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NORTHERN TERRITORY OF AUSTRALIA

CORONERS COURT

A 51 of 2019

AN INQUEST INTO THE DEATH

OF KUMANJAYI WALKER

ON 9 NOVEMBER 2019

AT YUENDUMU POLICE STATION

JUDGE ARMITAGE, Coroner

TRANSCRIPT OF PROCEEDINGS

AT ALICE SPRINGS ON 12 OCTOBER 2022

(Continued from 11/10/2022)

Transcribed by:
EPIQ

THE CORONER: Dr Dwyer.

DR DWYER: Good morning, your Honour, I apologise for the delayed start. The first witness this morning is Nurse Lorraine Walcott, and I call Ms Walcott.

LORRAINE ANNE WALCOTT, affirmed:

THE CORONER: Thank you.

Thanks, yes, Dr Dwyer.

XN BY DR DWYER:

DR DWYER: Ms Walcott, could you please tell the court your full name?---My name is Lorraine Walcott, Lorraine Anne Walcott, sorry. Anne, middle name, yep.

I'm sorry, I spoke over the top of you just when you said that?---Yep, Lorraine Anne Walcott.

And which state are you currently located in to give us evidence today?---New South Wales.

What's your current employment position?---A remote area nurse. I work for Peak Recruitment Agency which is Aspen Medical. But I've been contracted three times this year to Pine Creek Clinic. I've also – I also work as a casual registered nurse for New South Wales Health, and help out delegate MPS, which is mainly aged care clients.

And Ms Walcott, are you about to head up to Pine Creek again to work there for a period of time?---Next week, yeah, for another two months and then back next year for another six.

Ms Walcott, you're giving evidence today because on 9 November 2019, you were one of two nurses based in Yuelamu who attended Yuendumu after Kumanjayi had been shot. I want to start by just asking you about the circumstances of an interview that you gave. We have in our brief of evidence an interview with you, or the transcript of it dated 10 November 2019. We've got the recording too. It's at 9-14. That's an account that you gave of your involvement in attending Yuendumu on 9 November. Is that right?---That's correct.

Okay. And have you read that transcript?---Several times, yes.

Okay. At the time that you were interviewed, it was 12:16 pm on the 10th. It occurs to me that you had been involved in some very traumatic events the night before. How were you feeling when you were interviewed?---My colleague and I were both sleep deprived, as we'd been awake all day Saturday, Saturday night and now it was midday Sunday. I feel I had some - some sort of a head injury and my colleague commented that she thought I might have had some concussion. We were still in

shock and a bit of a disbelief about the night's events.

All right. So, what I'm going to do today then is just take you through those events. I hope that I won't retraumatise you. I know it involves reliving some events that you've thought deeply about over the last three years?---Mm mm, yep.

Before I do that, can I just ask you about your career in nursing? In November 2019, you were, I think, 61 years of age?---That's correct.

When did you commence your career in nursing?---About – I first commenced my career in nursing at the age of 17. I was a hospital-trained nurse.

In which state?---That was in Sydney, Sydney in New South Wales.

And what other state – have you – sorry, have you remained in nursing, Ms Walcott, the whole of your career?---Yes, I have, yes.

And have you specialised in a particular area?---I probably describe myself as a Jill of all trades as far as nursing goes. I completed my training and went to London for two to three years to complete a midwifery course. I was a midwife. I also completed by Bachelor of Nursing, specialised in dialysis for quite a few years, probably 15 years, and that took me to the middle east where I lived and worked for about 10 years and returned home at the end of 2012.

And after you returned home in 2012, what states and territories have you working in?---I briefly worked for New South Wales Health in a small dialysis unit. I felt a bit of a reverse culture shock, first because I'd been in the middle east. I wasn't settling too well in New South Wales Health Hospital system. I wanted to do remote. I'd expressed a desire to go working, even in dialysis, remote and that's what I did. I went to Tennant Creek Hospital first in 2013. I moved over to Mackay, then Kalgoorlie, the commenced working with Purple House dialysis, which is based in Alice Springs. I was working with them for about 12 months and that introduced me to some of the more remote communities, working with Purple House. And then I transitioned over to the remote area nursing from about mid-2015. So, seven/eight years, I think.

Before November 2019, what work had you done in remote central Australian communities?---Remote Central I hadn't worked in, but I had, in fact, before and after Christmas earlier that year in the Kimberley's. The communities were called Looma, Kalumburu and Warman which is also called Chastity Creek. Prior to that, I had worked three years full-time with the Ngaanyatjarra Health Service which is also based in Alice Springs. But the communities are in WA, from Kiwirrkurra down to Warburton, I worked at Warakurna, Blackburn and spent the last 18 months in Warburton as a RAN and towards the end, as the acting manager.

Did you enjoy your time there, Ms Walcott?---Yes, I did enjoy it. I get some job satisfaction from working remote from things that might seem little, but if you look at the place holistically and into their health care, something else might prop up usually.

It could be dental, mental health. We do a lot of adult health checks, kids' health checks, essential health, vaccinating. It's good because it's unpredictable and there's a lot to do, as it keeps you very busy.

Before November 2019, had you ever been to Yuendumu?---Only as a dialysis nurse for three weeks and I did – I wasn't familiar with the Yuendumu Clinic, only the dialysis clinic.

Had you been to the dialysis clinic that's run by Purple House in Yuendumu?---Yes, I worked there for about three weeks in 2015 before I commenced work as a remote area nurse.

When did you start work as a remote area nurse or an agency nurse at Yuelamu?---I commenced about 16 September 2019. We had some orientation in town first, as I hadn't worked for Central Health Service, which included becoming familiar with the virtual medical health system called (inaudible). We did cultural awareness training, work health safe and safety (inaudible). All those mandatory things that you have to do to be orientated to a health service in the communities.

How long did that orientation take in Alice Springs?---I believe it was – we were in town for about four days and then I was taken out with the service driver to Yuelamu around 19 September.

Okay. What did the cultural awareness training involve in Alice Springs?---Well, there's – it's basically much the same for all services. It doesn't matter where you work, you always have a mandatory cultural awareness module to attend and it includes cultural awareness, awareness of different cultures and to be accepting of them, cultural safety, different things like how people react when they've got sorry business, different words that you use. You have to be careful about the way you speak. Sometimes, you pick up the local lingo and I think they respect you for trying to communicate with them with those words in that language.

When you went to Yuelamu, was there another orientation related to that community and that clinic?---Yes, there was.

Who?---By the manager at the time, you'd get orientated to the layout of the clinic, the emergency equipment, there's usually some codes or access - access codes you need to get into places like the pharmacy. There's other access codes to get into dangerous drugs cupboard, you get - you'd get an orientation to the community. Someone will usually drive you around, an Aboriginal health worker to familiarise you with the layout of the community. You do a lot of house calls so it's important to know - well, we did there - where people live - elderly people sometimes can't get themselves to the clinic so you go out to pick them up. Visiting specialists, cardiology, child health, with referee - whatever you - you help coordinate those visits by making sure those patients have access to the clinic.

Ms Walcott, how many Aboriginal - I withdraw that. I will just ask you a question about staff overall in Yuelamu. Do you recall now how many staff there were at the

clinic?---Just myself, as in nursing there was myself and the manager, there was an Aboriginal health worker, Walter, he wasn't there much. I believe he might have been at sorry business or some sort cultural leave. There was another Aboriginal health receptionist who used to help coordinate the running of the clinic.

By "the manager" was that Heather Zanker?---No, no, that was Sylvia Dean.

What as the role of Heather Zanker in November 2019?---Heather came - when I arrived Sylvia was making plans to head back up to the Top End to work at Daly River I believe. She informed me that I would be taking over her job in three weeks and that puts you more in an admin role so you're seeing patients and doing more admin than when you just see patients in the clinic, so other nurses came to assist. One did come from I think from (inaudible). Over the course of those sort of last three weeks there was a different person every week. The last nurse was Heather. She commenced work with us on the Monday 4 November.

So you were the senior nurse - in November, for the month of November, you were the senior nurse there?---That's correct.

And did you come to know that Heather Zanker had worked previously in Yuendumu?---She said she'd worked at a lot of NT Central Communities. I think it probably came up in a course completion that she'd worked there but she also hadn't been there for a while apparently, before the incident.

In terms of the community, Ms Walcott, can you recall what the population was when you were there in November 2019?---It's hard to remember. I believe it was a lot smaller than Yuendumu, probably 150 to 200.

And what were the clinic hours?---The clinic hours were 8:00 to - about 8 o'clock to 5 pm.

Was that Monday to Friday?---Monday to Friday and then we had an after hours on-call service, so we were on-call - one person would be - the first on-call from 5 o'clock till 8:00 the next morning and - but we were both on-call 24/7 really, because we had to go out together. One person would hold the on-call phone, so she received the phone calls and then would triage whoever it was on the phone and then if needed - if you needed to go out you would ring next door or conference call Heather, that we had a call-out.

Was it the same on the weekend?---Yes, same, yes.

And Ms Wolcott, was it - in your experience from September through to November, did you often get a call overnight or on the weekend?---Yes, we did. We got call-outs at the clinic. We have to attend any - anyone that rings with a sick child we have to attend, chest pain, burns, the more serious things. Sometimes we would get calls for (inaudible) out of Panadol, they had pain, they had a headache, but you tried to triage, if it was that important that you would have to go out, we would meet them - sometimes they would ring from the clinic they would ring a bell at the clinic,

which would go through to the on-call phone, so yes, we did get - we got call-outs, yes.

In terms of those call-outs that were more urgent, like chest pains or burns or a sick child, are you able to say on average of an evening would you - let's say take a week, would you tend to get at least one call-out during the week or is that an underestimate?---I think it's an underestimation because every - it's difficult but I would average probably three - a minimum of three to five.

Per week?---Yes, we did have some elderly people with chronic diseases so if there was a breathing problem you had to bring them straight into the clinic and see to that.

At any time prior to 9 November had you been asked to be on-call for another community?---The weekend before they had no staff at Imanpa and it was requested that I go to Yuendumu to collect a staff member who was finishing her contract, drive her into Alice Springs, leave the Yuelamu keys with Yuendumu with a hand over and then I proceeded into Alice Springs, collected an Aboriginal Health nurse and we both went down to Imanpa for Friday, Saturday, Sunday and returned to the clinic Monday morning with basically an all day - all day drive.

Did that leave anybody covering Yuelamu?---Yuendumu was covering that weekend, that's why I had to take the key for Yuelamu clinic to Yuendumu and I believe the phone was transferred over, the on-call phone was transferred the number to whoever was on-call in Yuendumu.

And can you tell us roughly what the population was of Imanpa at that time? ---There was a lot of people not there, they were concerned that there was some - there was some sorrow in the community, there had been - a child had passed away. Sometimes they - there's a little bit of unrest amongst the families. They just wanted someone to be there, there was hardly anyone there at that point, whether they'd gone to a sorry business (inaudible) but there was also some mention of maybe some unrest in (inaudible) Yulara to do with - I think it was to do with the statement - I'm not sure.

I will come then to 9 November. On that day, it was a Saturday, you were the main on-call nurse for Yuelamu, is that right?---That's correct, yes.

And Heather Zanker was there in the community with you of course?---Yes, she lived in the - the house next door to where I was, so not far away.

You indicate in the interview with police that you received a phone call from Helen Gill?---Yes.

Some time on Saturday, "informing us" - these are your words in the interview, "Informing us that due to some break-ins and damaged cars the Yuendumu clinic staff would be evacuating." Firstly, do you recall roughly what time you received that call?---I think it was around midday.

And did you know who Helen Gill was before you got the call?---No, I didn't.

Did she explain what her position was?---She - she probably said - I think she probably said that she was the after hours manager for the weekend.

When she was speaking with you it was clear that a decision had already been made that the Yuendumu nursing staff would be evacuated?---Yes. Yes, it had.

Did she say anything else about the reasons why?---There was also some mention of due to the unrest in Yuendumu there was going to be a funeral on, I'm not sure of the details why but she said they weren't sure if there was going to be some unrest in connection to the funeral, amongst family. I'm not sure.

So - and I will just read to you what you say in your statement because it may remind you of that conversation. At page 2 you note, "She said that there was going to be a funeral, there was a body in the morgue and they weren't sure if there was going to be any unrest after that"?---Yes.

"But we were to cover - myself and Heather, my colleague, were to cover Yuendumu community. We worked in Yuelamu, there were two nurse posts, two of us were on-call 24/7 and we were informed we had to cover Yuendumu"?---Mm mm.

Did you say anything – well firstly, what did you think of that request?---I thought it was a bit steep to be told the truth, given the difference in the size of the communities. But I'd been contracted to work at Yuelumu, although I had been (inaudible) the weekend before. And there's a difference in the amount of staff that covered Yuendumu, with a population of 800 plus, I think, and us. We were – we were a bit concerned about leaving Yuelumu unattended. She did say – she did talk as if it had already been decided, and that they were being evacuated. I mentioned that – I think I said "What, all of them?" And she said "Yes." And I said, "Well could anyone come to support us?" And she said "Is there any accommodation?" I said "There's two empty houses." And her next words were something like "Oh I'll see what I can do. Believe me, Lorraine, if I could help I would."

And can I just break down some of that. This might seem like an obvious question, but when you say "We're a bit concerned about leaving Yuelumu", what were your concerns?---At that time, if – if we – we're working in Yuelumu, if anyone needed us, we wouldn't be there. That's the bottom line of it. It was our community. We were contracted to work there, like I said, 24/7, on-call. And the fact that there was two of us and there'd been a lot more Yuendumu staff. And how (inaudible) be able to cover a community with a population of that size, and we were – well there were two of us in Yuelumu.

And given your knowledge of the community of Yuelumu, where you have a number of elderly people with chronic illnesses, and you had an experience of sick children previously - - - ?---Mm mm.

- - - it was entirely plausible wasn't it, that you might have an emergency in Yuelumu, while - - - ?---That's correct.

- - - while you were called away in Yuendumu?---That's correct.

When you were having that first phone call with Ms Gill, she said "Let me see" – "I'll see what I can do" in terms of additional staff, did you speak with her again that day?---I – I didn't speak to Helen, because I went next door to advise Heather about – about the arrangements. And she commented that she – she didn't think that sounded right, and that she would ring Helen, who she addressed as "Gilly". (Inaudible). She rang and got another person on the phone who said she thought that didn't sound right either. But I didn't – I didn't talk to (inaudible) – Heather – Heather did, yeah.

All right. And we've got some information from Heather in the brief of evidence, but what was relayed to you by Heather, as to whether or not anybody else would come?---No we weren't – we weren't getting any more support staff. I didn't realise until later in the day that the on-call phone, much later in the day, had been switched over. Because – so we thought that all the calls (inaudible) from Yuendumu. So it was a bit daunting because as it is a bigger – we heard it's a bigger community.

In fact, what happened with the phone?---The fact – well we – we just thought we would be fielding all the calls from Yuendumu - - -

Yes?---For anybody who needed us, yeah. And I – like I said, I didn't realise that we would have had to have kept all those calls because they were possibly going to go to the on-call phone, which was with the (inaudible) manager.

In Alice Springs?---Who'd evacuate – who'd been evacuated, yeah.

You note in your interview, Ms Walcott, that you had a conversation with Sergeant Julie Frost in that day – on that day - - - ?---Mm mm.

- - - correct?---Yes, I did.

And did you contact her, or she contact you?---After these phone calls were going backwards and forwards, there was a call from Julie to say that – oh she asked me what I had heard, and I said that – that you would be accompanying us to any call-out in Yuendumu, if need be.

And Sergeant Frost said to you that that wouldn't be happening, because - - - ?---She did.

- - - the police were understaffed?---They were understaffed. I don't know what their staffing levels are like, but she mentioned they were understaffed. And I had heard that in the Yuelumu Community that morning, at 3 o'clock there was a domestic and like a domestic incident, and it was quite loud. And I – you wake up when you hear things like that because you're wondering if you're going to get a call to the clinic.

And I heard the police vehicle, the horn of that vehicle, she confirmed in the phone call later that day, that they had been to Yuelumu (inaudible). I assumed that they were quite fatigued as well.

I'm sorry, Ms Walcott, we just missed what - - -

THE CORONER: I assumed they were quite fatigued as well?---Fatigued, yeah.

DR DWYER: Fatigued. Thank you, thank you. So in your interview you say, "So we informed our manager in town about that. And it seemed we wouldn't be able to come down at all, because we wouldn't have anyone to accompany us." So was it - - ?---I think – yeah. I think Heather might have made that phone call. Because I don't remember ringing the office again after that.

When you were at Yuelumu, you did not have police stationed permanently at Yuelumu with you, is that right?---No, they would have to come from Yuendumu, if need be.

All right. But you would – if you got a phone call in the middle of the night saying somebody was having an asthma attack or chest pains, you would go directly to the house, would you, without a police escort?---In Yuelumu we would, yeah.

What was your view, as to whether or not you could do that in Yuendumu, if you got a call-out?---It could have been – it could have been just for emergencies that we would be called in Yuendumu.

Well I'll ask you this question, Ms Walcott. By the time you – by the afternoon of 9 November, what was your belief, as to – is it after the keys had been dropped off to you for the clinic, did you think that you were covering the whole of Yuendumu, or just emergencies?---We did think we were covering any calls that we received from Yuendumu, yeah.

So I just want to take you to that point. In the afternoon you – I think you spoke with Cassie, is that right? Cassandra Holland?---That's correct.

Did you speak with her by telephone first?---She rang to say that she – I had heard from Helen that they would be bringing the Yuendumu Clinic keys. She rang – I don't know, I think she'd arrived in Yuendumu, and said that, "It's Cassie, I've got the keys." I said, "Could you bring them around to the house. But I don't know where you are." So I went to get Heather and then we drove around to the clinic to receive the keys from Cassie.

Did – do you recall having a conversation with Cassie when you got the keys?---We did. It wasn't very long. But she brought the keys and I (inaudible) "Are you giving me the keys to the clinic because I have never worked there?" You need to be orientated to a clinic when you're going to work there. If nobody's shown you security codes, or where emergency resuscitation equipment is, it would be very hard if you were there in an emergency. Given that you – you know how to get into

the clinic with the different swipe cards, keys, whatever, that you need to use to get in.

Did you say anything else to her at that point?---No. No I didn't.

THE CORONER: Can I just understand this - - - ?---She did answer, sorry – sorry, she did answer. When I said that, she just said “Exactly.” So I don't know what that was – what that was in reference to.

Sounds like she agreed with you. When you get keys for a clinic, are they a big bundle of keys with swipe cards and things like that - - - ?---Yes.

- - - or it's – it's not just a - - - ?---Yes they are.

- - - single key to the front door?---Yeah, yeah.

Okay?---And it doesn't matter where you go, you need – it takes you quite a while to work out – even in your accommodation, which one's for the security door. Which is the main door. The same in the clinic. There's a lot more. You do get used to it, but it doesn't – you can't do it like quickly when you first go to a clinic.

DR DWYER: So when Ms Holland left you on that day, and you had the keys, was it your intention, that if you got a call-out to Yuendumu, you wouldn't bother taking the clinic keys?---No that wasn't our intention. We – we would – that was a – yeah, a statement in reference to the fact that I hadn't worked there before, but if we had to, we would have gone and tried to get in, I think.

So, I'll come now then to the phone call that you received from Sergeant Frost. That was around 7:30 pm and she said words to the effect of, have you got the ability to get here quickly. There's been a shooting, come as quick as you can and come to the back of the police station?---Mm mm.

Prior to that, had you had any call-outs for Yuendumu that night or day?---No, we hadn't. So, as I said, I didn't realise. I thought we were receiving all the calls and then I came to find out later on that the on-call phone was with the nurse manager in Alice Springs. So, we were expecting calls, but we didn't get any. I did get a call from Dr Amy(?) who was from Alice Springs and it was confirmed that she had valuables in her accommodation and she asked to pick the keys up and then go back to Yuendumu to try and get into her accommodation, or into the clinic, I think.

Was Dr Amy in Alice Springs when you got that phone call?---She may have arrived back at Yuendumu when she made that call.

So - - -?---She asked where the keys were and I said I'd just received them from Cassie.

I see. So, had you – did you know Dr Amy?---No.

Okay. And she called you on the clinic phone. Is that right?---That's correct.

So, where – did she tell you where she physically was at that time?---I seem to remember her saying that she'd driven out from Alice Springs. I don't know if she realised there was no way to get into the clinic to get her house keys, but I also don't know what made her ring the Yuelamu phone.

Did you have more than one phone call with Dr Amy at any time?---Only a call to say that after she could pick the keys up and then, she'd delivered them back to us around 6 o'clock in the evening.

I see, so she drove from Yuendumu out to Yuelamu. Is that right?---She did.

What time did she arrived in Yuelamu?---I can't be sure, sorry. I just remember it was after we – we got the keys from Cassie. It could have been 3:30 or 4:00 and delivered them back about 6:00. She stated that she couldn't get into Luana's office where, apparently, the accommodation key was kept.

She stated that she could not get into Luana's office? Sorry, Lorraine, could you say that again?---Yeah. She was hoping, I don't know where the keys are kept there, but she was hoping that she could just retrieve her house keys and then go to her house to collect her valuables. But she possibly got into the clinic and then the manager's office, but she did not have a key for that.

So, she told you that on the phone or when she dropped the keys off?---After – we she brought the keys back, yes.

So, had she been able to retrieve what she wanted?---No.

Where did she go after dropping the keys off, do you know?---Back into Alice Springs.

THE CORONER: It doesn't sound like it was very well-planned or organised, the exchange of keys and collections and returns. Would you agree?---I agree.

I think that Dr Amy said that you, in fact, or someone maybe met her halfway. Did you do that?---Yeah, yeah. I didn't want to leave. Again, I didn't want to leave Yuelamu. And the only other option was if we met on the back road.

And that's the shortcut, is it, between Yuelamu and Yuendumu?---Yes, it is.

DR DWYER: Did you make any enquiry with Dr Amy as to whether or not she could stay in community, given your difficulties in covering the whole of Yuendumu from Yuelamu?---No, I didn't believe it was an option. She was – I got the feeling she was heading back into Alice Springs. The main objective for her was to get her clothes and valuables.

Okay?---And she was, I guess, part of the health staff that were withdrawn.

Ms Walcott, given your concerns, did you feel that there was anyone in NT Health that you could escalate your concerns with?---No, not really, because I had faith in the people, the managers, that we were dealing with at the time.

If you had a similar scenario again, we're you were covering one remote community and you're asked to cover a much larger community at short notice, do you feel that you would be more vocal in expressing your concerns?---Yes, I would.

So, you received that phone call from – all right, I withdraw that. Just before I go on from that, was your colleague, Heather Zanker, expressing the same concerns as you were?---She was.

Was she frustrated that she could not get more assistance from management in terms of getting extra resourcing, at least to Yuelamu?---I would say that we both had the same feeling about the call for us to go.

I take it from your evidence that you just felt that you, personally, had no power or ability to press further for something different to happen. Is that right?---No, I think I was just going to go along with the plan, but of course we never expected the events of that night to ever happen. I mean, you deal with a lot of different things when you're called out. You deal with them as best you can, but no one would have predicted that to happen. And that wasn't in our – that wasn't in our mind. We were nervous about the volume of call-outs and whether we'd be able to cope with both communities, if we had been called out.

Her Honour will have to give consideration to any risk assessment that was done that night. On the one hand, there may have been risk to the nurses to Yuendumu that they told us about?---Yes.

