, paragraph 34 [EXT0000223]).

70. In April 1993, a CCHR member met with Leoni at her home and discussed her case and was allowed access to her medical file. Leoni already had a lawyer, Phillipa Cunningham, looking at her case with a view to filing a legal application for damages. Over the course of several meetings, CCHR supplied Leoni and her lawyer with information from the Lake Alice files to help support her case.
71. In the meantime, CCHR observed the process and supported Leoni as much as we could.
72. In around May 1998, CCHR received information that Dr Leeks might be coming to Auckland for a hearing and so Steve Green of CCHR called the Ministry of Health in Wellington to ask if they were going to do anything about Dr Leeks considering he would be in the country, and the fact that the controversy surrounding his practice at Lake Alice was still very much an issue.
73. The Ministry of Health did not act on our query. We did not find out from Leoni until much later that Dr Leeks did attend a hearing in Auckland but she was unable to tell us about it as she had to sign an agreement not to or she would forfeit any monetary settlement. This was confirmed in Leoni's statement to the Royal Commission at the redress hearing in November 2020. This one act shows how the psychiatrist had the Ministry of Health and Crown Law working on his side by attempting to shut our group out of the picture.
74. Leoni McInroe's and GRO-B case are very important in the Lake Alice story as they were the first filed legal applications claiming psychiatric abuse and naming Dr Leeks as the primary abuser. Because of the amount of money they were claiming, and the possibility of setting a legal precedent, their case was being watched closely by the government lawyers.
75. By 1999, Dr Leeks could see what was unfolding and he cancelled his registration with the NZ Medical Council. This meant that the New Zealand Medical Council could refuse to investigate any complaints concerning him

and did just that when CCHR asked them to do so in 2012 (Letter from the Medical Council to CCHR, 22 June 2012 [WITN0514017]).

Class Action

76. In mid-1997, CCHR publicly announced it was re-opening the Lake Alice files (“Commission reopens Lake Alice file”, Wanganui Chronicle, 21 July 1997 [WITN0514018]).
77. It was at this time that lawyer, John Edwards, was gathering the first cases that turned into a class-action. There were new Lake Alice stories hitting the media revealing some of the abuse that took place there (“Lake Alice house of horrors for children”, Sunday Star Times, 18 April 1999 [WITN0514019]; “The anguish of Lake Alice”, The Press, 17 March 1999 [WITN0514020]).
78. John Edwards brought together a number of Lake Alice victims and this class-action was then taken over by Christchurch lawyer, Grant Cameron, who filed claims in 1999 on behalf of 56 claimants. Other claimants joined later making the total 95 (“Notice to Plaintiffs to Provide Further Particulars”, Crown Law Office, 3 June 1999 [WITN0514021]).
79. CCHR assisted Grant Cameron with some of the early statements collected by myself and others in the late 1970s (Letter from Grant Cameron to CCHR, 24 February 1999 [WITN0514022]).
80. There was some time between the filing of the applications in 1999 and its closure in 2001. Grant Cameron Associates were notifying claimants of the progress of the case and then in early October 2001, the cases were settled out of court for a sum of \$6.5 million to be divided among the 85 claimants. (Minus the lawyer’s fee).
81. This was somewhat of a surprise because Leoni and **GRO-B** case had been going on a lot longer and Leoni’s claim was for a lot more money. So the settlement seemed to be a solution to knock down the monetary amount for the claims.
82. It should be noted that the Government had set aside \$132 million for the Lake Alice cases a year before the Cameron settlement of \$6.5 million for 95 claimants.

83. This civil action resulted in the 2001 apology and ex gratia payments to the 95 victims, with the average payout at around \$60,000 (“Former Lake Alice patients accept 6.5m compensation”, NZ Herald, 27 August 2001 [WITN0514023]).

Independent Report retired High Court Judge, Sir Rodney Gallen.

84. One of the unplanned consequences of this civil action was the independent report written by retired High Court Judge, Sir Rodney Gallen in October 2001.

85. After assessing the claimants to apportion the payout by the Government, Sir Rodney decided that there needed to be an account of what took place at the Lake Alice. He had personally interviewed about 40 of the claimants and looked at the medical records of all of them. His report was the first such account of what took place inside the Lake Alice from the perspective of a large number of the victims. Until then there were only individual accounts reported on in the 1977 Inquiries and by media. The Gallen Report offered the first comprehensive account of what took place at Lake Alice.

86. Sir Rodney’s report was sent to the claimants by Grant Cameron. The report was also sent to the Solicitor General for him to take action regarding it.

87. Rather than taking action, the Government challenged the *Evening Post’s* efforts to make the report public. They lost the case to suppress Judge Gallen’s report and it was made public (“Children ‘wept in terror’ over ECT”, The Press, 29 October 2001 [WITN0514024]).

88. For the first time, the New Zealand public got a real insight into what happened at Lake Alice. Sir Rodney was explicit in describing torturous treatments such as electric shocks on various body parts, including the genitals, of children.

89. From our perspective, the report meant we needed to once again pursue avenues to hold the perpetrators accountable and ensure that the psychiatrist and the staff at Lake Alice were not above the law. We believed this was the only real way to ensure such abuses never happen again. Alleged offences such as assault, sexual abuse, ill-treatment, torture and solitary confinement should have been considered by several different authorities, including the Police. A number of Lake Alice survivors had told me they believed that Dr

Leeks and other Lake Alice staff should face a court of law for what they had done.

Challenge on the second-round claimant payouts

90. In 2002, the government was involved in paying out the second round of Lake Alice claimants. They were given a Crown-funded lawyer, Dr David Collins QC, to work with the claimants. Curiously, Dr Collins was a partner in the law firm, Rainy Collins Wright, who represented Dr Leeks in the McInroe **GRO-B** vs Leeks case in 1994 (**GRO-B**) v *Leeks* HC Wanganui CP No. 117/99, 4 August 1999 [**WITN0514025**]).
91. It was soon after the second-round payouts were made the then director of CCHR, Steve Green, and myself met with Paul Zentveld who was one of the second-round claimants. Paul was disputing the amount he was being offered by the Government having been told it was to be \$115,000 but he ended up receiving \$80,000. Paul challenged this and discovered that the \$35,000 difference was a deduction as administration and legal fees.
92. Paul decided to sue the government over this and ended up winning his case in 2006. CCHR supported Paul throughout this process by attending the court hearings in Wellington with him. He was successful in having the deducted legal fees paid back to him. Following this, all second round claimants had their legal fees returned ("Mistreatment of Lake Alice patients continues", National Business Review, 13 July 2007 [**WITN0514026**]).

