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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 11 OCTOBER 2022

(Continued from 10/10/2022)

Transcribed by:
EPIQ

THE CORONER: Dr Dwyer.

DR DWYER: Your Honour, I call Matilda Starbuck.

MATILDA RAE STARBUCK, affirmed:

THE CORONER: Dr Dwyer.

XN BY DR DWYER:

DR DWYER: Ms Starbuck, can you please tell the court your full name?---Yes, it's Matilda Rae Starbuck(?).

And where are you currently working?---I am currently working at Hobart Private.

Matilda, can you pull that's terrific. And it doesn't amplify you much, but it does record it. You were interviewed on 4 June 2020 in relation to your work in Yuendumu as a nurse. And to provide any information that you might provide after Kumanjayi's death, correct?---Yes.

Have you read that interview recently?---Yes.

You're now I think 24 years of age, is that right?---Yeah.

Where did you first do your nursing studies?---In WA.

And when did you graduate?---In 2018.

After you graduated, did you participate in a post-graduate remote area program?---Yes.

What was that?---So it's a mentor program in a remote Aboriginal community, which I was placed in Yuendumu, where you were mentored and – by other RANs and another mentor Brian, about getting the skills and knowledge to become a remote area nurse.

Okay, so a RAN stands for Remote Area Nurse?---Yes.

So you're mentored for a period of how long?---So it's a 12 month program, initially, more support, and you worked with other remote area nurses in the consult, until you have the confidence and confidence to have your own consults.

Why did you want to do remote area nursing?---I was very much interested in a challenging role for my nursing. And having a broader scope of practise, increasing my skills and knowledge. Which I found remote area nursing to be, and then also having a new experience, working in the Aboriginal communities.

You make a comment in your interview about how remote area nurses have got an extended scope of practise. What did you mean by that?---So given the limited resources, and remote location, you were able to – your skill levels and knowledge had to be, I guess, a bit higher. Because you were dealing with things without other doctors, say in emergency situations. And then you were – you didn't, I guess, have all the equipment and resources that you would have in a big hospital. So you were able, I guess, to be able to do more in that setting, to get them – to help in the terms of health care.

Was part of the reason that that job was of interest to you, was that you were going to learn an enormous amount in a short period of time?---Definitely.

So it can really accelerate your career can't it, to go and do some work in remote communities?---Yes.

You grew up in Western Australia, is that right?---Yes.

Whereabouts in Western Australia?---Just south of Perth.

Did you grow up with Aboriginal people?---Yes.

Did you have any involvement with people – Aboriginal people living in remote areas of Australia before you went to Yuendumu?---No.

So Yuendumu was your first posting as a nurse, is that right?---Yes.

And who was your mentor?---Brian Clode.

Was Brian there in community?---Yes, he lived out there with us.

Before you went out to Yuendumu, did you have any knowledge about the Coniston Massacre that occurred in 1928?---Only briefly.

How did you come to know about it?---During the pre-cultural awareness.

All right, can you tell us about that, going back a step then. What was the pre-cultural awareness you're telling us about?---Sorry, during our induction I believe, it was briefly spoken about during our day cultural awareness aspect of orientation.

Okay, so the orientation, or induction, are they the same things?---Yes, yep.

Where did that take place?---In Alice Springs.

And who – who provided that orientation or induction?---Management for Alice Springs. I'm not sure exactly her name.

Okay, but someone within the NT Health, is that right?---Yes.

And it went for one day?---Yes.

And what sort of things did you learn about?---They just went through, I guess, the cultural aspects to be aware of. Things to – yeah, I guess be aware of in community, of how you might change your mannerisms, or things you may do, to be respectful.

So I just want to break that down a little bit?---Yep.

But I think – I was asking you about this – the terrible history, from 1928 - - - ?---Yep.

- - - where there was a massacre in the areas around Yuendumu. You had never heard about that before that day of induction, is that right?---Not that I'm aware of.

And so you learned something about it, in – as part of the induction process during the day?---I believe so, yeah.

What else did you learn about the history of the Yuendumu and surrounding areas?---I can't remember, sorry.

Okay. Did it shock you when you learnt about that massacre?---Yes, definitely.

And that was nothing you'd ever learnt about in school?---Not that I can remember.

And did you learn about any other massacres in terms of the history of Aboriginal people in this country at school?---Yes.

When you were – during – when you participating in that orientation during the day, did you learn anything about how Yuendumu as a community we know it today, came to be existence?---No.

Did you learn anything about the recent history of Yuendumu, in terms of the challenges of the – for the community in the last say two decades before you went out there?---I don't believe I before I went out there, but when I was out in Yuendumu, I was told about the events that occurred where people were relocated to Adelaide.

And they were – that was around 2012, is that right? Was it one of the other nursing staff had told you about that?---Yes.

During that one day orientation, did you learn anything about the type of health issues that you would encounter in community?---Briefly, yes.

What did you learn about that?---In the orientation?

Yes?---Just about, I guess, what we would be caring for, some of the things that would be more prevalent, such as diabetes, chronic kidney disease, skin issues.

Did you – prior to that orientation or – that one day orientation, I take it, you didn't know anything about Yuendumu or the Warlpiri people?---Not specifically, no.

During the course of that day were you told anything about Warlpiri culture?--I guess in terms of Indigenous culture more broadly.

When you went into the community was there any further orientation that took place? ---We had orientation when we first came out to community and we were driven around Yuendumu, shown where all the camps were, which are kind of like divided camps and then we were introduced to the Indigenous workers.

Who were the Indigenous workers when you were there for your year?---Nola Fisher, Mary Butcher and Jameson Williams.

Did you participate in any sort of orientation which involved those three people? ---Not that I can remember.

When you were in Yuendumu you were there for a year as part of that program, is that right?---Yes.

So that would be from April 2019 through to March 2020?---Yes, correct.

Did you learn any Warlpiri language during that year?---Yes, I tried.

You tried? How did you learn language?---Through the members that would come that we looked after and then also the school had a teacher that would do Warlpiri lessons so we went along to a few of those.

When you say "we" who went along to a few of those?---Myself and a couple of the med students when they were there, we went down.

What was the role of a graduate nurse in the community?---So initially it was a more - you worked with the other nurses and then learned from them how to do treatment consultation, increasing the skills such as like cannulation, taking bloods, doing fractures and everything like that and then working within our scope from the CARPA manual which is like our guidance for treatment and then as we progressed throughout the program we then were able to take consults more independently, we where we were able to discuss with our mentors and other nurses what our findings were, what we thought was happening and what our plan for treatment would be and then they would be able to assist us if we were - if we had interpreted it correctly and then as things again progressed along, we were taking consults independently and doing call-outs.

When you were involved in consultations either independently or with somebody else, did you ever find that communication was difficult?---At times, yes.

Why was that?---Sometimes the language barrier could be a little bit difficult.

Did you learn anything about what to do firstly if the language barrier was difficult?
---Yes, so we have the Nola and Mary and Jamie that I guess we could discuss, but they weren't official interpreters through like the interpreter system and then also using the small - very small amount of language that I knew, trying to intertwine that as well and there is also an app that you can use that translates from English to Warlpiri that you can use.

What about cultural norms or different things that you should do to respect patients when they come in?---Yes, so language, body language was discussed in that initial culture orientation, so just being aware, I guess, of our body language, eye contact and that kind of thing we were told about.

What were you told in relation to eye contact?---Just that like sometimes you don't maintain, I guess, the eye contact and that having a conversation without that continuous eye contact would be normal, which may be a bit different to I guess when new have a conversation.

Did you see any male patients?---Yes.

In relation to the health issues for the community, you have now had an opportunity to work in Wadeye after Yuendumu, where did you leave after Wadeye?---I went to Townsville to do my post grad diploma of midwifery.

And now you are in Tasmania?---Yes.

Was there anything unique now about the health problems that are experienced in Yuendumu?---Yes, I think the - I guess the knock-on effect of how different diseases and that can progress if not caught early enough such as like hypertension leading to chronic kidney disease, diabetes and then seeing how important, I guess, that youth intervention would be to ensure the health outcomes of community members as well as skin issues which can lead to rheumatic heart disease and further heart problems.

What type of youth intervention did you come to recognise would be really important for the Warlpiri people?---I guess early recognition of things such as skin sores, scabies and being able to - and then just general hygiene as well. A lot of ear issues as well, which can obviously affect hearing and subsequent problems in later life.

During the year that you were there were there any mental health services that you referred patients to?---Yes, so we had a mental health nurse and a psychologist that would come out and visit the mental health patients.

Am I right that there was nobody with mental health training or - including either a nurse or a psychologist who lived permanently in the community?---No, not specifically mental health training.

Were you ever told that it would be part of your role to provide any counselling?
---Yes.

To community members?---Yes.

Do you think you did that?---I tried my best, yes.

In what form - what sort of form would counselling take?---In general discussions if you had someone coming in with mental health - just for their normal, say depot, which is the injection that they get three to four weekly, you'd have a discussion, I guess, about their mental health, how they are going to be able to make sure that the medication that they were taking was appropriate and helping with the symptoms as well as if you had a mental health crisis, going through that process as well.

Was there anybody in the nursing clinic who specialised in young people?---Like a child health nurse?

Yes?---Yes.

There was?---Yes.

Who was that?---Kim Richards.

And was Kim Richards based permanently in the community?---No, she drove in and out.

Did you enjoy working in the community for the period you were there?---Yes.

Why?---Both professionally and personally, professionally I guess the work that we were doing, the skills I was able to learn, the knowledge I was able to learn and then personally, the relationships I was able to build with not only my team members but the community itself. I found that very rewarding.

Did you, for example, have the phone numbers of any of the Warlpiri people who were in the community?---I don't remember specifically for Yuendumu, no, sorry.

What about for your Aboriginal team members, who were part of the clinic staff? ---No, I didn't have their phone numbers.

In terms of a young nurse going out there - I am thinking about the recruitment for nurses in Yuendumu, did you - who did you spend time with outside of the clinic hours?---We mainly socialised with the nurses and doctors in our clinic team.

Did you come to know that there was an organisation called "Purple House" that provided dialysis for them?---Yes.

Did you meet the staff members at the Purple House?---Yes.

Did you ever socialise with them?---No.

Did you have their phone numbers, for example?---No.

When you were there how many staff members were at Purple House?---I don't know specifically.

There are nurses, we understand, in the aged care facility, is that right?---Yes.

Did you come to meet them when you were there for the year?---Yes.

Do you remember how many nurses there were?---Not specifically, sorry.

Did you socialise with them?---No.

There are teaching staff in the community?---Yes.

Both Yapa and Kartiya, is that right?---Yes.

Did you socialise with any of the teaching staff?---Not specifically. One of our nurses, her partner was a teacher - the teacher.

What about WYDAC? Did you spend any time with the WYDAC workers?---Not socially, no.

Did you go to any of the activities that were offered by WYDAC at night time, like basketball or movies?---No.

So do I take it then in terms of the stakeholders - and I am thinking her about council workers or family and children or police, you didn't socialise with any of those people?---No.

You really spent time after work with your colleagues from the clinic, is that right? ---Yes.

And that was your Kartiya colleagues from the clinic, is that right?---Yes.

So you were a close-knit group during that period that you were there, is that correct?---Yes.

I want to ask you now, Ms Starbuck, about an issue with break-ins that we've come to be aware of. When you were interviewed in June 2020, you said this to the police officer interviewing you, "Initially, we just had like your normal break-ins, community break-ins and that kind of thing, but the week prior, it probably ramped up a little more. Earlier in the week our clinic manager, Luana, had her house broken into." Where were you – can you describe for us the accommodation that you were living in, in Yuendumu?---Yes, they are duplexes. So, they're like the two houses together, but you had your own yard. So, where I was living there was two sets of duplexes.

Okay. And I think – I'm going to hand you this document. This is your drawing - - -?---Yes.

- - - at the end.

It doesn't need to go on the list, but it appears, your Honour, the transcript of Ms Starbuck is at 9:11 and this appears as an annexure to 9:11 in S01.

What you do there is draw four boxes to indicate four duplexes side by side. Is that right? Or is it two duplexes?---Two duplexes, yep.

So, there was Luana and Vanessa in one and yourself and Janine in another. Correct?---Yes.

And then, you've drawn some lines outside of that. Does that indicate fencing?---Yes, I assume so.

All right?---And then there's a road that follows that outside of those lines.

Okay. In terms of the houses for nurses, her Honour will have an opportunity to see them herself when she goes into community?---Yep.

But what was the fencing like during the period you were there?---It was the Colorbond fencing.

Okay. And so, it didn't change at any time you were there, it was always that Colorbond fencing?---Yes.

Correct, okay. You were asked what you meant by "normal break-ins" in the interview with police. They said, "What did you mean by 'the usual break-ins'?" And you said, "So, we kind of get a bit – usually – it just becomes a norm, I guess, in that you've got kids in your backyard all the time. They come in and out. They'll be looking for cigarette butts. They might try your door handle. But generally, we didn't report that to the police, because they've got enough on and it was just kids coming in and out, and you weren't going to stop them pretty much." So, I just want to stop there for a moment. Until November 2019, is that an accurate description of what you experienced in the house?---Yes.