On the other hand, there were significant risks to the communities of both Yuelamu and Yuendumu, weren't there, if - - ?---Yes.

- - - given that there might not be nursing staff to meet emergency needs?---Yes.

Did you think at the time that you would be placed in – at some risk because you were covering both communities and you might not get to somebody?---It was on our minds that that could possibly happen, yes. It was like trying to cope with knowing full well there's a large quota of staff in Yuendumu and it's typically a busy community, it just felt like it might have been a bit too much of a workload for Heather and I to cope with both.

There were – I think you mentioned to Helen Gill on the phone, there were two houses which were free and unoccupied in - - ?---Yes.

- - - Yuelamu?---Yes, there was two vacant houses.

Were you – do you recall being told that more staff would be able to assist the next

day?---No.

So, if I may return to the 7:30 pm call from Julie Frost, it must have been a shock to hear from her that there had been a shooting in the community?---Yes, it was. And I could also hear it in Julie's voice.

Did you – that is, how did she sound to you?---She sounded quite stressed and like she had just received some sort of shock.

Did she tell you anything about who had done the shooting?---No, we had no details, only there was a request to get there as quickly as we could, there had been a shooting. We had no other details.

I take it that that was a short phone call with Sergeant Frost?---It was fairly short and she mentioned about bringing emergency equipment and to ring AirMed or RFDS I assumed she meant. Then she said "Oh no don't worry about that, I'll ask Luana." And then I think that's when I found out that Luana had the Yuendumu Clinic on-call phone.

Ms Walcott, what did you do after you hung up the phone from Sergeant Frost?---My immediate action was to call Heather, and to get out as quick as we could. But I had another phone call. There was a few phone calls. And it was from Julie's partner, and colleague, relaying the same information. And he hadn't realised they were talking then in fact (inaudible) - he hadn't realised that Julie had already rang.

Was that Chris Hand?---Yes, I can't remember for sure, sorry.

How long did that conversation take?---That was – that was quite brief as well, once he realised that we'd already been informed by Julie.

What else did you do before you left the community of Yuelumu?---I was still trying to ring Heather after that call. And then I had another call from a mother with a sick child, who wanted us to go to the clinic. I – I applied the triage on the phone, and said if – if it's okay, we're going to an emergency in Yuendumu, and could it wait until we got back. And she said "No, no, you have to come and see them now." Which we – we had to do. And then I think I'd already informed Heather who was in the ambulance who quickly could go around to the clinic. We made a plan to – that she would see the sick child to save time. And that I would retrieve the emergency equipment from the ED where it's kept. That includes quite hefty emergency bags, airway bag and the defibrillator.

So from the time - - - ?---Then we – yeah.

- - - I'm sorry, please go on?---No, no, yeah you said what happened. We just got back as quickly as we could into the ambulance. Heather assessed the child. Treated the child. And then we were in the ambulance. And I was going to go on the back road, and Heather commented that because it was dark, it would be too dangerous. That we should go the other way where the roads were better. The

back road is unsafe if it's dark. That was a risk assessment as far as our trip, and the wildlife (inaudible) everything on those roads. So it would have been quite slow anyway. We drove as fast as we could, (inaudible) on the better road out of Yuelumu to the Tanami Highway, where I was able to go a bit faster in the ambulance.

Do you drive lights and sirens, of an ambulance - - - ?---Yes.

- - - or you don't at that time, you don't need to?---No, we didn't. But there wasn't really – I don't believe there was much traffic on the road either. Once we got on to that – the bitumen and went faster. There was – I don't recall much other traffic.

So Ms Walcott, are you able to estimate how long it took you, from the time you received Julie's call – Julie Frosts' call at 7.30 pm to the time you left the community?---I'm estimating that it would have been about quarter to or ten to 8:00 after we'd assessed the child in the clinic, retrieved the equipment and set off.

So about 20 minutes?---Yes. If I'd had the – if we'd had the equipment in the ambulance, it's not kept in the ambulance due to the heat and occasionally vehicles get broken into. Also that equipment is needed in the emergency department. We would have – if it had have been in the ambulance, of course we would have set off five – 10 minutes earlier.

What time did you arrive in the community of Yuendumu?---I believe it was about eight minutes past 9:00, as there was a nav – satnav being on the dashboard, on the windscreen, I believe it was 21.08.

And where did you go when you arrived?---We went – Heather was directing me into the community, to where the police station was. But prior to that, our last phone communication had been with Emma from St Johns Ambulance, as we were about to lose signal on the on-call phone. And she mentioned something about she couldn't confirm if it was safe, but proceed if we thought it was safe for us. So we proceeded, as we – as we approached the Yuendumu Community, Heather and I discussed that if there'd been a (inaudible), we didn't know what we were going into, but the fact that someone had mentioned that it might be not safe, we just discussed that, if it seemed unsafe, that we would turn around, and basically go back to Yuelumu.

Ms Walcott, given that you'd had this news that there'd been a shooting, and that that was extremely surprising, and was a shock, and you didn't know what you were going into, how were you feeling as you drove in?---Quite – yeah, nervous, anxious, there was a bit of adrenalin on board, and hoping that – both hoping that we could cope with whatever situation we were going into.

THE CORONER: Just before we go to what occurred in Yuendumu, there is a vehicle report for an ambulance, which I think must be the ambulance that you were driving. It says that the ambulance was turned on at 7.40 pm at 23 Arunga Crescent.

Is that your house or - - - ?---I don't know that that – I don't know the – the streets or something.

Right?---Often don't have street names. But if that's correct, that would have been when we started the ambulance to go around to the clinic then.

Yes. So you keep the ambulance at your house, and then you use the ambulance - - - ?---We do - - -

- - - to drive to the clinic?---We do.

All right?---Whoever's first on-call has the ambulance at their front door and carries the on-call phone, yeah.

So it says that the ambulance was turned on at 7.40 pm at an address in Yuelumu, and then it was – it was turned off at 7.43 pm at another address - - - ?---Yep.

- - - which I'm assuming is the clinic?---Yes, that's correct, yeah.

And then it's turned on again at 7.53 pm. So it shows that there was about 10 minutes there - - - ?---(Inaudible) - - -

- - - when you were packing the ambulance?---Yeah, and while Heather was assessing the sick child.

And then it's turned off again at 9.16 pm?---Mm mm.

Which is at the Yuendumu Police Station, which I think must be at the gate where you waited?---I'd say that was when we were eventually – the big door opened of the compound, and we drove in, I'd say that was when I'd actually parked inside and switched it off.

In the actual record it says it was turned off at 9.16 pm. It was turned on again at 9.20 pm, and then turned off at 9.21 pm. So I was reading that as 9.16 pm – I know it's a little bit different from your timing on the GPS, but 9.16 pm, according to this, probably at the back gate of the police station. 9.20 pm when you're let into the police station. And 9.21 pm. But I also know that you did reverse it and change the position. But in any event, probably out of the vehicle, and ready to attend, at 9.21 pm?---We – we didn't switch the vehicle off - - -

Okay?---At all, until we were inside the compound. We pulled up briefly outside the police station when the Indigenous policeman spoke to us. And then we were waiting around at the compound gate to be let in, but the door – that's a bit confusing, because I don't know how they were meant to know we were there, but I was just assuming they would have had some sort of CCTV camera, and no one appeared to be letting us in. And then I switched on the ambulance lights.

So probably 9.16 is when you went in to the police compound?---Yes.

And maybe that 9.20 and 9.21 on/off, was when you went back to reverse the vehicle, so that you were facing outwards?---Yes, that's correct, yeah.

Okay, thank you.

Sorry, go on.

DR DWYER: Ms Walcott, in your interview, you explain that when you – when you drove up to the Yuendumu Police Station, you say – this is at page 18, “Yeah well we arrived. They were just standing. There was quite a few people. Probably seen this ambulance arrive, I don't know, and thinking help's on the way. Then the man came up, the Indigenous man, because we sort of pulled up out the front and he said 'It's all right' – he opened Heather's door and said 'It's all right, I'm a copper'”?---Mm mm.

When you first arrived at the police station and you saw a number of community members around, did they appear to you to be quite calm?---Yeah, they did. There was no - there didn't seem to be any agitation, although I did see video footage of somebody filming us driving up, which was not pleasant to hear, but otherwise we would've - there was no agitation, restlessness - probably they were expect - they were waiting for some news I'd say, that - that was the mood that they seemed to be in.

Well, you can understand that can't you, Ms Walcott, given that they had - what you know now, that they had a community member who had been shot and nobody knew what had happened to him inside the police station?---Yes. That seemed to be - that sort of fits with the way that they were standing and waiting outside the police station.

And then a police officer came up to you who you thought looked Indigenous and he said - he pointed to the disable parking space, told you to pull in there?---Yes, he did.

You said you were actually told to go to the back of the police station?---Yes.

And then he pointed to the side street and said "Go up that street" you found a gate and what you tell her Honour in this interview is that you seemed to be there for seven or eight minutes before anybody came to open the gate?---Yes, that sound - that sounds - that sounds pretty - it seemed to be longer than you would think you would have to wait if there as someone needing medical attention inside. It didn't seem right because we were waiting for quite a while, so that was - that was quite a while, seven or eight minutes, in the situation, yes.

Did you have a phone call - a phone number that you could call to find out how to get in or what was happening?---I don't - I don't think we thought about that because we'd had no phone service since we'd left or any communication since we left Yuelamu. I suppose that would have been what we would have had to do next would be - I don't even know if we had phone service but no.

You were not familiar with the Yuendumu Police Station?---No, not the station or probably didn't really know the number, like you get to know - when you're in a community you will put the police station number in your phone, just in case.

What happened - eventually you were let into the gate, correct?---We were. The gate seemed to slide open, it was a very big - like a Colorbond type gate, drove to the back of the clinic, stopped the ambulance ready to open up the back doors to get the medical equipment. Heather had exited the vehicle and was over talking to Julie outside the back door. I called out to her, "Heather, could you give us a hand" because the equipment is quite awkward to get out - in and out of the ambulance and it's heavy. She walked towards me and then her and Julie confirmed that he had passed away.

Did Julie confirm to you when - or what time Kumanjayi had passed away?---I believe it was about 8:20 pm.

After Sergeant Frost told you that Kumanjayi had passed away did it make more sense to you why there wasn't so much urgency in getting you inside the police station?---Yes, it did.

After that - after Sergeant Frost told you that, you went inside the police station, is that right?---We did.

Did you see Kumanjayi's body there?---Yes, we did.

I am not going to ask you to describe it in any way but did you have a role in confirming that, in fact, Kumanjayi had passed away and you couldn't offer him any assistance?---We'd been informed that he is deceased and there was a lot of equipment around the deceased's body including the defibrillator. He was in the first holding cell so we were able to (inaudible) it quite well and he - he was - it was lifeless - he was lifeless. There was no rise or fall of the chest to indicate his breathing. We were close enough to see that his eyes were - and I apologise here to the family - his eyes were staring and his pupils were fixed and dilated.

So you were able to satisfy yourself that he had passed away and there was nothing further you could do to assist him?---No. At that stage not - not really. I think all we were able to do was just confirm life extinct, which is a process that - it's a formal process where it has to be documented.

Ms Walcott, were you then asked to do anything else while you were there, to assist anybody?---We were - I was requested by Julie to attend to a policeman, she said "Can you see him" not knowing who he was, I asked if she had any first aid equipment. They'd used it all up, there was no supplies left. We retrieved some supplies from the emergency bag. Heather got the stethoscope out, it's part of the confirming life extinct process. She was with the deceased I believe because she wasn't with me and I was with the policeman.

Was that police officer who you ultimately checked a wound for, Constable Rolfe?
---Yes, it was.

And did you - did you have any conversation with Constable Rolfe as to how he got that wound?---It was something along the lines of, "What happened - what happened here - was it a knife?" because it was a puncture wound on his shoulder and he said, "No, it was scissors" and there wasn't much conversation but I remember seeing like a puncture mark through the green T-shirt that he was wearing, I think he had to pull that up so that I could assess the wound, try and draw - draw the edges of the wound together where it was open, using the dressing materials that I had and I also enquired whether he was covered for tetanus, which we normally do as part of the process when someone has a wound.

All right, and he said he would sort that out in Alice Springs?---Yes, he did.

It was a single puncture mark wasn't it?---I believe so, yes, it was a little puncture mark but there was more holes in the T-shirt. There was only one that needed to be treated or dressed.

On his skin there was a single puncture mark, do you agree with that?---I agree, yeah.

And it didn't need stitches?---I was confused about the hole, sorry, because there might've been a smaller one that didn't need dressing.

Rather than speculate I will just - -?---Yes.

We have photographs of that wound?---Yeah, maybe I'm thinking because there was holes in the T-shirt and there was a less serious one beside it, so yes, we'll go with one puncture mark.

I will leave it for her Honour to assess that and obviously Constable Rolfe will come and give evidence himself about that?---Yes, okay.

There was no wound that required any suturing or stitches?---No. No. If I'd had Steri-strips available I probably would have placed those on, like paper strips to bring the wound edges together.

What was the demeanour of Constable Rolfe when you were speaking with him?
---He was quiet. Possibly looking a little bit shocked. There wasn't a lot more conversation than that probably.

Did you speak with any of the other police officers when you were there other than Sergeant Frost and Constable Rolfe?---I don't - I don't believe so because they were - they seemed to be quite busy with their own thing, like I remember some talk about the gun locker or something and seeing guns on a desk and he was questioning Julie about his Glock - something to do with his Glock. That's all I remember.

Constable - - -?---Constable Rolfe, sorry.

I am going to ask you now about your trip to the airstrip. There is evidence from you and others that police left the compound some time after Kumanjayi had passed away, to go and collect other police who had flown in to the airstrip. You left in convoy with the ambulance, is that right? And police?---That's true - correct. That's correct.

How did that come about?---We were sort of - I don't know, we weren't doing much, just sitting at a table, Heather and I and Julie commented about asking us if we could do something about going to the airstrip in a convoy with a police vehicle in front and one behind. And she twice said, "Your safety is paramount to us".

Did she asked you - - -?---But that we would be protected - - -

All right?--- - - - with these police vehicles.

Did she tell you why she wanted the ambulance to attend?---No, all I remember is hearing we're going in a convoy, possibly I heard the words "as a decoy", but I don't know what they meant.

I'm just going to ask you – sorry, Ms Walcott. Just before you go on, just don't speculate. If you could just try and test your memory?---Yep.

And if you can't remember, just tell us?---Yep.

To the best of your memory, what did Sergeant Frost say to you when she asked if you would go?---Just that to go in a convoy to the airstrip with a police vehicle in front and behind. And we didn't know why, we speculated ourselves that it was possibly to retrieve some medical personnel.

And so, did you then go initially to the airstrip where you were in the middle and two police – you were flanked by two police cars; one in front, one behind?---That's correct.

When you went out for that drive, were there other members of the community around?---We didn't – we don't – I don't remember seeing them, because we were in between the two police vehicle. There was still people outside the police station as we turned left from the side street to go to the airstrip.

How many people, do you think?---I don't really think I took much notice. It just seemed to be the same – I thought the same group of people that had been there earlier.

I take it from what you've just said that there was nothing about the behaviour of the crowd at that time that concerned you?---No, definitely not. There'd been some rocks thrown over the police station and on the roof and that. That was probably all.

Was that while you were inside before going to the airstrip?---Yeah, I had been advised when I went back out to the ambulance once, to proceed with care undercover, as there had been some missiles coming out of the top of the police station.

Did you hear any rocks hitting the roof or other missiles?---I did.

How frequently did that happen while you were in the station before you went to the airstrip?---Not that frequently then. Probably more so after we returned.

So, you drove to the airstrip. Once you got there, was there any conversation about what you would do?---No, because we were just meant to be in convoy with them. We parked away from the police vehicles, a little bit away. One policeman was out of the police vehicle shining a torch around towards the community around the airstrip. And we saw some bodies, policemen, getting out of the convoy (inaudible) with an RFDS plane and jumping into the waiting police vehicle.

Did you get out of the ambulance at any stage on the airstrip?---No, we didn't.

How long do you think you were there parked on the airstrip?---Possible five to – probably 10 minutes.

Did anybody give you any advice about what – about who was coming in at that stage?---No. No, we didn't know anything.

Did you see any medical personnel coming in?---No. It was dark and they seemed to be mostly like dark – so, they were police in dark clothing.

Did you assume at the time that you were waiting there on the airstrip that somebody coming in would be a medical officer or a doctor?---We did. Yeah, we did.

At the time – did you have any sort of contact at all by phone or radio with police while you were in the ambulance?---No.

How did you come to leave the airstrip then?---We saw them starting to drive off and we went, we'd better follow. They're leaving without us. But this time, we weren't in between the two vehicles, so we were playing a bit of catch up then, as they left the airstrip.

How long was the drive from the airstrip back to the police station?---It could have been five to seven minutes.

Did you see any community members out at the airstrip?---Not at the airstrip. We saw the community members as we exited the airstrip and were on the road back towards the police station.

About how many community members, do you think?---Well, we were trying to keep up with the police vehicle. We could see their lights. And then there was a crowd of

people across the street walking towards us after the second police – after the second police vehicle.

And how close to the police station were you at that stage?---We had only just left the airstrip. We were on the road and I just seem to remember a bit of a speed hump and thinking, I can't keep up with the police. But I wanted to keep up with them, because they were meant to be – we were meant to be in between their cars.

Did you eventually catch up with the police?---No, not really. When I saw them again, it was after the incident with the rock and being surrounded by the people that were on the street and Heather advised me to keep trying to keep trying to keep up with the police and I had said to her, no I think I'll go back to – we'll go back to Yuelamu. And she said, we can't keep up with the police, and then we eventually saw the lights of the second vehicle.

When you saw the lights of the second vehicle, how far away were you from them?---We were – it would have been a couple of hundred metres, but we were almost back at the police station by the time I sighted their lights.

So, in your interview, Ms Walcott, you explain that a number of project – rocks were thrown at the ambulance and unfortunately, a window smashed and you were injured as a result. What injuries did you sustain?---I guess it was a head injury, because the rock smashed through the driver's side window. The smashed shattered glass hit me on the head and the shoulder. But at that time, I didn't realise what it was. It just seemed like some sort of explosion and then I felt blood dripping down and was trying to veer off the road to avoid running over someone, because I was in shock, injured and didn't know what was happening.

And at that time, how far away do you think the police vehicle was in front of you?---I can't say for sure, because we could only see the crowd of people. I don't remember seeing their lights at that stage, just the people that we were trying to, after it happened with the rock being thrown – they were being thrown constantly. I was just concentrating on not running somebody over.

Did you stop the car after that happened?---No.

After you were injured?---No.

Okay. And then, how many more minutes do you think it was before you got into the police area?---I'd say probably four to five minutes.

Did you have to come through that back gate again?---Yes, we went through – the gate was open by the time we got there. They were going in and we went in behind them, yeah.

When you went in, did somebody assist you with your injuries?---Heather assisted me by coming around to the driver's side door of the ambulance. I was trying to wind the window up in my shocked state, which wasn't there. And she called out to the

police that were entering the police station that we had – we've got an injury here. She assisted me in and we found some more first aid supplies. And I had lots of big lumps on my head, so I sat for quite a while with ice on those, and with Heather basically nursing me.

And Ms Walcott, did you receive ultimately any sutures in your face?---No.

That evening, you stayed at the police station. Is that right?---We did.

And when did you ultimately leave the community of Yuendumu?---I was advised by whoever took over in charge that they would get us out in the morning. So we didn't actually leave Yuendumu until about 4.30 in the afternoon.

And in the meantime, you did that interview with police, correct?---I did.

Did you get much sleep overnight?---No, we – we'd been awake all day Saturday and Saturday night. There wasn't really anywhere to – to rest. And then all day Sunday waiting to hear when we could leave the community. I probably dosed off with the – oh probably for half an hour, but Heather was awake the whole time.

Ms Walcott, have you been back to Yuendumu since this happened?---No, I haven't.

Have you participated in any sort of lessons learnt meeting, with NT Health, or police?---I – on the Monday following, on – we went to Alice Springs on Sunday afternoon, and on Monday there was a debriefing in the (inaudible) office.

Were police there?---No, it was a meeting with administrative, executive staff and Royal Flying Doctor personnel. And I think there was an administrator or supervisor from the Royal Flying Doctor also on video.

Have you spoken with NT Health at all, as to how there could be improved communications in the event of a planned withdrawal of services?---No, not – I haven't spoken to them. But I believe that would have probably hopefully come out of the debriefing that we had.

Ms Walcott, have you spoken to Sergeant Frost at all since this – since the evening of 9 November, or the day of the 10th?---Julie did ring me not long after the incident, or a few weeks, it could have even been early the next year, just to say – to say sorry, and she felt – she was thinking about me a lot and felt terrible about what had happened (inaudible).

Was it meaningful for you to get that phone call from her?---Very meaningful yes, yeah.

Thank you, Ms Walcott, that - - - ?---I believe – I believe it was heartfelt, because Julie had also, in our short conversation, she'd been a nurse as well, I believe

15 years. So she had a nursing background, so we're sort of like kindred spirits in a way.

And Ms Walcott, can you tell her Honour, has there been ongoing impacts for you, from that – the events of that night?---Yeah, I do get – I get triggered a lot. I have been contacted since last June (inaudible) regarding being subpoenaed for the murder trial. I've had two subpoenas for that, and summons, which are quite upsetting when – when they – I had a day off last June, waiting to be called for the – the trial, which didn't eventuate because there was a delay with the – the language interpretation process. And then in March this year, I was (inaudible) be prepared to be called again for (inaudible) it was called off. So every time I've had these calls, I find that quite triggering and upsetting, and cause anxiety. And reading the statement as well, because I gave that statement, when I was still I believe in a shocked state. Heather – Heather commented that she thought I could have had concussion. It was easier to remember the events, I guess, giving the statement so soon after the event. But I don't think I was physically and mentally in a fit state for giving it.

Have you been offered any counselling by NT Health as a result of what you went through?---Yes on the day of the debriefing, I was able to access some counselling in Alice Springs. I've had counselling through EASA. I've also – we have access to bush nursing line. I didn't need to use that. I did have some counselling with – it was organised probably through the insurance company, through worker's comp. And I have had different counselling sessions, and there's some more being organised by – I had a referral from the GP at Pine Creek Clinic when I was up there a few weeks ago. So I'll be having some more soon.

You – I don't need to go into details, but you had another very traumatic incident I think in the Top End, while you were nursing, is that right?---Yeah, year after Yuendumu, at Palumpa. I was a victim of a home invasion. And there was a lot of things wrong with that – that scenario (inaudible). Very traumatic as in it made me realise that I wasn't completely healed from the Yuendumu incident, and I actually had thought – I couldn't go into fight or flight, like I felt I had on the night when we were being robbed. I just gave in, this particular night in Palumpa, and thought if he gets in, I'm dead, and (inaudible).

Have you been able to offer NT Health any feedback about security for nurses in accommodation?---I guess that – that subject comes up, not specifically for NT Health, but it does come up in a lot of communities, especially larger communities. Where sometimes alcohol – if they manage to get alcohol (inaudible) so there can be some tricky situations. It's been discussed, but I haven't approached NT Health as far as that, no.

Finally, Ms Walcott, you've continued to work in the Northern Territory, and coming back next year, and this year - - - ?---Next week I'm back.

- - - and - - - ?---I'm just having a few weeks off between Pine Creek contracts (inaudible).