Police Investigation 2002 – 2010

93. Following the second round of government payouts in 2002, CCHR submitted several of the Lake Alice cases to the NZ Police to investigate allegations of ill treatment and torture in the Lake Alice (Letter from CCHR to the Police, 15 March 2002 [**WITN0514027**]; Letter from CCHR to Police, 13 November 2007 [**WITN0514028**]).
94. Lawyer, Grant Cameron followed the lead of CCHR and supplied many more cases making the total number given to the police about 44 (Email from Lynn Boyd to CCHR, 26 May 2005 [**WITN0514029**]).

95. In the early part of 2004, CCHR director, Steve Green, was talking to Jim Taare, a police detective inspector who was assigned to the case. There was a meeting lined up with him which never took place and it seemed that Detective Taare was pulled off the case by his superiors. It appeared to Steve Green that Jim Taare was genuinely interested in running the case and conducting the investigation but he was replaced by someone else who appeared less interested. CCHR were very willing to assist and supplied a lot of information but found it difficult when the Police detectives did not seem all together interested. After Jim Taare, other police officers took over and finally Detective Inspector Malcolm Burgess was running the case.
96. On 21 April 2006, when the Police investigation was into its third year and appeared to be languishing, Steve Green and Paul Zentveld met with Malcolm Burgess. At the meeting Paul handed Detective Inspector Burgess his statement and supporting documents to be included in the investigation. They had been prepared by CCHR for the Medical Practitioners Board of Victoria (MPBV) who were conducting their own investigation into Dr Leeks' practice at Lake Alice as he was under their jurisdiction at this time.
97. Shortly after this meeting with the Police, I met with Dr David Collins QC. The meeting at the Rydges Hotel in Auckland on 31 May 2006 lasted about 35 minutes. David Collins told me he had seen 130 patient files in his role as the Crown-funded lawyer for the second-round Lake Alice claimants. It was in this meeting that David Collins told me that *if the Police had seen the files that I have, they would lay a charge* (Affidavit of Victor Kenneth Boyd, 1 March 2007 [WITN0514030]). He also said that the statements made by former Lake Alice nurses to Crown Law were damning and the youngest child at Lake Alice was four years old.
98. We found out in 2020, ten years after this Police investigation ended, that the Police team did interview some of the former Lake Alice staff. In 2020, we received nine of the Police interview reports. They were heavily redacted but even so, in one of those reports of an interview conducted by Detective Superintendent Malcolm Burgess on 8 September 2006 with an anonymised registered nurse, it stated the nurse had witnessed a boy (who was being accused of sexual offences) being shocked on the genitals and thighs by Dr Leeks in the Child and Adolescent Unit. Detective Burgess wrote:

- a. *The aversion therapy was applied as a punishment. The boy who had been offended against was invited to operate the apparatus. Other boys were also involved (Job Sheet, New Zealand Police, 8 September 2006, page 2 [WITN0514031]).*
99. At the end of the report under the heading "Conclusion" Detective Burgess wrote:
- a. *Whilst [name deleted] is able to provide information about events that he says occurred at the hospital, his information does not support the suggestion that individual patients were treated with electric shock treatment as a punishment. The one notable exception to this is the shock treatment administered to [name deleted] which is recorded in [name deleted] statement. [Name deleted] is not a complainant in these proceedings. [Name deleted] is a potential offender for serious sexual offences against other patients (Police Job Sheet, page 9 [WINT0514031]).*
100. The boy who was given these electric shocks to his thighs and genitals was a complainant, and one of the first CCHR filed a complaint on behalf of (Letter to Police, 15 March 2002 [WITN0514027]; Statement of [GRO-B] [GRO-B], 14 March 2002 [WITN0514032]; Letter from the Police to CCHR, 29 April 2002 [WITN0514033]).
101. In 2010, the police investigation was over and they announced that there was to be no criminal prosecution concerning the events at the Child and Adolescent Unit at Lake Alice.
102. Their decision was criticised by lawyer, Grant Cameron, who was reported as saying:
- a. *On my recollection of the file... there was a very large amount of information which indicated that Dr Leeks should have been facing some sort of charges. However, the matter is for the police and what can you do.*
- b. *There was information used in the civil case which alleged Dr Leeks had applied electric shock treatment (ECT) inappropriately. "That documentary evidence would have been pretty powerful in itself," Mr Cameron said ("Lake Alice inquiry criticised", Stuff, 30 March 2010 [WITN0514034]).*
103. CCHR also criticised the decision saying we knew of nine complainants who were never interviewed by the Police and we would be referring statements from the victims to the United Nations ([WITN0514034]).

Finding Lake Alice survivors, former staff etc.