Okay. So, you might come home and there would be kids over the Colorbond fence. Is that right?---Generally, I wouldn't be there when I would walk into the house, but you could definitely hear them at night-time when you're awake.

Okay. At that – did that happen from the time that you got there in the community in April 2019?---Yes.

Were you concerned about that at all?---I believe initially I was, because obviously, I wasn't used to having people in my backyard. But then, it did become like the norm, so you just kind of got on with it.

Am I right in thinking that you – it was always your belief that it was, as you put it,

“just kids”?---Yes.

And did you get the impression that they were in the backyard because they were bored?---Yes, and looking for cigarettes.

Okay. You didn't think that they were going to break-into your house and do you any harm, did you?---No, not once I had gotten used to it.

All right. So, were there any occasions when you reported anything to the police up until November 2019?---Not to the police, but I remember putting in one risk man when – which is our, I guess, health service risk system about when my door handle had been tried.

Okay. When was that?---I don't remember specifically. It was at the start of the time that I was there.

Okay?---But I remember there was – I believe it was kids trying out my door handle at my house.

And what locks did you have on your door?---There was a few locks. I believe there was about three on the door.

When – did you feel that you could make yourself secure in your own home by using the locks?---Secure enough, yes.

Okay. What you explain is that the situation appeared to change in the first week of November and Luana had her house broken into. Is that right?---Yes.

At any time prior to that, were you aware of a nurse having their house – having someone enter into their house?---Yes.

What was that situation?---Robyn's house. But I don't remember the specific details.

Okay. We've got the PROMIS entry for that, and that occurred in 2018, before you got there?---Yes.

So, was that something you just learnt about?---Yes.

Who told you about that?---One of the nurses.

And do you remember the name of the nurse who told you that?---No, sorry.

What did the nurse tell you?---I can't remember, sorry.

Were you told about that as a warning to lock your door?---I think as just an understanding of making sure that your home was secure.

Did you ever have any alarm system on your home?---No.

So, in terms of making the accommodation secure, you had the Colorbond fence you told us about?---Yep.

But kids would get in over that at night?---Yes.

You had the locks on your door?---Yes.

Was there anything else?---No.

Okay. You told us about someone trying the door handle and you made a risk man, that was earlier in the year soon after your arrived?---Yep.

Did that happen more than once?---Not that I was aware of.

Okay. And did anybody ever actually get into your house at any time?---No.

You explain in your statement that at about 1:15 am on 9 November, Vanessa called you at bit distressed that she could hear her house being broken into and also Luana's?---Yes.

Prior to that time, had you been discussing with the clinic staff that there had been an escalation in break-ins?---Yes.

What did you know about prior to that phone call at 1:15?---I knew about Luana's house being broken into and then her car being broken into the next day.

So, Luana's house was broken into on 6 November?---Yes.

That was a Wednesday? You knew that the windows of the car had been smashed the next day?---Yep.

Did you know that Luana had gone into town to get that window repaired?---Yes.

Anything else before you get this phone call at 1:15?---No.

So, when you got the phone call, you said, "Vanessa called me a bit distressed". How did you know she was a bit distressed?---I guess her voice and then what we were discussing.

What did she say to you?---That her house had been attempted to be broken into and that she could hear Luana's house being broken into as well, which was like I guess making her house rattle while they were over there.

Okay. Did she wake you up with that phone call?---Yes.

Okay. What did you say back to her, to the best of your memory?---I believe she had said that the police were on her way, so I said that I would come out with her to

see the police and then make sure that she's okay.

All right. When the police arrived, you did go out to speak to them?---Yes.

Is that right? Do you remember the names of the police officers who came at that time?---I believe it was Julie and Chris.

Okay. And when they came, whereabouts did you speak with them?---Outside of Vanessa's house.

All right. They didn't come into your house or Vanessa's house?---No.

How long were they there for at the time?---I would say approximately 20 minutes.

Okay. And what was Vanessa like at that time?---A bit shaken up by what had happened.

This might sound like a really stupid lawyer's question, but when you say, "A bit shaken up", was she angry, teary, strange? Can you describe for us how she was?---She just – I didn't hear the words specifically. I guess a bit shocked about what had happened and then about, I guess, the safety of us having our houses broken into, voicing those concerns.

To the best of your memory now, what did either Julie or Chris, the two police officers, say?---They had said that they thought they knew who may have been leading the break-ins and that there was a plan in place. They didn't mention anything else about that. And it was mentioned that a person had lunged at police officers with an axe prior when they were trying to arrest them.

Okay. So, they thought it might have been – this is what you say at page 5 of your interview, "They thought it might have been related to the fella who was in community, but they didn't specifically say or anything like that." When you say, "They thought it might be", was that Julie and Chris talking together or one - - -?---Yes.

Talking together?---Yep.

Okay. Did they mention any names?---No.

Did you know anything about this person who was supposed to be in community?---Not specifically, no.

Did they say anything at the time about the break-ins?---No.

THE CORONER: Did they say anything about the plan they had in place?---They didn't, sorry. It was just that there was a plan.

DR DWYER: So at page 14 you say, "They were just saying that they think they knew who was doing the break-ins. So they were going to try and do something about it, to help, yeah, so then the break-ins would stop"?---Yes.

Did you accept that – was that reassuring to you?---Yes.

What happened after that?---After that, Janine came out, which was my next door neighbour. And then we had noted that her partner's car had been broken into as well. And the back window was smashed. After the police left, we then – myself and Vanessa, went to Janine's, and we sat and had a bit of a chat for about an hour or so before we went to bed.

What was that chat about?---Just that the break-ins felt a bit more specific to health care staff. And I guess, that that's a bit unnerving, that it felt more targeted towards us.

That was quite a bit different to what had been happening before, wasn't it?---Yes.

Kids in the backyard, and they might try your handle?---Yep.

And then you – you can go to sleep, because you don't think that they're getting in?---Yep.

Quite a bit different to what was being reported then, wasn't it?---Yes.

Was there any discussion during that hour you were having a cup of tea with your colleagues, about what to do about that?---No. It was difficult to – I guess, for ourselves, to know what could be done to stop it.

Was there any discussion about telling the Aboriginal staff at the clinic what was going on?---Not that night.

And was there any discussion when you were having a cup of tea, about getting Elders involved in trying to assist the staff?---I can't remember specifically.

Okay. The next morning, when you woke up, was 9 November, the same morning?---Yep.

I take it, you hadn't had very much sleep, if you'd had a cup of tea with your colleagues?---Yeah, by the time we went to bed it was around 3.30.

And what time did you get up?---Probably around 8:00-ish.

And what did you do after you got up?---Just a normal morning, and then I got a phone call from Janine around 9 o'clock. Where she said that we would have a staff meeting – well a meeting with the people who had had their houses broken into.

The – that was a Saturday, 9 November?---Yep.

Were you on-call at all?---No.

The clinic is normally closed on the weekend, is that right?---Yes.

But there is always somebody on call, correct?---Yes.

Did you know who was on-call?---I can't remember, sorry.

What had you planned to do over the course of that weekend, for your two days off?---I can't remember, sorry.

Were you going to stay in community?---Yes.

And did – were you aware at any time, that there was a funeral in community - - - ?---Yes.

- - - that weekend? How did you become aware of that?---The staff – the clinic is notified when there is a funeral, because we arrange the morgue to be open to facilitate them to have the body.

In either your orientation, or during your months in Yuendumu, prior to November, did you come to appreciate that Warlpiri people have important ceremony around funerals?---Yes.

And that that there is a funeral, and sorry business?---Yes.

And did you come to appreciate that that was very significant for Warlpiri people to be able to engage in their funeral process?---Definitely.

Do you feel that that was something that, firstly, you respected?---Yes.

And that the Warlpiri people would rely on nursing staff to give them access to the morgue, so that that process could take place?---Yes.

And that's why it was important to be – for the clinic staff to be notified, so they could assist the community?---Definitely.

When you were told by your colleague that there was going to be a meeting, did that take place at somebody's house?---Yes, Janine.

Was that Janine Rewaka?---Yes.

Is she the midwife?---Yes.

Okay. So you went to her house?---Yes.

And who else was there?---There was myself, Janine, her husband, Pardo, Julie, her partner Craig, Lisa, her partner Rex, John and Vanessa.

No nursing staff – sorry, no police staff, is that right?---No police.

So when you say “Julie”, you mean another nurse?---Yes, sorry.

And there were two people on the phone, is that right?---Yes.

And that was Helen Gill?---Sorry initially it was Helen Rudolf and Brian Clode.

Was Luana on the phone initially?---I don't believe initially. We – myself, Janine and Vanessa, thought that we wouldn't let her know initially about the break-ins, just because they were in Alice Springs for a bit of respite, and we would fix up their house, and let them know at a later time, so they could have their – not stress about it I guess.

So this is at the early discussion, around 9 o'clock?---Yes.

And can you remind us what the – do you know the position of Helen Rudolf?---Yeah, she was a remote area nurse as well.

Where was she based?---She was based in Yuendumu, but herself and Brian had gone into Alice Springs.

So it was really a discussion amongst the nursing team about what to do, is that right?---Yes – yeah, about what had happened, and that things were escalating.

Was there anybody from management at that earlier meeting?---No.

What – how long did that meeting take place for?---I can't remember, sorry.

And what was discussed there, in terms of the next steps?---I don't think we discussed about what would be happening in the future, just what was happening at the moment. What had happened the night previously, and I guess that we were concerned that things seemed to be escalating.

Okay, when you say “We were concerned,” did – did you get the impression that everybody felt the same?---At that first meeting, yes.

What was the feeling in terms of whether or not – well, firstly you've told us the feeling was that things were escalating?---Yes.

Was there a feeling that there were staff at the clinic being targeted?---It felt more targeted towards the staff.

Why was that?---It appeared to just be our houses being broken into in that week, and that it was consecutive nights.

Was there any discussion as to why that might be happening?---Not particularly.

Did you have any alcohol in your house?---No.

Did you know that colleagues had alcohol in their houses?---Yes.

Was there any discussion that the break-ins might be in an attempt to get access to alcohol?---It could be.

Did – was that discussed at that meeting?---Not that I can remember.

In terms of trying to understand, if it was a targeted towards – a target towards nurses, why that was happening, was there any thought of discussing that with Elders, or other Yapa in the community?---We – during the week, obviously our Indigenous workers knew about Luana's house being broken into, and then that the car had been broken into. But we hadn't discussed at that point, about a community meeting, no.

Had you ever been to a community meeting in the time that you were there?---Not that I can remember.

After that management – I withdraw that. After that meeting, just between the nurses, what happened?---I believe Cassie came over, and we'd been told that she had spoken to Helen in town, on a private phone call. And that we were having a meeting phone call with Helen.

And that was Helen Gill, is that right?---Yes.

And then did you have – participate in a further meeting, where Helen Gill was on the phone?---Yes.

Where did that meeting take place for you?---At Janine's.

Okay. And how long after the first meeting was that?---Pretty quickly afterwards.

And who was involved in that meeting?---All the people previously, plus Cassie, and we had Luana on the phone as well.

And Helen Gill on the phone - - - ?---Yes.

- - - is that right?---Yep.

And how long did this second meeting go for?---I'm not too sure.

Did you do any of the talking?---I probably wouldn't have said much.

And did anybody take notes in that room?---No, no notes.

Who did most of the talking at that second meeting?---I believe Janine.

What did Janine say?---Just explained what had happened again, the night prior, and that it was feeling more targeted. That we felt the break-ins were escalating, and that I guess, was feeling a bit more unsafe.

How were you actually feeling?---Personally, I felt nervous, I guess, about what could potentially happen if things were going to continue, and more towards the health staff for I guess, Saturday night, being by myself in my own – in the house. And then previously what Julie had said about the people breaking in – the person who they thought was breaking in, had gone at police with an axe. And then seeing the – the – what they'd used to try and get into Luana's house was a bit unnerving, that they could potentially enter my house, and have the same things.

So you just said "Seeing what they used to try to get into Luana's house", what do you mean by that?---So when we were at Luana's house in the early hours of Saturday, they had tried to get into the back window again and then there was rakes and shovels and pickaxes at the back.

Do you mean that you actually saw the rakes and shovels and pickaxes?---Yes.

Okay. So, they had been discarded in that area. Is that right?---Yes, they were under the window and then the police collected them.

Okay. So, at that meeting after Janine explained that, did anybody from management say something? Did Helen Gill say anything?---Yes, I don't remember the specific conversation now, but it was brought up that it was recommended that we were removed from community.

Who recommended that?---Helen.

What did she say when she recommended that?---I don't remember specifically, but I remember at the end, it was I guess the direction that we were being removed from community.

Do you remember Luana saying anything at that meeting?---No, sorry.