I think you're entitled to a few weeks off, Ms Walcott, but you're coming back next year for six months?---That's right, yeah.

You still enjoy nursing in remote areas?---I do. I love it. I love it. I just love the feeling that you get, selfishly sometimes, because you are looking at the patients. The spectrum's like new borns, to the elderly, and being able to – you might be seeing them for one little thing in the clinic, and then you'll be able to assess there's other things wrong and you encourage them to come back. If they come back, wonderful. We perform lots of different skills in remote nursing jobs. In fact (inaudible) adult, child (inaudible). I already said that. It's quite a varied, unpredictable job. I think that's why I like it as well. Gives you a lot of job satisfaction. I guess not going back to the (inaudible) anymore I don't think, Wadeye and so on.

Well it's important for NT Health to be able to recruit the best nurses to come and work in remote communities, do you agree with that?---I do agree. And I think probably these – these issues aren't looked at. They do have recruitment – they do have recruitment issues. Because people don't want to go back to somewhere where they don't feel safe.

Putting – if those safety concerns can be addressed, your evidence is, isn't it, that it can be a very rewarding and worthwhile experience to practise as a nurse in remote areas?---Very much so. Very much. I love it. I do love my job. That's why people are saying, when are you retiring. Must be looking old.

Is that a convenient time for a break, your Honour?

THE CORONER: It is.

Ms Walcott, we'll take a 15 minute break. There might be some more questions and thank you so much for making yourself available during this couple of weeks when you're supposed to be having some rest time - - - ?---(Inaudible).

- - - but you've made yourself available, and you're addressing those difficult times again, so we appreciate that. We'll see you in about 15 minutes?---Thank you, your Honour.

WITNESS WITHDREW

ADJOURNED

RESUMED

THE CORONER: Yes? Mr Mullins?

LORRAINE ANNE WALCOTT:

XXN BY MR MULLINS:

MR MULLINS: Thank you, your Honour.

Ms Walcott, my name is Mullins. I appear on behalf of the Brown, Walker, Lane and Robertson families. Can you hear me okay?---I can, thank you.

You were obviously a nurse and a professional who was very devoted to your community at Yuelamu?---I'd like to think that I am wherever I am working, yes.

Being on-call 24/7 effectively permanently, is a very demanding occupation isn't it? ---It is. It can be - can be tiring as well.

And I'm sure it was very rewarding for you in Yuelamu?---Yes. Yes.

And can I say that no emergency responder deserves to be attacked during the course of their duties and I think that everybody accepts that. But can I ask you this question, did you ever wonder, when you were driving out to the airport, and on the return trip, what exactly you were doing there?---We discussed it, my colleague and I and we probably should have asked more questions but we assumed that it was to do with medical personnel arriving, especially since it was an RFDS plane that arrived at the airstrip.

Well, when you first arrived at about 8 minutes after 9 at the Yuendumu station you were - confirmed that Kumanjayi had passed away?---That is correct.

And you were told that that had occurred at about 2020 hours?---Yes.

You then assessed the officer who had sustained a minor injury?---That's correct.

And you provided whatever treatment was needed for him, that's right?---That's correct.

And you were then effectively ready to go?---We would've liked to have gone but were given to believe that we were to stay there at the police station.

Well, I understand that - from your interview that you had a conversation with Julie at a point in time during the course of the evening after our duties appear to have come to an end, where you asked whether it was necessary for you to stay or whether you could leave?---I did.

And were you given a clear explanation as to why it was you needed to

stay?---I remember saying after we'd gone to the airstrip, after her telling us our safety was paramount, would we go in a convoy to the airstrip. I said, "Then - then we can go? Can we go" and she said, "Oh no, you have to come back here."

Did you understand why it was you couldn't leave from the airstrip and why it was you had to come back to the police station?---No, I didn't really understand. I was just following orders.

So you drove out to the airport as part of the convoy, as you've described?---Yes, that's right.

And you sat in your vehicle at the airport and no-one contacted you?---That was when we first arrived at the police station, we were around waiting for a gate to open so we could enter the compound from the back.

Sorry, we might be on different paths here, I am asking you about the trip to the airport?---Mm mm.

Remember when you travelled out to the airport in the ambulance?---Yes.

And you were a part of the convoy of vehicles?---Yes.

You travelled out to the airport and when you were waiting at the airport did any person contact you?---No.

But you observed movement between the police vehicles and the aeroplane?
---That's right.

And then the police vehicles took off?---They did.

Did anybody give you a sign or make a telephone call?---No, no. We just - we didn't feel like we were part of their plan. We were trying to stay out of the way while they - while they completed whatever they were doing, then when we noticed they were driving off we - we thought we'd better catch up.

So you attempted to catch up, doing the best you could?---We did.

Now, is it the case that after things had calmed down a bit more in the morning and other people had arrived - other police that is - that you wanted to go back to Yuelamu to care for your patients?---I'll go back to what Heather and I were feeling about the weekend. We were hoping we didn't have many call-outs because we had a really big week coming up at the Yuelamu clinic. A lot of specialist visits, doctor's visits and things we had to be prepared for, so we were sort of hoping we wouldn't be too tired for the upcoming week. We didn't think - we didn't go back to Yuelamu but after the incident my first reaction was to get out of the (inaudible) and go back to Yuelamu.

That's my point. Did anybody else go back to Yuelumu to cover for you until 4.30 in the afternoon when you finally got back?---No.

Were you advised that there was any person covering for you?---No, we – we thought we would be back there. We'd be doing a call-out in Yuendumu, and we would be back in the community that night. And that's what we'd advised the mother of the sick child about as well. That if she needed more help later, we would see her when we got back to – to Yuelumu.

So am I right to say, that that must have been very distressing for you, as you were waiting to get back to Yuelumu?---Yeah. But by the time Sunday morning came around, and – and having the injuries that I had, I was hoping that I'd been flown in as had been promised the night before for some medical attention.

And was that forthcoming?---Not on the Sunday morning. We had to sort of work around their plans, and eventually at the end of the day, we were advised the the Police Commissioner had given us his seat on the plane.

Now did you make a – a sort of work cover claim, in respect of this injury, with the rock?---I presented to Alice Springs Emergency Department on Sunday evening. It was workers comp, yeah, and still have all the paperwork relating to that.

And was the claim ultimately accepted as a work cover claim by the employer?---The work – the work cover claim was just pertaining to I think some counselling. That's about all I had. As far as getting some sort of compensation for the days remaining on the contract, I had to chase that up myself about a year later to see if I could be reimbursed for the days that I hadn't been paid for.

DR DWYER: I'm sorry to interrupt, the livestream's not working very well.

THE CORONER: Just – Ms Walcott, we're just correcting another link that we have, so if you just don't mind waiting for a moment to see if we can - - - ?---Yes.

MR MULLINS: While we're waiting there Bec, is it possible to pull up document 9-17. I understand it's pages 27, 28.

Your Honour, this document's only just been disclosed, and so I haven't had the opportunity to look at it in detail.

Is that page – PDF 27 to 28?

A PERSON UNKNOWN: (Inaudible).

MR MULLINS: PDF 27 to 28.

THE CORONER: It's document 9-17.

A PERSON UNKNOWN: (Inaudible) page 27, yes.

MR MULLINS: Now if – are you familiar with this document?---No I haven't seen it before.

Are there incidents reports completed in respect of injuries like the one you sustained?---The incident report was – the worker's compensation forms were completed by the emergency doctor that I saw on the Sunday evening.

And who was that?---I would have to get the documents. It was a Chinese doctor with a Chinese or Asian sounding name, sorry, but I could – I could find them, but they're in a - - -

MR HUTTON: Your Honour, perhaps if I can just interrupt. This seems to be certainly stretching the boundaries of relevance to this inquest, in my opinion. I'm not sure how far Mr Mullins proposes to track the work cover claim with Ms Walcott. The relevance certainly isn't apparent to me.

THE CORONER: Mr Mullins.

MR MULLINS: Well, your Honour, I think - - -

THE CORONER: Is there an account or something in these documents that you want to rely on?

MR MULLINS: No, I think – and the next page reveals, as I understand it - - -

THE CORONER: Can we have a look?

MR MULLINS: Yes, let's go to the next page. Because I've only seen it - - -

THE CORONER: Sure.

MR MULLINS: - - - in the last few minutes.

THE CORONER: No, no, no, I think go up to that longer paragraph, and scroll - - -

MR MULLINS: No – so yes, go up to the next paragraph, as to what the incident is described and we can see "Reported to police, psychological, struck by" – I can't read that myself, "Bump(?) object"?---Bump object, yes.

Yes. "Superficial injury." And then a description of what the event, as it occurred. And then just to the next page, just – or at least just scroll down.

Stop there.

We can see that it's not a notifiable incident.

And if we scroll down a little further.

So did you know anything about this document yourself, Ms Walcott?---No, no I didn't.

I won't take it with this witness any further, your Honour.

Thank you?---Thank you.

Now a couple of other matters, Ms Walcott, briefly. You've mentioned that when you were in Yuelumu, you have regular call-outs and did I hear you say a minimum of three to five per week?---That would be on average, it just depends on the vulnerable people in the community. There's – there was people that were chronically ill and in end stage – with end stage breathing disorders, so - - -

And - - - ?---Yeah, it would - - -

- - - those call-outs - - - ?---It would have been (inaudible), yeah.

- - - those call - - - ?---Sorry.

- - - yes, those call-outs at times, could be serious emergencies?---They weren't acute as in motor vehicle accidents or anything like that. They were serious as in someone with a chronic respiratory disorder, chronic pulmonary disease, in the end stage. When they were having an acute attack of shortness of breath, that was quite serious, and they needed to be brought into the clinic.

Well there's a series of conditions in their acute phase that might be problematic, for example, cardiac arrest?---Yeah, chest pain, cardiac arrest, yeah.

A child with a serious asthmatic attack?---Mm mm.

An allergic reaction causing anaphylactic – an anaphylactic reaction?---Yes, that's correct.

And response time in all those situations is critical?---It is critical, exactly, yeah.

And that's why one of your concerns about covering Yuendumu so to speak, was that it's difficult, particularly at night time, given the distance between Yuelumu and Yuendumu, to provide that sort of response – emergency response, medical attention?---That's correct.

And in doing so, you're removing the emergency response medical attention from your own community of Yuelumu, who you care a lot about?---That is exactly right, yep.

You say that there was some uncertainty from your perspective about how long you expected this situation to last when you were cover Yuendumu?---Mm mm.

I understand you were told by Helen Gill, that the Yuendumu staff would be back on Monday?---That was from – I think I asked Cassie when she bought the – the Yuendumu Clinic keys. No, sorry, it could have been on the phone to Helen, that when will they back, and she said Monday, yep.

But you got a different answer from Cassie when you raised with her how long she thought it was last. She seemed uncertain about that, is that right?---No, yeah, there was uncertainty because of the conversation with Helen that the – when she stated that it – they would be back on Monday. So that sort of took the – a bit of pressure off us, off our concern, about being away – being on-call for Yuendumu too long.

Have you ever dealt with this situation before?---No.

Obviously, when you got the call to respond, you got there as soon as you could?---As – as soon as we practically could get there, we did. We were hoping to leave earlier than we did, but circumstances caused us to be more delayed than we would have liked.

And when you finally did get back to your patients at Yuelumu, had there been any emergencies that you had missed?---We – we didn't go back. We were in lockdown in the police station until the RFDS plane took us back on around 4:30 pm roughly on Sunday afternoon.

Okay?---We did assume we would be going back there, but we didn't go back.

All right. Thank you, Ms Walcott.

Thank you, your Honour?---Thank you.

THE CORONER: Any other questions?

MR DERRIG: Yes, I have questions, your Honour.

THE CORONER: Mr Derrig (sic).

XXN BY MR ESPIE:

MR ESPIE: Ms Walcott, my name is Mr Espie.

THE CORONER: Mr Espie, sorry.

MR ESPIE: I appear on behalf of NAAJA.

THE CORONER: My fault.

MR ESPIE: That's all right, your Honour.

I just have a few questions. You were just asked by my friend about your ability

to respond to emergencies, both in Yuendumu given the tasks you were asked to cover at that community and your own community of Yuelamu. Obviously, any sort of emergency response time is certainly of the essence; minutes and seconds can make a difference in relation to the seriousness of a condition or someone's life or death. Would you agree with that?---I agree with that.

You had concerns in the fact that should you have to be called out to Yuendumu, it might be leaving people without assistance in Yuelamu and, in fact, that is the situation that happened that evening on the 9th?---That's correct.

No doubt – and in fact, you had a mother call with a sick child in the midst of getting ready to respond to the shooting. That must have been a tough decision to have to consider still giving her some assistance or seeing what the issue was with the child?---Yeah, we were thinking of what we were trying to say if it's not too urgent, we have been called to Yuendumu. Could we see the child when we return? And she said, "No, no, you have to come now."

Right?---So, one of the things when you're on-call is it's really important to address sick children firsthand, anyone with burns. But never - you never ignore a sick child.

Right. So, just picking up on that, it was – the child received a burn. Is that what the - - -?---No, no, that's just the things - - -

Right?--- - - - if you get called for emergency things that justify a nurse being called out afterhours.

Right?---Serious things like that, yep.

And I think you said it was about 10 or 15 minutes. It was also delayed by the fact that you had to pack equipment?---Well, first there was the phone call. After Julie's, then there was another call. I was trying to contact my colleagues. There was another call and two more phone calls before I actually managed to tell, Heather, my colleague, when we were finally able to be left, we left the accommodation and went straight around to the clinic to collect the emergency equipment and she – to save time, I got the equipment and she saw to the sick child.

Right, thank you. And just moving onto events when you were at Yuendumu. You described arriving at the police station, or waiting outside the police station, and the community being calm. And you had to wait for some time before you were let in?---Yeah. There was – as we approached, there was a quiet, sort of sombre mood, I think, amongst the people. And we were spoken to by the Indigenous policeman who spoke to us and said to – directed us to the disabled parking spot. We replied that we'd been told to go straight around to the back of the police station.

All right. You then, as you ultimately went inside the police station, realised the potential patient was deceased. You say there was then – two things occurred. You felt that – I think you've described it previously as you felt you were in some sort of lockdown situation?---Yes, definitely.

And it's fair to say that you felt that you weren't able to leave, even if you wanted to?---Yes, we did have that impression, yep. We were told that we had to go back to the police station after we'd been to the airstrip, where we probably would have preferred to go back to Yuelamu.

Right. And I think you described when my friend was previously asking questions, you described that you were sort of just following orders?---Correct.

And would you say those orders were – or you were getting direction from – was that Sergeant Frost?---Yes, that's correct.

Right. You – the discussion around going out to the airstrip, to some extent, there was some discussion where I think you initially described as maybe it seeming like a bit of a decoy, and that was the reason you were involved in the trip?---I can't remember if the decoy was mentioned then, but we were to go in a convoy to the police station with a police vehicle in front and behind us.

All right. And it's fair to say, you hadn't – once you got to the police station or even as you arrived and before leaving in this convoy, you hadn't received any word from anyone in NT Health or anyone of your colleagues advising you that doctors or medical staff or anything were coming out to the community?---Well, in the conversation with Julie earlier on the phone, she had mentioned what she would like me to do and added that she would like me to contact AirMed and then she said, "Don't worry about that. I'll ask the manager who has the on-call phone for Yuendumu." After that, there wasn't any communication, because we didn't have any – we lost signal on our on-call phone at the airstrip in Yuelamu. So, for the rest of the journey, we had – the last comments from St Johns Ambulance was, she couldn't confirm if it was safe to enter the community and to proceed if we wished.

All right. I suppose it would be fair to say that – well, perhaps as a question, given you're were aware that the deceased, or you know, Kumanjayi, was deceased, I think you described that there was nothing really that you could have done in that situation. Did you feel then, or looking back on it now even, do you feel that really, this travelling out by convoy wasn't really – I suppose wasn't really part of your job. It certainly wasn't in your job description?---Yeah. As embarrassing as it sounds now, we didn't really have a good idea about why we were going, it was just a police request.

All right?---And she had mentioned, as I said, twice, that our safety was paramount to them.

Right. And you've described, I suppose, the following orders. It's not a situation where you were temporarily sworn in by Sergeant Frost or deputised or anything of that type? You just felt - - ?---No, we've got a – it was a different situation to other call-outs we get and situations like that. We were in their territory. Like the police come to the clinics. They're in our territory. This was a completely different situation for myself and my colleague, because normally when you're attending to patients,

whether they be critically ill or deceased, you try to involve the family a little bit. And we got the feeling that, because we were in (inaudible) prediction that that wasn't going to happen.

All right. Did you convey those - - -?---We were – we were - - -

Is that something you conveyed to Sergeant Frost, that involving family, for example, might have been appropriate?---No. No, I wish I had thought, but we didn't know what the atmosphere outside the police station was like as well.

And ordinarily you wouldn't be allowed to use the ambulance, for example, for purposes other than what it is designed for, picking up patients, travelling to assist people and that sort of thing?---Yes, that's correct.

Did you feel that you perhaps should have contacted one of your superiors before being involved in this convoy to the airstrip and back?---Yes, we - we should have.

Is it something you decided against or something that you weren't able to do?
---No, we just complied with the wishes of us to go in a convoy. We were thinking that there might be medical personnel. We thought we would be possibly collecting someone - a medical person - from the plan as well.

But when you got to the airstrip it was clear that you weren't required - or no-one jumped in?---No.

No doctors or medical staff or anyone stuffed in the ambulance with you?---No.

And then you realised rather than picking up medical staff - - -?---Mm mm.

What did happen was that more police officers were conveyed back to the station?
---Yeah, it appeared to be police officers getting out of the plane. It was very dark, so we didn't - we didn't really know - we assumed they were police officers because they got into the back of the police vehicle.

In hindsight, looking at that - you've worked in a number of remote communities as a nurse? You understand the importance of relationships and people having trust and confidence in your service. Would you agree with that?---I would agree with that. Yes, we did have communication with one of the managers in Alice Springs before we left, that was one of the other phone calls I forgot to mention.

Right, yes?---So they knew that we were venturing out to Yuendumu.

And again, you said you weren't clear on the plans of this convoy but looking back it was clear that you were being sort of roped into this decoy - or this deception, would you agree?---Yes. Yes.

Is that something that - or what's your thoughts on how you feel the community may have felt about that?---Well, we - because we were thinking there was medical

personnel was going to be one of the reasons for the trip - the convoy to the airstrip, they probably - I don't know - they might've probably think that - they - I don't think they had been told at that stage that Kumanjayi had passed away, so I would've thought that they thought that we were helping them in a way by going to collect the medical personnel.

But instead of that you then proceeded back to the police station at relative speed following behind the police vehicles?---Tried to follow behind but they got a fair way in front of us, that's when a group of people converged behind the last police car and were coming - walking towards us on the road and then surrounded the vehicle - the ambulance.

Do you recall when police spoke to you the next day that you - suggested you were perhaps driving at about 80 kilometres an hour?---Yeah, I - in hindsight I don't think was because - so those - those community roads, I think I was held up a little bit by speed humps coming out of the airstrip. I don't believe now that it was 80 or 90. I felt like I was trying to go faster after the (inaudible) whatever it was, to get away from the people so I wasn't going to run over anyone.

Right, and - - -?---And to get away from the rocking.

Right, you'd also be familiar with communities and there's often - or in fact Yuendumu and other communities often don't have footpaths and the lighting is not as good as it is in town, you'd agree that 80 kilometres an hour would be way too fast for driving in - - -?---It would've been too fast and I don't believe - I remember thinking that I was going faster to get away from the scene but you can't do - you can't do that speed and that's why I would say I would say it was - could've been 50 or 60.

Even 50 or 60 is a lot faster than what - - -?---Yes, that would've been fast.

Ordinarily day time you would - - -?---Yes, that would've been going 40 and then increase the speed afterwards to get away from the - the - - -

Would you agree that even in the day time generally people in communities would drive as if they were driving past a school, you know, driving under 40?---Yes, I would agree to that.

So night time 60, knowing there were people on the road would be - you wouldn't ordinarily do that, would you?---No. It wasn't that fast until after the rocking began and the - the rock came through the driver's side window.

Right?---I'd reached a speed, as I said, and veered towards the left to try to get away from the crowd. I'd been injured and Heather offered - my colleague - offered to steer for me because I had blood pouring out of my head and didn't now what's happening. It wouldn't have been - I probably went from 40 to 50 and that would've been fast enough, on that road, to get away from the crowd.

But not fast enough to keep up with the two police vehicles who were - - -?---No. I couldn't - I couldn't really see their lights in front after we got past the crowd.

So on the way out - - -?---Past the - - -

- - - you were in between them but on the return trip they sort of left you and both went in front did they?---Yes, they did.

Just in normal circumstances if you were to drive at that sort of speed, people within community may get a bit upset or be alarmed at that sort of - - -

A PERSON UNKNOWN: Your Honour, if I can interject. We are certainly not talking about ordinary circumstances here and I think much of the evidence we've just heard has already been covered.

THE CORONER: Yes.

A PERSON UNKNOWN: We have another witness.

THE CORONER: Yes, sure. Is there anything new, Mr Derrig?

MR DERRIG: Just trying - I will leave it there, your Honour.

THE CORONER: Okay.

MR DERRIG: How do you feel about the fact that you were involved in a decoy, deceiving people in the community that were - didn't know what had happened to a family member - to a community member that may or may not have been shot and may or may not have been alive?---I don't agree that we were - we believed we were a part of any deception. It might be portrayed like that afterwards. As I said, we thought we were going to get medical personnel or someone to come back to - sometimes a doctor has to certify life extinct. We didn't really know, but I wouldn't say it was deception. I don't believe that.

Right. So what was going through your mind when you realised - - -

A PERSON UNKNOWN: Again, your Honour - we've - - -

THE CORONER: I think she has just explained that. She thought they - they didn't really know, they had thought that perhaps they were going out there to collect someone from the medical profession.

MR DERRIG: Yes, your Honour, my next question was just to clarify when they realised that it was not, what was the case.

THE CORONER: Okay.

MR DERRIG: Ms Wolcott, when you realised that you weren't picking up medical personnel and you weren't in fact really needed for anything else at the airstrip, how did you feel then - or what did you think about that situation?---Well, after the incident where we were being rocked and we didn't really understand what was happening and I - I said to my partner that I wanted to go back to Yuelamu and she said, "You can't, you've got to - got to keep up with the police - follow the police - go back to the police station."

Right. Thank you, Ms Walcott. Those are my questions?---Thank you.

THE CORONER: Any other questions?

MR MCMAHON AC SC: I just have one question, your Honour.

THE CORONER: Sure, Mr McMahon.

XXN BY MR MCMAHON:

MR MCMAHON: Ms Wolcott, I appear for the Parumpurru Committee from Yuendumu. There is a form that you were taken to which I am not going to take you back to - we only just got it, but it says it's been filled out by Olivia Ryder on your behalf to describe the events that happened on 9 November. Is Olivia Ryder, who appears to be an executive of some kind in Northern Territory Health, is that someone you know?---I met Olivia once. She was our area manager who had been stationed up around the Barkly area and was temporarily assigned to this Central Health area.

All right, in the week or so after the incident that you've been giving all this evidence about, did you sit down with her and detail to her what had happened, and she filled the form out on your behalf? Do you have any memory of that?---I believe Olivia might have been in the debriefing session, being the area manager. And I actually re-left a couple of days later, and so there wasn't really formal conversation with her about that.