104. After the 2001 Prime Minister and Minister of Health's Apology and Government compensation to some Lake Alice victims, I was able to locate a further 25 or so of the former patients from the Child and Adolescent Unit. This also included several of the girls who had been in Lake Alice. The former patients were now in their forties and had a better perspective, for the most part, on what had happened to them. Each now knew they were not alone in telling their story.
105. I went about finding a number of the former Lake Alice child patients, which was an ongoing activity over the next few years. It meant tracking the down survivors once again, finding phone numbers and addresses. In several cases, this activity resulted in survivors applying for the Government payout if they had not already. Some of them also put their cases forward to be part of the on-going Police investigation.
106. I was able to obtain around 40 statements and many medical records of Lake Alice survivors. I located, interviewed and obtained statements from three of the former staff who had worked at the Children's Unit at Lake Alice - a former registered Psychiatric Nurse, a Charge Nurse of the Children's Unit, a Nurse Aid and a couple of the Social Workers.
107. On 24 July 2004, I met with former Lake Alice charge nurse, Terry Conlan, at the Mangere library. He was working at the Mason Clinic at the time. I let him talk about Lake Alice without interrupting him or challenging him. I recorded the interview and transcribed it. Terry Conlan came across as a person who was doing his job. He stated that he saw one boy at Lake Alice get the stimulus treatment two or three times and described how the current in the ECT machine had a dial that would increase the voltage when it was turned up. I do not think he was up to admitting to anything he might have done to the boys at Lake Alice. Terry has since passed away (Notes on interview with Terry Conlan, 24 July 2004 [WITN0514035]).
108. In 2007, I read an article in The Wanganui Chronicle newspaper and I learned the names of the parents of the boy who had been the subject of the 1977

Ombudsman inquiry ("Parents recall Lake Alice nightmare, demand extradition", Wanganui Chronicle, 17 April 2007 [WITN0514036]).

109. I contacted the parents and through them I was able to obtain [GRO-B] [GRO-B] medical records. These records also included the full 44-page Ombudsman Enquiry report by Sir Guy Powles and other documents.
110. The full report revealed that on the day the Ombudsman's assistant had an appointment to interview [GRO-B] Dr Leeks, despite this appointment being known, gave [GRO-B] ECT. This made it impossible for the assistant to interview [GRO-B] properly due to his disoriented, dazed and confused state of mind following the ECT.
111. Sir Guy Powles took a serious view of this as he thought it may have been a deliberate attempt to prevent the performance of his enquiries (Report of the Ombudsman, 5 April 1977, page 4 [WITN0514037]).
112. I also obtained a letter written by Dr Pugmire, Superintendent of Lake Alice, to S W P Mirams, the Director General of Health dated 8 December 1976, regarding the incident of ECT on the boy who had an appointment with the Ombudsman's assistant.
113. Dr Pugmire's five-page letter revealed that he was opposed to Dr Leeks' practise of child psychiatry and the way he administered the Children's Unit:
- Very briefly, my view on the basis of success in the treatment of children is frankness and honesty in answering their questions, correct medication, just and simple rules of ward conduct plus an overall attitude of kindness. You have on your files lengthy previous correspondence dealing with the differences between my views and those of the Child Psychiatrist [Dr Leeks] on the care and treatment of children (Letter from S.L. Pugmire to S.W.P. Mirams, 22 December 1976, page 1 [WITN0514038]).*
114. Dr Pugmire's letter also mentions a directive written by Dr Mirams on 6 June 1976 which defined the duty and responsibility of officers regarding the Children's Unit and gave all of these to Dr Leeks and to those he delegated his authority to.
115. Dr Pugmire confirmed that this arrangement was based on the General Hospital model and did not consider it worked well in Psychiatric Hospitals. His concern was that Dr Leeks' practise was bringing disrepute to his hospital due to the amount of attention from the press (page 2 [WITN0514038]).

116. Dr Pugmire wrote how he had an ECT machine removed from the Children's Villa on 21 December 1976, after he saw a journalist examining it. He thought the machine was old and condemned, but found out later that it was not. At the same time he discovered that ECT was being administered in the Children's Unit, outside of Villa 6 in the ECT department where ECT was delivered in the "normal way". This resulted in Dr Leeks and two others meeting with him (page 3 [WITN0514038]).
117. In his letter, Dr Pugmire was careful to point out that he disagreed with the continued use of ECT in the Children's Unit when it was widely criticised and there was a correct ECT Villa next door, set up to deliver ECT with proper safeguards.
118. Dr Pugmire also pointed out that decisions being made in the Children's Unit were made by *people who, (apart from the ward Charge Nurse), are not members of Lake Alice staff and are responsible to no one*. His concern was that nurses had complained that they did not know from whom they should take orders, including the Head Nurse who was also not clear on the matter, given that the Child Psychiatrist, Dr Leeks, and Child Psychologist, Victor Soeterik, were not part of the Lake Alice Hospital staff, but were *imported from Palmerston North* (page 4, [WITN0514038]).
119. Dr Pugmire added that Dr Leeks was appointed as Child Psychiatrist and took over the Child Health Clinic at Palmerston North from him and it must then be the responsibility of Dr Leeks, or his employer, the Hospital Board. But the Superintendent-in-Chief of Palmerston North, Dr Kenneth Archer, did not agree, which meant that Dr Leeks was apparently only responsible to himself. This was not optimum in Dr Pugmire's opinion because Dr Leeks was only at Lake Alice one day a week as a consultant. For that to work properly, Dr Pugmire was suggesting that Consultant Child Psychiatrist, Dr Leeks, should be there full-time running his own unit.
120. This letter by Dr Pugmire highlighted real internal conflict between himself and Dr Leeks over his methods of treating the children and the administration of the Children's Unit. It also showed that Dr Pugmire was unaware an ECT machine in the Children's Unit was being used for unmodified ECT treatment for reasons he was not aware of and disagreed with.

121. It also shows how complicit Dr S W P Mirams was in trying to down play what was happening at the Children's Unit by ensuring Dr Pugmire could not exert any influence over it as the Lake Alice Hospital Superintendent.
122. And lastly, the letter explains why Dr Pugmire had stated in several places, including in media interviews, that he had no control over what Dr Leeks was doing in the Children's Unit and seemed to distance himself from it.
123. At the time of completing this statement, CCHR has now requested additional information regarding the correspondence between Pugmire and Mirams, and Leeks and Mirams, to find out more detail about these internal conflicts.