Did anybody speak against moving out of the community?---Yes, Cassie had.

What did she say?---She wasn't keen to leave community.

Did she say why?---No.

Do you – I know it's a long time ago now, but just to the best of your memory, how did she express that she wasn't keen to leave community?---She felt quite forthright that she wasn't wanting to leave community, but that Helen had said, if we – like if one goes, everyone goes. Like, it's not up for discussion, we were all being

removed.

During that meeting, was there any discussion as to who would be told that you were going?---In terms of community.

Yes, starting with them?---I don't remember a direction of – like a list of people to notify, but we knew roughly who to notify, obviously, police, community members and that was Cassie and John, I believe, that went out. Their plan was to just drive through community and let as many people know as they could.

Okay. I'll just – and we can ask Cassie about this, this afternoon, but just try to think back to that meeting, do you remember Helen Gill saying anything as to who should be told?---No.

Do you remember any discussion of consultation with community before you moved out?---No.

So, a decision was actually made that you would move out without consulting anybody. Is that right?---I believe so.

After that meeting - - -

THE CORONER: Can I just ask, did anyone raise what the police had said, that they were getting – they had a plan?---I don't remember in that conversation discussing it with Helen.

DR DWYER: You – did anybody raise the fact that there was the funeral that the community had on that weekend?---Yes, there was concerns of how to facilitate the transfer of the body.

Okay. And that was discussed at that meeting, was it?---I can't remember if it was with Helen or afterwards.

Who raised that concern?---I don't remember.

Okay. And what was the discussion?---It was just how, if we were being removed from community, I believe the funeral was around 2 pm and that how we would help to make sure that they would have access to the body.

Who was going to make sure they had access to the body?---I don't remember.

At page 18 when you were asked about what happened after the meeting, you said – this is in your interview, I'll just read it to you. You said, "And then, when town called, they spoke about removing us from the community." You're referring to Helen Gill?---Yes.

Okay. "And we were talking about that generally. Sometimes, we didn't feel quite supported by management. So, when they were just like – they were finally

supporting us, we should just go and do what they say and take us out of community. And then hopefully, community would get the idea that we can't be broken into. We can't have our houses and cars broken into, then that takes us off the floor to be able to provide for community." I just want to ask you a couple of questions about that. When you say, "Sometimes, we didn't feel quite supported by management", what did you mean by that?---I don't remember at that time, sorry.

Thinking back on it, do you know what you must have been trying to communicate there?---I think there's different aspects. Yes of being a remote clinic where there may be times where we've asked or discussed something that we'd recommended that may not have been taken onboard.

Can you give us an example of that?---I can't remember at this time, sorry.

Was there anything to do with your security that you'd asked for or recommended?---Not that I can remember, no.

When you say, "Hopefully, the community would get the idea that we can't be broken into, our houses and our cars", because the services would be withdrawn in effect, was that something that the nurses were discussing, that it was important that you leave and then the community would get the idea that they can't allow the break-ins?---I think that, I guess, separated. We were removed for our safety, but that it was in the back of our mind that also, collectively, that community and I guess, the broader health service would understand and know that we can't provide a health service if we don't have secure and safe housing for – and just in general personal safety for nurses, as with any other government group in community.

Did any of the nurses that you heard expressing their views seem angry about what was happening in the houses?---Angry about our houses being targeted?

Yes, angry towards community?---I'm not sure about anger, but generally, a level of frustration that it was continuing. And then, I guess, being a bit unnerved about, I guess, what could potentially happen.

Okay. Given the level of frustration, was there any discussion at all about engaging the community in trying to help nurses?---To stop the break-ins?

Yes?---I think community generally knew we had people in our backyards prior and obviously community knew about the break-ins. It's a very small place, so generally, there's not much that can happen that everyone doesn't know about.

Okay. But it's a place of about 900 to 1000 people, fluctuates - - -?---Yep.

- - - the population? And what her Honour has learnt is that these, in terms of kids being in the backyard and these break-ins, that it was a very small number of people in the community. I'm not downplaying the fear for you, but was there any discussion at all about how the broader population of Yapa might be able to help the nursing staff?---A discussion on the Saturday.

Yes?---I don't remember specifically.

And what about any time prior to that in terms of kids being in the backyard?---Yeah, we had gone to a safety meeting, I believe with police. I don't remember the dates of it, but we had gone with police. It was open to all community members and stakeholders about the continued, I guess, kids being in our backyard and what we could do about that. And I guess the police chatting to us about why things may be occurring the way that they're occurring.

When did you go to that meeting?---I don't remember the date, sorry.

Just if we use November 2019 as a benchmark?---Yep.

Can you roughly remember how many months it was before then?---Maybe a couple of months, but I wouldn't know accurately.

Were there any Yapa people at that meeting?---I believe so.

Okay. Do you remember their names?---No, sorry.

Was there any action plan or discussion about what might happen after that?---Not really.

One other thing that you said in your interview at page 21 is that – you said, “I felt like town was supporting us”, in relation to the decision to leave, “and if it was going to make a change and I guess what was happening in community, there would be less break-ins, so the community would kind of get it that you can't be doing this stuff, otherwise, you're not going to have a health service.” Was that part of the – part of the reason for moving out was to send a message to the community - - -?---No.

- - - that those break-ins were not acceptable?---No.

Okay. Why do you say that so emphatically?---I believe that part of my statement, and there's another part related to that, I would just like to apologise for the way in which I spoke. I believe that the way, I guess, it's being interpreted after it's been written down, and I can understand the way that you guys are seeing it, wasn't the intent in which I meant it. And I'm happy to explain it better.

Yes, please do. Just tell us in your own words - - -?---Yep.

- - - what you mean?---Yep. So, I believe part of that statement and another section in the statement that I spoke on around that same theme, what I meant to say that we had been removed from community for our safety and that I had presumed that it would just be for one night and that on return to community that community, I guess, in reflection of that, would understand and see why we had been removed and that it wasn't safe for us to be in community and that, I guess if the safety of the nurses or

any other stakeholders is at jeopardy then obviously that jeopardises their like health care system and our ability to provide health care in which that is why we're there and that's what we enjoy doing.

So Ms Starbuck, you can have both can't you? You genuinely had a reason to be fearful, you described why?---Yes.

But you also - don't you want to get - have the community understand that you - nurses were feeling fearful?---Yes.

And they need to be able to feel secure to provide a service?---Yes.

And you wanted the community to get that message didn't you - you and other nurses?---Yes. Yes.

Do you think, looking back - and I appreciate that you were the most junior one there and this is really not in your career - but it would have been better, in hindsight, to be able to discuss all those fears with the community and ask for the community's support going forward - before the clinic staff moved out?---In hindsight, yes.

Do you recall what time you left on the Saturday?---I would say before 2:00-ish.

And who did you leave with?---I drove out by myself and I believe Lisa and Rex were following in front or behind.

And at any time before you left did you speak to any of the community members? ---I believe briefly there was a car when we were having the meeting outside of Janine's, I believe it was Jameson Williams who came by, because again, obviously, news kind of spreads quickly and so briefly discussed about the break-ins but I can't remember the exact conversation.

And when you say "briefly discussed" was that you discussing it with him or is it somebody else that you were with?---Yes, we were still all in our team.

And you don't remember anything Jameson said?---No, sorry.

Was Jameson asked his opinion about whether you should go?---Not that I'm aware of.

THE CORONER: Was he asked into the meeting?---He wasn't asked to attend with the meeting with Helen but we did have, I guess, that discussion with him outside of the house.

DR DWYER: Do you know why he wasn't asked into the community or Nola or the other Aboriginal lady who was working in the clinic?---I think that we had called it for the people who was having their houses broken into and at that time we weren't aware, I guess that Nola, Jameson or Mary had been targeted or had any break-ins

themselves so I guess we were just discussing with each other about our houses being broken into.

Do you know now whether Nola, Jabi or Mary had had their houses broken into?
---I don't believe they had.

Do you think, looking back again, just learning the lessons, it would have been a good idea to invite those staff members into the meeting with you?---Yes.

You said earlier Cassandra and John were going to go and tell some community members?---Yes.

That clinic staff were leaving. Were you with them when they did that?---No.

Did you overhear any discussion that Cassandra had with community members?
---I believe afterwards there were conversations with her on the phone but I didn't hear what the conversations were.

Do you mean conversations with Cassandra and community members?---Yes.

And how have you come to learn about them?---What, the conversations were?

Yes?---I didn't hear the conversation - well, I can't remember, sorry, the conversation that was had on the phone but I remember afterwards a group of us had said that the way in which she was speaking to the people on the phone may not be the best.

Why not?---Just the manner in which she was speaking, we could see the a community might not be appreciative of that.

Was she - do you know who she was speaking to?---No, sorry.

And were you actually in the vicinity when that conversation took place?
---Yes.

And can I - I am just trying to guess about what her - why other staff were concerned. Was she speaking a bit sharply to members of the community?
---Possibly, but I can't remember the conversation, sorry.

Was there a perception amongst the other clinic staff that Cassandra had been rude to a member of the community on the phone?---Yes.

And that if she continued to do that then she would lose?---Yes, and that they may ask her to leave.

And do you know what she was speaking to the community member about?---No, I don't, sorry;

Did it appear to you that on the day you were moving out Cassandra was particularly upset?---Not upset I don't think.

Angry?---I'm not too sure about her emotion.

What about frustrated? Did she appear to you to be very frustrated?---I can't remember, sorry.

In fact, Cassandra you came to know, was asked by the community not to come back, is that right?---Yes.

Do I take it that that didn't surprise you, given that other clinic staff also had concerns about the way she had spoken to the community?---Yes, I don't believe it did.

You went from the community to go straight to Alice Springs?---Yes.

And you understand that keys were dropped to Yuelamu staff members, the keys to the clinic on the way back?---Yes.

You didn't do that though?---No.

You say in your statement to police you did feel quite sad that they were getting lumped into servicing like 120 people plus 1000 in Yuendumu?---Yes.

Do you mean by that on reflection you felt bad for the Yuelamu staff to have to do both of those communities?---Yes.

Do you recall any discussion at either of the meetings on Saturday morning, that additional staff members could be based in Yuelamu?---No, I don't remember.

If someone had asked you to do that, would you have been prepared to?---So at the time, in the program that I was at I don't think it would be entirely appropriate for myself to have gone but as a remote area nurse, afterwards, yes, I would have.

Was there any discussion about ways to keep you - before the decision to leave the community - about ways to keep you safe, rather than leaving, for example, staying at somebody else's house, reinforcing the house?---Not that I can remember.

You were, I think, with your colleagues when a call came through from Julie Frost to say that somebody had been shot in Yuendumu, is that right?---Yes.

Did you have anything to do with making any arrangements to get emergency care into the community?---I got EMREC(?) number, which is the medical retrieval service.

How did you do that?---We have it on our phones and I gave that to Julie.

So did you speak to Julie?---I can't remember whether it was via phone or via message to her.

Was that something that you were tasked to do by one of your colleagues?---Yes.

You returned to the community on 12 November, is that right?---Yes.

And you attended a community meeting that you talk about?---Yes.

Was that - how many people were at the community meeting do you think?---There was quite a lot. I don't know remember the number specifically.

There were police at that meeting, is that right?---Yes.

And there were also nursing staff?---Yes.

Management from NT Health?---Yes.

And Yapa members of the community, correct?---Yes.

You recognise that community members - some community members, were angry and upset, is that right?---Yes.

And when they were angry or upset did you hear anything that was specifically being said?---I don't remember, sorry.

Could you understand why they were upset?---Definitely.

Did some of their anger or upset appear to be directed at nursing staff?---Yes.

You just can't remember specifically about what was being said?---Yes.

Do you remember that David Reece was there from Northern Territory Health?
---Yes.

Do you remember hearing him speak to community members?---Yes.

What did he say?---he had the opportunity to discuss with community and let them know, I guess, why we had been removed from community.

And what did he say to the community members as to why you had been removed?
---He had said that we were scared.

And did the - did he say that at the meeting?---Yes.

And you heard him say that?---Yes.

And what reaction did that get?---From community?

Yes?---A negative reaction.

A negative reaction. Do you remember anything that community members said?---No.

How did you feel about the negative reaction coming to something that David said about the nursing staff?---How did I feel about community - - -

Let me ask you a different question. Did you think it was helpful, the way that David expressed it to the community members?---No, unfortunately I didn't.

Did it – did you feel that made it worse for you?---Yes.

And that the community would then blame you?---Yes.

Because it looked like it was the nurses deciding to move out?---Yes.

And did you in fact feel that it was management's decision to move the nursing staff out?---Yes.

And that management should have owned that decision?---Yes.

And explained to the community why management made the decision that nursing staff should leave - - - ?---Yeah, definitely.

And that would have made it easier for nurses to continue in a community?---I believe so.

This is what you say in your interview about why Cassandra was not allowed back into the community. Because you actually stayed there until March the next year, is that right?---Yes.