So there's one sentence I want to ask you whether you remember saying to - to Olivia. The sentence in the form, which is about risk assessment and so on says, "The ambulance was driven to the airstrip to assist in the collection of further police staff." Is that something - - - ?---Mm mm.

- - - that you were saying to other people at that time?---No, not at that time. We realised afterwards, after they - they had been collected from the plane.

All right, thank you very much?---Thank you.

THE CORONER: Mr Hutton.

MS BURNNARD: Your Honour, I just (inaudible) if it's appropriate to go before Mr Hutton.

THE CORONER: Yes, sorry I hadn't sort of seen a movement over there.

XXN BY MS BURNNARD:

MS BURNNARD: Good afternoon Ms Walcott. My name is Amanda Burnnard, and I act for the Northern Territory Police Force. Can you see and hear me okay?---No, I can't see you. I can only see the – yes, I can see you now, thank you.

I don't have any questions for you Ms Walcott, but I do have something to say. And it is this. The Commissioner apologises to you for your having been placed in a position in which you were injured by rocks having been thrown at your vehicle by members of the Yuendumu Community that evening. That's all I wish to say?---Thank you. Thank you very much, I appreciate that. Thank you.

THE CORONER: Mr Hutton.

XXN BY MR HUTTON:

MR HUTTON: Can you see me, Ms Walcott? Hi, Ms Walcott?---Hello, who are you?

I'm Tom Hutton? We've spoken. Ms Walcott, when you see a patient after hours, ordinarily you will do so in the clinic that you are working in, is that correct?---It varies. And it can change according to whichever community you are in.

Sure?---There's an afterhours – a community with no mobile service, they have – they might ring – they might come to the house. And they will know whose on-call, because the ambulance will be parked at the staff house. Sometimes it's door knocking, to come and get you. If there is mobile phone service, or an on-call phone they can use, there might be a bell at the clinic. And they'll ring the bell, and the bell will ring the on-call phone.

Where you can see them at the clinic, that is what you're instructed to do? That you wouldn't ordinarily treat someone in your home or in their home, you would see them in the clinic?---No that's against afterhours safety policies, yeah.

And can you recall now, Ms Walcott, the specifics of the arrangement for coverage of Yuendumu, how that was to operate on the day of 9 November?---On the day? You mean, after we heard about the - - -

Yes, after your conversation, sorry - - - ?---Pardon me. Sorry I had the sound on in case a lawyer rang.

Do you recall the specifics of how the arrangement – or perhaps let me ask you this specifically. Do you recall whether the proposal was for patients who required treatment from Yuendumu, in the first instance, if they were able to travel to Yuelumu, for you to see them in the clinic there?---We – we did discuss that, and we

just – we – we discussed that, if it wasn't too serious, and they would be able to commute to Yuelumu, then they would ring the bell at the clinic.

Yes?---That would ring the on-call phone.

Yes, thank you. You've been given evidence about being greeted by an Indigenous police officer when you arrived at the police station in Yuendumu?---That's correct.

Do you recall what he said to you, or what your conversation was?---We slowed down at the – outside the police station. And he – he was approaching the car. He opened Heather's passenger door, and said "It's all right, I'm a copper." Then we informed him that we'd been told to come to the police station. And he pointed to the disabled parking zone and told us to park there. Then we replied that we'd been asked to go to the back of the police compound.

All right, thank you. And Ms Walcott, you've told Dr Dwyer that a number of rocks were thrown at the police station that evening. There was some initially before your trip to the airstrip, and there were more after - - - ?---Yep.

- - - your trip to the airstrip, is that correct?---Yes, that's correct. Because, as I said, we – we needed to get some supplies from the ambulance, and one of the policemen commented to stay under cover because there's been some missiles flying over the top of (inaudible).

After the trip to the airstrip and perhaps before, there was a feeling of real anxiety within the police station, is that correct?---A feeling of it seemed to be tension, I guess. Not really knowing what was ahead, yeah.

And after the trip to the airstrip, am I correct to say there was quite – quite an amount of noise coming from the crowd outside?---There was. There was more noise, more sounds of restlessness, and more rocks on the roof. I think Julie received a phone call to say the clinic was on fire from someone from a community organisation.

Yes. And am I correct to say that you were very frightened that night, Ms Walcott?---I'd have to say that we were – we were frightened. I remember thinking that I didn't feel safe even with the police around.

Am I correct to say that you feared for your life at times that night?---I did. We did, yes.

And finally, Ms Walcott, I just want to take you to some photographs within the coronial brief. Just – if you could just have a look at these and confirm that these are photographs that you have taken. They should come up on the screen. Can you see that, Ms Walcott?---Yes, yes.

We'll just scroll through them and – these are photographs that you took the following day?---Yes.

Yes, thank you.

Your Honour, those are my questions.

THE CORONER: Yes.

MR HUTTON: Thank you, Ms Walcott?---Thank you.

THE CORONER: Anything arising?

DR DWYER: Nothing arising, thank you, your Honour.

THE CORONER: Ms Walcott, thank you very much again. Hopefully there'll be less phone calls from lawyers, and you'll be able to enjoy a few days before you head back up to Pine Creek. And good luck in Pine Creek when you arrive?---Thank you, your Honour. And before we go, could I just express my condolences as well to the Walker families, Walker and their – their relatives families about the loss of Kumanjayi.

Thank you. They are – we are live screened into the community, so there would be family who have heard you express those condolences, and I'm - - - ?---Okay.

- - - sure it's appreciated?---Thank you.

See you later.

WITNESS WITHDREW

DR DWYER: Your Honour, I note the time 12.20. Might we resume in an hour with the next witness?

THE CORONER: Yes, so we'll just return at 1.20.

ADJOURNED

RESUMED

THE CORONER: Yes, Mr Coleridge.

MR COLERIDGE: Good afternoon, your Honour, the next witness is Dr David Reeve. And I call Dr David Reeve.

DAVID MARK REEVE, affirmed:

XN BY MR COLERIDGE:

MR COLERIDGE: Doctor, could I ask you to state your full name for the record please?---David Mark Reeve.

All right. And you've given two – well you've provided two documents to the coronial inquest, is that right?---Yes.

And the first document is a statutory declaration of 22 November 2019, correct?---Yes.

For the record, your Honour, that's document 9-9.

And the second document you've provided was an affidavit dated 28 September 2022, correct?---Yes.

And that's an affidavit of some 100 pages, when you take into account the annexures?---Yes.

And that's document 9-9A.

I might just quickly clarify with you the relationship between those two documents. In your affidavit, so the second - - - ?---Yes.

- - - document, you say that you provided the statutory declaration for the criminal investigation?---I believe so, yes.

And you understood that you were providing the affidavit for the coronial investigation?---Yes.

And do I take that to mean that that's the reason you provided much more information in the affidavit?---Yes.

Information about systems, processes, and the like?---Yes.

What's your current role within the Department of Health?---I'm the General Manager for Primary and Public Health care for the Central Australia Region, NT Health.

And how long have you been doing that?---I've been in that position since May 2018.

And what's your background? Are you – do you have a background in public health, or do you have a clinic background?---First 20 years of my career, I was a medical laboratory scientist. I then did a doctorate in public health, and got into public – public health and primary health care.

And when did you get into public health?---In about 2009 I had a job as a Chronic Disease Coordinator in Fitzroy Crossing in the Kimberley. And then following that, got into management, primary health care management for Kimberley Population Health Unit.

And is it fair to say that the majority of your career since then has been work – has not just been in public health, but in public health in context, where Indigenous health is a big part of your work?---Correct.

Places like Fitzroy Crossing in WA?---Yes.

And then in the Central Region of - - - ?---Yes.

- - - the Northern Territory. What is primary health care?---So primary health care is that first line of care. So if you think about your GP services. So when you go for things like chronic disease, immunisations, child care, anti-natal care, men's health, women's health. So that first line. Then you get referred, you know after that you can go to the second line, where you may get referred to specialists or – or the like. And then you've got public health care, which is kind of the broader population health issues around immunisations, sexual health. We do some specialised work in Central Australia, like with trachoma or a rheumatic heart disease, so on a broader population level.

So, it's fair to say that primary health care, on a day to day basis, is the type of health care that most people engage with?---Yes.

And although primary health practitioners might not be treating the most acute or specialist conditions, primary health care is essential to managing health within a population, isn't it?---That's correct. And then they refer to the specialists who - - -

And deficits in primary health care can mean that conditions that aren't particularly serious end up presenting as chronic and acute conditions?---That's correct. So, we have a frontline to prevent the development of those chronic conditions.

Now, you describe your role in your statutory declaration as essentially being to ensure that Central Australia has government primary health care services provided?---Correct.

What does that involve in terms of your work?---Yeah, so we cover, in the remote context, outside of Alice Springs, we have 23 government primary health care clinics. We also – so those onsite, we have staff onsite. Not in all of those, because some of those are visiting services, but they are nurse-led clinics providing primary health

care within those clinics, along with Aboriginal health practitioners, Aboriginal community workers. We have admin roles, doctors tend to be an outreach service, so they go and visit those clinics and provide their services during the week, but live back in Alice Springs. We have what we call an "Outreach team, so we had midwives, child health nurses, dieticians, chronic disease educators, diabetes educators, men's health, health promotion teams that go out and work into these communities as well. Then we're a bit broader in that we also cover environment health. So, we have environmental health officers working with food safety, mosquito control, water issues. We cover in Alice Springs at Flynn Drive, we've got community health. So, we're providing immunisations there, working with families lactation consultants. We have – we provide all the government dental services, both in town and in the remote clinics. We provide the service at the prisons. So, we have a prison health team out there. We have community allied health, which consists of speech pathologists, OTs and physios who working in town and out remote, and then we have public health, which are doing things like when we had COVID 19 and the issues I mentioned before.

In terms of the provision of the primary health care in the remote setting, one of the important parts of your role, I take it, is just to ensure that they are staffed. Correct?---Correct, yes.

And that taking into account safety considerations, they can remain staffed?---Correct.

Now, you've given some evidence about how essential primary health care is to the population generally, but would you agree that in remote Indigenous communities, it is particularly important?---Yes.

You've in fact given a list of publications you've authored at par 21 of your affidavit?---Yes.

I don't need you to turn to it, but one of those, you published it – co-authored it in 2015. It was titled, "Strengthen Primary Health Care – Achieving Health Gains in a Remote Region of Australia"?---Yes.

Do you know what I'm talking about?---Yes.

And there, you wrote, "In rural and especially remote areas, there is strong evidence that poor access to primary health care remains a critical barrier, particularly for Aboriginal and Torres Strait Islander people, and this is reflected in the high rate of avoidable hospitalisations"?---Yes.

You still agree with that?---Yes.

What does this poor access to primary health care look like in a remote and Indigenous community in the central area of the Territory?---Yes, I guess if you – I guess in terms of access compared to urban, compared to remote communities, obviously in an urban sitting, you've got access to GPs and other providers, like

health providers. There are whole multi-disciplinary teams. In remote, we've only got very small teams consisting of our primary health care nurses, like I mentioned before. And so the other access to services is by visiting teams which are only there either for a few days, which mainly does that, you know, once a month or once every three months, so access to primary health care services is very limited in the remote context because of the travel required.

In addition to the difficulties that arise because of access, the difficulties with access, you're also dealing with a population generally that has more acute or chronic health issues. Is that correct?---That's correct. Yes, Central Australia has one of the highest rates of diabetes in the world, so - - -

And other chronic health conditions that present that present disproportionately in Indigenous communities are conditions like respiratory illness?---Yes.

And chronic cardiac conditions?---Yes.

Now, in that quote that I read to you, it says that the evidence of poor access to primary health care is reflected in the high rate of avoidable hospitalisations?---Yes.

What's an "avoidable hospitalisation"?---An avoidable hospitalisation is if somebody is admitted to hospital, but it's thought that if something had occurred previously, that would have prevented hospitalisation. So, I think if we consider some diseases that you can prevent by vaccination, the if that person had been vaccinated, they might not have ended up in hospital. So, it's things along those lines.

Okay. Is it fair to say that, in addition to avoidable hospitalisations, limited access to primary health care and increased preventable deaths in remote locations?---That's correct, yes.

Now, everything that we've been talking about quite generally about primary health care and access to primary health care in remote communities in the central region would apply to Yuendumu. Is that correct?---Correct.

Ultimately, in your article, you wrote that primary health care was critical to reduce, and I quote, "unfair and remediable health inequities for Aboriginal and Torres Strait Islanders and in that way to close the gap."?---Yes.

Would you agree that what you're saying is that access to primary health care is not just about healthcoms(?), it's about reducing unfairness and inequity in the health system?---Yes.

And that in the Australian context and in particular, in the Northern Territory, that unfairness or inequity, if left unaddressed, tends to be experienced by Aboriginal people?---Yes.

So, access to primary health care is about ensuring that the health system is not discriminatory?---Yes.

Obviously, working for the Department of Health, you employ health staff?---Yes.

As employees and contractors?---Mainly employees; a few contractors, yes.

Certainly, it's a part of your role and the role of the Department of Health as a department to ensure the safety of its employees?---Yes.

And so, an important part of delivering health services in a remote setting is managing safety concerns in the remote settings?---Yes.

Now, staff safety has been a particular focus for the Department of Health since the remote area nurse safety review in 2016?---Yes.

And that review was prompted by the death of a remote area nurse in the APY Lands in South Australia, I think?---Yes.

The review found – are you familiar with the review?---Yes.

It found that remote work was not inherently dangerous, but that there were risk factors that needed to be identified and managed. Would you agree?---Yes.

And it made recommendations for managing that risk?---Yes.

Now, at par 93 of your affidavit, you can go to it if you like, but you don't need to, you set out some of the recommendations from the safety review?---Yes.

Now, the first recommendation at subs (a) was a direct result of the circumstances of the death in the APY Lands, and that's a requirement - - -?---Yes.

- - - that remote health professionals attend in pairs afterhours?---Yes.

But the second recommendation is that the Health Department establish mechanisms for collaborations and partnerships with remote community groups such as the local community counsel, schools and nongovernment agencies to share information and address local issues, including staff safety?---Yes.

So what the review recommended was not just that you collaborate with the community in order to deliver health services - - -?---Yes.

- - - but that that collaboration was a way of managing risk to health staff?---Yes.

In your view, what do those collaborations and partnerships – or how do they assist you to manage risk?---So, I guess if you're looking at the stakeholders in the community – in the community, it's everybody within the community. And I guess I'm talking about collaboration and meetings within the community. It's people talking together and I guess within the staff safety context, being able to discuss what's happening. What issues are going on. And then I guess, talking together, coming to

what solutions might be able to address them. So that's both providers of services as well as local community members.

And so I take it that both Indigenous and non-Indigenous people?---Yes.

Do you see value in the participation of Indigenous community members, above and beyond, the participation of the non-Indigenous stakeholders?---Absolutely, yes.

And what is that value?---Well they – they know their community. They know what's going on with community. They've got ideas and solutions to any issues that stakeholders might arise. So they are a key part of actually providing any solutions and – to any problems that – that are there.

Similarly, I'll skip over subs (c) and subs (d). But at subs (e) you note that it was recommended that a measure that the Department of Health could and should adopt, to manage risk, was that of increasing Indigenous participation in the work force. You see that?---Yes.

And how does that assist to manage risk?---So I guess if we have, like from our own context, we have Aboriginal people working in our house centres. Again they are an excellent liaison with the community. Telling us what's going on with the community. Helping to provide some translation, so we can work together, and especially in a health context, improve health – health overall. So work with a clinician on the ground. We also I guess, in the context of Aboriginal health practitioners, you also provide clinical services. So they are providing culturally safe care. So absolutely it all goes towards both clinical safety and safety in general.

Okay. In terms of the type of safety risk that presented in this case, which didn't really arise in the clinical setting at all?---Yes.

Can you see a role for – or can you see how Indigenous participation in the work force increased Indigenous participation might assist to manage risk in the long term?---Yeah, sorry could you just – sorry I - - -

Sorry that was a very complicated question. Outside the clinical context - - -?---Yes.

- - - do you think that increasing Indigenous participation in the work force - - -?---Yes.

- - - might assist you, to manage safety risks - - - ?---Yes.

- - - for the staff?---Yes. Yes.

And how might that assist you?---Again, local staff have context of what's occurring in the community. They'll provide extra information. And again, also a liaison between themselves, and if we have traditional owners, to be able to go to leaders in the community to talk – talk about things. Bring the two parties together to have a discussion, so.

So if for example there was unrest in the community, fighting between two family groups that was threatening staff safety, you might go to one of your local Indigenous employees and say, look what's the context here?---Yes.

Who's fighting?---Yes.

How long are they going to fight for?---Yes, well yes. To enquire what's going on, that's correct, yes it is. We would hope they wouldn't be fighting very long, yes.

But that information would be critical - - - ?---Yes.

- - - to making an objective assessment of risk?---Yes.

Obviously, and this isn't something that you deal with in your affidavit, there are other long term measures that you can adopt to manage security and safety?---Yes.

One of them is physical security infrastructure, would you agree?---Yes.

Security screens?---Yes.

Fencing?---Yes.

Alarms, and so on?---Yes.

And would you agree that the greater the investment in those types of security infrastructure, the less likely it is that you'll end up in a position where you need to make a critical decision about the safety of your staff?---Yes.

Okay. One tool that you do have in your tool kit to manage staff safety is the temporary withdrawal of staff. Is that right?---Yes.

Would it be correct to say that in a sense, it's a tool of last resort?---Yes.

You want to know that you've exhausted other options before you pull staff out of a community?---Yes.

And you want to know that you're taking steps in the long term to ensure that you don't need to withdraw staff from community?---Yes.

Now is it a reflection of how significant it is to withdraw staff, that the authority to do so, lays at the executive and general manager level?---Yes.

What is the nature of that delegation? Is it under a Statute or from the Minister?---Yes, no I don't believe there's any document like that, that details that delegation, no.

Is there any document that sets out who can make this decision?---Only our document that we've got, with our temporary guideline, yes. Though this, I guess, on a NT Government level, there is a Remote Worker Safety Policy, that's now NT wide. Which now details that we go to – when these decisions need to be made, we go to the Regional Directors. So there'd be Regional Executive Directors for Health and Central Australia. And Regional Executive Director for Chief Minister and Cabinet. So yes, we have got that document decided to go, yep.

Okay?---Yep.

Now you said that it was set out in the guidelines who was to make the decision?---Yes.

Certainly at page one of the guideline, this is the guideline that applied as at November 2019, it said that the decision will be made by PHC management?---Right.

Are you aware of whether this document specifies who within PHC management is to make the decision?---I thought that it did say general management. Maybe it did not. Certainly, understanding was, that such decisions would be going to the what I have called my Primary Health Care Executive Management, yes.

What is it - - -

THE CORONER: Which annexure is – annexure are you referring to?

MR COLERIDGE: This is annexure five, your Honour, to the affidavit.

THE CORONER: Yes.

MR COLERIDGE: Why is it such a serious matter to temporarily withdraw – withdraw all staff from a remote community?---We – we are there to provide, obviously primary health care services and emergency services. So withdrawing staff from immediate site, that is not a decision you ever want to take lightly. Because we want to continue maintaining our services on site.

But there is a difference, isn't there, between for example, shutting down a clinic in the centre of Alice Springs, and shutting down a clinic somewhere like Yuendumu isn't there?---Yes, that's correct, yes.

Precisely because it's so far away?---Yes.

Shutting down a single clinic in a remote community like Yuendumu means that there is no access to primary health care, at least in the immediate term - - - ?---So all our – so we have a number of communities, where we have no staff on site. So we provide primary health care through a visiting service. So we do have a number of communities where the staff visit once or twice a week to provide primary health

care. And 24/7 provide emergency care for that community. So no community is without services.

No. Certainly in a community like Yuendumu that is serviced by a permanent health clinic, there would be an expectation within the clinic – sorry, within the community, that they could access the clinic within business hours, wouldn't there?---Yes, yes, yes.

And people would make arrangement – arrangements with the clinic to do things like collect medication?---Yes.

People might make risk assessments about their own health on the basis that the clinic is there to be consulted, should things take a turn for the worse?---Yes.

And as you've said, there is a lot of chronic and acute ill health in remote communities like Yuendumu?---Yes.

And many of these older people with respiratory and cardiac illnesses, can take a turn for the worse, pretty quickly?---Yes.

And can immediately require intervention from health staff?---Yes.

Is it fair to say that that's why it doesn't occur that often in the Northern Territory, the temporary withdrawal of health staff?---It only occurs, in that context of staff safety, due to staff safety. So the only reason staff would be withdrawn is for extreme staff safety risks, or perceived risk. So we don't withdraw staff any other situation, so yes.

Par 87 of your affidavit. I'll ask you to turn to it. You give evidence about withdrawals that have taken place in Central Australia in the Barkly Region from recent years, due to concerns for staff safety?---Yes.

Can I just ask you a question about the first four words of that paragraph?---Mm mm.

Say by way of illustration, are those four examples just examples, or are they the only four withdrawals – temporary withdrawals from remote communities, that have occurred since about August 2018?---Those are the ones at – I've – since I've been in the position. So I believe there was some before – before I started in the position of general manager.

And you started in about May of 2018?---Yes.

So you're saying that that's not an illustrative list, that is an exhaustive list of the withdrawals since you commenced in the role, correct?---Correct.

Can I ask you a specific question about the first example?---Yes.

This was on occasion on which health centre staff were withdrawn from Ali Curung and - I apologise - yes, withdrawn from Ali Curung in response to community fighting

which involved axes and machetes and the police ceasing their services after being attacked. Were you aware that the police did not, in fact, cease to provide services in Ali Curung at that time?---I understood at that time that there was a lot of fighting and police withdrew - when I say "withdraw" not completely withdrawing from the whole community or stayed with community but withdrew from engaging with what was going on at the moment is my understanding but I don't believe it was the whole four days it was only for maybe overnight.

If I put it to you that what actually occurred was that the police withdrew from a single incident but remained in the community, could that be correct?---I believe that could be correct, yes.

It's not a matter of much significance, I just wanted to - - -?---yes, yes yes.

Now, each of these four examples involve violence or community unrest, is that right?---Yes.

And given that this is a complete list of the temporary withdrawal of health services in central Australia, where the concern is staff safety?---Yes.

Is it fair to say that before 9 November 2019 no clinic had ever been withdrawn due to property offending?---Correct.

And in fact it's never happened since?---No. I think - - -

I want to ask you about your individual health staff in a moment?---Sorry, oh right, sorry.

But in terms of withdrawing the entire clinic?---Yes.

That hadn't happened before and it hasn't happened after?---Depends if you consider one person being withdrawn being an entire clinic not, so.

So were there circumstances in which a clinic was staffed by one person?---Yes, there was, in March 2022 - it depends I guess - it depends on how you look at it. The nurse was on-call overnight and was the only nurse providing clinical services in that - in that night and had her house broken into and was withdrawn that night, so - the clinic, yes.

With that exception?---Yes.

Or perhaps if we - certainly 9 November 2019 is the only occasion that you're aware of that clinic staffed by more than one person?---Yes, yes. Yes.

Were you the decision-maker or a decision-maker in each of these cases?---Yes, I was involved in the decision at Ali Curung. In one of the cases of a member, I don't believe I was in the other one. I believe so at Willowra and the (inaudible) gang, yes.

Would there be some kind of documentation that records the conversations that led to these decisions?---There should be some notes or what we put in our flash briefs about what occurred, yes.