GRO-B

124. In 2007, I met with **GRO-B** several times. **GRO-B** was a Lake Alice survivor, and we talked for some time about his life and what had happened to him when he was in the Lake Alice. He told me the following:

- a) Shortly after he was admitted to Lake Alice, he got Paraldehyde as a punishment from Nurse Terry Conlan for pushing one of the boys. He told me that the pain was unbelievable. He also described what it was like getting ECT from nurses, Steve Hunt and **GRO-B**

*I kicked a boy. I knew I was going to get punishment—an injection. They took me up to one of the single rooms. Steve Hunt made me lie on the bed, put the electrodes on my head, and gave me shock treatment, It was the first time that I had received shock treatment. I remember gritting my teeth. They put something in my mouth. My eyes were slammed shut. It was like drilling in each side of my head. I could see bright wavy lights, even though I had my eyes closed. And yes, I screamed! Anyone tells you that ECT doesn't hurt, has got to be kidding. The pain was indescribable. It felt like something was screwing into each side of my head. That was my first time. It seemed to me a long time. I felt that I couldn't hold on any longer, I felt like I was drifting off. I know that the pain was coming and going. I just wondered what I had got myself into. It would come down in intensity, then it would go up in intensity. I cannot remember how long this went on for (Notes from interview with **GRO-B***

GRO-B circa 2007, pages 2 to 4 [WITN0514039]).

- b) **GRO-B** told me when he spoke with his Social Welfare Officer, **GRO-C**, and told her what was happening at Lake Alice, he said she didn't want to know.

I spoke to my Social Welfare Officer, [GRO-C] about it as well, I am not surprised. None of my complaints got aired. Nothing I said mattered. I was something to be abused. I was a State Ward. I spoke to her about what was happening at Lake Alice. I told her exactly what was happening. She did not want to know. I asked her, "Did my mother know?" Afterwards, my mother didn't know anything about Lake Alice (pages 2 to 4 [WITN0514039]).

125. [GRO-B] description of getting ECT was like several others I had interviewed, but in this case he was talking about getting it for punishment by two of the Lake Alice staff, not Dr Leeks. There were other occasions when Dr Leeks gave [GRO-B] ECT.

126. We now know that [GRO-B] Steve Hunt and Al Scholes were not on the Nursing Council register at any time (Email from the Nursing Council to CCHR, 22 April 2021 [WITN0514067]).

127. This was another example of severe abuse being discussed with someone outside of Lake Alice, who had had authority at the time the abuse occurred, and yet nothing happened as a result.

Social Worker Brian Hollis

128. In 2008, I met with social worker, Brian Hollis, from Whanganui and talked with him about his experience when visiting Lake Alice as a Social Worker as some of his charges were sent there. I tracked Brian down from a note made in the file of a Lake Alice survivor. I recorded the interview with Brian Hollis and transcribed it.

129. His statement was interesting because it gave yet another view of the Lake Alice and how the Lake Alice staff interacted with Social Welfare Officers. This appeared to him to be one of superiority from Lake Alice staff, who would not share information about the children and were not very helpful when dealing with social workers. He claimed that no one questioned what Dr Leeks was doing in the Child and Adolescent Unit, including Dr Pugmire. The Lake Alice staff Brian talked about, told him that they could control the children when social workers could not. Brian Hollis believed this was because of the shock treatment. He had the distinct impression that children were being threatened and given shock treatment but did not have any direct proof, Brian stated:

- a. *You could see that this was the ultimate threat but I can't prove what this was about but I am quite clear in my own mind that implication that I got from that was that shock treatment was used as a... this was a control device... should we put your name down for shock treatment? That was the implication I got. If you didn't do what you were told you got shock treatment that was the implication that I got from that* (Notes from interview with Brian Hollis, 23 February 2008 [WITN0514040]).
130. Some of Brian Hollis's information seemed to be substantiated in the *Inspection Report: Holdsworth School 10-12 March, 1975*, which I obtained through the Official Information Act in 2008. Under the heading *Psychiatric Service*. The report states:
- a. *At the present time this is virtually non-existent. No boy has been placed at Lake Alice Hospital from the institution since December 1973. Prior to this transfers for periods from 4 weeks to 6 months were not uncommon but the present Principal feels this practice had little value. Certainly there have been serious doubts among social workers generally about conditions in the Adolescent Unit at Lake Alice. Control is far from satisfactory and the general feeling is that the children are discharged more difficult if not more disturbed than when they were admitted. It is interesting to note that with adequate staff and a good programme even extremely disturbed children can be contained in an open institution such as Holdsworth. A valuable side effect is that staff morale appears to have increased as staff have grown more competent and have been able to demonstrate this confidence in caring for the most difficult children* ("Inspection Report: Holdsworth School", 10 to 12 March 1975, pages 6 and 7 [WITN0514041]).
131. These serious doubts among social workers were obviously not acted upon, nor inquired into more deeply by the Social Welfare Department. However, I did find someone who did express grave concerns but was then shut down by authorities above him.

Educational Psychologist - Craig Jackson and the directive from the Director-General of Education

132. I note that Craig Jackson, Educational Psychologist, visited Lake Alice in the early 1970s in his role as an Educational Psychologist working in the Department of Education and Psychological Service, Palmerston North. I telephoned him in mid-2004 after I had obtained some documents concerning Lake Alice from the ACORD records which were held in the Auckland Central Library. Within these documents were letters written by Craig Jackson in 1976, to the Department of Education and to the Director of Mental Health, Dr S Mirams (Email from Craig Jackson to Lynn Boyd, 24 June 2004 [WITN0514042]).
133. Craig raised the issue of ECT used on children at Lake Alice following the press reports that had been made on the subject. In response is a letter to him marked "Confidential" written on 17 December 1976, by R O Sinclair, for the Director-General of Education, stating:
- ...you are advised to take no part in any inquiry which may take place following recent press publicity on this matter. Neither should you allow yourself to be drawn into making any statement to the news media on the subject.*
- This Department takes the view that the use or nonuse of ECT is entirely a medical matter and not a subject upon which any member of the Education service, in his professional capacity, is qualified to express an opinion. - R O Sinclair for Director General of Education (Correspondence between R.O. Sinclair, C.C. Jackson, S.W.P. Mirams, and Oliver Sutherland, December 1976 to April 1977, page 1 [WITN0514043]).*
134. Craig Jackson then wrote a letter dated 7 January 1977 to Dr S Mirams (the Director of Mental Health Division of the Department of Health). Craig Jackson explained in his letter that in his capacity as Acting District Psychologist, Palmerston North, he was visiting the Principal of the Lake Alice Hospital School in a consulting role from 1972 to 1973 and up to August 1974. He found out through discussions with the Principal, Mr R Chapman, that ECT was being used on a number of the children in the Child and Adolescent Unit and that it was often used without pre-medication procedures and that it was used punitively as part of the disciplinary structure without reference to their medical or psychiatric status, or grounds for admission. He wanted the Director of Mental Health to open an inquiry to examine the use of ECT on children and

adolescents generally and not narrow it to one individual (Pages 2 to 3 [WITN0514043]).