You say, in relation to Cassandra, you were asked why she wasn't allowed back, and you say it was – “I believe it was community didn't want her back. The morning when she was liaising with community Elders that we were leaving, she didn't quite go about it the right way. I heard some of the phone conversations, and we discussed it afterwards about that. We'd said to her in that time, if she kept speaking to them that way, she would be kicked out of the community”?---Yes.

Does it refresh your memory, listening to me read that, that you actually heard some of the way she was speaking?---I must have, yes.

And the police officer, then Senior Constable Duncan says, “Do you know who she was speaking to over the phone?” And you say, “I think Ritchie Robertson, and then she tried to find Jimmy Langdon(?), but wasn't able to find him. But it was Ritchie or Eddy Robertson, that I think she ended up having a conversation, who were the grandparents, who were hiding him and Lottie. We were told they were hiding the

young guy.” Who were you told that they – or where did that information come from?---I believe it was afterwards.

After Kumanjayi had passed away?---Yes.

And Officer Duncan says, “So Cassie was talking to them over the phone, or in person?” And you say, “On the phone, using the call phone.” “And you could hear what Cassie was saying to Eddy?” And you said, “Only bits and pieces, but I wouldn’t be able to say for certain, but I know it wasn’t how she should have been speaking to them”?---Yes.

Is that right? And that’s because she was speaking in a way that was rude, is that right?---Yes, it’s not how we generally speak.

And Officer Duncan says, “I know you can’t recall word for word, but what was the conversation about?” And you said “It was about the funeral. So there was going to be a funeral that afternoon on the Saturday, and they were worried that they wouldn’t be able to have access to the body to do the funeral. And then there were conversations” – this is hearsay, “But someone had said that apparently Cassie had told them that she’d leave them in the sand, or something like that. But I can’t say for sure whether that conversation has – it was just relayed afterwards”?---Yes.

Who relayed to you that conversation?---I don’t remember.

And Officer Duncan says, “Leave what in the sand?” And you said, “Leave the body, like outside the morgue.” Do you know – do you have any further information about whether or not Cassandra did say anything like that to - - - ?---No I don’t, that was just second hand information.

Did that second hand information come to you from a Yapa community member, or a Kartiya staff?---Kartiya staff.

And you go on to say, “So they were quite anxious about the funeral not being able to go ahead. But I think Cassie just got a bit caught up with – that we were leaving, and trying to get it through to them that we were going, and not quite taking into consideration their feelings about the funeral, and the kind of things with that.” You go on to say a bit more about that. But do we take it from that, that you – what – the tone that Cassandra was using was concerning you - - - ?---Yes.

- - - as a young nurse? You didn’t think that she was being respectful?---No.

You thought that you needed to be respectful to community members, particularly when they were going to a funeral?---Most definitely.

And it concerned you, the way that she was speaking to community members at the time?---Yes.

And you can understand, can't you, why Kumanjayi's family – I withdraw that. Why community members might be particularly concerned that they're going to be able – going to be left without access to the morgue?---Definitely.

So you can really appreciate why they're – they might still be upset or hurt about what happened there?---Yes, yeah.

Did you ever speak with anybody in the community, while you were until March about that, any Yapa?---About the conversations?

Yes?---No.

How did you get along with community members when you went back in November, after Kumanjayi's death?---It was initially difficult to rebuild that repour and respect, but I guess eventually things started to become more normal, like it was pre – before the incident.

Did you continue to work with your Aboriginal team mates, with Jamie and Mary and Nola?---Yes, yep.

Did they help you to restore some trust in the community?---Yes.

And were they kind to you when you came back?---Yes.

I'm going to just ask you some questions –

I've probably got another five minutes, your Honour, if - - -

THE CORONER: Sure.

DR DWYER: - - - if I can finish? Thank you. If you can take for me to finish.

This is at the very start of your career. You told us you'd gone on to work in Wadeye or Wadeye?---Yes.

How long did you work there for?---12 months.

Did you enjoy your time there as well?---Definitely.

When you were in Wadeye for that year, was there any time when the clinic was closed?---We have reduced services due to unrest in community.

Reducing services, what did that involve?---It meant that we just provided emergency services.

But remained in the community, is that right?---Yes.

When that happened – or how often did that happen in Wadeye?---Very often – sorry, the reduced services?

Yes?---Not that often, the unrest, quite often.

Okay. When – so with reduced services, less than five times, is that right?---I would say roughly, but I'm not sure.

When that happened in Wadeye, were you involved at all in informing the community members, as to why that was taking place?---Not that I can remember.

Were you aware at any time when the clinic staff were withdraw from Yuendumu in November 2019, that there was actually a policy that guided - - - ?---I wasn't.

- - - you've since come to be aware of that, is that right?---Yes, yesterday.

So you first found out about that yesterday, is that right?---Yes.

So even when you were in Wadeye, you weren't aware that there was a policy to follow?---No.

Did you participate in any lessons learnt team meeting, after Kumanjayi's death?---I believe at Yuendumu, we had a person come out and speak to us about the events, but I don't remember what the conversations were.

What – where was that person from?---I can't remember, sorry.

Was it someone within NT Health?---I can't remember, sorry.

You haven't seen any document that was produced in relation to a lessons learnt outcome?---No.

I anticipate submitting to her Honour that before the clinic staff were withdrawn from Yuendumu, there should have been more effort to liaise with the community, to see if anything else could have been done to stop the break-ins, without requiring withdrawal?---Yes.

What do you think about that?---I think that would be an important step, looking back in hindsight, that should be made.

And do you think that it would be good for nurses in your position, to understand who are the Elders, and emerging leaders that you can go to, to discuss problems before they escalate?---Yes.

So having a body that you can reach out to, and phone numbers you can call, of the Yapa community members, would be important to a young nurse like you?---Yes. I'm not too sure about the phone number aspect, as generally, sometimes the phone numbers change quite a lot, or a lost phone, or something like that.

So just having - - - ?---People to contact, yes.

- - - because you generally know where people live in a community don't you?---Yes.

So having a way to escalate your concerns with Yapa community members would be useful?---Yes.

One other topic I wanted to ask you about was this – I withdraw that. Just before I move on from that. Was that possible in Wadeye? Did you know any of the Elders or emerging leaders in Wadeye that you - - - ?---Yes, I had quite a lot of community members phone numbers, and they would discuss with me concerns they had, as well if we had concerns.

Okay. And was that useful to you?---Yes, yep.

Was that a formalised process, or did you just come to know about who those people - - - ?---Yeah, more informal.

When you were at Wadeye, did you have social and emotional wellbeing teams?---Yes. It was newly rolled out when I moved there.

Then you're going to be in a great position to tell us about them. I think we heard yesterday that they would come into Wadeye once a month, for a period of time. Is that right?---Yes. During the COVID time, obviously services were a bit difficult, but they would come out probably twice – at least two weeks of the month. I can't remember specifically, but they would come out Monday to Thursday.

And who was – what was that team made up of?---They had a social worker and a psychologist.

And what sort of things would they do in the period they were there?---They would assist with housing, any financial aid schemes. NDIS, they were very, very helpful with NDIS, helping community members with that as well as emotional wellbeing. Catherine would help with psychology appointments to discuss any concerns, if we felt we needed to refer community members to them, we could do that and then, if their community member was happy to and then she engaged with them either in the clinic or outside the clinic to assist in any way she can.

And did you think that there were people who really benefited from that work?---Yes, definitely.

In Wadeye, did you notice a group of young people, teenagers and young adults, who really needed the help of the social wellbeing teams?---Yes.

And did they appear to be getting some good help to address some issues?---Yes.

Do you think that would be useful in Yuendumu?---Definitely.

Do you think it would be useful to have permanent teams based in Yuendumu?---Yes, or at least coming out for the week, if they couldn't stay over the weekend, coming out Monday to Thursday, or Monday to Friday.

Okay. Did you come to learn during your period in Wadeye that there were a number of young people who were the victims of serious trauma?---Yes.

And you understand now, don't you, that there are generation – some people have experienced generations of trauma in Yuendumu?---Yes.

Do you think it's important to have trauma counsellors based in Yuendumu?---Definitely.

Just one last topic, which is about the comparisons between Wadeye and Yuendumu, every community is different, of course?---Yep.

But when you were in Wadeye, did you socialise outside of clinic hours with other stakeholders?---Yes.

What sort of stakeholders?---Teachers, tradespeople and sometimes police.

And was that an enjoyable way of living in the community?---Yes.

Did it make it easier for you to be based in the community, to have those outside - - -?---Yes.

- - - social aspects?---It was a good social - - -

Where did you socialise? Was there a place to go?---No, we socialised at each other's houses or sometimes, you'd go camping or fishing.

Okay. Do you know why there was that difference in Yuendumu, where you were more isolated in the clinic staff?---I'm not too sure, sorry.

Thank you, those are my questions.

THE CORONER: You've talked about, just at that time when the houses were being broken into, safety fears?---Mm mm.

Did you have those same fears in Wadeye when there was trouble and unrest?---To a certain extent, but I think, I guess, the time in Yuendumu with people - in Wadeye we didn't really have people in our backyards. We had the see-through meshed fences at our houses. In terms of the unrest, that was more in Wadeye, but it didn't feel targeted towards staff, it was generally concerns or issues between different families. The clinic staff weren't a part of that. We just provided the health care service.

And were there any other features of the housing in Wadeye that – you've mentioned a couple there, any other features that made it feel safer for you?---No.

We might take the morning adjournment. We'll take a break for 15 minutes.

Thanks a lot?---Yep, that's okay.

WITNESS WITHDREW

ADJOURNED

RESUMED

MATILDA RAE STARBUCK:

THE CORONER: Mr Mullins.

MR MULLINS: Thank you, your Honour.

XXN BY MR MULLINS:

MR MULLINS: Ms Starbuck, my name is Mullins. I appear for the Brown, Walker, Lane and Robertson families. Can you hear me clearly?---Yes.

Now at the time these events occurred, you were a very junior nurse?---Yes.

And you'd never been experienced to anything like this before?---Working in a remote community?

Yes?---Yes.

Well you'd never experienced – and I'm talking about the entirety of the experience here, between sort of early November and late November 2019, including the break-ins, and then the shooting, and then the events that followed. You'd never experienced anything like that before?---No I hadn't.

And the events of that period of time are etched in your mind?---Yes.

And they were etched in your mind in June of 2020, when you gave an interview to police weren't they?---Yes, although difficult I guess, to remember exact conversations.

Yes. But because you're a junior nurse, and because the other people that were involved in this process with you were significantly more senior, you took very much a back-seat role didn't you?---Yes.

And you weren't necessarily piping up with all of your ideas about how they could manage this?---No.

You were listening to what other people were saying and taking it in?---Yes.

Now can I ask you about Nola, Jameson and Mary?---Yes.

Now when you first arrived at Yuendumu, they were very friendly to you weren't they?---Yes.

Very welcoming?---Yes.

And they had an excellent knowledge of the community?---Yes.

And they were very helpful to you when you had to provide assistance or treatment to somebody?---Yes.

And they helped you with language issues?---Yes.

And they were very friendly and helpful to you in the context of navigating the community, if you needed to do that?---Yes.

They were very helpful with you in communicating with individual clients?---Yes.

They knew a lot about the clients histories. So if there was a cultural problem, they could help you with that, and just manage you in the right direction in that respect?---Yes.

If there had to be a message got out at the community, they were very helpful in doing that as well, because they knew who to contact and what buttons to push?---They could be, yes.

They also had a very good knowledge of the clinic, didn't they?---Yes.

I think particularly Nola, had been there a long time?---Yes.

And so she understood where everything was. So if you needed a defibrillator for something, she could say this is over here, or whatever. She had a good knowledge of where things were?---Possibly, yes.

That's right?---Yes.

And so if you needed help with finding something, you could tap one of them on the shoulder and say can you help me with this, and they'd be able to help you, generally, with your query?---Yes, although I don't remember from memory having to – staff having to ask them to get equipment.

Okay. Now in addition to that, all three of them had some clinic skills?---Nola did.

Nola did?---Yes.

But Jabberson and Mary didn't have any clinical skills at all?---They weren't trained Aboriginal Health Practitioners.

But were they able to provide some clinical assistance?---I'm not sure if they had done a first aid course, or anything like that - - -

All right?---So I won't be able to speak to that.

But for a young person like you, coming into that community of nurses, and that clinic, they were very important people?---Yes, yep.

And provided a fantastic access, or bridge, to the community?---Yeah.

Now on 6 November 2019, were you present with Luana and Vanessa when they discovered that Luana's unit had been broken into?---I was over there afterwards.

And so were you there when the police arrived?---Yes, I was there during the time that the police was there. I can't remember if I was there when they had arrived.

And was it – was it at that point in time, that you discovered that the police knew, or suspected who was doing this?---No.

So you weren't involved in any discussion at that point in time with Constable Hand or Senior Constable Smith?---No, not in regards to who they thought was doing the break-ins.