And equally some kind of documentation that records risk assessment?---So it should be in our RiskMan system, so they will all should be in (inaudible) so we record what's gone on in the RiskMan - our RiskMan system.

I want to ask you some questions about making assessments of risk. Can I ask you to turn to the guideline at page 1, this is at page 60 of your affidavit. Under the heading, "Decision making" it reads; "Staff making the decision to leave a community due to serious concerns about their immediate safety is fully supported by PHC management"?---Yes.

Can I ask you some questions about that first. Is it fair to say that you would not withdraw an entire health clinic unless there were serious concerns about immediate safety?---That's correct.

So less serious concerns might suffice to do something less significant?---It depends on the situation and what medication factors are in place. So again, it's a perception of staff and I guess with the next paragraphs being not the decision-maker, being a sole decision-maker in its objective assessment of the risk, so it's a combination.

But certainly you would need a high degree of risk once you take into account and indication?---Yes.

The second question I had for you was precisely that, it's who makes the decision? In this paragraph it says, "Staff making the decision are supported"?---Yes.

The next paragraph might suggest that they are not the sole decision-makers or that they simply provide views to the decision-makers, but who makes the decision to withdraw staff?---So, it's consulting the staff about what's going on, the perceived risk. It's then assessing that risk of two staff and whether they - we can mitigate those factors or not, so for instance, like - like an example in December 2020 at community there was lots of break-ins by - carried out by children. Staff were over the break-ins, they weren't necessarily arrested physically but they were - just had enough break-ins, they were going to withdraw, so they were going to drive out no matter what anybody said, so we did have a discussion with them to talk about what we could do to mitigate that and that discussion around about - we talked with the police to try and get extra police and also arrange for security guards to go there as well. That was the first time that we had actually considered that we could use security guards or could get security guards and so since December 2020, security guards had prevented staff leaving communities because it provides that extra measure of safety so mitigating that said risk.

I missed just at the very beginning, the date?---So that was December - Christmas day 2020.

Which community?---That was in Yuendumu.

Okay.

THE CORONER: Did security guards remain or are they just used when there is a question - - -?---So - so on that particular time, so it was a Christmas day, so I was working on Christmas day trying to organise all these things and we'd never - we never thought about security guards prior to that and made enquiries and get hold of security company. They couldn't provide a security guard straight away so it would still take five days to get a security guard but we have had security guards out at Yuendumu since that time because of ongoing - ongoing issues.

For the clinic or the houses?---So they do the clinic and the houses, so they monitor - go round and monitor.

MR COLERIDGE: You are familiar of who Sally Hulton is?---Yes.

And who is she?---She is the acting senior manager at Yuendumu.

Yuendumu. And you'd be aware that she has provided a statutory declaration?
---Yes.

In her statutory declaration - this is at page 56, your Honour, she writes that "Things in Yuendumu have improved since about November or December 2020. At that time I as working as an outreach midwife for the Central Australian Health Service based in Tennant Creek and provided some relief assistance in Yuendumu. My recollection is that there was 30 break-ins at houses of staff from the health centre and the school during the 26 day period I was in Yuendumu. One evening nearly every health centre staff car was smashed. Children used to regularly throw rocks at the health centre and vandalise cars with metal poles." Is that the period you're talking about?---Sorry, what date was she talking?

December 2020?---Yes, I don't believe it was as much as what she describes but it was doing - occurring, yes.

When you say you don't think it was as much as she describes, you don't think things were as bad on the ground?---Well, I guess that she was on the ground, but my - my recollection is certainly when those car windows being smashed and children breaking into homes, certainly, yes.

And that's an occasion on which you decided not to remove - - -?---No, again, staff said they were going to drive out there and then so it was like it doesn't matter what I say, where "We've have enough and we're just going to leave" so there was discussion with staff about how we could then, you know, what would make them safe, what we could do about making them safe, so.

Were you actually involved in those discussions with the staff on the ground, or did someone below you within the - - - ?---No, it was Christmas Day, I was at work having those discussions with staff.

Okay, so you were on the phone?---I was on the phone with my District Manager. So we have a District Manager who's responsible for regions. So I was on with – I guess Christmas Day, it was our on-call manager, so – in those discussions, yes.

THE CORONER: It took five days to get security guards. What did you arrange immediately, that enabled the staff to feel that they could stay?---Yeah, so we also were talking to police. And so police had agreed that they would also get extra staff into Yuendumu. Unfortunately we had a bit of a rainy season, and so the road to Yuendumu was not really passible, and the airstrip, they couldn't fly police into the airstrip as well. I believe – so we couldn't get any extra police there at the time, but I believe, and this is one of the things we came up with after the incident, was getting staff to be directly called to the police at Yuendumu. So there's like a mobile phone. So rather than going through the 1300 number and going that pathway, there was directly contacting police on the ground and be able to talk to them.

MR COLERIDGE: So they could tell you both about the level of risk, or level of offending within the community, correct?---The staff?

The police?---Yes. Well yeah – well so I guess the staff are reporting to the police, so, yes.

Perhaps I'll come this way?---Sorry.

At paragraph – sorry, at page nine of your affidavit, par 61. You then talk about the considerations that are relevant to your risk assessment. What do you consider when you make an assessment of the level of risk facing a remote health clinic?---So again, it's – it's that perceived risk. So staff have their own perceived level of risk. So they might feel they're being threatened by circumstance – or for instance, circumstances occurring. So if there was fighting – fighting outside in the community. So in my experience, although fighting does happen in – in the community, they're not – staff aren't targeted. No one is targeting the staff. But never the less, I guess it's very uncomfortable if you've – if we've got a large number of people with weapons fighting. And so they feel they might somehow be involved. And so even though I – they perceive that their risk is real, I might perceive that it's not as high as what they considered. But never the less, I can see that they could be involved, so we withdraw. So it's their perception of their risk, and what they're telling me what's going on. And then what I consider an objective assessment on what – what – what is actually going on, and then weighing those – weighing those options.

I suppose that's exactly what I was getting at with my question about the police. You need to make an objective assessment of the circumstances, as they present to the community?---Yes.

And you're doing that in circumstances where there are heightened emotions amongst the staff who are providing you with information correct?---Yes, yes.

And so it's essential that you seek the views of local stakeholders, about the level of risk in community, correct?---Yes.

And in fact it's the police, isn't it, who are best placed to provide you with an objective assessment of the risk that the health centre faces at that time, correct?---Yes.

In fact the second document that you annexed to your affidavit is the Staff Safety Risk Assessment, Primary Health Care Remote Procedure. You see that?---Yes.

Now this document guides decision making within the clinical context, correct?---Yes, it's about call-outs and – and risk assessments as far as call-outs.

But can I ask you to turn to page two. There's a heading "Initial risk assessment", and then a long paragraph?---Mm mm.

About half way through that paragraph it says "Staff employed locally including non-clinical staff, may have valuable knowledge to contribute to the initial risk assessment", so on and so forth. "And should be encouraged, whenever possible, to assist with the initial risk assessment"?---Correct.

Now would that apply when making risk assessments about temporarily withdrawing from community?---Yes.

And does that include Aboriginal staff?---Yes.

Are there things that Aboriginal staff can bring to the table, in so far as your risk assessments are concerned, that your non-Indigenous staff might not be able to?---Absolutely. They know the context of what's occurring in the community.

So if they are break-ins, they might know who's in community?---Yes.

If there's unrest or fighting, they might know who it's between?---Yes.

If there's unrest or fighting, they might know who it's between?---Yes.

And so you'd agree, wouldn't you – sorry, can I also ask you this. They tend not to be the victims of property crime, correct?---You mean?

Sorry. Overwhelmingly, when clinic staff are broken into, the complaints come from your non-Indigenous staff, correct?---Correct, but I'm not sure what the – how local Aboriginal staff – how often they're getting broken into. I was at a – a meeting with some TO's in Yuendumu, we were talking about break-ins and staffs, and trying to think of ways, how we could – what could be done. And they themselves said we

get broken into as well, and we don't know how to fix it for themselves. So they do get broken into too.

In any event, they provide a different perspective, would you agree?---Yes.

Now the other thing that you take into account don't you, when managing risk, is infrastructure?---Yes.

And when I talk about infrastructure, I'm talking about security screens on doors and things of that nature?---Yes.

And at subs (c) of par 61 of your affidavit, you say "The infrastructure available in the community to keep staff safe, including the security of the health centre, and the security of staff accommodation"?---Yes.

So that's not just a long-term project for the Department of Health. That's something you need to take into account when making the decision about withdrawing?---Yes.

(d) is the services available within the community to keep staff safe, including police or security services?---Yes.

Now the first time you ever considered that, it seems, was in December of 2020?---Security, yes.

But would you agree that in order to make an assessment of risk, that's just common sense. You needed to take into account other ways of managing the risk, including other services?---I'm sorry, which part was the common sense part?

Sorry. In order to assess objectively - - - ?---Yes.

- - - the level of risk - - - ?---Yes.

- - - you need to take into account the services that are available within the community to respond to the risk?---Correct, yes.

Property offending is a type of offending, correct?---Yes.

The police respond to property offending?---Yes.

It would have been common sense, back in November of 2019, that that was a relevant consideration, correct?---Yes.

Okay. And then finally you say, "Whether steps could be taken to improve staff safety within the community, such as relocating staff to more secure accommodation, sending additional resources to the community, or engaging with community members and service providers in relation to the safety concerns"?---Yes.

Engaging with community members might involve doing things like calling a town meeting?---Yes.

So contacting Elders and saying do you know whose kids are responsible for these break-ins?---Yes.

It might involve doing things like saying look we might need to withdraw, unless you do something to control your kids?---Yes.

And so that's not just about notifying the community, that's about assessing the level of risk?---Yes.

Because if the community came to the table and said, we really need to help you with this, your risk assessment might be a good deal lower, correct?---Yes.

Okay, because you've got buy in from the community?---Yes.

All right. What we've spoken about is your assessment of the level of risk that is posed to staff safety. When making a risk assessment, do you balance this, against the level of risk that withdrawing from the community poses to the community?---Yes.

Health implications, in other words - - - ?---Yes.

- - - of withdrawing. How do you take them into account?---So certainly we still have to provide an emergency response. So it's considering how do we provide that emergency response, and when we have withdrawn staff, it's to a nearby community. So we still provide – can still provide an emergency response into that community. I guess in those examples listed where there was fighting, that was an association that would only attend that community back with police.

Is it fair to say that the health needs of a given community will fluctuate over time?---I guess as time goes on, we're talking long time, there is an increase in chronic diseases within Central Australia, if that's what you mean.

I suppose what I'm saying is that it's clinic staff on the ground who are going to know who the particularly sick people in the community are?---Yes.

Does that information get relayed to you when making an assessment about risk?---So, there is vulnerable – we have what was called a vulnerable people list and what their conditions are, so we know who are the most vulnerable in the community.

And who is that updated by?---Clinic managers - - -

Okay. And does that document end up on your desk where you make a decision?---It – I – so, again, in the situations described where there was staff perceived an immediate risk, they were immediately withdrawn because they

considered the risk right there and then. They needed to go. So, there was very little time to make a further decision about much else. But considering when the staff are withdrawn, we then do consider what's happening in the community, yes.

Okay. So, the answer is, no, that doesn't end up on your desk before you make the decision?---In situations where we need to withdraw them straight away, there is no time to make that assessment if the staff – if we perceive there's a risk to the staff is too great, yes.

And that's because you perceived the risk to be immediately. Is that correct?---Correct, yes.

Can I ask you to – no I won't. The final part of the policy I wanted to ask you about is the requirement that the risk assessment be documented in writing?---Yes.

Was the risk assessment – well, before I ask you that, the reason for this, is it fair to say there are two reasons for this? One is just to ensure that the process is rigorous?---Yes.

That you consider everything you need to?---Yes.

And in fact, the policy identifies at the very end a risk matrix?---Yes.

And that sets out the types of things that you would consider when making decisions of this kind?---Yes.

A checklist of sorts?---Yes.

But the other purpose is to ensure accountability, isn't it?---Yes.

To ensure that when these really significant decisions that might have really significant health implications are made, the decision-making is transparent?---Yes.

Did you document your decision-making in writing on 9 November?---I did not, no.

Are you aware of whether Fiona Cameron did?---I'm not aware, no.

I want to ask you some questions about the index events, so the lead up to the night of 9 November, you say in your statutory declaration that, look break ins happen from time to time, but that you weren't aware that there had been any issues or anything out of the ordinary happening in community in the lead up to 9 November?---Correct.

Now, you're aware, aren't you, that Cassandra Holland gave evidence yesterday?---Yes.

Yes. And she was an employee of the clinic in November 2019?---Yes.

Can I just read you some of her evidence at page 1378? In this part of her evidence, Ms Holland was asked by Ms Dwyer about the steps, if any, she took to notify the Department of Health about her concerns regarding security in the five months that she was in Yuendumu. I might just read you the evidence. She says, "What about in the five months at Yuendumu, did you ever make a specific request to the Senate?---No." She is then asked, "What about your management team, Luana or above her, did you ask that anything specifically be done?" And she says, "It was a constant – we certainly discussed the security of the houses, that was a constant concern, and the fact that we didn't have proper windows in our houses and we had Perspex that could be pushed in. The houses were not secure and that was a – that was very frequently discussed." She's asked, "How was that discussed?---I put in an IMS regarding it, as in an Incident Management System" And you're aware that there's a system called RiskMan?---Yes.

And you log incidents of a work health and safety - - -?---Yes.

- - - nature into that system?---Yes.

But she says, "I had spoken directly whilst I was down at conferences, and I've spoken to Luana." And she's asked, "And was anything done in relation to those concerns that you raised during your five months there?---Nothing was done." "So, a number of things have occurred to us in court while we've listened to your security concerns, and one example of an improvement may be the installation of cameras in houses. Was that ever discussed?---No, it was never discussed." And then she is asked some questions about alarms. What level of awareness did you have of the security concerns in Yuendumu in the five months leading up to November 2019?---Certainly, I had some awareness – I guess when I said I hadn't had an awareness, I was talking about awareness in the previous week as opposed to previous months, so I wasn't really talking back, rather than that. And certainly, over 2019, there had been some break ins. I believe there was probably a lot going on that wasn't being recorded in RiskMan, so I wasn't aware of – more was going on and it seemed to be people normalised that and considered it as being normal and didn't – even though there was a requirement to enter into RiskMan things – incidents were entered into the RiskMan. I remember attending a community meeting, I believe, after one of our admin staff and her husband had been robbed in his wheelchair, that would have been organised by his employer, but health staff and I turned up to that meeting to talk about that. I recall that we had, with the district manager who was a local authority, a meeting occurring and we wanted deputation to talk about some other issues, but we wanted to talk about safety as well. And that was declined, as it had been too general and I don't think that meeting was cancelled anyway. So, I was aware of general – general break ins in Yuendumu, yes.

But effectively, because of under-reporting on RiskMan, some of these concerns weren't entered - - -?---That's correct, yes.

And is it your evidence that certainly requests for additional security screens weren't being communicated to you on this - - -?---I don't believe that. I think the thing around the Perspex, people had the impression that because of Perspex, they could

be kicked out. However, I don't – I think when we investigated that, I didn't think that to be true, if I recall.

But at least, your evidence is that you weren't made aware in the leadup to November 2019 that staff were requesting quite specifically additional security infrastructure?---I don't recall, no. No, I don't, I don't, no.

Okay?---Yep.

Bec, can I please have document 917? I believe that's the second document in the folder. I might have misidentified it.

This is the RiskMan platform. Is that right?---Yes.

Can I ask you to turn to page 9 of the PDF there? All right, can we scroll down, please. Stop there.

Now, under the heading, "When it happened", when did it happen? You can see that the Incident date is 10 March 2019?---Yes.

And that the date it was entered in RiskMan was 12 March 2019. Correct?---Yes.

And this is the type of document that would have crossed your desk. Correct?---Yes, I believe, Yes, all RiskMans do come by email, yeah, yes, sorry.

Okay.

Can we just scroll down slightly?

Now, you can see the details, "Lot 431 Coniston Street staff accommodation broken into bathroom window, smashed to gain entry"?---Yes.

And that's effectively a description of what had happened?---Yes.

Can we scroll down a little bit further?

All right, under "Investigations and Findings", it says "DM", so that's the district manager?---Yes.

"Housing notified and requested repair ASAP. Deputy GM notified and requested to escalate for security screens to be added to both sides of window. This house has been broken into many times." Now, "Deputy GM to escalate" means to escalate to you. Correct?---No, it's escalating it to housing for Housing to action.

I see. So, underneath that, it says "85 still awaiting response from GM/Housing". Is that not a reference from you?---It's a reference to me, but I don't know what that means, because I would have to look at my email or see what's going on, but certainly, escalate of housing is not addressing, then we escalate the Housing to

address. So, Housing is responsible for repairs and security, so we just put the request to them and if they don't action, then we escalate up Housing.

Okay. But it does appear as if someone within the Yuendumu Health Clinic had notified you of the desire of clinic members that their houses be fitted with additional security screens?---I would have to see what was emailed and what the request was to be really able to make any comment.

And indeed, there's a note underneath 8 May entry that says "August 2019, ongoing concerns raised. No further broken windows at this event. Further discussions regarding security screens for all housing in remote communities"?---Yes.

What would you say, if it were put to you that staff in the clinic in Yuendumu made a number of requests of the Department of Housing, to assist them to feel safer in Yuendumu, but their request fell on deaf ears?---So sorry, say that again.

It has been suggested - - - ?---Yes.

- - - in some of the evidence we heard yesterday - - - ?---Yes.

- - - that requests were made of the Department of Housing - - - ?---Yes.

- - - to install security infrastructure - - - ?---Yes.

- - - and that nothing happened?---I – yeah I agree that we did put requests in, but yes things were very slow in happening, yes.

Can you just let me know, what does the bureaucracy involve? You get a request from staff. They're feeling really unsafe. What do you do in that moment? Who do you email? Who do you call?---So we go – I guess we go to Housing and say can we, you know, this is a problem, can we have security screens. But I remember – I recall discussions with Housing. So we did – we did talk with their person responsible in Housing. And I can't – must have been – it's hard to remember the years now, but certainly there had been discussions about screens in housing. Often problem is that Housing say they don't have the budget for this kind of thing. So this is where – we're asking them to do this, and then they are coming back saying, we don't have the money.

Is the Department of Housing funded to install infrastructure of this kind?---Yes.

It is?---Well I – that's their responsibility. I suppose they get the funding for that. I don't know.

I meant the Department of Health. Is the Department of Health - - -?---No, no, no, no.

With what level of urgency are you making these requests of the Department of Housing?---We had you know, discussions with Housing about – about the – these

kind of methods, and saying this is what we wanted. Housing did – about – we talked about window security screens. And I think certainly following the incident, these things were taken more seriously. Housing did come out to – I remember being out with Housing to look at – look at the windows. And they investigated what was the most proper type of security screen and so following that, security screens were – were installed.

When you say following that incident, which incident?---So the November incident of 2019, yeah.

Prior to November of 2019, what degree of frequency would you be having these discussions? Every day - - - ?---No, no, no, no it was – yeah, now and then, not a – not a daily thing, yeah.

I mean the types of risks that you're talking about are immediate risks to staff safety. People are waking up in their homes with people inside their bedrooms. Don't you think that this was the kind of thing that justified urgency in your dealings with the Department of Housing?---Yes.

All right. Why don't you think there was that level of urgency?---From my perspective, I guess we were trying to push the Department of Housing to do things, but things didn't progress.

You'd agree, wouldn't you, that if you don't deal with security issues in the long term, it's more likely that situations of crisis or emergency will emerge?---Yes.

Because you haven't installed the infrastructure that you need to manage those security concerns?---Yes.

Okay. And – all right. I want to turn to 9 November. 9 November obviously fell on a Saturday. Over the weekend, remote staff have access to what's called management on-call?---Yes.

What's the purpose of management on-call?---So this is to provide line management over – over a weekend. So we had a – what was called an On-call Coordinator, who took the initial calls. About 50 percent of our calls are simply about monitoring staff travel, staff are leaving community, or coming back in, we can get notified that they've left, and what time they arrived. Just to check that they've arrived safely. And then we have an on-call manager, where any management issues, or other issues that need to be escalated, they'll go to the on-call manager. And then above that, we have what we call an on-call executive. And any – any other issues, which I think I put in my affidavit around death in community, or unrest or those nature then go to our executive on-call.

And there's rung below the on-call manager isn't there? The on-call - - - ?---Yes, coordinator, yeah.

And above the on-call executive, there's you?---No – no on-call executive is the same level as me, on – out of Alice, that's my level, yes.

On 9 November, the on-call coordinator was Janine Bridges?---Yes.

The on-call manager was Helen Gill?---Yes.

I want to just ask you some questions about the on-call manager. What kind of things can they deal with, without escalating to the on-call executive? In terms of safety concerns, what could they do?---Safety concerns? I guess again, they can liaise with different people. Talk with different people about safety concerns. So they are the first line in talking with staff about – about their safety concerns, and seeing what they can put in place to mitigate that – their safety concern. So they are the – the first line to try and sort out all the problems, yeah.

But they don't have the delegation to authorise a temporary withdrawal?---No, I wouldn't say that, yes.

And then above that you have the executive, who on 9 November was Fiona Cameron?---Ye.

And at the same level, you have the general manager?---So out of Alice, the executive on-call was acting in my place, and so I'm not necessarily available 24/7 to talk to, yeah.

If these decisions needed to be made during the week - - - ?---Yes.

- - - am I right that you would make the decision, not the executive on-call manager?---Correct.

Okay, the on-call executive?---Yes.

At 9.08 am you received a call from Helen Gill?---Yes.

And she told you that she couldn't contact Fiona Cameron?---Yes.

And that was because Fiona Cameron was living outside Alice Springs and was experiencing difficulties with phone reception, correct?---Correct.

Were you aware of that before 9 November?---So Fiona Cameron lives just on the other side of the ranges, which is notorious for patchy phone reception. So it's just a general Alice Springs thing that – it's not that it doesn't work, it just can be patchy, you can get through when you try again, but it's just one of those – one of those things.

In any event, am I right, that had Fiona Cameron answered her telephone - - - ?---Yes.

- - - you might not have been contacted at all?---Yeah absolutely.

On 9 November?---No, yes.

Okay. What did Helen Gill tell you when she called you shortly after 9 o'clock?---So the first conversation was that I believe she mentioned that Vanessa's house had been attempted to break-in. That – I understood that there were multiple people trying to break in to that house. And she'd been up all night. And that Cassandra wanted to be – be on the – cover on-call for Vanessa. I also believe – I understood that Luana's house had been broken into, and maybe her car had been smashed.

Now at that point you say in your statutory declaration, and I think also in your affidavit, that, "You were concerned and disappointed for them" - - - ?---Yes.

- - - on behalf of them?---Yes.

But you didn't consider that any further action was required at that stage?---I considered that I didn't need to do anything at this stage. She was going to Fiona. I didn't believe – or where – she had – or I don't – Helen said she didn't have all the information, and was still going to talk with the staff about what's going on. So there was initial this is what happened, but there was – I understood there was going to be further conversations.

Okay?---Yeah.

And you in fact told Helen to keep trying Fiona, and to call back if you couldn't reach her?---Yes.