135. Dr Mirams wrote back stating that he did not want to be accused of interfering with “professional freedom” [of psychiatrists] which he would be if he attempted to impose constraints on the use of ECT. After dismissing all of Craig Jackson’s concerns he wrote:

You make the point in your letter that you are writing as a private individual, and may I therefore conclude with a comment myself as a private individual. The aspect of this business which has caused me the greatest concern has been the readiness with which individuals and organisations have been prepared to make public statements and write letters offering opinions and judgements about the specific treatment of a case when their only source of information is various news media reports and when they themselves have not seen the case in any professional sense of that term. - Dr SWP Mirams (Pages 4 to 5, [WITN0514043]).

136. This letter was written a week before the Niuean Boy Inquiry began. It appeared to foretell the Inquiry’s findings regarding the need for professional freedom for doctors, and their criticism of the organisations and news media that spoke out publicly about the abuse of children at Lake Alice.

137. This information confirmed for CCHR that here was further evidence that the abuses at Lake Alice had been covered up at the highest level of the Department of Health, Mental Health Division, and that here was a professional who sounded the alarm, being silenced. Craig Jackson knew that the punishment of children in the Unit was not just an isolated incident and needed a wider investigation to look into it, but that was not to happen. Instead, the authorities in Government ensured that only isolated cases would be looked at and conveniently dismissed. Any chance of a wider inquiry was not going to happen until 45 years after our first public utterances in 1976.

Brian Stabb, Former Registered Mental Health Nurse

138. In 2001, my wife (a registered nurse), alerted me to an article in the *Kai Tiaki* nursing magazine (November 2001 edition) about an interview with Brian Stabb, former mental health nurse, polytechnic lecturer and now mental health educator and clinical supervisor.

139. Brian had worked at Lake Alice for two years from 1974 as a registered nurse. The article made interesting reading, as it showed abuse of child patients appeared to be normal practice at Lake Alice (“Treatment at Lake Alice was also caring”, Kai Tiaki, November 2001 [WITN0514044]).
140. So when we were searching for more people who would talk about the situation at Lake Alice, Brian Stabb was on the list.
141. In 2009, Steve Green (the Director of CCHR at that time) and I met with Brian Stabb on two occasions in Tauranga. Brian gave me the statements he had written for Grant Cameron Associates, Crown Law and a statement he made for the Medical Practitioners Board of Victoria (“MPBV”). Brian Stabb’s information—which he had also posted on his website—had a lot to say about what Dr Leeks was doing at Lake Alice, and the fact that it what he was doing was not aversion therapy. This is recorded in my statement here as his information helped form our knowledge base of what occurred at Lake Alice, some of which we later included in our submissions and complaint to the United Nations Committee Against Torture. Brian Stabb stated:

I believe that at Lake Alice Adolescent Unit between 1972-74 aversion therapy involving 12-16 year old youths (all male) was practised, some of whom are subjected to electric shock to parts of their body for periods of 10 or more minutes. The part of the body that would be shocked was ‘the offending part’ eg. if a boy kicked, he would be shocked on the leg. I believe that Dr Leeks administered this whilst the staff who worked there physically restrained the residents.... I believe no consideration was given to the long term effect this would have on the people both receiving and administering ‘the treatment’.

Brian also recorded in his statements and in his interview with Kai Tiaki that:

There was a resident tied up in a laundry bag. I let him out. ... [GRO-B-400] told me [the boy] had behavioural problems and that was part of his treatment. [GRO-B-400] returned him to the bag.

The boy, we understand, was under ten-years-old at the time. GRO-B

GRO-B-400 was a nurse-aid with no formal training nor authority.

Brian related how he took part in an unmodified ECT session conducted by Dr Leeks where he challenged the psychiatrist afterwards:

...I had to restrain him whilst Dr Leeks administered unmodified ECT. It left me distressed, nervous, and giggly and close to incontinence. Immediately afterwards, I approached Dr Leeks expressing my discomfort and querying the treatment... I saw no clinical indications of depression and could not understand why he had been given ECT... Dr Leeks told me very clearly it was not my place to question his clinical judgement... He also told me that I should consider my position in the hospital and my reliance upon hospital housing (Affidavit of Brian Kenneth Stabb, 4 January 2006 [WITN0514045]).

142. In Brian Stabb's statement of 4 January 2006 to MPBV, he confirmed an event that was written about in the Ombudsman's report of 1977. He confirmed that at the time that one of the Ombudsman's staff was due to visit GRO-B at Lake Alice, Dr Leeks insisted on giving the boy ECT an hour before the official arrived which rendered him in an unfit state to answer any questions.

143. Brian Stabb said he recalled Dr Leeks saying, jokingly, he had put his affairs in order as he was expecting to go to prison.

144. Some months later, Dr Leeks left for Canada (page 5, [WITN0514045]). The extreme abuse at the Children's Unit mainly involved the use of ECT and electric shocks to punish the children but another aspect was that the children were also medicated with mind altering pharmaceutical drugs. The medicating of children for bad behaviour was another form of cruel and inhumane treatment. While the nurses and doctors might have made claims it was part of their therapy, it was in reality a way to keep the children docile and compliant, which is why so many children could be managed in the facility. When they did break out, which occasionally happened, they were invariably caught—often by police—and brought back to Lake Alice, where they were met with more electric shocks and drugs.