All right. So then on 8 November 2019, late in the evening, and then early in the following morning, these – there was some break-ins in around the duplexes?---Yes.

And you were contacted, I think by Vanessa, at about 1:15 am?---Yes.

And soon after that, you had a discussion at Janine's house?---Yes.

Where you had a cup of tea and talked about these things?---Yes.

And the police came at that time at some stage?---No, they arrived prior. Myself and Vanessa met them outside of Vanessa's house after they had reviewed both the houses and we had a discussion after that at the police car. We then went to Janine's house.

And is it the case - and can we please see document 9-11 PDF page 5? And toward the - just scroll down a little please? And you can see there you say when you are interviewed by the police in June of 2020, "So we had a look around Rewana's house and that had been done again but they didn't quite get in because we'd reinforced the Crimsafe sheeting. You've got lots of - what are they called - liked drilled holes and screws and stuff, so that was kind of reinforced but there was like massive pick axe heads and shovels and rakes and quite a lot of that stuff around the house and then Janine's husband got broken into." If you to - just scroll down a little further, so that paragraph there. "So when the police came they did all our statements, like went through everything, we got the job number and they had thought that it might have been related to the fellow that was in the community." So was it the police who told you about the fellow that was in the community?---Yes.

And did they tell you anything about what the fellow had done?---No, just that they knew - they thought they knew who might be leading the break-ins, that the person had lunged at police officers with an axe prior, when they had tried to arrest him and that there was a plan in place.

And did the police officers say that the axe was the same - the pick axe that you saw was the same?---No.

So you put two and two together, did you?---No, I didn't, the police officer said they thought that they knew who was doing the break-ins.

Okay, can we scroll through to page 11 please in the PDF? And if we can go about halfway down the page, "I am a little bit nervous" and a little further on, thank you. So that passage there, "I am a little bit nervous, I guess because you're so used to them being in our yard but they've never actually got into one of the houses before. It was a bit upsetting that they were actually trying to get into the houses now and yeah, and whether they would do that when you were home and especially with the older guy." Now, where did the information "older guy" come from - was that the police that told you he was an older guy?---I'm not too sure.

Well, is there any other source of information that you might have other than the police that would have indicated that the person they were looking for was an older guy?---No, it was only what was said by police.

And then you say, "Was in community that they thought was leading it all". By "it all" did you mean like all of the break-ins?---Yes.

"And usually it was just kids but to have like an older guy doing it as well, made me a little bit nervous." So did you have an impression that this was an older guy in the community who was leading these break-ins with the kids now?---Yes.

And then just through to page 14 and just down to - about halfway down the page there's a passage that says, "Yep I'm" - yes, thank you, yes, "So they were just saying that they think they knew who was doing the break-ins and that they were going to try and do something about it to help, yeah, so then the break-ins would stop." So that on the Friday night the police told you they were going to try and do something about the break-ins?---Yes.

Did they tell you when?---No.

Did you ask?---No.

Now, were you told that this older guy had recently escaped from a correctional institution or facility?---Had I been told that?

Yes?---I don't remember at the time.

And were you ever told that the community were protecting him by moving him around?---I don't believe at the time. I don't believe at the time I believe; that was - that was information relayed after the incident.

And so somebody conveyed that information to you after the event?---Yes, I believe so.

And which event are you talking about here?---Saturday the 9th - the night of - the shooting - - -

So after the Saturday night after the shooting?---Yes.

Now, on the 9 November 2019 you've told us about a couple of meetings and you've told us about the information that was ultimately - or the direction that was given to staff to leave?---Mm mm.

That's right - by management? And now when counsel assisting was asking you some questions about that you said - and I stand to be corrected on precisely the words - but you said, "The way I said it there, you guys are interpreting - interpreting it the wrong way"?---Yes.

Right. Now, how did you know that it was being interpreted by people in a particular way?---I think the way it has been brought up a couple of times as the - maybe that that might be a sticking word - that may not have been interpreted the way I've meant it, that - yes.

But how did you - who told you that?---I don't know.

Okay. Were you listening to the proceedings yesterday?---Yes, I was here in the morning.

I'm sorry?---I was here in the morning.

Now, I understand that - and if you can clarify for me, you are now drawing a distinction between the message that you thought we were interpreting and a different message, right? Firstly, can you tell me the message you thought we were interpreting?---I thought that it may have been seen that we were trying to send a message and that our actual safety concerns weren't the reason why we were removed from community and I just wanted to make it clear that what I meant by that comment was that we had concerns for our safety, through the concerns that we spoke to management about, they deemed that it wasn't safe for us to be in community, so management removed us and that we hoped that on return, that community could see that we couldn't provide a service if we're unsafe and that was the reason why we had been removed from community.

Right, so am I correct in saying then that - or are you saying that the management was sending the message - not you?---No. No. I think the word "message" I didn't mean to say.

Right. Well, when you were withdrawing the services, what is that doing? What did you understand that was doing?---It was removing us for our safety.

Yes, and that you hoped that then the community would learn from that?---They would understand why we were removed and could understand why we felt unsafe.

Now, is that not sending a message?---I guess, yes.

So we're talking about the difference - - -?---But not in a negative connotation.

I see, I see, so you're talking about the difference between sending a message that if the nurses are unsafe they can't work there and what was the alternative message that you thought?---I didn't want it to be interpreted like it was like a threat, like that we'd removed to send a negative message, like we wanted community to understand that the service can't be provided if we're not safe and I guess that's the subsequent message from why we were removed.

I see, so when there was - was there ever any discussion at either of the meetings about sending a message?---No.

So were they discussions that the nurses had afterwards?---I don't believe we discussed it like that.

Well, did you discuss any message at all?---No.

I see. Well, can we go to page 7 of the exhibit please? And at the top of the page. Can you see that passage? You say, "And it kind of escalated from there but we were unsure what the conversation was, um, that led to them wanting to remove us." Is "them" you're referring to management?---Yes.

"But we just had a bit - meeting all of us nurses and partners with the manager in town and then it was they said they were going to remove us from community" - is "they" management?---Yes.

"And we thought it was just going to be like a one-night thing and we'd be back." Is "we" the nurses?---Yes.

And then you continue on, "And we'd be back, the community would know that they couldn't break-into our houses, but obviously other things happened." So, when you've expressed it there, you said that the community would learn that they couldn't break-into our houses?---Yes, they would understand that if we are unsafe, we would be removed from community.

Yes. During the course of either of these meetings, did you ever suggest that you just have a meeting with Elders and police and convey that message, rather than - - -?---I think previously with the safety meeting that we went to a month or two prior, it was raised about the increase in kids in our yards and break-ins to shops that they may have had. So, I guess we did raise it there and Elders and all the community had been invited to that as well.

All right.

Then, if I could please have page 9, and just scroll down a little, so we can have

the full passage so we kind of get a bit.

So, you're then asked, "And so, we kind of get a bit – it just becomes the norm, I guess, in that you've got kids in your backyard", and so on. And then the last sentence, "There wasn't much – um – direction that community knew that we were getting kids in and kids smashing up our cars, but there was nothing done by community, so you just kind of went on with it, got the cars fixed and slept through it." What were you saying that the community wasn't doing about that?---I think, after this, like community knew that we were having kids in our yards and that kind of thing, and then inviting them to the safety meeting as well, where I guess there wasn't as much of a presence from community, yeah.

All right.

Page 18, please, and then if we can just scroll down about 10 lines. So, that's it, a little up.

So, that passage there, "And then when town had called, they spoke about removing us from community, and then we were talking about that generally. Sometimes, we don't feel quite supported by management, so we were just like, they're finally supporting us. We should just go and do what they say – saying to take us out of community." And then you said, "And then hopefully – um – community would get the idea that we can't be broken into. We can't have our houses broken into, cars broken into, 'cause then that takes us off the floor to be able to provide care to the community." Again, that's sending a message, isn't it?---You're hoping that there will be a message sent?---An understanding by community, yes.

Yes, an understanding by the community.

And then page 21, please, towards the middle of the page. That passage, that's it.

"Um – all right, I feel like town was supporting us, and if it was going to make a change, I guess, of what was happening in the community." So, you expressly say there, you thought if the nurses being withdrawn was going to make a change?---That on return, our safety concerns could be addressed.

Yes. And you continue on, "I guess of what – um – was happening in community, there'd be less break-ins and the community would kind of get it, that you can't be doing this stuff, 'cause otherwise you're not going to have a health service." That's what you said?---That's what I said, yes.

And that was true. That's what you thought, wasn't it?---What do you mean, could you - - -

Well, let's not sugar-coat it, you thought that what was happening here was that the nurses and management were sending a message to the community that unless they stop doing this stuff, they weren't going to have a health service?---I think we

wanted the community to understand that if the safety of the nurses were put at risk, then the health service can't continue as fully staffed as it could be. Like, if were continually going to be put at risk, then if we were then having to be removed from community, then that changes the service that we can provide for health care which is very important in Aboriginal communities.

Yes. Now, at page 42, we don't need to go to it, you talk about there being – you say, "There was over 20 police that were in the vicinity after the event."?---Yes.

That is – and that's in and about the town?---Yes.

And there were quite a lot of police in military-type uniforms?---I believe so, yes.

Yes. And you saw them with guns?---I believe so.

Yes. And you saw them at various places throughout the town?---Initially, yes.

Can you ever recollect seeing some around the Big Shop?---Around the what, sorry?

Big Shop?---I don't remember specifically, no.

And just the mere presence of those police for you, to the visual presence for you, made you feel safer?---It made me feel unsettled, to be honest, that they had put increased policing in community, yes.

Well, we'd better go then to 42. In your statement, you said it made you feel safer?---Well, yes, it would make me feel safer, but it is unsettling that they felt the need to increase the amount of police in community.

Well, just scroll up a little. Sorry, scroll down, sorry.

So, here's what you said, "I guess I felt a little bit safe knowing that there was more police there and they were doing the patrols and checking in at the clinics every day. They were coming out to all the on-call – when you got called out and that kind of thing, which was – made you feel a bit safer."?---Yes.

You don't mention anything there about being unsettled by the increased presence of police officers?---Yes.

But that's your evidence now that, in fact, it made you feel unsettled rather than feeling safe?---Well, I felt safer knowing that there's an increase in police presence, but it is unsettling that they felt the need to have increased police.

There was enormous support for the nursing staff and the nursing – the staff at the clinic in the community, wasn't there?---Yes.

There always was before 9 November?---What do you mean by that?

Well, there was always a lot of support in the community for the Yuendumu Clinic before 9 November 2019 when the shooting happened?---In terms of police?

No, no, in terms of the community. The community - - -?---The community supporting us, yes.

Yes?---Correct.

And there was support after 9 November?---Yes. Initially, I think obviously after the events, it took a little bit to build the rapport and trust back up with community.

But you talk about Jameson Williams' father coming to visit you and others at the clinic?---Yes.

And telling you about his support?---Yes.

And your experience was that the overwhelming number of community members supported the clinic and supported the nurses?---There was a number of people that supported us, and there was a few that were upset with the clinic, understandably.

And that never changed?---The divide of - - -

Well, it never changed that there was – the substantial number of people in the community supported the nursing clinic?---I think after the event, coming back, there was a large number of communities that were understandably upset. And then after building the rapport and trust back up, that shifted back to having the same – similar kinds of relationships we had prior to the event.

Thank you, your Honour.

THE CORONER: Are there any other questions.

Mr Derrig?

XXN BY MR DERRIG:

MR DERRIG: Good morning, my name is Mr Derrig, I'm from NAAJA, the Northern Australian Aboriginal Justice Agency. I just want to ask you about how you felt targeted, the staff – health staff felt targeted. So, so far the court yesterday has found or heard that there were other break-ins linked to other organisations that happened prior to November 2019, which I'm about to list. Now, I was just wondering if you could let me know if you recall any of these other break-ins occurring. So, one break-in is at the childcare centre. Do you remember that?---I don't remember specifically.

And then the other one was the school, as well as the school – the teachers' houses during their holidays. Do you remember that one?---Yes.

Okay. And the WYDAC staff and their houses which were broken into when they were on leave. Do you recall that?---Roughly, yes.

And the shops were getting broken into?---Yes.

Okay. Were there any other break-ins that you were aware of while you were in Yuendumu?---Not that I'm aware of, no.

Okay. Now, you'd accept then, wouldn't you, given these other break-ins, that Health wasn't the only organisation that was being affected by break-ins?---Throughout the whole time, yes.

And in which case, you'd accept wouldn't you, that Health staff – Health workers, weren't actually being targeted, more than the other organisations?---I believe in relation to this incident, it felt more targeted, because it was consecutive nights. Whereas we weren't – I wasn't alerted that other houses, or stakeholders, had been broken into on the Wednesday, Thursday, Friday.

Okay, I'll just stop you there?---Mm mm.

I don't believe the Coroner has heard any evidence of any break-ins on the Thursday night. Are you aware of - - - ?---Sorry, the car being broken.