Had the situation not changed, so you have a situation where perhaps a couple of your staff had been broken into. There was some concern, but not a high degree of concern within the clinic. Based on that information, would you have considered it necessary to withdraw from Yuendumu?---Based on what I got – what I got told from Helen in that time, I didn't believe – it was a very serious situation. I didn't believe I had enough information really to make any – any judgement, other than it sounded quite serious.

So you just couldn't have made a decision on the basis - - - ?---No.

- - - that information?---No.

You received another call shortly before midday?---Yes.

From Fiona Cameron?---Yes.

Can I ask you why she was calling you if she had the authority to make the decision to withdraw?---Yeah, so I guess part of that conversation was asking about could staff withdraw. Obviously it's a very big decision, and I guess if you can get hold of the general manager, you would ask him to make the decision rather yourself.

Now, as a result of that conversation it appears that the decision was made to withdraw staff?---Yes.

And that decision was made in that conversation shortly before midday?---Yes.

Whose decision was it?---Mine.

What did you discuss with Fiona Cameron?---So we discussed - so I got further information about what had gone on with Vanessa. I understood that there had been tools used to try and enter into the house. I understood that Vanessa was awake. I understood that the people who were trying to enter into the house knew Vanessa was awake and that they were trying to get in. Found out that there was another two staff houses had also been tried to enter into on that night and okay, maybe some extra vehicles had been damaged, so there was extra information of what had gone on. I understood that staff were feeling very unsafe and then were wanting to leave community.

What did you think would happen when the staff withdrew? How long did you think they would be gone?---On that 12 o'clock phone call.

During that 12 o'clock phone call. Did you consider what was to happen?---So I guess I did tell Fiona, "Okay, but we need - could we send a couple of staff to Yuelamu so we will provide emergency services to Yuelamu as we still had to provide emergency services so we weren't leaving the community without any service so there was that requirement. I had thought that hopefully however was breaking into the houses that somehow the police would be able to sort out the problem, arrest the person or - and if it was - considering that possibility they would be able to go back the next day and because they were based in Yuelamu, be able to go back as soon as it was considered to be safe.

So your view - because they would be based in Yuelamu, do you mean that the staff would withdraw to Yuelamu or some staff would be - - -?---Two - two staff were required to - two clinical staff to go to Yuelamu so they could provide emergency services back to Yuendumu, yes.

And the balance of the staff would go back to Alice Springs?---Yes. Again, people - there's only two people on-call working on the weekend so I need two people working to cover the services for emergency services in Yuendumu, yes.

And at that point you anticipated that you might be able to return the very next day? ---Yes, well as soon as I - we heard like I believe whoever was breaking in, hopefully that person was stopped or arrested and clinic staff may go back.

I will ask you some more questions about that in a moment, but the staff who you wanted to go to Yuelamu didn't end up going to Yuelamu?---No.

Do you have any theories about what went wrong there?---I guess made an enquiry, I said, "I guess you want to talk with Helen"? She said, "Staff wanted to be together" but it makes no sense to me why the staff did not go to Yuelamu.

So Helen told you that - - -?---This was later - later down - down the track, yes.

This is a conversation you had with Helen down the track?---I'm not - I'm talking about maybe weeks down the track or months down the track, it wasn't there and then. I didn't realise they didn't go to Yuelamu until the 7:30 phone call, yes.

But certainly you had a conversation with Helen Gill some time down the track where she said the staff didn't want to go to Yuelamu?---I understood when I enquired with Helen, "Do you know why they didn't go to Yuendumu?" She said she wasn't 'sure of the reason other than she thought the staff wanted to be together.

Were you ever made aware that John Alton put his hand up to go to Yuelamu?---No, I did not know that, no.

Now, coming back to the steps that you stepped through when you're making the risk assessment, the first is that it is necessary to consider the views of the staff. You'd agree?---Yes.

Now, those views were expressed to you by Fiona Cameron?---Yes.

You heard them from Helen Gill?---Yes.

Who had talked to - at that point in time, some but not all, members of staff?
---I am not sure who Helen talked to but I believe - I imagine Helen would talk with all staff, yes.

Were you aware that shortly after Helen Gill got off the phone with Fiona Cameron and Fiona Cameron called you, Helen then had a telephone call with all of the clinic staff?---No, I wasn't.

Were you aware that during that conversation the health clinic discussed their concerns with Gill?---No, I am not aware of that - those conversations.

Certainly the information that the health staff was providing was critical to assessing the degree of risk, is that correct?---Yes.

It was critical to understanding the desires of your staff?---Yes.

It was critical to assessing the health implications to the Yuendumu community because they were treating them?---Yes.

And it was critical to giving clear directions to local staff about who they should consult with in community should they withdraw?---Yes.

How they were to notify community to ensure that the withdrawal was safe? Is that correct?---Yes, yes.

Now, from a management perspective it was Helen Gill who represented the Department of Health in this meeting with the clinic staff, correct?---As management, yes.

Okay, but she didn't hold the delegation to authorise the withdrawal?---No.

You and Fiona held that delegation?---Yes.

But you didn't participate in the discussion?---No.

Because you didn't participate in that conversation you didn't have the information that you needed to assess the degree of risk or the staff's wishes, did you?---Well, I got told that staff - all staff wanted to leave because they felt unsafe and I had the objective - well I object - what I had been told that people unknown were trying to break into a house with tools while our staff member was there, so as well as that there had been multiple break-ins into - attempted break-ins into other staff houses so I had that objective information which I believed to be enough to consider risk on the staff safety side.

What if the staff had told you, "Look, we feel safe, we want to stay" would you still have withdrawn them on the night?---It would have been in a balance of what could we put in place, what could we maybe have done that would have mitigating the risk of someone trying to enter into their house and - while they were there so it still would have required extra risk mitigation strategies.

And the people best placed to provide you information about those risk mitigation strategies would be the staff themselves who were living in these houses, wouldn't it?---They could provide some information but I don't believe they would necessarily provide that answer. They might be able to. I'm not saying they can't but I'm not - maybe they would and may - yeah.

THE CORONER: Who else could provide that information?---So I guess if you're thinking about what mitigation strategies could we do , so I guess what we've done since then was about - talking about contact the police directly by phone. I don't believe any of the staff initially would have thought of that idea. Again, the security guards. No-one to my knowledge has suggested that until we thought about January 2020 so I guess since we do have these multiple problems going on and we have community meetings and staff meetings to talk about, there's very few ideas about how we can mitigate - mitigate against these things.

Certainly they could have provided you with information about whether their doors were still locking?---Yes.

Whether the windows were locked?---Yes. But someone was trying to get into a house with tools, irrespective of it's locked doors or windows, so that was - yeah, that

was - that is a factor of locked doors and secure windows, is the fact of someone trying to enter a house with tools.

Given what you had said about the staff's desires - - -

Welcome back, your Honour.

THE CORONER: I actually don't know how to turn it off so I understand that it hasn't (inaudible) and I just left it outside.

MR COLERIDGE: In any event I think you've accepted that had the views of the staff on the ground been different, that might have influenced - - -?---That would have influenced it yes, yes.

Why didn't you pick up the phone and have a conversation with the staff on the ground?---I guess I considered that Helen and Fiona were working on that weekend. They were both experienced managers who I had complete confidence that they could manage the situation.

Okay. But in a sense, they weren't managing the situation. You said it was your decision. Correct?---It was my decision, correct.

And that fell to you to manage risk, didn't it?---Yes.

And don't you agree that even if they were provided with the information that they needed, it was a real risk that things would be lost in translation. Correct?---Correct.

Okay. Was the situation so urgent that you couldn't have asked to have a conference with the clinic staff?---I could have asked for a conference with the clinic staff, yes.

Okay. But you didn't?---No.

Okay. I want to ask you some questions now about the objective assessment that you make and involvement of local stakeholders, specifically the police. Obviously, I think you recognise that it's important to ensure that police are informed about health decision-making?---Yes.

But you'd also agree that the police can assist you by providing information. Correct?---Yes.

And they may be one of the most important sources of information, objective information, critical to a risk assessment?---Yes.

Okay. What conversations did you have with the police in Yuendumu before you got – you made the decision shortly before midday?---Yes, I didn't have any conversations with police.

Okay. And were you aware of whether there had been any conversations between Health and the police about risk prior to your conversation with Fiona at midday?---I'm not aware of any conversations, no.

Okay. So, on that note, you didn't know what the police thought of the break ins, did you?---No, I didn't.

Okay. You didn't know whether you thought that they were increasing?---I – well, from my perspective - - -

Not your perspective?---No, no, go back.

Do you know whether the police thought - - -?---No, no, I didn't know what the police thought, no, no.

You didn't know whether the police thought that they were targeted at?---I didn't know what the police thought, no.

No?---No.

Wasn't this information essential to ensure that your risk assessment was objective?--I believe, as an objective to the fact that someone was breaking into houses with tools to – while staff were there, that there was four houses that had been attempted to be break into and that was the objective – I believe that was objective information, despite whether the police thought there was extra break ins or what was going on, there was objective assessment that someone was trying to enter our staff house while they were there.

You gave evidence a little bit earlier that one reason it might have been safe to go back the next day was that the police might identify and arrest the offender. Correct?---Correct.

For all you knew, that offender could have been arrested before you made the decision at midday?---I did have that conversation with Fiona. I - I said, "Could we please talk with the community Elders and police?" So, even if I wasn't aware of what conversations had occurred with police to date, I had requested that if conversations do occur with police, I would have expected that if that information had occurred, there was conversations between say Helen and police.

But this was after you made the decision to withdraw?---Yes, but I did ask for that request to talk with police about the withdrawal.

Okay?---Yes.

But in circumstances where Health had made the decision?---Yes.

Okay. So, it's not as if you were seeking information from police to inform your risk assessment, you were just informing them about what you'd done?---Yes.

Okay. Now, you give evidence at par 113 of your affidavit that – you enquired whether the decision to withdraw staff had been discussed with the Elders and with local police. “I understood from Fiona that it had been discussed, or that it would be discussed, before staff withdrew.”?---Yes.

So, it's fair to say that you didn't know whether the conversations had occurred or whether they were to occur in the future?---I think when I asked the question and she said, “yes”, looking back, I'm not sure whether she was meaning, yes we'll go and do it, or, yes we have done it – yeah.

Given that you were making the decision, don't you think it was important that you spoke with local police?---I believe that with my managers on-call talking with police, that I was quite happy if they were talking to police to feed back what was going on, yep.

Now, assuming that the police hadn't arrested anyone, you also didn't know what the police could have done to manage the risk of further break ins, did you?---No.

Okay. And this is effectively the fifth category of consideration when assessing risk, what other services are there in the community that could manage risk?---Yes.

Okay. You didn't know how many police were in the community who could have provided extra security?---No. But police don't provide security as in a sense like a security guard.

You didn't know what level of police presence there was in the community?---Not exactly, but I do know they usually had around four officers, so I had a rough idea of how many police were in Yuendumu.

Okay. Now, by about 3:52 pm, you appear to have sent a text message?---Mm mm.

It's at par 13 of your affidavit. I apologise. It's par 13 of your statutory declaration. You sent it to Sue Corner(?), the chief operations officer and you said, “Hi, I hope you're feeling better. We've removed the staff at Yuendumu as youth are running riot. Attempting to break into staff homes when they are there and have damaged several cars. Extra police are on the way. Will cover from Yuelamu with police assistance.” I take it that by that point in the day, you were aware that extra police were on their way to Yuendumu?---Yes.

And in fact, when asked whether you thought that that increased the level of risk in community, in your affidavit you said, no, no, it decreased it. It was a protective factor?---Yes.

Okay. Certainly, you didn't know when you made the decision at midday on 9 November that police were contemplating sending out - - -?---No.

No. Were you ever made aware that the purpose of sending them out, or one of the

purposes, was to provide high visibility patrols in the community?---No.

In other words, to create visibility of police and deter offenders from committing offences, property offences?---Nope.

Okay. And that is precisely the type of in-community service that would have been relevant to your risk assessment. Correct?---Yes.

Okay. Given that you did become aware of it at 3:52 pm, at that point, did you reconsider the decision to withdraw staff?---Again, I believe that staff had left, that the staff had gone to Yuelamu.

You thought staff had gone to Yuelamu at that point?---Yes, yes, I believe people had already left community by that point and staff had gone to Yuelamu, yes.

Okay. Was any consideration given to bringing the staff from Yuelamu, who you thought were in Yuelamu - - -?---Yes.

- - - back to Yuendumu?---Not for that stage, no.

Do you think it should have been, given that the risk factors had changed?---I don't think the risk factors had changed. I don't think the factors had changed enough that I would consider that – had enough that staff should still be there by themselves, no.

Okay?---No.

Where did you find out that extra police were on their way to Yuendumu?---I believe it was a phone call about 3:30.

Okay, from whom?---Well, I think I may have said Helen. Things are a bit fuzzy around those conversations, but although I've – maybe I put in my affidavit it was Helen, I'm thinking maybe it was possibly Fiona. It was Fiona or Helen, probably Fiona maybe at 3:30.

Okay. So, did it occur to you that maybe you needed to get on the phone to Julie Frost, the police sergeant in Yuendumu and say, look what do you have contemplated? What's the nature of these high visibility patrols?---I didn't understand it to be high visibility patrols. I just understood a team was going up to arrest somebody.

Okay. So, Helen Gill told you that a team was going out to arrest Kumanjayi Walker?---No names were mentioned. I understood there was a 19-year-old that possibly was a ringleader with some other children, or some children or teenagers, and that there was a group of police going out to arrest – there was no names mentioned or anything.

Okay. Didn't you think it was important to have a conversation with the police in Yuendumu about the specifics of that plan?---No, I did not.

Okay. Would it have been relevant to your risk assessment, if you had known that the police planned to have four members of the IRT patrolling the streets of Yuendumu on the night of 9 November?---That information might have been helpful, but I did understand Helen had been speaking with the police, so we had that information - well had the information flowing from Helen going to me, that was around that there was extra police going out to arrest somebody – yeah.

I want to ask you now about other members of your community, as a source of information about risk. What conversations did you have with Elders in community?---I had no conversations.

What about your subordinates?---So I talk with Fiona and say could we have a – make sure that we talk with the traditional owners and community. And so I believe – I guess I come to know that Cassandra was one of the people who went around community. And I guess in my meeting that I had on that following Monday, Mr Nelson(?) said that he had been talked to about – about the withdrawal.

They're things that you learned after the - - - ?---Yes.

In terms of what you knew at midday, when you made the decision, on 9 November, you didn't know whether there had been any conversations with - - - ?---No, no, that's correct.

Didn't you need to make sure that those conversations occurred?---Again I believed Helen and Fiona were making those arrangements for those conversations to occur.

Didn't you think that it might have informed your risk assessment to know what Elders thought was happening in the community at that time?---It may have formed my risk assessment, yes.

Why didn't you get on the phone?---Again, I – Helen and Fiona were the people on-call that weekend. So they were arranging what was going on over that weekend.

You were making the decision at midday, didn't it occur to you to say to Helen or Fiona, look I need some information from the community in order to make an assessment of risk?---They would have again, gone into the assessment of risk. From my perspective – from what I believe, is that again, people were breaking in to houses. We didn't know who these people were, so again, since – since then, this is occurring quite often, is that when people breaking in, but we don't know who these people are, and so no one's got solutions to be able to address, because no one can actually say these are the people who are doing it. So we had no – what I knew, we had no information to tell anybody. We've got break-ins, but we can't give you any names. We can't give you any – any information.

What about holding a community meeting to see if it could have been resolved in that way? Publically, without identifying individual offenders?---Yes, a community

meeting could have been made. I guess there was a funeral on at that time, so not quite sure of the appropriateness of holding a community meeting while there was a funeral going on.

And we've been talking about the community and Elders more broadly, but what about your Indigenous clinic staff. As far as you knew at midday, on 9 November, had any of them been spoken to?---I didn't know - - -

So you didn't know what their views were on the staff withdrawal?---No, I didn't, no.

Did you know whether they wanted to withdraw?---I do understand that, especially with Jameson, I understood later that he had been talked with, and asked if he wanted to withdraw, and he said he wanted to stay.

Okay, but that was after you made the decision at midday?---Yes.

Did it not occur to you that it might be important to ask Fiona on the phone, look you've told me what the non-Indigenous staff want to do. What do the Indigenous staff think?---I could have asked Fiona that, yes.

I now want to ask you about what other steps could have been taken to improve staff safety. Did you consider any other steps, short of withdrawing the entire clinic when you were making your decision at midday on the 9th?---I couldn't think of other steps, at that time, that could have been done to – to mitigate the risks that would reduce the risk enough.

Did you ask Fiona Cameron about other steps?---I did not, no.

No. Didn't it occur to you that that was an important question to ask, given it's one of the five considerations you identify in your affidavit?---I could have asked her the question, yes.

Why didn't you ask the question?---I guess she – she agreed that staff with – with staff being withdrawn. So she had considered the risks herself. And she was – her opinion was that staff should have been withdrawn as well, at that time. Because she had considered what were the risks, and what were the options. So were on – we were in agreement that this was appropriate action.

What about sending people in? People like management, to support staff, and make them feel safer?---Yes I do realise that it says that in our guideline. I don't believe – I mean, I guess if we're talking about sending management in, was it management come in and talk – talk to community, to help talk with community, I guess we – that was – that was – I guess I agree where that's coming from. But that wasn't considered – considered at the time.

What about pulling staff out to somewhere like Tilmouth Well for the night? If they were coming out for a single night, why not pull them out somewhere like Tilmouth

so that they could service the community if they were needed?---Yeah, that's why we wanted staff to go to Yuelumu. It's far closer than Tilmouth Well.

Were you told anything about whether your staff had identified alternatives?---No.

Are you aware that Cassandra Holland gave evidence about this yesterday?---Yes, yes.

Okay. You're aware, for example, that her perception of the meeting with Helen Gill, was that the clinic staff came to management with their concerns about their safety?---Yes.

Not necessarily asking to be withdrawn, but just asking to be supported. Are you aware that that was her evidence at least? I'm not asking you - - -?---Okay, yeah, okay, that's right, yes, yes.

You're aware that that's the evidence that she gave?---Yes.

And that she was – she said that nobody in the meeting, that is, the clinic staff, said look we definitely want to go, we're just asking for support?---I – that's what you're saying she said?

Yes?---Okay.

She also said that she was disappointed that management didn't raise an alternative scenario. Is it your evidence that there was simply no alternatives in the circumstances?---I believe that there was no alternative that we could think of, at that time, correct.

What about the risk assessment, or the assessment of the health implications for the community? In what way did you consider that, at midday, on 9 November?---Yes, that was considered. And that was – the mitigation factor was providing those services from Yuelumu. So that was the providing the emergency response from Yuelumu, yes.

Did you go through that sheet that you talked about, or the log of the particularly vulnerable patients in the community at midday?---I understood Helen – Helen – I'm not a clinician, so Helen – Helen did that.

Okay, but certainly you didn't ask her, look Helen, I'm about to make this really significant decision, is there anything I need to know about the clinical needs in Yuendumu, at the moment?---So I know that Helen – Helen was also considering the risk from her level. And she was, again, this was the – this was the risk mitigation by removing staff to Yuelumu or – and so she would have considered vulnerable people as well.

Dr Reeve, before the decision was made at approximately midday, just to summarise, you hadn't spoken to the non-Indigenous staff who were to be removed?---Correct.

You hadn't spoken to the Indigenous clinic staff who were to remain?---Correct.

You didn't know whether they wanted to remain or leave?---Well I understood – no, from Fiona, they all wanted to leave, was what I'd been told.

Sorry, the Indigenous clinic staff?---Sorry, Indigenous clinic staff. Not specifically.

Okay. You hadn't spoken to stakeholders like the police?---No.

You hadn't spoken to Elders or community members?---No.

And despite what's said in the temporary withdrawal guideline, you didn't conduct a documented risk assessment?---Correct.

What was so urgent?---So I guess the – I guess the document – so I guess everything about the document risk assessment, I guess that – consider that being again, the on-call manager, putting that together. I guess that wasn't done because many things that Helen was dealing with at the time. At the same time, there was a bus rollover that had to be dealt with as well, so I guess – the things that go into the document were sufficient, as our – as our business that we know explicitly. We know what the risks are. We know what the mitigation factors are. And even though we haven't put them down into a template, we do know what – what these things are. So yes, they weren't documented in a template, but they were – we do know, this is our business, yes.

Let's just focus on the people you didn't speak to before making the decision. Why was – why were things so urgent that you couldn't have picked up the phone and spent half an hour to an hour calling around, talking to Julie Frost, talking to your staff?---Again, Helen was the on-call manager. So I considered she was – and I had confidence that she was doing those – talking with those – those groups of people.

But you didn't ask her the questions. You didn't ask her for the information that you've said that you'd need, to make an objective risk assessment?---I believed I had enough information, based on what had occurred, to make that objective thing – no I – certainly more information might have reduced the risk, but I don't – I don't believe that any extra information reduced the risk enough not to withdraw the staff.

So, you're saying that the things you didn't know about couldn't have changed your mind?---I'm thinking – I'm saying that in retrospect, thinking of what things could have been said or what we did know about would – made no difference to reducing that risk.

At page 18 of your affidavit at par 108(d), you say, "I was concerned that the antisocial behaviour directed towards our staff appeared to be escalating. I did not

believe they were in any immediate danger that day, however, I was concerned what might occur later that evening.” It’s fair to say that you had a couple of hours to play with before you needed to make a decision about staff safety on 9 November?---A couple of hours, yes.

Why didn’t you take a couple of hours to consult more widely?---Again, I was knowing, as part of the on-call manager’s duties and responsibilities, they would be undertaking those conversations.

Mr Reeve, finally, I want to ask you some questions. Obviously, your perceptions of the clinic staff were a really important part of your decision-making?---Yes.

You are aware, as I’ve said, that Cass Holland gave evidence that she didn’t necessarily want to leave?---Yes.

Were you aware that she’d in fact asked to stay?---I think maybe later in the afternoon, either it was Helen or Fiona, that that had been raised and she had said that she had wanted to stay.

Okay. Are you aware that Matilda Starbuck, for example, at page 29 of her reported statement says that she was frightened, but didn’t necessarily want to leave and that it was management’s direction that the clinic staff leave?---Sorry, are you asking me, am I aware that Matilda - - -

Are you aware that that’s her evidence?---I did listen to her evidence, but I can’t recall what she said around that, no.

Your Honour, I note the time.

THE CORONER: Sure.

Did you know that the Indigenous staff members hadn’t participated in the meetings with Helen?---No. No, I didn’t know that.

And what do you think about that?---I think that should have been included.

How do you think they were missed?---I think the issue was that where the break ins were occurring, it was in staff housing where non-Aboriginal people lived, so I think that maybe discussions were about the staff break ins, and so who was living in that area, and that it wasn’t affecting the non-Aboriginal people. So, maybe that was a consideration why they weren’t included, because I don’t think they were affected. But I seriously believe they should have been included.

The decision to leave certainly affected them?---I do believe that they were – they weren’t part of that first meeting, true. But I do believe they were contacted afterwards. But I totally agree, they should have been included in that meeting, yeah.

It's more, how could it be that they were not included?---Yeah, I don't know why they weren't included. I was only suggesting that because their – it wasn't their houses that, to my knowledge, were being broken into.