145. According to nurse, Brian Stabb, there was a notice written by Dr Leeks in front of the drug book to administer Paraldehyde as a standard treatment for disturbed behaviour, with a similar notice for intra-muscular Paraldehyde in all wards of the Hospital from Dr Pugmire (pages 5 and 6 [WITN0514045]). It is not clear who decided what constituted 'disturbed behaviour' but what was clear was that the nurses in Lake Alice were administering this drug for activities such as throwing apples, pillow fights and smoking, according to available nursing notes.

146. From the evidence in the nursing notes from Paul Zentveld's medical records, the behaviour identified for getting Paraldehyde injections included:

- a. *Increasing misbehaviour and to deter future insolent remarks concerning staff.*
- b. *Tripping a patient - 5ml (adult dose)*
- c. *Continual agitation*
- d. *Fighting*
- e. *Quarrelling and disturbing other patients*
- f. *Being in a scuffle*
- g. *Boyish behaviour*
- h. *Struck another patient (adult dose of paraldehyde given)*
- i. *Deterrent for misbehaviour*
- j. *Throwing apples this afternoon*
- k. *To encourage sleep and to deflate exuberant behaviour* (Letter from CCHR to UNCAT, 10 July 2017, page 9 [WITN0514047]).

147. It is little wonder, receiving information like this, that we pursued the Lake Alice matter as much and as far as we had. We knew that Brian Stabb had supplied this information to Crown Law, the Police and also the Medical Practitioners Board of Victoria. Crown Law had around 30 staff statements. We understand that they passed only six of them onto the Police after Paul Zentveld brought this matter up in the media. We could not escape the conclusion that the events at Lake Alice were deliberately being played down and actively covered up in order to prevent any real scrutiny by us or other interested parties.

Other Survivors

148. Throughout this process of gathering more information, we found the youngest child who was in Lake Alice and who was four years old at the time. I spoke with him, but he was reluctant to give a statement. Several I have spoken with were eight years old when in Lake Alice, the average age was around 13 years.
149. In 2006, I met up with **GRO-B**, another Lake Alice survivor. He provided his statement that he made to Grant Cameron Associates as part of the class action.
150. **GRO-B** provided additional information of his experiences from Lake Alice and drew nine sketches depicting his observations of several events there which we used in our 2010 submission to the United Nations (Letter from CCHR to UNCAT, 13 May 2010 [**WITN0514048**]).

A Note on the Lake Medical Records

151. In collecting up some 35 sets of documents it was obvious there was material missing, most notably nursing records, drug and ECT charts. Some correspondence we later found tells us that this might have been deliberate withholding of material or even destruction.
152. CCHR started obtaining medical records in the 1990s, either on behalf of former patients or by getting the person to request them. One of the Lake Alice survivors, **GRO-B** applied for his medical records with CCHR assistance in 1994. Initially, he was declined by Good Health Wanganui to have access to his files. Dr Pugmire (former Lake Alice Hospital Superintendent) initially resisted disclosing all of the information (Letter from Sydney L. Pugmire to Good Health Wanganui, 16 February 1995 [**WITN0514049**]).
153. This approach was viewed as incorrect by the Privacy Commission Officer investigating the case and three days after this letter, **GRO-B** was sent his files (Letter from the Privacy Officer to Good Health Wanganui, 26 January 1996 [**WITN0514050**]; Letter from Good Health Wanganui to Mr **GRO-B**, 29 January 1996 [**WITN0514051**]).

154. Ten years later former Lake Alice psychologist, Victor Soeterik, wrote on 18 October 2005 to ACC:

Some of the adolescent patients were kept at Palmerston North Hospital, as the patients were in part sent from the Children's Unit Palmerston North to be resident at the Lake Alice Adolescent Unit set up by Dr Leeks. However, previous experience with trying to access records of patients seen at the Children's Unit, which were more than 10 years old, has proved fruitless as the files have largely been destroyed (Letter from Victor Soeterik to ACC, 18 January 2005 [WITN0514052]).

Writing to officials

155. We were also corresponding with Government officials, the Medical Council and Nursing Council after the Government payouts. I was querying the lack of professional accountability and investigations as the picture of events at Lake Alice widened markedly since the narrow focused inquiries of the late 1970s.
156. In mid-2004, CCHR filed a long list of questions about nursing care in the Lake Alice to the Nursing Council, seeking their stance on what had allegedly occurred there concerning some of the nursing staff.
157. Later, I provided a list of 19 registered nurses to the Nursing Council who had worked at Lake Alice, asking whether there were any restrictions on their practice as a nurse in the 1970s or at any time since (Letter from Victor Boyd to the Nursing Council of New Zealand, 4 August 2004 [WITN0514053]).
- The Nursing Council replied on 18 October 2004, that two of the nurses still held a practising certificate and were practising and all of the others were not on the register (Letter from the Nursing Council to CCHR, 18 October 2004 [WITN0514054]).

Medical Practitioners Board of Victoria (MPBV) investigation

158. In 2001, after the NZ Government apology and payout, the Royal Australian and New Zealand College of Psychiatrists issued a press release on 5 December 2001, encouraging former Lake Alice child patients to file complaints to either the New Zealand Medical Council or the Medical Practitioners Board of Victoria ("MPBV").