Excuse me, yes, no - - - ?---Sorry.

- - - your Honour.

So the – would it be fair to say though, that the only difference is the frequency at that point in time over those couple of days?---Yes.

Thanks, okay, thank you. But you still feel that that, in itself, was evidence enough, to suggest that you felt targeted?---It felt that way, yes.

Now Ms Dwyer, or Dr Dwyer, took you to before the idea of the normal break-ins - - - ?---Mm mm.

- - - and discussed all those sorts of things. But even looking at the break-in at Luana's place on the first – sorry, on 6 November, so the first one. At page 11 of your interview, I won't take you to it, but you say that – you described the house, and you say "Yeah, just opened up like everything, threw stuff on the ground, but they left things like – left like laptops and things like that. So it seemed a bit more like they were just after cigarettes and a bit of money. Just damaged the place a bit." Do you remember that?---Yes.

Is it fair to say, that given what they chose to take, and what not they – and what they didn't take, was this seemingly was aimed at property. It doesn't look like they seeming to you know, wanting to get some cigarettes and some money, perhaps?---It could have been seen like that.

Yes, okay. And for that fact that they left laptops and stuff like that, but took some money, you'd agree, wouldn't you, that it's pretty petty theft, wouldn't you accept that?---I'm not too sure what the definition of petty theft is?

Well I suppose low level - - - ?---Okay.

- - - pretty low stake stuff. All right. And then at page five of your recorded interview, you say that Vanessa called you at about 1.15 in the morning on the ninth – night of the eighth, morning of the ninth. And she called the police. And then they – you say that they got there at about 1.20 or 1.25. So you'd accept wouldn't you, that at most, that's about a 10 minute difference. Accept that the police were pretty rapid in their response?---Yes.

Now yesterday, the Coroner heard some evidence from Vanessa Watts, saying that the Night Patrol was good in the community, because they kept on the nurses – kept an eye on the nurses accommodation. That's my understanding of the evidence. Do you know who the Night Patrol is?---I can't remember them – their name sorry.

Okay?---But I had met them.

You had met them?---Yes.

So would you agree with Vanessa's assessment, that they would occasionally check out on the nurses accommodation?---Yes.

Now just to check, just to clarify, on the ninth – on the morning of the ninth, so that incident that night, no one actually tried to break-in to your house did they?---Not my house.

And in fact, when it was occurring, you were asleep, and Vanessa's phone call was woke you up isn't that right?---Yes.

Now I appreciate that finding out that the house next door is getting broken into, is something that would make you more worried than usual. But given the fact that usually, prior to that point, there were the normal break-ins. So low level sort of stuff. There was some, what I'd call, pretty petty theft going on. There was a pretty rapid response from the police. There was Night Patrol keeping an eye on the nurses houses. And then your house not being actually broken into. Do you accept that perhaps there really wasn't a large risk to your own personal safety?---I – I don't think so. I think the location of where the break-ins were, and the unknowing of whose house could be broken into, I still feel, and at the time I felt, like our safety was in question I guess.

Okay. Now one thing you found out that night, if I understand your evidence correctly, was that Sergeant Frost told you about the suspected person who was leading the break-ins?---Yes.

And that was a person who lunged at the police with an axe?---Yes.

Was that something that factored into your fear of what was – your sense of fear of what could happen?---Yes.

And when you were aware of the pick axes - - - ?---Mm mm.

- - - did you think, well that sounds like a connection between those – those two events?---Yes, but the – not in terms of myself drawing lines between what happened with the axe, and the weapons I guess used. It was that we were told that they thought that they knew who was doing it. And that they'd previously tried to arrest him with that. So I guess that, knowing the correlation between that, and then again seeing what weapons they used to try and get into the house, then you can draw the – yep.

I just want to clarify a little bit about the decision making about the withdrawal. Now the one thing I may be a little bit confused on, and so you let me know if I'm wrong on this point. But around page 19 of your interview, you talk about the kind of – starting to talk about the meetings that occur, and things like this. My understanding of your evidence is that you became aware that Cassie had a conversation on the phone with management - - - ?---Mm mm.

- - - prior to the meetings that you had, is that right?---Yes.

And then after that point, I think you had essentially two meetings?---Yep.

There was sort of the first meeting, and then there was the meeting with Helen Gill?---Yep.

So just to check, at that meeting with Helen Gill - - -

THE CORONER: Just – can we just get the chronology, because I followed your chronology, but I just wondered between, which came first? The original meeting between the nurses, then Cassie ringing management, and then the management meeting? Or was it Cassie ringing management, then the original meeting with the nurses, and then the nurse and management?---The latter, yes.

Sorry?---The last line yes, Cassie spoke - - -

So Cassie rang first?---Yep.

And was she part of the nurses meeting - - - ?---I can't remember - - -

- - - before management - - - ?---Exactly when she came into the first meeting. But she was present definitely, for Helen's meeting.

Right, okay.

MR DERRIG: Okay, and just to check, in Helen's meeting, is it the case that it was already – a decision had already been made, at that stage, by Helen - - - ?---I'm not too sure.

But didn't she come in to that meeting saying oh we're going to agree to withdraw you girls?---I can't remember.

Okay. If that was the case, would it be fair to say, that perhaps the information that Helen had at that stage, was the – based on the conversation that she had with Cassie?

THE CORONER: Look - - -

MR DERRIG: Okay, fair enough, I'll withdraw that, sorry.

Okay. Now when they were talking about withdrawal and things like that, they did mention anything about if one leaves all leaves. Were the nurses asked their opinion about – and obviously you mentioned Cassie before, and you said – said what she said about withdrawal. What do you remember the other nurses and yourself saying about whether or not they wanted to stay or leave?---I think the general consensus was that we were happy, or accepting of being removed from community.

And so by that, I understand you mean, basically Cassie was saying what she was saying, but everybody was (inaudible), is that right?---Yes.

I believe there might be some evidence before the Coroner to say that maybe Julie Cook was happy to leave the next day. Would that be about right?---There was something about that, just in terms of them packing and that kind of thing. But I don't think it was – like they were happy to leave community that day. It wasn't really a big push back thing.

And then when – when you've been told it's all – all in or all out sort of thing, Cassie puts a version forward. Did anyone reconsider the situation at that stage?---Not that I'm aware of.

Okay, fair enough. Now in either of those meetings you had with – the original nurse meeting and the one (inaudible), in any of those meetings, did anyone discuss the alternatives to a full withdrawal? Say such as hiring private security to come out to community, or something like that?---Not that I'm aware of, no.

Did anyone talk about the potential for extra police potentially making people feel safer?---Not that I'm aware of.

Okay. Did anyone talk about doing a risk assessment to the patients in - - - ?---Not that I'm aware of.

Did anyone talk about doing a handover of the more vulnerable patients that you guys were servicing?---Not that I'm aware of.

Did anyone suggest that the staff maybe should involve for staffing - housing the nurses from the old age care and things like that in the planning for the withdrawal? ---Not in the planning that I know of but they were notified.

They were notified, okay. Now, with respect to Mary, Nola and Jameson, they weren't present in those meetings, is that correct?---No, they weren't.

And I appreciate that you've said that you found out later that you believed they weren't affected by the break-ins, but did anyone check with them at the time if that was the case?---I'm unsure.

Did anyone speak to them about any concerns they had about the withdrawal? ---Not that I'm aware of.

Did anyone talk to them about the best way to communicate the withdrawal - or talk - sorry - did anyone think that maybe it would be good to them - good to speak to them about the best way to communicate about the withdrawal?---Not that I am aware of.

Now, you've mentioned - - -

THE CORONER: Can I just ask this question. In hindsight it seems like there was a pretty good resource connected into the community that could have been used and I appreciate you are young and inexperienced at the time, but do you have any insight why that was overlooked by everybody?---I'm not too sure to be honest. I guess obviously in hindsight you can see how it - we should have utilised that but at the time I think - yeah, I'm not too sure, sorry.

MR DERRIG: And just sort of on that theme, you mentioned before that there had been a community safety meeting a couple of months ago and you tried to communicate to the community at that stage, the risks and things like that. Was that on the advice of Nola, Jameson or Mary?---I don't believe so.

And had anyone at around that time or subsequent to that, did anyone ask them, "Hey, what's the best way to get the message if you will through to the community"? Did anyone ask them that?---Not that I'm aware of.

Now, moving forward a bit and talking about when you're engaging the Yuelamu nurses, at page 21 of your interview you said, "I wasn't quite aware that Yuelamu may not have been informed about the situation by town, so I did feel quite bad about them getting lumped with the service." Just to check, according to the 2016 census Yuelamu had a population of about 220 people. Does that seem about right? ---Yep, yep.

And at that stage only two nurses?---I believe so.

And you mention that you were concerned, were you concerned that that seemed like a lot for two nurses to look after both those communities?---Not necessarily. I guess in my experience generally one nurse on call plus a driver, so you have two nurses on call, the primary nurse takes the call-out and goes out with a driver. If there is more than one incident then the second nurse can be called out as well, so I guess going from their small community and then having to have another community to care for, you can understand that that's an additional workload on them, but then that - - -

And possibly harder for the distance, like you have to quickly get to one place to the other?---Yes, geographically, yes, you can see that.

I want to talk a little bit about the training which you've mentioned earlier before. You were talking about communicating through language. One avenue for communication that you did mention was the use of AIS Interpreters, Aboriginal Interpreter Services - interpreters?---Mm mm.

Have you - when you were at Yuendumu were you encouraged to seek the assistance of AIS?---I'm not too sure in Yuendumu.

Do you remember every booking an interpreter?---No. In Yuendumu, no.

Do you feel in retrospect that there might have been some times when an interpreter might have been prudent to have?---I think generally if it's like an older person that came in that didn't speak great English generally they would come in with a family member that did, so you could - I guess, in an unofficial way, use them as your interpreter.

In retrospect would you accept perhaps the - probably the best way or the gold standard would be to use AIS?---I guess the gold standard could be, but in terms of family relations and cultural awareness, family members were used because they knew the family member and felt comfortable with them and they probably felt comfortable discussing with them. But I do see how the interpreter services are important, yes.

And those benefits you've just mentioned, family members, effectively acting as interpreters, was that something that other staff members suggested to you or the Department of Health or at least suggest to you that that might be of benefit of those ways?---I don't think it was suggested, it was just how you did it out there.

Now, you mentioned some of the training that you did in Alice Springs. In any of that training did you ever come across the concept of - I am not trying to be smart or anything but did you ever come across the concept of fortuitous concurrence? ---I don't know what that is, sorry.

That's okay, that's all right. Have you ever, while you have been in the Department of Health have you ever had any training on unconscious bias?---Not that I know specifically.

Now, you talked about the general training that you got in Alice Springs, so as I understand it that was sort of cultural training, the Aboriginal people generally across the Northern Territory, would that be fair to say?---Yes.

And you talked about the different kinds of customary requirements and things like that. Did you ever get something specific to Yuendumu for that, like in the same way?---Not that I know of.

I've only got a couple of last questions. You mentioned you were in Wadeye and that when things were coming difficult you'd have a reduced service instead of the clinic. What kinds of circumstances triggered a reduced emergency service as you have mentioned?---Where there was fighting outside the clinic, there was a large patch of like flat land near where our clinic was which tended to be an area where they would gather to fight. So if that was happening then it's not really safe for us to have the doors open for anything to come through. We would take the emergencies that would come through as a result of any unrest or if there was other people that needed assistance.

As best as you can remember was that the only kind of circumstances that triggered the emergency sort of situation?---From what I can remember, yes.

And just on that particular instance do you remember of particularly serious injuries that occurred out of that fighting or anything like that?---Yes, so you'd get lacerations, legs, heads, from any weapons used.

Now, you mentioned in your evidence that you were told afterwards that there were community members hiding Kumanjayi Walker. Do you remember who told you that?---I believe it was a staff member but I don't remember the - I can't recall who it was.

Okay. And a moment ago Mr Mullins mentioned about you seeing a benefit for extra police but also then simultaneously, as you say, still fairly unsettled by that as well. Just so I can understand, do you think the unsettling nature of the extra police was the fact that the police service deemed things so serious in Yuendumu that that required that that extra level of response?---Yes.

Is that the unsettling nature?---Yes.

That's all my questions. Thank you very much?---Thanks.

THE CORONER: Yes, so - - -

A PERSON UNKNOWN: Mr O'Brien will take the next questions, your Honour.

THE CORONER: Mr O'Brien, thank you. I have it written down here but I couldn't find it in amongst the list of names.

Yes, Mr O'Brien.

MR O'BRIEN: Good afternoon, Ms Starbuck. My name is Conrad O'Brien. I'm appearing on behalf of the Parumpurru Committee, which is a committee of Elders and (inaudible) from Yuendumu. Do you understand that?---Mm mm.

Ms Starbuck, you've given evidence, both today and in your interview with police, that you understood you would only be leaving Yuendumu for one night. Is that correct?---That was an assumption, that wasn't told to us.