And what has been done to ensure that something like that doesn't happen again that such critical people are excluded from the decision-making process?---So, again, with the NT-wide to promote safety project committee with Central Australia, we now call on the Regional Director, Chief Minister and Cabinet. So, we have those discussions to make sure people are properly consulted. In Yuendumu, there is a local representative of the Chief Minister and Cabinet who has been there since January 2021. So, he's been our primary – we've had issues who I talk to so we can talk, I guess, with the traditional owners, but certainly including that we talk with our staff as well.

But you need to go to that person to ensure you speak to your staff?---No, no, sorry. I was meaning, not our staff, I wasn't talking about our staff, sorry. I was kind of thwarting the answer.

Sure?---Yeah.

And you've said that you didn't think there was any additional information that might have changed your view as to the risks and the steps that were taken?---I, yes, struggle to think what additional information would have – may have come in that would have – yeah mitigated the risk.

In Superintendent Nobbs' statement, he said that he spoke to Helen Gill at about 2:30 pm that day?---Mm mm.

And he was informed about the decision for health staff to leave. And he told Helen about the police enhancement of local resources, namely four IRT members and a dog unit, to provide support to local police and asked whether, you know, that would be taken into account to address risk. Do you think that four additional IRT members plus a dog unit might have reduced the risk to your staff?---Yes.

All right. Is that something, if you'd known about, you might have taken that into account?---Yes, yes.

Thanks.

Any other questions? Sorry, yes.

MR MULLINS: Certainly, yes, your Honour.

THE CORONER: Mr Mullins.

XXN BY MR MULLINS:

MR MULLINS: I wasn't quite sure whether we were having a break. I thought that

might have been - - -

THE CORONER: Sorry, we can have a break.

ADJOURNED

RESUMED

THE CORONER: Yes, Mr Coleridge, I think you've got a couple more questions. Sorry, Mr Mullins.

MR COLERIDGE: I really don't have that many more questions for you Dr Reeve. One question I did want to ask you about though was some decision-making on 11 November and a meeting that you had with Elders in Yuendumu at about 1:30 pm that day. At around about 8:30 on the 11th you had some meetings in Alice Springs, is that right?---Yes. And who were they with?---So I think the very first meeting - and this is very - a very vague memory, was with my senior staff, the very first thing in the morning at 8 o'clock. And that would have been with my Director of Nursing, my Director of AHPs, my deputy general manager and possibly the Director of Medical Services, just to talk about what had gone on on that weekend. Then had a meeting with the Yuendumu staff, they came in and to see how - if staff were willing to go back as we wanted to resume services and then there was another meeting with the regional coord meeting with I attended with Sue Corner and that was with police and other directors of the various departments.

During the second meeting was there any discussion about staff members who weren't to return to the community?---No.

Okay. Was there any discussion with Cassandra Holland about whether or not she would return to the community?---On that Monday morning?

On that Monday morning?---No, no, no.

Certainly that is something that was discussed with the Elders in Yuendumu at around about 1:30 pm that day?---Yes.

And they conveyed that they didn't want Ms Holland to return. What did you understand the reason to be?---So I understood the reason had something to do maybe with the funeral about some arrangements and the way that she had been speaking about it or to them. So that was raised as a kind of an issue. I couldn't really - didn't really get exactly - exactly what was said or how it was said other than that it wasn't good and certainly everybody - all the Elders in that room didn't want her to come back. So even though I didn't think the conversations had - with everybody in the room, they were all on the same page that they didn't want her back and nobody could come back if she came back.

Okay. Did you have any discussions with - perhaps before I move on from that, some views were also expressed about Luana coming back?---Yes.

Now, you in fact explained that Luana - sorry - the concern was, wasn't it that Luana had made the decision for health staff to leave?---Yes.

And the community were very upset about that decision?---Yes.

What did you say or explain to the community?---I explained Luana wasn't in community at the time, that she had been in Alice Springs. I - at that time I didn't now that Luana had been in discussions - I don't believe I knew Luana had been in discussions over that weekend with staff and so had been talking with staff, so to my knowledge then she hadn't been any part of any discussions and I said that I had made the decision about - based on what had been going on for staff, so had nothing to do with Luana. I said Luana is the clinic manager. I didn't believe any staff would come back of Luana didn't come back, so they accepted that, yes.

Was there an attempt to work through the ill feelings between the Elders and Cassandra Holland in the same way that you'd worked those feeling through with Luana Symonds?---No. My primary concern was to try and get the clinic back open as soon as possible and they were very strong in their view that they didn't want her back. And I didn't feel that – trying to get that clinic open as soon as possible that it was worth pursuing.

Now I gather you've some awareness of Ms Holland's evidence from yesterday?---Yes.

You're aware that that decision making has made her feel scapegoated? ---Yes, and I'm sorry that she feels that way, because there's nothing to do with blaming her for any – any of the situation, or anything at all. So it was purely around that issue that she never went back.

Were there discussions with Ms Holland about the decision not to return her to Yuendumu?---Yes, so must have been Tuesday – Tuesday morning, I had to – I told her what had happened, that I couldn't tell her exactly. But they didn't want her back because of the way she had spoken, yeah.

Also on the Tuesday, so this is the 12th, you attended a meeting in Yuendumu at the basketball court?---Yes.

That was, I think for everyone concerned, a very emotional meeting?---Yes.

The community was understandably incredibly upset, and was looking to – and were looking to stakeholders like the police and health for answers?---Yes.

Now you addressed the basketball court meeting?---Yes.

And you've in fact been able to identify some footage of you talking - - - ?---Yes.

- - - to the community.

I don't propose to play it now, your Honour, it hasn't been served yet. And I received it a short time ago.

One of the nurses who was present at the meeting, Matilda Starbuck, has given evidence in her statutory declaration, and then also gave evidence yesterday. She

feels like, as you spoke to the community, there was a lack of transparency about who made the decision, whether it was the clinic staff who decided to leave. Or whether it was management who gave a direction that they were to leave. Do you appreciate why she might feel like that, having watched that footage again today?---I watched that footage, and thought that that was not what I said, when I watched that footage.

Do you appreciate that when decisions of this kind are made, about the provision of health care in a community, it's important that there be transparency about who made the decision?---Yes.

And can you appreciate that if the community thought that it was the clinic staff themselves who made the call, that might be very damaging to the relationship between the clinic and the community?---Correct, yes.

The final questions I wanted to ask you. I – I've focussed very much on you and your decision making. But I want to acknowledge that the Department of Health and you, found yourself in a very difficult position, where you were responding to a problem, that really requires, tell me if I'm wrong, a whole of government approach?---Yes.

That problem is safety of all service providers in remote communities?---Yes.

And the safety of local Indigenous residents as well?---Yes.

Do you have any insights to offer, as the General Manager of the Southern Regions, for what the Department of Health, or these remote communities need, to address problems like property offending?---Yes. I guess where especially this year, seems – things seems to be array on children and property offending seems to have increased in a number of communities, especially this year. We – we've responded by that by putting security guards, which is obviously not addressing the issue. There have been multiple meeting – there are multiple meetings between stakeholders and community leaders within these communities, to try and address. But to date, I'm not aware of any actual solutions that have been coming up with to – to stop what's happening. And I've been talking with police, some of the issue is that caregivers leave children behind in community. And so there is no one directly responsible for the children, and they are – are left alone to do – to their own devices. And that includes with food and that kind of thing. So to me it's around what – what resources, or what assistance, especially can be given to families and – with children. So it's around that – addressing that issue is my mind. But to date, I haven't really heard any solutions to that. But that's where I think it should be targeted.

So these issues that is really acutely affecting health, really requires input from Department of Housing?---Yes.

Not just to ensure that your staff are housed adequately, but to ensure that kids aren't living in overcrowded homes?---Yes.

And that they're well fed?---Yes.

It needs input from Territory Families?---Yes.

Corrections?---I guess in community, I'm not quite sure what Corrections role has out there, but I guess – yeah, not quite – entirely sure how Corrections – what they do out in community, but.

Police?---Police, yes.

What about Department of Education?---Department of Education, yes.

Is there anyone else that you think needs to be involved in - - - ?---Well certainly the community themselves need to be involved. With the regional councils, they provide lots of programs as well for youth, so the regional councils. And then there's obviously non-government organisations that work in communities that provide multiple services that be included.

Thank you, your Honour.

THE CORONER: Mr Mullins.

MR MULLINS: Thank you, your Honour.

XXN BY MR MULLINS:

MR MULLINS: Dr Reeve, my name is Mullins. I appear on behalf of the Brown, Walker, Lane and Robertson families. Taking up a point that was raised by the Coroner, just before the break. The evidence is, at least from one witness, is that the Indigenous staff were three Indigenous staff. They were of course, Jameson Williams, Mary Butcher, and Nola Fisher, were not excluded, but just not included, in the meetings of 9 November 2019. And you agreed with her Honour, to the suggestion that they of course should have been included in those meetings?---Yes.

And there are at least three reasons for that aren't there. The first is that they are staff?---Yes.

And they should be treated like any other staff?---Yes.

The second reason is, is they are members of the community, who would have some important data, that they could add to the meeting, and important information they could add to the meeting?---Yes.

But the third is, is that they may be able to offer alternatives, that might be available, for staff to stay in the community?---Yes.

That's correct?---Yes.

Now one of the important factors about removing the first responders from community is that you remove the capacity of medical staff, or for there to be some medical support in the case of acute emergency?---We were providing that acute service from Yuelumu, so staff were – if there was an acute situation that was an emergency, then it would still be provided, but the staff had to travel from Yuelumu to Yuendumu. So were still being provided.

Are you a physician?---No.

No. So do you have any – I'm not either, but do you have any understanding of what timeframe a defibrillator needs to be applied, if it's going to be successful?---I've got some understanding, as that we currently provide these kind of services – emergency services to multiple communities. I think I said again, equivalent to the size of Yuendumu, since April 2021. So although I'm not a physician, I understand the probability and risks of what – of what might happen, and the length of time that we need to travel in these communities. And with my experience, know that this is a very rare event that we can't get – get to a place in time.

Well my point is this. Is that for a serious acute event, let's take a cardiac arrest?---Yes.

One needs, ordinarily, to have a responder in 15 to 20 minutes, don't you?---You need a – you need someone as quickly as possible, correct.

Exactly. A severe asthma attack for a child. You need somebody there as soon as possible?---Correct.

An anaphylactic reaction?---Correct.

You need someone there as soon as possible?---Correct.

And all the person might need is an epipen, but you need someone there as soon as possible?---Correct.

An hour, for an anaphylactic reaction, may lead to a death, that's right?---I'm not a clinician, but.

A serious laceration, you need somebody there quickly, to stem some bleeding, correct?---Correct.

And a gunshot wound?---Correct.

You need somebody there quickly?---Correct.

And so it's important – the decision to remove the nursing staff, is not just removing the nursing staff for assisting for ordinary or chronic ailments. It's removing the nursing staff as first responders, who can respond quickly - - - ?---Correct, correct.

So that's a serious consideration?---Yes.

Now, the – you also mentioned during the course of your evidence that – and you mentioned it again then, you were going to manage this from Yuelamu?---Yes.

Did you understand, or did you have – and you said you had no information that the staff from Yuendumu were not going to Yuelamu?---Correct.

Did you have any information that staff from Yuelamu were telling the people in town that they didn't think they could respond to emergencies in Yuelamu?---I - yeah, had no – no, I didn't get have information.

Now, the protocol that was in place is document 9-9A DR6, we don't need to bring it up, but you understand the protocol that was in place at the time required, when considering whether to remove – or considering the temporary withdrawal of health service for staff safety required consideration of at least five matters; are POC staff safe in the community. That's number one. Are POC staff safe – sorry, staff at risk of harm?---Correct.

That's correct?---Correct, yes.

And three, has a document, a risk assessment been completed?---Correct.

Now, the documentation to the risk assessment is not just the historical record, is it?---Sorry, I don't quite understand what you mean.

Well, you're a very experienced manager?---Mm mm.

And you have a lot of experience in the management of projects and whatnot?---Mm mm.

The documentation of a risk assessment is focused, not only on there being a historical record, but also on process?---Yes.

And ensuring that people are focused on all the steps that need to be taken in order to make a decision. That's correct?---I guess the risk assessments that we – on a template, we have what we consider to be risks and considering the consequence, likelihood and putting in mitigation strategies to reduce the risks.

There is a template that I have, I'm just holding it up here, that is very large and there's a lot of things that need to be considered there. I understand that was brought into play after November 2019?---I can't – sorry, I don't know when it was brought into play, no.

Is it the case that – I'll withdraw that and ask this question. A more traditional form of risk assessment is your simple five issues that need to be addressed. Number one, identification of the risk. Number two, the assessment of the level of risk in the

matrix of likelihood of risk and consequences. You're familiar with this?---Yes, yes, yes.

And the third is the control measures that might be put in place to reduce the risk?---Yes.

The fourth is recording and finding?---Yes.

And the fifth is monitoring or reviewing controls?---Yes, yes.

Now, when you're talking about – when you're responding to questions from her Honour earlier in the day - - -?---Yes.

- - - about the risk wasn't changing in terms of the nurses being at risk of their houses being broken into with them inside. We might accept that is the case, that risk is not changing unless, of course, the police become involved. But one must also consider, in the balancing of that risk, the consequences to the community of withdrawing the first responders?---Exactly. And so, the mitigation of that risk was providing emergency services from Yuelamu.

Yes?---Yep.

But that didn't ameliorate the risk that there were no first responders who could get there urgently?---It reduces the risk weigh down, but there's still an emergency response. So, I guess it's the time that one takes to go from Yuelamu to Yuendumu and what are the conditions – the response time. So, they – if the response time is longer, we are still mitigating the risk by providing a response. It wasn't like there was no response. It was a response, it just took a little bit longer.

Isn't what happened in this case absolutely exemplifies how that risk wasn't significantly reduced because the first responders took almost two hours to attend and Kumanjayi Walker had passed almost half an hour before they arrived?---That's correct. But I guess the incident is a very rare event. So, if you consider the frequency of events, this is like a one in 10 or 20-year event. So, again, you have to take into the frequency of events into your probability analysis.

Had it been a cardiac – a serious cardiac arrest - - -?---Again, you've got to take into the probability of what these events are and the time to respond. So, to my knowledge, it's probably about one 500 – one day in 500, such events might happen in Yuendumu.

One?---One in 500.

One in 500?---That's based on evacuations of emergency people and how often that occurs from Yuendumu.

Have you got that data?---There is some data around that, yes. I haven't got that on me though, yep.

Well, I mean it would be useful if we could see the extent to which there are acute events that occur in Yuendumu that require an urgent response, including serious lacerations that might require - - -?---Yes, that's right, yeah, yeah.

All right. Now, the new risk assessment framework, your counsel has suggested that this was in fact in place at the time. But you have no knowledge of that?---I'm not saying I have no knowledge, I do not remember when it was put in place.

Now, there's – I've been instructed by one of my clients that in the mid-1990s, and I note this is before your time, but I just want to use this as an example, in the mid-1990s, there was an event where a patient came into the clinic with a pickaxe and the staff were, not surprisingly, disturbed by that and they wanted to evacuate. Have you ever heard of this?---No.

And there was a nurse by the name of Justice. I know you think I'm making this up, but it's – that was, I'm told, the nurse's name, Nurse Justice. And she wanted to stay. Everybody else wanted to leave. She wanted to stay. So, she stayed and the Indigenous staff supported her while the issue was sorted out. Did you ever contemplate that as being a possibility in this instance, given that Cassandra Holland wanted to stay?---I only knew Cassandra wanted to stay later in the afternoon. Again, it was – to me, again, was the risk of someone in trying to enter into a property while people were there and – yeah, just, again, that risk of being – violence occurring if someone had entered while staff were inside.

Without wanting to repeat what I said before, that's got to be weighed against the consequences, doesn't it?---And again, I believe that we do weigh the consequences, but we did provide – we do – again, in December 2017 for four weeks and eight weeks in 2018, we – due to shortage of staff, we provided exactly the same emergency response from Yuendumu to Yuelamu. So, we're just going the other way. So, it's the same time to respond to any emergency responses over there. And we've had to do this since, fortunately due to staff shortages, since April 2021. So, we're doing the same thing with a smaller population, so it's quarter of the size, but we're still doing that same thing. That's due to staff shortages, not – yeah.

But that's not a mirror situation?---It is – in what way, it's not a mirror situation.

If you have staff at Yuendumu – if you had a staff at Yuendumu who were looking after a thousand people and you have 200 in Yuelamu?---Yes.

Then it's not a mirror situation that you've having staff at Yuelamu and having patients at Yuendumu?---Well, the same people are providing emergency responses currently. And Yuendumu are also providing – the same people on-call are providing emergency services in Yuelamu. So, they are looking after – well there's only 900, so looking after 1100 people. So, it's exactly the same, except the difference is travelling. It's the travelling one way and by the other way. So, it is the same. So, you think, if the risk – if we say everything being equal, the risk of something happening in Yuelamu must be about a quarter of the time. So, for every four days

is equivalent to one day in Yuendumu.

Well, with the greatest of respect, mathematically, that can't possibly be right, because the works in Yuendumu are providing services to a thousand people with 200 who need their support in Yuelamu. If the two workers are in Yuelamu, they have an hour to travel to a thousand people. The risk must be higher in the latter, rather than the former, as a matter of mathematical common sense?---Yes, but after four days, if we consider the risk of whatever probability is happening per day, then after four days is equivalent to one day in Yuendumu, or five days, if you want to go for a thousand. So, it's the fifth of the size, it must be a fifth, yeah. After five days, the time must be the same as for a thousand people for one day is the same for five days for 200 people.

But you would agree - - -

THE CORONER: That's not really how you're making the risk assessments, is it?---Again, we're providing – so at the moment, we're providing the services from Yuendumu to Yuelamu. So, the two staff who are on-call, if it's an emergency, they provide them to Yuendumu. Now, if there's an emergency in Yuelamu, they have to travel across to Yuelamu. Now, there's nobody else on-call in Yuendumu, so they are providing - - -

Yes, but - - -?--- - - - so they are providing that.

- - - you're not doing an equivalence risk assessment saying, well we can take the risk this time, because we took it that time. What you're saying is, we haven't got the staff. We've got a number of staff and we can cover it. And because the community is much smaller in Yuelamu, the risks of these sorts of emergencies are also really smaller?---So the risk on a population, if a smaller population the risk - well, the population is smaller because there is less people.

Yes?---And it's larger at Yuendumu because there's more people, but if you think on a time scale, then as an event is occurring then if you can settle populations what might happen and one day a large population might happen on - if you scale it up to the population on that scaled up factor, because events happen over time, so you've got to scale everything up.

Is that how you do your risk assessments?---I consider - I mean I think it's a factor about - again, it's about distance to travel and it's about population sizes and considering what is a probability of events occurring, so - so I guess - so far since - again and fortunately we don't have a shortage of staff - there's been no incident due to travel time to Yuelamu since April 2018 so that is - we are talking about a year and-a-half. So if we're going back the other way, even though it's a larger population you see on - probability of something happening is - must be less for one day compared to 18 months - surely.

MR MULLINS: You said April 2018 - you meant 2021?---Sorry - sorry, I'm getting confused - 2021 yes.

I think we might agree to disagree on that. Thank you, and I won't up take up any more time.

THE CORONER: Any other questions?

Ms Wild?

XXN BY MS WILD:

MS WILD: Dr Reeves, I am Beth Wild and I am a lawyer at NAAJA. I have some questions for you and I am going to try not to repeat the evidence that we already have. You have made two statements for this case and the first one was made to police in November of 2019. The second statement we have is in affidavit form and that was compiled, signed and provided on 22 September of this year, so that is three weeks ago - is that right?---Yes, yes.

You have said that in your decision-making process in November of 2019 you didn't make any notes during the day/---No, that's correct.

And the details of the decision-making process aren't in that initial statement that you made to the police is that correct?---Correct.

So the details that we have and coming out obviously at pars 108 and so on at page 17 to 19 of your affidavit and all those details, that has been made from your memory? Is that fair?---Sorry 108?

Paragraph 108 where you go into some detail about consideration?---Yes, yes, yes.

So is that based on your memory? The decision-making process you undertook on the day?---Yes. Yes.

So you can't discount, can you, that in this affidavit you haven't been informed by matters you've learned since that day when you were making that decision, is that fair?---Yes.

This matter has been - you've been in court throughout these proceedings and you have access to have a look at your statement?---Yes.

Is that fair?---Yes.

As best as you could recall, you have outlined the decision-making process that you undertook on that morning?---Yes.

You have told us today that you were made aware that extra police were going into community and that was about 3:30 pm?---I believe it was about 3:30 yes.

And you think from a conversation with Helen?---I am either confused, it's either Helen or Fiona.

And were you advised as to - did you get any more information about what police were going to be (inaudible)?---No, just extra police.

And in your view the police would add a protective factor?---Police would have a protective factor, yes.

That would have - if you had've been aware earlier in the day when you were making that decision?---Yes, I would've - yeah, I wouldn't have thought about putting - had to mitigate the risk enough, yes.

And in fact you've agreed with her Honour that that may have led to a different outcome?---Yes. Yes.

The fact had you been aware of the fact that extra police were going in?---Yes.

Now, would it surprise you to learn that in fact nurse Vanessa Watts was told by Julie Frost at 2 am that morning that extra police were going to be going in later that day? ---Yes, I didn't realise that the extra police were going that earlier time, no.

Right, so that was never conveyed to you from the nurses?---No.

Via Fiona or Helen?---No.

And again, had you been given that information earlier it may have factored into - - -?---It may have factored in, yes.

Now don't you think that this highlights a problem in receiving your information second or third hand?---Yes.

Because you're relying on the information that you're getting either from Fiona or Helen?---Yes.

And potentially missing out on simply vital information in the process?---Yes.

Now, I will turn to your affidavit, so it's page 17, par 108 and this is exhibit 9A, I think, we are at now. You - in the first paragraph you say under subpar (a):

"Our staff did not consider themselves to be safe in Yuendumu that weekend".

You would agree that by and large that your decision to authorise the withdrawal of the nurses was based upon the perception of fear?---Yes.

And that perception was not your perception but their perception?---Yes, they had the fear perception yes, I - yes.

And in fact you go on to say why it is so important and that's because they are the ones in the community, exerting community attitudes first hand?---Yes.

Yes. And if they don't feel safe that's a warning that must be carefully considered by management?---Yes.

As you're their manager you've got to protect them?---Yes. Yes.

You also say in your experience that, "Our staff tend to underestimate threats to their own safety rather than the opposite"?---Yes. Yes.

What is that based on?---That's based on - I've had some long-term staff who live in the community a long time and where they're - they've had - I know they've had break-ins of people entering the home and they have considered it not to be - not to be an issue, which I consider an underestimation of risk of someone.

I am going to take you to some evidence we had yesterday from nurse Cassandra Holland and this is at transcript 1373 to 1374 and she said, following, in her evidence she said when she was asked:

"So did you at any time outside clinical hours, socialise with the Aboriginal staff?"

She said, "No I did not".

"Did you socialise with any of the other stakeholders in the community?---Only the nurses".

She went on:

"I just - there was no opportunity to go out and meet the community. There was no - we weren't able to go for a walk and meet people, we weren't encouraged to walk outside the clinic. We were encouraged to stay within the confines of our yard or to get - and to not even walk - walk to the health service."

Were you aware that she gave that evidence yesterday?---I did watch her evidence and I initially remember it but yes, I accept it, yes.

And were you surprised when she said that?---Yes.