159. Because Dr Leeks had cancelled his registration to practice in New Zealand in 1999, the NZ Medical Council refused to investigate complaints concerning Dr Leeks (22 June 2012 letter from the Medical Council [WITN0514017]).
160. That left the MPBV as the only medical organisation who would accept complaints.
161. In 2003, Lake Alice survivor, **GRO-A Mr DD** made contact with someone from the Medical Practitioners Board of Victoria and laid a complaint about Dr Leeks and his practice in New Zealand. Other survivors also contributed their information and Grant Cameron sent some cases to the MPBV and we helped put together a few cases, including one for Paul Zentveld.
162. The MPBV began their investigation in 2003 and personnel from the Board's law firm, Minter Ellison, came to New Zealand and interviewed Lake Alice survivors as well as myself and Steve Green from CCHR. They wanted to verify that the interviews I did in 1977 with **GRO-A Mr DD** were authentic and I swore an affidavit to that effect (Affidavit of Victor Boyd, 29 December 2005 [WITN0514055]).
163. On 10 August 2005, the MPBV announced they will be conducting an investigation into the professional conduct of Dr Selwyn Leeks (Media Statement from the Medical Practitioners Board of Victoria, 10 August 2005 [WITN0514056]).
164. I engaged with my local MP, Wayne Mapp, to seek some answers. He wrote in December 2005 to Health Minister, Pete Hodgson, asking him if the Ministry of Health is going to provide any assistance to the Medical Practitioners Board of Victoria in their investigation of Dr Leeks. The Honorable Pete Hodgson replied:
165. *I am advised that neither the Ministry of Health nor other state entity for which he is responsible is providing any advice, enquiries or assistance in respect of the investigation being undertaken by the Medical Practitioners Board of Victoria, in relation to Dr Selwyn Leeks* (Email from the Hon. Pete Hodgson to Wayne Mapp, 20 December 2005 [WITN0514057]). The MPBV investigation compiled 39 charges against Dr Leeks of infamous conduct in a professional respect when practising at Lake Alice in the 1970s. His conduct

was seen as not having *an adequate medical basis*. More specifically there were:

- a. 15 counts of administering electric shocks to the temples without anaesthetic;
- b. 15 counts of administering electric shocks to the temples without anaesthetic and without consent;
- c. 2 counts of permitting adolescent patients to administer electric shocks to another patient;
- d. 3 counts of administering electric shocks to the genitals; and,
- e. 4 counts of administering electric shocks to the hands, thighs and shoulders without anaesthetic (Letter from MPBV to Dr Selwyn Leeks, 26 June 2006 [WITN0514058]).

166. The formal hearing was scheduled for 19 July 2006. On the eve of that date, Dr Leeks resigned all forms of practise in all jurisdictions and the Board accepted this and the hearing never took place. Their reasoning was that they had no jurisdiction over a resigned practitioner and by Leeks cancelling his license to practise, the public were protected from him (Letter from Minter Ellison to CCHR, 1 August 2006 [WITN0514059]).

167. On 28 October 2011, the Australian Health Practitioners Registration Agency (“AHPRA”) went further and stated that the community were protected from all forms of Dr Leeks’ professional conduct in general and that the outcome was as if a complaint against Dr Leeks had been successful.

168. These were very serious allegations against about a psychiatrist’s conduct towards children. The charges were not disproved. Dr Leeks resigned rather than face the consequences of a medical hearing that could shed light on the degree of his alleged malpractice. It also meant that the victims of his abuse would never see justice from the Medical profession toward one of its licensed practitioners. On another level it sent a message that a medical practitioner could escape serious scrutiny by medical authorities by turning in their license to practise, just as Dr Leeks had done (Letter from AHPRA to CCHR, 28 October 2011 [WITN0514060]).

169. The NZ Government failed to show interest in assisting the MPBV. The NZ Medical Council also showed a lack of interest in this investigation. The infamous conduct that Dr Leeks was being accused of occurred under their watch by a psychiatrist who was in good standing with the Medical Council.
170. With the Medical Practitioners Board of Victoria's decision to not go ahead with their hearing against Dr Leeks, there were few agencies left to approach concerning accountability for what happened at Lake Alice. I followed up with the Royal Australian and New Zealand College of Psychiatrists ("RANZCP") regarding the press statement they made at the end of 2001, stating that Lake Alice survivors could make complaints to the New Zealand and Victorian Medical Boards.
171. I wrote to RANZCP on 11 December 2009 challenging them on a statement they made in their press release of 2001:
- a. *As a profession, we [RANZCP] are not prepared to stand by while such horrific allegations of abuse and torture are associated with our specialty. We are determined to have this matter resolved once and for all.* - Craig Glenroy Patterson, Executive Director of RANZCP
172. I wanted to know what action the College would be taking in regards to allegations against the child psychiatrist, Dr Leeks, now that the Medical Boards of New Zealand and Victoria were no longer investigating (Letter from CCHR to RANZCP, 11 December 2009 [WITN0514061]).
173. Their reply, dated 18 December 2009, revealed they were not in a position to do anything because the only statutory agencies that could were the NZ Medical Council and the Medical Practitioners Board of Victoria (Email from RANZCP to CCHR, 18 December 2009 [WITN0514062]).
174. This became a circular argument. RANZCP wrote again suggesting taking the matter back to the NZ Medical Council. But we already knew this was a dead end. I did try one more time when I attempted to get the NZ Medical Council to re-examine the case brought to them in 1977 by GRO-A Mr DD. The response was clear that the Medical Council could not do this because the Council no longer had jurisdiction over Dr Leeks because he was no longer registered with them (Letter from RANZCP to CCHR, 24 May 2010 [WITN0514063]; 22 June 2012 letter from the Medical Council [WITN0514017]).

175. Early in 2010, MP Wayne Mapp, wrote on my behalf to the Attorney General, Chris Finlayson, asking for a wide-ranging inquiry into the events at the Lake Alice Child and Adolescent Unit between 1972 and 1978.
176. Chris Finlayson replied on 9 April 2010 saying:
- a. *To date the Government has taken the position that it does not intend to have an inquiry into the events at Lake Alice in the child and adolescent unit, operated by Dr Leeks.*
- What the Government did in 2001 was to settle the claims that were brought in respect of those alleged events by payment of compensation, and to apologise to all of Dr Leeks' patients in full and final settlement of the claims. Having done that, the Government does not consider that a need for a more extensive inquiry into the allegations made is warranted* (Letter from the Attorney General to Wayne Mapp, 9 April 2010 [WITN0514064]).