It wasn't told to you. But it was a common assumption that was held by the nursing staff?---I believe so, We hadn't experienced anything like this before, so whether or not that was a naïve assumption, I'm not too sure.

Did you discuss it with your colleagues?---Yes.

And from those discussions, your understanding was your colleagues also understood they'd be leaving for one night?---We thought it would be.

And Ms Starbuck, is that because you understood, the longer that all of the health care staff left the community, the greater risk that posed to the community?---I think you could – we could understand that you can't just stay out of community forever. Like, we were – we had to go back, and that once our safety concerns had been addressed, then we could go back to community to provide the health care service that Yuendumu needs.

And Ms Starbuck, how did you understand your safety concerns were going to be addressed?---At that point in time, it hadn't been discussed. We were going to have a meeting the next day, but then obviously, the events of that night occurred. So, I guess the way in which everything was handled was different.

So, just so I understand, at the time that you left the community, your understanding was that you would just be gone for one night, but you weren't sure what measures would be put in place to ensure your safety for your return the following day?---Yep, at that time, we hadn't been directed.

And you were not aware of any plans to hold a community meeting on the next morning about those concerns?---No.

You weren't of any plans to modify the houses in any way to make them more secure for your return?---In the – one of the meetings that we had after that night, we were advised that our houses would be checked and resecured.

And was it on the basis that you understood it would be safe for you to return the next day?---So, this was a conversation that was had the day after, which is after the shooting had occurred. So, obviously, the trajectory of everything kind of changed. So, I'm not too sure if I can speak on that, related to why we originally had been removed.

So, there was no discussion of any safety measures that would be implemented before you had actually left the community. Is that right?---No.

Ms Starbuck, did you give any consideration, at the time that you were leaving Yuendumu, as to why it would be safe for you to return the next day?---I think I thought that something would be put in place to address the safety concerns.

And did you discuss that with your colleagues at the time?---No.

Ms Starbuck, I would just like to ask you a couple of questions about the community meeting after you returned to Yuendumu. You've given some evidence about that earlier on. And in your police interview, you described it as "an intimidating experience"?---Yes.

What was your understanding of the purpose of that meeting?---Open disclosure with police and allow the community to ask any questions they might have.

And in your view, did the meeting achieve that purpose?---I'm not sure if it did.

And why is that the case, if I can ask, Ms Starbuck?---I think it allowed an opportunity for community members to ask those questions, but I'm not sure, in that time given the close proximity to when Saturday night the shooting occurred, I think it was probably beneficial for community to be able to express their concerns, but whether or not it helped actually address them, I'm not sure if that had the right effect.

You also gave some evidence that some comments made by Mr Reeve did not assist the situation at the meeting?---Yes, I felt that way.

And you felt that the comments by Mr Reeve led to a negative reaction from the community members present. Is that right?---I believe so, yes.

And could you just explain to her Honour what your understanding of how those comments might have impacted the community members present was?---I think seeing – he described it, I guess, that we chose to leave because we were scared, rather than I think – rather than him saying it was a management – from like a town, so like Alice Springs, management decision. Rather than saying it was that, it sounded more like we chose to leave and we left community, which put – which was then – we weren't able to respond to things when that occurred, because we had chosen to leave, when really, it was a directive from management in response to what had happened.

Yes. And did you give any consideration to how the community might have interpreted those comments?

THE CORONER: Who?

MR O'BRIEN: The community members present.

THE CORONER: Sorry, are you asking her if she considered how the community might have received them?

MR O'BRIEN: Yes, that's what I'm asking, your Honour.

THE CORONER: I think that's what she just told us, isn't it, that it sounded like that it had been a choice of the nursing staff to leave, rather than a management decision based on what had been happening to the nursing staff.

MR O'BRIEN: Yes.

THE CORONER: I think that explains it, but I don't know if you can explain it any more clearly?---Not particularly, I don't think, sorry.

MR O'BRIEN: No further questions, your Honour.

THE CORONER: Yes, any other questions?

Mr Hutton?

MR HUTTON: Thank you.

XXN BY MR HUTTON:

MR HUTTON: Thank you very much. Ms Starbuck, I just have a couple of questions for you. Beginning of the evening of Friday, 8 November, I understand from the evidence that you've given today, I just want to confirm, that after the police arrived at Vanessa and Luana's property, you and Vanessa and the police did some sort of inspection of Luana's property?---Yes.

And that's where the tools or the weapons that have been described today were found?---Yes.

And that included rakes, shovels and a pickaxe?---Yes.

Did it concern you that weapons like that had been used to try and get into Luana's property?---It did, yes.

Why?---I guess, if they're using that to get into the property, it means that they could potentially be carrying that within the property. And if you're at home, you can't tell, I guess, what could happen.

Were you concerned that weapons like that might be tried to be used to get into your property?---Yes.

Were you concerned about what might happen if someone got into your property with a weapon like that?---Yes.

You were alone in your home?---Yes.

And you'd just been told by the police that a community member had lunged at police with an axe?---Yes.

The following morning, you learnt that two other staff members had their houses attempted to be broken into while they were armed?---Yes.

And did that also concern you?---Yes, it did.

I want to move to another topic briefly, and that's (inaudible)?---Yep.

Do you recall when you were in Wadeye, how many staff were rostered on-call each evening?---Two were on-call. Your first primary that had the on-call phone, and you'd have a second on-call that would only be called out if they were needed for a big emergency or you had multiple people presenting that you weren't able to assist in a timely manner.

Do you recall what the population of Wadeye is?---Approximately 3000.

Thank you, your Honour.

THE CORONER: Do your family still live in WA?---They do, yes.

When you left the community and arrived in Alice Springs, did you contact your family at all to let them know what was happening?---I did, yes.

And what did you tell them?---I think with my parents, I prefer to tell them about things after it happens, so yeah, I probably didn't explain quite in detail of what had happened, just to not worry them.

You thought they would be worried - - -?---Yes.

- - - if they knew about the break-ins?---Yes.

And they would be concerned about your safety in that community?---Yes.

Thank you very much for travelling back to Alice Springs?---That's okay.

You're working in Hobart now?---Yes.

And what do you do in Hobart? I think I heard a little about that at the beginning, but - - -?---I'm an agency nurse and midwife. So, I'm just over there on a contract as a midwife at the moment.

And where are you normally based?---In WA.

All right. Look, thank you very much for coming back to Alice Springs and sitting here and listening to all those questions and giving those considered answers. It was obviously a very significant experience for you and everybody else who was in Yuendumu that year, but particularly, as your first year out, and the fact that you continued with those studies and went to Wadeye and had also continued with your studies afterwards - - -?---Yep.

- - - is a real credit to you. Thank you for coming to give your evidence?---That's okay, thank you.

WITNESS WITHDREW

THE CORONER: We'll adjourn for lunch.

ADJOURNED

RESUMED

THE CORONER: Dr Dwyer.

DR DWYER: Thank you, your Honour.

THE CORONER: Call Ms Cassandra Holland, thank you. Hi, Ms Holland.

CASSANDRA MARY HOLLAND,

THE CORONER: Thank you very much.

Yes, Dr Dwyer.

XN BY DR DWYER:

DR DWYER: Ms Holland, could you please tell the court your full name?---Cassandra Mary Holland.

And where are you currently located?---313 The Avenue Road, Lavadia, New South Wales.

Ms Holland, I think you're in a room – to give evidence via AVL, you've got a support person there accompanying you. Is that right?---Yes, I do.

Okay. And what's the name of that support person?---John Leask, L-E-A-S-K.

Is he a personal friend or a colleague there to offer you support?---He is a personal friend and he's an SES peer support officer.

What's your current employment, Ms Holland?---I'm the primary health care nurse practitioner at the Clarence Correctional Centre.

And where is the Clarence Correctional Centre?---It's 20 kilometres outside of Grafton.

Is that your first experience working as a nurse in a correctional centre?---It's my second experience. I did one when I was a transitional nurse practitioner.

I'm going to ask you some questions shortly about your experience as a nurse. Before I do that, I note that you're giving evidence today because you worked as a nurse in Yuendumu for around five months, including during the period when Kumanjayi passed away. Is that right?---That's correct.

In terms of assisting her Honour to understand your role, you've prepared a number of documents. The first in time, I think, is a statement of events which is attached to your interview. Do you have - - -?---Yes.

--a copy of that with you?---Yes, I do.

Am I right that statement of events was typed up by yourself about a week after the tragedy that happened on 9 November 2019?---That's correct.

And I take it that you typed that up so that it would be fresh in your memory for when you had to provide evidence, if you did, to the police?---Yes. It was more that I had to provide it to the Central Australian Health Service.

I see. And you subsequently provided it to the police when you were interviewed by them on 12 February 2020. Is that right?---That is correct.

Have you seen a copy of the interview you did?---Yes, I have the correct – I have the interview with me.

Terrific. And then the final one is an affidavit that you prepared based on all that experience. It's dated 6 October 2022. Do you have a copy of that with you too?---Yes, I do.

Then, Ms Holland, might I go back to your experience as a nurse, you graduated as a registered nurse, I think, in 1985. Is that right?---That's correct.

You've had over 40 years' experience as a nurse?---Yes.

And do I take it from the outline you've given to date, that in 2015, you left work in New South Wales and – in Port Macquarie and commenced to work as a nurse in more regional communities?---That's correct.

And remote areas?---Yes.

So, might I start, before 2015, between 1985 and 2015, where was the bulk of your time spent as a nurse?---Until 2004, I worked in hospital situations. Following – sorry, to '94, 1994, I'm getting confused now. After my second daughter was born, I went to work in primary health care. I've always wanted to work in the areas of most need and what I saw in the hospitals was people coming to hospital that hadn't been properly looked after, in my view, by their general practitioners and I wanted to go back to the source. So, I went into general practice to provide what I considered – you know to learn how to provide better health care to patients before they actually had to present to hospital.

And in 2015 then, you were working as a registered nurse in Port Macquarie, in what clinic setting?---I was working as a nurse in the Emergency Department at Port Macquarie. Between the time when I left working in general practice, which is where I did my transitional nurse practitioner in primary health care and emergency management, I then went back – I was then invited to a position at – in Port Macquarie Rural Medical School, where I was teaching the clinic components for the medical students between the years 3 and 6. It was following – it was whilst

I was working at the University of New South Wales that I joined – I re-joined the Port Macquarie Hospital so that I could bring the students through the hospital easier. And it was after that that I chose to go remote.

In your work up until 2015, had you been involved in the clinical care of Indigenous people?---Very few, very few. And that was one of my reasons for wishing to do so. Port Macquarie is not a town that had a great deal of Indigenous services. The services were located in the town south at Taree and the town north at Kempsey. So, we didn't have a big Indigenous population.

In your statement that you've prepared in October this year, you set out the additional qualifications that you've obtained during your career in nursing, so I won't go through them in detail, because we've got a list of them, but they include, as you've mentioned, an Associate Diploma of Rural and Remote Nursing, which you completed in 2016. That was just after you left Port Macquarie. Is that right?---That is correct.

And at the time of this statement a few days ago, you were completing a Masters of Health in Rural and Remote Nursing at the University of Southern Queensland. Correct?---That is correct.

In about May 2015, you left that job in Port Macquarie, where you were working as a registered nurse and a clinical lecturer in the university in the rural medical school, you commenced your work in remote communities in northern New South Wales, including Winton, Longreach, Muttaborra and Hillston, do I take it that you – well, I withdraw that. How long would you spend, on average, in each of those communities?---Roughly 12 weeks.

After that, you travelled north and worked as a clinical nurse in remote communities in Queensland through the Cape including Cook Town and Aurukun and others, how long would you work in those communities on average?---I worked in Cook Town for a period of 18 months, but I was seconded from Cook Town to a lovely little remote Indigenous area called Laura, which is on the way up to the PDR to the Cape. And it's a very remote area.

And Aurukun and Normanton?---I was lucky enough to work up at Aurukun and gained a large amount of experience working with Indigenous people. Normanton was not so Indigenous.

How long did you work in Aurukun for?---I think it was about a year.

You say in your statement that, while you were working in remote communities in Queensland, you developed an interest in and a passion for Indigenous health and that led you to undertake your Masters. Is that right?---That is correct.

So, it was really a passion that you discovered later in your nursing career after leaving New South Wales?---Correct.

In about January 2017, you travelled to the Northern Territory and began your work in different communities as a nurse there. Why did you – what attracted you to a role in the Northern Territory?---It was on my way around Australia. I started in New South Wales, I went up through Queensland and I crossed over into the NT.

And did you see an advertisement or were you recruited in a different way?---No, I was recruited through agency staff.

Did you know anybody who had worked in the Northern Territory?---No, not particularly.

Had you visited the Northern Territory prior to that time?---No, never had, no.

Did you – I withdraw that. Where was the first place you worked in the Northern Territory?---I worked in Oenpelli, Gunbalanya in Arnhem Land.