And she was asked, "What do you mean?" I invite the counsel assisting Dr Dwyer, "What do you mean you weren't able to walk in the community?" And she said, "It was dangerous." You heard that yesterday?---I don't think I heard that one, no. It was - there was - there was a break where I didn't - I didn't see evidence, yes.

And she was asked:

"Who told you that?" And Nurse Holland said, 'Luana told me that, but also personal experience. You could get taken down - you could - you would get taken down by the dogs. My neighbour wouldn't leave his house unless he had a massive big stick with him. He was terrified, you know, he was scared. He put the fear onto me, saying 'You won't walk to the clinic in the morning, I will pick you up, we will all go together'".

She went on to say, "I had a fear for my own safety in Yuendumu. It's very hard to describe and it's a fear I've not had in other Indigenous communities and I certainly did not choose to walk around. The only exercise we got, we would drive our cars out to the airstrip and walk within the airstrip confines. That was our only exercise. We didn't walk through town. None of us did."

Did you hear that evidence yesterday?---No.

Were you aware that at this clinic that nurses like Cassandra Holland were advised on arrival it wasn't safe to walk from their house to the clinic?---No.

Were you aware that as a rule of practice, they never left the clinic grounds, or their – outside their home?---No.

Were you aware that the only exercise they got was when they drove out to the airstrip?---I do understand about the dogs issue, I've been out – stayed out there, and there are dogs that when you walk want to bite you. In fact, there's quite a – well I wouldn't say – there are dog bites that happen with community members, that that happened. And seriously when I go for some exercise, I walk very carefully from where I'm staying to the airstrip, because I've had a big dog come at me before, so yes dogs are a problem. People carry sticks to hit the dog, so yes, dogs are a problem.

And particularly with exercise, when you look like (inaudible) - - - ?---I certainly wouldn't want to run around the streets. I had to run around – around the airstrip, yes.

And the dogs want to give chase is that right?---Sorry?

The dogs give chase?---Give chase, yes.

And were you aware that the nurses in Yuendumu didn't associate with any of the other stakeholders?---No.

And could be perhaps – and in fact described themselves as insular?---No.

Now would you agree then, that in some situations, a group of people, particularly an insular one, may in fact come to have a heightened sense of fear?---Yeah I wouldn't know, sorry. It's possible, but I – yeah, I haven't read that before, so.

In these circumstances, where someone is warned upon arrival it's dangerous in community, it may be that the nurses have a heightened sense of fear?---I think Cassandra said that, but I haven't heard anyone else say that. So it's one person as opposed to the group.

You were told that houses were being broken into whilst persons were at home?---Yes.

Is that right? And you were told that tools were used to break-in, whilst persons were awake, and offenders knew they were awake?---I believe, yes, ye.

So that's the information that you've been provided?---Yes, yes.

And it's on that basis, that you felt that there was a heightened risk of personal harm?---Yes.

Because people were at home?---Yes.

Offenders knew they were at home?---Yes.

And from – and persisted - - - ?---Yes.

- - - with the break-in, is that what you understood to have happened?---Yes.

Okay. And that's factored into your risk assessment?---Yes.

Right. Now I just want to take you through some of the events that did happen. We have objective evidence about. On 6 November, Luana's house was broken into. And that was during the day, when no one was at home. Were you aware of that?---Yes, yes.

On 7 November that a car was damaged, a clinic car?---Yes.

On 8 November, that this is the night that everyone – that everyone gets woken up?--Mm mm.

Vanessa Watts wakes to hear someone banging, trying to get into her house. She turned on the lights, and they ran away?---I didn't understand that. I understood that people were trying to still enter her house while she was awake for I understood it for some time.

Right. So did – that wasn't information that you had when you were making your assessment?---No, no, no.

That she turned on the lights and they ran away?---Mm mm.

Now the tools that are heard, potentially later. Tools were found later - - - ?---Mm mm.

- - - near Luana's house I understand. That – and Luana wasn't at home?---No.

So in fact the tools that were said to have been used, are more likely to have occurred at Luana's house, who wasn't at home?---I understood the tools were used on her – her house.

On Vanessa's house?---Yes, yes.

Now again, doesn't this highlight the problem that you're receiving the information either second or third hand, reported from the nurses, via Helen or Fiona?---Yes.

So you don't have all the information?---Ye.

It also illustrates the importance for getting collateral information, perhaps from the police, to make a proper objective assessment, as to the actual risk?---Yes.

Instead, you're relying on what the nurses are reporting?---Yes.

Via a second or third party?---Ye.

Now you – so you would agree that it's important to have that extra information - - - ?---Yes.

- - - by calling the police to get that risk assessment? Yes?---Yes.

And you also agree that in order to properly have that risk assessment, you should be following all of the other collaborative - - - ?---Yes.

- - - aspects of the - - - ?---Yes.

- - - risk assessment that are in fact mandated by your own (inaudible). Yes?---Yes.

I now wish to turn to your – par 147 of your statement. Where you go into what happened when you go to the – this is your affidavit sorry. What happens on the Monday morning. On the Monday morning about 9.45 you received a call from Nola Fisher?---Yes.

Did you receive that call on your mobile phone?---Yes, I think, I did.

And you've got Nola Fisher's personal details, is that right?---No, no, I believe I've said I wanted to talk with – can we talk with some staff, and one of my staff members went to find some phone numbers, and try and – and try and find her number, so I didn't – didn't have her number, yeah.

When did you do that?---That was the morning – yeah, yeah.

On the morning, okay. So on the morning you asked for – for contact with the staff members?---Yes, I wanted to talk with – see if we could talk to some traditional owners, or yeah, yeah.

And in fact the first phone call was able to be facilitated by 9.45 in the morning?---Yes.

So it didn't take long did it?---About 9.45.

Yes. You – then you later speak to Jameson Williams. Is that right? You were able to contact him? That's at par 151 of your statement?---Yep, yep, (inaudible).

So you were able to speak to him?---Yep.

So I'm now going back up, but at par 148, you've attended a Regional Coordinators Meeting?---Yes.

And you organised that on the Monday morning?---I didn't organise that. I just attended.

Okay. At 1.30 pm, you arrived in Yuendumu?---Yes.

And you had a meeting with the following Elders, who were members of the local health advisory group. Eddy Robertson, Kumanjayi Nelson, Robbie Robertson, Warren Williams, Francis Kelly, Fran Butcher, Chloe(?) Fisher, Lacy Wayne(?), Nella Wayne(?), (inaudible) Ross(?). Jameson also attended. Is that right?---Yes.

Now that's something you could have done on Saturday, would you agree with that?---I guess again, it was trying to contact somebody to – to do that.

I've just said to counsel assisting, you had hours to play with. You weren't worried about it being a threat during the day?---Correct.

So all of this could have been done prior to the decision to withdraw?---It was a possibility. I guess there was a funeral on, so it may have been difficult to contact people in the funeral, and arrange something while the funeral was going.

You didn't even try did you?---I did not, no.

And you should have, do you agree with that?---Yes.

No further questions, your Honour. Sorry, I'm just getting a note. Nothing further.

THE CORONER: Yes, Mr McMahon.

MR MCMAHON: Thank you, your Honour.

XXN BY MR MCMAHON:

MR MCMAHON: Now Mr Reeves, my name is McMahon, and I appear for the Parumpurua Committee. You've probably worked that out since you've been in court a lot of this hearing. And so you would know from our other questions that we're interested in prevention into the future. Now can I suggest to you that what's been revealed today in the questions that other barristers have asked you, is that there has been at various points a break down in communications within NT Health on the relevant day, 9 November. Do you agree with that?---Yes.

And there's been – what's been revealed today, there's been a break down at times in process, in the process. Do you agree with that?---Yes.

And in good documentation. Now that's a necessary part of this inquest. But between 9 November and the months that followed, right up until today, one would image that NT Health has already engaged in an in-depth analysis of its own favours of what happened on 9 November. Is that correct?---Ye.

And as far as I know, there's no such document on the brief, which is an in-depth analysis by NT Health, of its own failings, of what happened at that time?---There was a root cause analysis done.

There was a root course analysis?---Yes.

So is that the name of the document?---Yes.

And it's precise name is A Root Course Analysis, and you're – have you seen that document?---Yes.

And does it review the events of 9 November?---It reviews the – around the – yes, around – yes, the Health, yes.

I'm told it's on the brief.

THE CORONER: 9-5C.

MR MCMAHON: Okay, so I've missed it.

So I'll move to the next point in that case. Your decision to withdraw which was made on 9 November, at various times today, based on a different series of – different amounts of information that was given to you today, you said that you had no alternative to make that decision. And later in the day you've said that you wouldn't have made a different decision. And as I understand, this is what I just want to clarify, based on all of the material that's come to you today, through the questioning, are you now saying that if you had known all the things that have been put to you today you would have made a difference?---I would have - it may have changed the respective, so I'm not saying I would've made a different decision. It

would have certainly - certainly examined it against those different things I have now known or could have done.

So I'm still not clear. You could have made a different decision, is that what you're saying?---Possibly. I saw - again - again so what I'm saying is about risk - I guess the risk that I understood at the time as someone entering a house while Vanessa was there, the information was in fact the people had run away then that I believed would decrease the risk of the event that actually happened so the perceived risk of staff might mean - not be against them - the objective risk.

You're aware of Congress of course?---Yes. The Aboriginal Community controlled health organisations. Have you studied firstly the statement that they have put on the brief and two of the doctors on Congress?---I haven't studied it, no.

Have you, in the past, been made aware and considered the number of withdrawals that have occurred from Congress controlled medical clinics around the Northern Territory?---No, no.

Are you aware of how few times they have withdrawn their staff?---No.

I just want to be clear about the security guard point. It seems obvious in this court in retrospect that on 9 November one of the tangible, practical and effective solutions which was available was to send security guards to Yuendumu on the 9th to manage the situation of the break-in to quarters of some of the nurses?---Yes.

And you've said that in December 2020 that was something that you dealt with on Christmas Day?---Yes.

That it took five days to implement and it's something that's been happening more frequently - or it has been happening frequently since that time?---Yes.

So, just to be clear, are you saying that across the Northern Territory, that the Northern Territory Health - or in its previous names, was not using security guards to send out to communities to protect either facilities or domestic quarters prior to that time?---I'm not aware and I guess I work in Central Australia and the Barkly aware of security guards being used, no. No.

I am not going to enter the question of probabilities theory with you (inaudible) has emerged, but one of the things that matters in this case and going forward is transparency and the question is being raised of how many of your - of the need for you to consider as a decision-maker, the number of people who are vulnerable if you were to withdraw services from a community such as Yuendumu?---Yes.

And what I haven't been able to discern from your answers or from your statement is how that is given weight. For instance, how many people in Yuendumu were at a much greater risk of a bad health outcome on 9 November once you withdrew the services - how many people were vulnerable at that time, whose vulnerability increased significantly because services were withdrawn?---So like I said, there was

a vulnerable person list. I know Helen did look and ask about the vulnerable people and how many of those vulnerable people might have had any issues and I believe there was - might have been one person.

In the whole community?---Yes.

Thank you. What sort of numbers would lead to a different decision?---Again it's about whether an event might happen, so clinically speaking I am not quite sure what you are meaning, so a person might have health issues but what are we actually talking about that, it might happen during an evening, I'm not quite sure what you're - - -

I mean you've identified Yuendumu as having one vulnerable person?---I guess they've got health issues that might need attention over the weekend. I think that's what we're talking about, do they need, you know, something - some medical assistance over the weekend.

I am not interested in the identity of that person?---No, no, okay. No.

But can you identify the illness that was in question?---No.

Can you identify the level of risk? Was the person likely to die?---I believe Helen - Helen enquired with the staff what was going on with that person and deemed that there was no - there was no level of risk like someone was going to die, no.

Is there a number - if you were to face the same kind of problems today and had to make a similar kind of decision about whether to withdraw or not withdraw for a community the size of Yuendumu, is there a number of people at risk which would lead you to say, "that is the number that we not prepared to accept?" Again, it's a risk of what is happening to the staff versus what other issues that might happen over that weekend so I - again I'm not entirely sure what clinical conditions we're talking about, to make an easily informed answer to your question.

Well, it's easy to say "We considered the vulnerability of the community". What I and trying to extract from you is how do you do that in fact. If there's one person who is - that your staff have identified as particularly vulnerable if you withdraw services. Assuming that that's a more significant number of 357 people who are particularly vulnerable next time there is a decision to be made about withdrawing services. What are the criteria that you are imposing other than a generalisation and something you give weight to?---Again that's - clinically - clinically what may hamper that person over - I guess are we talking over a night - are we talking over a weekend? Again, we provide primary health care services rather than emergency services during the day so there's about - are we providing an emergency situation that occurs because someone is vulnerable and deteriorates further. I guess it's about those considerations so I'm afraid I can't answer your question. I'm not a clinician around those areas.

THE CORONER: Could you evacuate a vulnerable person who you thought was at high-risk with the staff, for example?---Yes. That's correct, you could evacuate the person before - yes.

Is that something that you might consider?---Yes, that's correct, yes.

MR MCMAHON: This is one I am not going to labour because you have been asked a lot of questions around this but during the day, as of night, there is times when staff became aware that there were further police coming to Yuendumu and you became aware prior to 4 pm?---Yes.

It's a rather obvious questions but given that the primary issue going to the question of withdrawal was the question of staff safety (inaudible) and given that extra police coming precisely to address community safety and to make the arrest, why didn't you just tell your staff to do a U-turn and go back?---I don't think there's - there's no phone coverage between here and - Yuendumu and Alice Springs so you couldn't phone anybody if they were travelling.

Is that the reason? Is it as simple as that - because there was no phone coverage you didn't tell them to do a U-turn?---Again, I knew there was extra staff going. I believed that there was staff going to Yuelamu. I believe the risk would've been mitigated by someone being arrested and then my intention was to send the staff - they've gone to Yuelamu - back to Yuendumu.

I'm sorry, I just didn't understand the last sentence you said?---So with staff - because I expected the staff were going to Yuelamu, so once I had - - -

I understand?---Yes.

On this question of staff going to Yuelamu, you were under the impression that two extra staff from Yuendumu were going to Yuelamu?---Yes.

And it's clear that that never happened and you only found out about the failure for that to happen much later?---Yes.

Has there been an analysis done of the causes of the breakdown in communication which led to that failure of events, two staff were not at Yuendumu, even though - Yuelamu, even though you thought they were?---I thought that might be covered within the RCA, but it didn't seem to be addressed. So - yes, no, I haven't got an answer to that one.

Because it does seem to be systemic failure, doesn't it?---That - it did seem to be, yes, something that should have happened that did not happen.

You say in one of your statements, your first statement, that there was a large text from Helen Gill at about 9:30 or 9:45 saying there was a large mob outside the police station. And in your other statement, you say that there was a large group outside the police station. And you got a text saying that. And I can't tell from Helen Gill's

material that she actually refers to that text at all. Do you recall now the text that we're talking about and can you recall the content of it?---No, I can't recall.

In your first statement, you say at par 44, you discussed the question of the ambulance being used as a decoy?---Yes.

And it's not an issue, I don't think it's an issue addressed in your second statement, in your longer statement?---No.

And it doesn't appear to be mentioned in that statement. This question of the ambulance being used as a decoy, who told you that the ambulance was being used as a decoy?---I believe Helen. Helen told me that.

And what steps since then have you taken about that? Have you spoken, for instance, to your superiors or to the police saying that this was something that should never have happened?---No, we haven't really – I mean, I guess I talked with my manager at the time, Sue Corner, about - - -

Sorry, your manager at the time?---Was Sue Corner, but I haven't talked to police about it, no.

You understand that the idea of using the ambulance to go to the airport as a decoy was a step in deceiving the local community?---Yes.

Do you understand that? Do you accept that it's something that should never have happened?---Yes.

As I understood your previous answer, there's no further review of that. Has NT Health done anything about it to make sure it never happens again?---No.

Do you accept that it's a dreadful breach of trust on the local community at Yuendumu to use an ambulance in that way?---Yes.

In those circumstances?---Yes.

Yes, no other questions. Thank you, your Honour.

THE CORONER: Any other questions?

Mr Hutton.

XXN BY MR HUTTON:

MR HUTTON: Mr Reeve, you gave evidence earlier to Mr Coleridge of the importance of primary health care in wider communities in Central Australia?---Yeah.

Do you recall that?---Yes.

And you confirmed that, in your view, it's obviously very important?---Yes.

You would not refuse access to primary health care in Central Australia without believing you had a very strong basis for doing so. Is that correct?---Yes.

It would require drastic circumstances for you to take a measure to reduce services?---Yes.

You've set out the circumstances you were confronted with in Yuendumu on the 9th of November in some detail in your affidavit?---Yes.

Let me summarise them like this. On 6 November, the clinic manager's house was broken into. On 7 November, the clinic manager's car was broken into. On 8 November, there were attempted break ins at the clinic manager's house, at Nurse Vanessa Watts' house, at Nurse John Alton's house and a graduate nurse, Lisa Meredith's house?---Yes.

So, four separate staff houses in one evening, and three of those houses, staff were present?---Yes.

Tools, including a pickaxe, had been found at Luana's house and in addition to those incidents, two cars had been broken into that night, Janine Rewaka's car had been broken into and the clinic car had been broken into. That's correct?---Yes.

Those are very concerning circumstances for you as the general manager, I suspect?---Yes.

Putting aside the issue of whether or not the people trying to break into Vanessa's house had run away when the light came on or not, the circumstances as I've just run through, presented a very real risk to staff safety?---Yes.

You were concerned, as I understand it from your affidavit, about what might happen the following evening. Is that correct?---Yes.

And you were concerned that this was an upward trajectory of events?---Yes.

You don't need the police to tell you that we've had one incident on the first night, one incident on the second night and then many incidents on the Friday night?---Yes.

And your concern was, what would happen the following night if staff were to remain in those houses and there were further attempts to break in while they were there?---Yes.

The consequences of home invasions, people getting into staff houses can be very serious. Is that your understanding?---Yes.

Staff could be assaulted?---Yes.

The consequences can be worse still. And you've referred in your affidavit to Nurse Gayle Woodford?---Yes.

She was killed as a result of a home invasion?---Yes.

Well, you state in your affidavit, that was something that was on your mind on the day of 9 November?---Yes.

Are you aware also, Dr Reeve, of an incident that had occurred in Yuendumu in 2015 involving a WYDAC staff member who had suffered a home invasion and had also been killed?---Yes.

You were asked by Mr Coleridge about improvements to infrastructure in Yuendumu prior to November 2019, do you recall whether some steps were in fact taken to strengthen or harden properties in Yuendumu that were occupied by health staff?---Prior to November 2019?

Yes?---I think they were. Things are a bit vague, yeah, but I believe they were, yes.

Perhaps I can try to jog your memory?---Yes.

Do you remember if some unpopular fences, Colourbond - - -?---Yes, yes, the fences. Yes, the fences, that's correct, yes.

Do you recall Crimsafe screens were put in a number of houses?---Yes, yes.

Infrastructure upgrades alone cannot prevent break ins, can they?---No, a determined person will still be able to get in. We had some – when we got with the windows after the event, they were supposed to be not being able to get into. People still managed to generally open those Crimsafe windows and get in.

As we saw at Luana's house on the 6th of November?---Yes, yes.

In your role as general manager, you've been involved in many discussions with police and Elders about property crime in remote communities?---Yes.

And is it your experience that if police are notified of break ins, they are immediately able to stop them from occurring?---No.

Have you before, in attempting to deal with this security issue in a remote community where you've known or where it's been suspected who the person was, contacted – yourself contacted Elders who you know in the community to see whether or not they can help remediate the problem?---So, in – so, in the situation in December 2020, I think there were several teenagers, or I think they were around teenagers, who were identified, who were causing a lot of issues, and so the Elders did become aware of those children and did manage to stop them, yes, from continuing.

Yes, and you, yourself, have contacted Elders and asked them?---Yes, I've rung them up just for assistance, yes.

One of the difficulties in the situations in Yuendumu, as I understand your evidence is, it was known who the people - - - ?---No.

- - - were that were breaking in?---No.

And you've been involved in many community meetings, in your role, with Elders and police?

THE CORONER: Can I just ask, and I know there's some technological issues, but obviously a lot of identification of offenders is through CCTV these days. So it – and I did go back to that statement, Ms Fleming's statement that you referred me to yesterday. But what is the attitude towards CCTV around nursing houses?

MR HUTTON: Dr Reeve, if you could - - - ?---So we have been discussing you know, about security cameras. We generally think it's a good idea, because it'll be able to identify people. I guess where things have got stuck, in previous conversations about the privacy issues, and who will be monitoring any footage. So obviously, if it's on your private property that you're living in, and – or government housing, you don't want your employer to be able to access it. So I think, at the moment it's got stuck around the privacy, rather than – than anything – to my understanding.

Dr Reeve, you've been involved in a number of community meetings with police and Elders in different communities in Central Australia, including Yuendumu?---Yes.

Is it generally the sort of thing that can be pulled together in a couple of hours?---No, generally these things can't be pulled, and generally speaking, meetings – not – when we say a community meeting, we're only talking about maybe 10 – 10 people, 15 people might turn up. So we're not talking about the whole community.

But those – my question is, in the two or so hours you may have had to play with on this day, was it really (inaudible) - - - ?---No, yes.

In fact, you've been involved in discussions to try and organise a community meeting in Yuendumu for some months - - - ?---Yes.

- - - recently. And it's yet to come to fruition?---Yeah, so we've been trying since around April to have a meeting out in Yuendumu. As I said before, we've got someone with the Chief Minister and Cabinet out there to assist, talk – to arrange, so – and I've also got two positions that help organise these meetings. We arrange these meetings, but due to various reasons, and cultural businesses and other issues, none of these meetings have yet to occur, due to other issues taking priority.

We heard some evidence from Luana Symonds, that employment of local Aboriginal staff, one of the barriers that can be faced is documentation that's required to be

provided to NT Health. Am I correct to say that staff are being hired to address that issue in particular, and to assist greater local (inaudible)?---Yes. Yes, so we used to have only one position, which we call Aboriginal Employment Career Development Officer. So we expanded that team to – we have in the Barkly four positions. One for each of our districts. And their job is to go out and talk with community about what positions we've got in the health centre, try and recruit people, assist people with getting their documentation and paperwork. Providing mentorship to the position. Help them during our mandatory training. And we're being – also providing – helping providing Certificate II's in Primary Health Care to people as well. So they assist with that.

Thank you. And finally, you were asked by Mr McMahon about the number of acutely unwell people in Yuendumu on night of 9 November, and you suggested that Ms Gill had been involved in discussions about that. And you suggested that the number of people may have been one. If I was to tell you that in fact the number of people that were considered to be acutely unwell in Yuendumu that evening was zero - - - ?---Yeah, so when I said there was one vulnerable person, I didn't say they were acutely unwell. I was just saying there was one vulnerable. I didn't say that they were actually unwell, just they were a vulnerable person.

Thank you, your Honour.

THE CORONER: Are there any other questions?

Dr Reeve, you've been asked some fairly difficult questions, and you've been asked to consider some fairly difficult issues. We are just hoping that the process allows for everyone to identify where things might be able to be done better. It's not to say, you know, that there's any you know, serious or significant criticism in relation to what has happened. I can understand that there were general concerns about the safety of the nurses. But hopefully, through the process, however difficult it is, it does help people reflect on what happened, and whether or not improvements can be made for the future?---Okay, thank you.

WITNESS WITHDREW

THE CORONER: We'll adjourn until to tomorrow at 9.30.

ADJOURNED