Exploring the United Nations as an option

177. In 2006, through my ongoing investigations, we found Non-Government Organisations “(NGO”s) such as CCHR could make submissions to the United Nations Periodic Review of NZ. Steve Green and I researched and drafted a report which was submitted to the 2010 Periodic Review. After a further submission, Steve Green and Paul Zentveld went to Geneva in 2015 and presented their third submission and gave a verbal presentation to the United Nations Committee Against Torture. The UN response was encouraging and wanted more to be done regarding Lake Alice.
178. Our Government did not follow up what the UN had asked, so I looked at what else we could do. I talked at length with Paul Zentveld and we decided he could make a formal complaint to The United Nations Committee Against Torture (“UNCAT”). The new director of CCHR, Mike Ferriss, and I worked on Paul’s complaint which was sent to the UNCAT in 2017. The UNCAT upheld the complaint at the end of 2019. Mike Ferriss covers this in his part of CCHR’s work in his submission.

Correcting a Lake Alice patient’s medical records

179. In 2015, concurrent with the activity involving the UN, I assisted Paul Zentveld with a complaint to the Whanganui DHB concerning his mental health records from Lake Alice Psychiatric Hospital. The issue was that the mental health diagnosis were very likely to be flawed. This was based on Sir Rodney Gallen's report where it stated that many of the children were not mentally ill.
180. I sent a submission to the Whanganui District Health Board which included Professor Walter's expert medical opinion which he had supplied to the Police, as well as other documentation that supported the case that the psychiatric diagnosis by Dr Leeks was unsound. After two years of correspondence the Whanganui District Health Board agreed that Paul's Lake Alice records would be sealed and would no longer be part of his medical records. This was considered important as the children of Lake Alice were most often not incarcerated under the Mental Health Act and the diagnoses Dr Leeks gave were very probably flawed and unsafe to rely on (Letter from Whanganui District Health Board to Mr Paul Zentveld, 24 November 2015 [WITN0514065]).
181. This action could, and should, be replicated for all of the Lake Alice survivors who were treated by Dr Leeks as children. It would help with such things as insurance and being able to say they have not been mentally ill. It would mean something to their children who could then say there is no history of mental illness in the family even though a parent was in Lake Alice.

Recommendations

182. In light of the cruel and inhumane abuses that occurred at Lake Alice, there needs to be real change to ensure such things do not occur in the future.
183. One of the key issues was how a psychiatrist in good standing with a practising certificate and registered with the Medical Council was able to do what he did without anyone within his profession stopping him.
184. We believe that one of the reasons is that psychiatry operates above the law in several ways, which is why a psychiatric practitioner can detain and treat someone against their will. Dr Leeks took advantage of this.
185. In a hospital setting, Dr Leeks was able to persuade nurses, psychologists, teachers, social workers and parents that the children in his Unit were being

treated and were not allowed to leave. At times, parents were prevented from removing their children even though they were not committed patients.

186. Dr Leeks was able to do these things because he was a psychiatrist with too much power, and ultimately he abused it. This power was conferred on him by virtue of his profession and the system he worked in, which included mental health law. He could not be questioned, even by the Medical Superintendent of Lake Alice Hospital who did not like his methods of child psychiatry. The Director General of Mental Health defended Dr Leeks and his position and the Medical Council abdicated their responsibility to discipline Dr Leeks even when they knew as early as 1977 that he was bringing their profession into disrepute with his use of electric shocks on children.
187. That was 45 years ago, but mental health psychiatry seems unchanged and it appears to be unaccountable as far as human rights are concerned. Since the deinstitutionalisation of psychiatric patients and the closing down of the old psychiatric hospitals in the 1990s, psychiatry's power has become dispersed throughout the community, rather than concentrated within the walls of the institutions. As a result, psychiatry's influence is broader and in some cases it is not always visible.
188. This can be seen with the diagnoses of child behaviour with psychiatric labels of disorders and mental illness. In some cases this leads to the prescribing of powerful psychiatric drugs to slow a child down. This is often done with checklists of behaviour symptoms through medical centres. Parents, teachers, social workers and psychologists often fill these out, in some cases unwittingly ("Ministry 'hides test's real purpose'", Dominion Post, 25 June 2012 [WITN0514066]).
189. While this is a controversial subject with differing opinions, there is one point to consider, the child mostly does not ask to be drugged. Often it is the teachers and sometimes the parents who want the child to be medicated. At other times it is social workers, paediatricians and psychiatrists. This is where the contemporary drugging of children compares to the psychiatric drugging of children in the 1970s, not only in Lake Alice, but in the girls and boys homes as well where it was also rife. Indeed Dr Leeks was one of those psychiatrists who advised boys home officials on what drugs the children should be on. That culture still exists today. We believe the answers to childhood behaviour

and the problems they face cannot be cured by a psychiatric drug and as a society we should not be resorting to this.

190. We believe there should be full, informed consent before any use of psychiatric drugs are used on children. This was proposed by the Ombudsman in 1977, so the idea of full, informed consent is not new. It is a human right. It also means the child, parents and guardians can withdraw their consent if the treatment is not working or is not wanted. Only in this way will better approaches be found and used.
191. The question of ECT on children was also discussed by the Ombudsman in 1977 and he saw no need for its use, and certainly not in the way Dr Leeks administered it. Therefore, any use of ECT should be done with full, informed consent, and never without it. Forced ECT is considered to be punishment by the person getting it, as is all forced psychiatric treatment as it leaves deep pain and trauma. This is discussed at length in the United Nations Convention on the Rights of Persons with Disabilities document of 19 May 2014, where it states:

Forced treatment is a particular problem for persons with psychosocial, intellectual and other cognitive disabilities. States parties must abolish policies and legislative provisions that allow or perpetrate forced treatment, as it is an ongoing violation found in mental health laws across the globe, despite empirical evidence indicating its lack of effectiveness and the views of people using mental health systems who have experienced deep pain and trauma as a result of forced treatment. The Committee recommends that States parties ensure that decisions relating to a person's physical or mental integrity can only be taken with the free and informed consent of the person concerned.

188. Only when we as a nation (and a people) adopt non-violent and humane approaches to help the mentally unwell or disabled person can we call ourselves civilised.

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.

GRO-C

Signed Auckland _____

Victor Boyd

Dated: 27 April 2021

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