And you note in your statement, in terms of the Top End, you've worked in Oenpelli and at Goulburn Island, before you - - -?---Yes, I worked at Goulburn Island.

How long did you work in Oenpelli?---It was probably less than 12 weeks, because I was seconded to go to the island of – to Goulburn Island, Waruwi, whilst I was working at Oenpelli.

And how long were you in Goulburn Island for?---Six weeks.

So, they were two relatively short posts. Correct?---Correct.

Prior to working in Oenpelli, did you participate in any course on cultural competency?---I participated in it in New South Wales and again in Queensland. I did not do it in the Northern Territory.

Was there any orientation for you in Oenpelli?---It was an orientation to the community and to the surrounding areas and areas that were off-limits.

And who was that provided by?---The officer manager, as well as one of the local Aboriginal people.

Did you do that over the course of the day when you arrived?---It was an afternoon.

Were you offered any sort of cultural competency training by Northern Territory Health, prior to commencing your role?---No, I didn't go through the usual channels of Northern Territory Health induction. I didn't go – I did not have an induction into Health in the Northern Territory. Because I started off as agency. My career – my positions from when I left Oenpelli, I came down to Epenarra. When I came to Epenarra, I was an agency nurse. I then from Epenarra, went across to Canteen Creek, as an agency nurse. And I was then recruited into working with the Northern Territory Government. At no stage did I go through the orientation process.

So in terms of Central Australia, Epenarra is in the lower Barkly Tablelands, is that right?---Correct - - -

That was your - - - ?---And – and Canteen Creek.

Canteen Creek has an Aboriginal name, is that right?---Yes.

Do you know how to pronounce that?---I've got a – I've drawn a blank.

I – forgive me if I get this wrong, Wutunugurra(?)?---Wutunugurra is Epenarra.

Canteen Creek also has an Aboriginal name that we'll doublecheck - - - ?---Yep.

- - - is that right?---That's right.

They were the two communities you worked in prior to arriving in Yuendumu, is that right?---That is correct.

How long were you in Epenarra, and how long in Canteen Creek?---A few weeks in Epenarra, two years in Canteen Creek.

Did you receive any sort of orientation into either of those communities?---In Epenarra I didn't, because I was joining with an agency nurse, who'd barely been orientated herself. In Canteen Creek, I was orientated from the – from the clinic manager at the time, Fiona Steele(?). And she introduced me to all the – all the relevant members of community.

How big is Canteen Creek?---375 people.

Did you enjoy your time there?---Loved it.

Why was that?---It was a beautiful, warm community. I was able to – to do a lot with the community. I felt very invited by the community, and very welcomed. We were able to run many, many programs, through the school, through the Strong Women, through the midwifery services. It was a very warm and welcoming community. And we felt part of the community.

You left there – when you say “we”, do you mean the clinic staff?---The clinic staff, yes.

How many clinic staff did you have there?---Two.

And am I right that you didn't do any specific training on cultural competency in the Central Desert areas?---That's correct. I did a lot of my cultural training through my university qualifications.

In terms of your university qualifications, was there anything that focused on the particular cultural considerations for people in the Central Desert areas?---No it

wasn't specific to the Central Desert areas. Once I went down to Yuendumu, I did a lot more research into – into the Warlpiri people, and into their history. I think it's important to know the history of the community and their sorry times, and their trauma, to be able to understand where they're coming from. I understood the Warlpiri were a very different people that I had worked with before.

In terms of your learning about that, that was through your own reading, is that correct?---It is – that is correct. It wasn't until I went to a nurse's forum that they realised I had not actually done specific cultural training. And we had more of a cultural training, during that time. But that was after two and a half years of working for Northern Territory Health.

All right, so when was that, that you went to the nurses forum and that was identified?---Not long after starting at Yuendumu.

And what sort of training did you do at that time, after – after it was identified there was a gap there for you?---It was – it was an extension – it still didn't discuss a lot about the Central Desert people. It wasn't done specifically. It was more talking about their customs, their laws, their – their relationship to the land, and building on their past traumas. But a lot of it I self-taught myself.

When did you start work in Yuendumu?---In June 2019.

And that – was that your first experience of working with Warlpiri people?---Correct.

What was the predominant language group spoken in Canteen Creek?---I'm not sure of the language group at this stage.

Did you – do I take it from that, that you didn't learn any language while you were in Canteen Creek?---No, and I didn't feel the need to, because I didn't feel that they actually spoke in the language, except when they were in their own groups. When they addressed the clinic, English was predominantly their language.

Were interpreters ever required at Canteen Creek?---No they were not.

In terms of your own interest in the culture though, was there any opportunity for you to learn language, outside of speaking with the community members?---It didn't happen until I went down to Yuendumu, when I found that a lot of people were actually learning the language. We would have – in – in the clinic we would have a picture of the human body, and where we would say "liver", they had the Indigenous name for it. So when they were talking about ailments, they would discuss – if they came up – if they couldn't come up with our words, we would be able to refer them to – to the words that were around the – around the clinic. And I found that very helpful.

Did you become aware of any APP or electronic service that would assist with interpretation?---There was the Aboriginal Interpreter – Interpretations – Interpreter Service. I didn't – I didn't ever have to use that, because when I was addressing

patients in Yuendumu, we always had an interpreter. There was always more than one person in the room. Specifically if the Elder could not speak the language – speak our language.

So speak the English language?---The English language.

By there was always someone in the room, do you mean by that, that there were Yapa who would offer to interpret for nurses?---Yes, always.

Other community members who were used to do that, is that right?---Not so much community members. They were family.

So your experiences was that there would be someone in the family who would come with a patient, who was able to translate or interpret?---Always.

Did you, as part of any of your learning before you get to Yuendumu, become familiar with a concept of gratuitous concurrence?---No, I don't know that term.

If I try to break that down to be that sometimes people who don't have English as a first language, particularly Aboriginal people, will be obliging, and might not want to reveal that they don't understand, and so will say yes, or agree to something, when they don't in fact understand?---We always get it – we – we always have people read it back to us. If I'm talking about post-operative care of a plaster cast, I would get them to tell me what they understood about the care. Always getting them to close the full circle, to ensure that they've got the understanding.

You explain in your statement that while working at Canteen Creek, you applied for, and were invited to join the NT Clinical Senate - - - ?---Correct.

- - - what is that?---It's a group of roughly 42 people. The senior health personnel in the Territory, who get together. We have the clinical senate of 42 members. The executive of seven members, of which I was part. And we would meet on a three monthly basis, face to face, up in Parliament House in Darwin. Where we would bring to the table a specific agenda. Whether it be psychology, whether it be trauma, whether it be child health, maternal health, men's health. We had a specific agenda. And in the weeks leading up to it, the executive senate would be the ones pulling everything together, getting all the research, and we would be feeding all the research to the clinical senate. So that when we came together in Parliament, we had – we were all on the same agenda.

And you met three monthly. Would you then have conferences, or discussions outside of that three month period?---The executive were in touch roughly every two weeks.

And could you nominate things that you wanted to be on the agenda?---Absolutely. At our first clinical minute, I was there from the start. And our first clinic meeting had the – had Natasha Fyles, the Health Minister, plus the Chief Executive, Catherine Stoddard(?), and we literally nussed out all the most important things that we thought

were problems with the NT – with NT Health. The things that we could actually concretely deal with. And from that moment on, we set the agenda. And occasionally things would happen, and we had to change agenda. If something significant happened. We would go okay, we're going to talk about this now. And it was the executive's job to bring all the like-minded people together. Find the correct speakers. And come up with the agenda for those meetings. So it was very full on.

Were there any Aboriginal people that were part of that senate?---Many. Many. We had a – we had – we had people from the community on that. We had some Aboriginal health workers. It was predominantly non-Aboriginal. But everyone present had a passion for Indigenous health.

When you say it was predominantly non-Aboriginal, how many Aboriginal people do you think contributed to the senate in your time there?---There were five.

Our of how many?---42.

And when did you leave or resign from your position on the senate?---When I left Yulara in August last year.

So from that time you were at Canteen Creek through to the time you were in Yulara, you, in effect, had a direct line of communication with the Health minister, is that right?---Correct.

And senior management within NT Health?---Correct.

Do you agree that that's a unique position to be able to raise concerns of nurses in community?---Absolutely and that is something that I did regularly and I was instrumental in being the voice from the ground.

And were there minutes kept of any meetings that the senate holds?---Yes, there certainly were, absolutely. And we had facilitators for each meeting, it was done very professionally.

I will come to any concerns you relayed about Yuendumu. You started work in Yuendumu I think did you say June of that year - June 2019?---That is correct.

How did you come to - sorry, what was your position in Yuendumu?---I went there to be a remote area nurse. I'd been previously a manager at Canteen Creek. I was given the opportunity to go to Yuendumu and I thought it quite exciting.

Did you know anything about the community before you got there?---I knew who the staff were and I knew that they looked after the Warlpiri people and the Warlpiri people were a very different lot of people to the Central Australian - where I was - the Barkly area - a very different group of people and I learned about Yuendumu, how they were all in one area and how Yuelamu were a group of people who tried to distance themselves from a lot of the problems I think that were going on in Yuendumu, Yuelamu was a much more peaceful community.

Why did you think of it as an exciting opportunity for you to go to Yuendumu when you set out?---My whole career has been exciting.

And in Yuendumu it's the largest community health centre in the central desert area, is that right?---That is correct.

Did you know Luana Symonds, who was the manager?---Yes, we've met at managers forums.

Did you enjoy working with her over the period you were there?---Yes, I did.

Did it appear to you to be a close-knit team working in the Yuendumu clinic?---It was exceptionally close knit.

Did you regard yourself as having a positive relationship with the other people working in the clinic?---I certainly did but to start off with I was a definite outsider.

Why was that?---I was not from New Zealand. A lot of the staff that worked there were from New Zealand and they were a very very close-knit team but it didn't take long before I was - I really loved the team. Leading the team was very very hard for me.

Did you have any orientation to Yuendumu?---I did. I was taken out with Jameson. I was taken out with Luana, I had a lot - I had quite a bit to do with May and Nola, they were lovely and they were talking a lot about the culture. I also read a lot of books from the area.

Early at your time in Yuendumu did you learn about the massacre that had occurred in the community in 1928, the Coniston massacre?---Yes, no I didn't, but I learned about it very soon after I arrived in Yuendumu. It is a very significant event and it is a ghastly event in 1928 and from that moment on I have been researching other disgusting things that have happened to Indigenous people, you know, as late as 1960. I also studied up on the riots they had in 2010/2011, they were inter-Yuendumu riots. I've worked in a lot of areas where factions within a community will fight together over a payback - over a stabbing - over something else. That's - that's - I come to understand that that is how they deal with things. I've worked in some areas where there's been a lot of riots. The Coniston massacre is something that should be on every person's history book to understand what went on with these people. But the riots, I have to say, are part of their way of dealing with things.

Whose way of dealing with things?---The Aboriginal people.

All Aboriginal people?---I think I've come across quite a few riots in my time.

But do you mean by that all Aboriginal people across Australia or Aboriginal people in the territory or who are you referring to?---No, no, but I've been involved in three different sets of riots.

Where were they?---One up in Arakoon when the nurses were encouraged to leave community. One out in Canteen Creek where we had 25 SWAT team police officers descent on a riot. We were also invited to leave community.

And what was the other?---Another one up in Arakoon. Arakoon had quite a few riots and at each stage the nurses were invited to leave community.

Do you mean to suggest by that that all Aboriginal people in Australia resolve things by rioting?---Absolutely not. It's just my experience that I have witnessed three different sets of riots and I would not say anything to that - that sounds very prejudicial. I am just saying - you asked if I've been - if I've experienced rioting and yes, I have - mostly the Indigenous people are extremely calm, but I have been exposed to riots and I think in the context of this withdrawal, I think it's important to mention that.

Okay, well just let's take each step at a time so that you don't anticipate what I am coming to and answer something that you might not mean, because you make a point of saying elsewhere in your evidence that no two communities are alike in the Northern Territory. Do you accept that?---Correct.

And no two cultures are alike. Do you agree?---I do.

And Warlpiri people might have very different cultures and customs to Tiwi Islanders for example, do you accept that?---I do.

Is that something that you understood when you were working in the Northern Territory?---Yes.

Do you accept that it is important if we are going to be respectful to actually listen and learn from Aboriginal people in a community about what their cultural expectations are?---Yes.

Did you have a sense when you went to Yuendumu that you were an outsider working on Aboriginal land?---Yes.

And that it was therefore important to listen to the Yapa people about what the expectations they had of their Kartiya staff?---Yes.

You talk about this being your first experience in Yuendumu of working with the Warlpiri. Apart from reading books yourself about the history of the area, did you receive any training about Warlpiri culture?---I did. From May and Nola.

You say at par 29 that your experience in Yuendumu is that they - presumably you mean Warlpiri people - "have a very strong sense of community and very strong cultural and kinship ties, more so perhaps than any of the other communities that I have worked in." How did you come to understand that?---Whenever I experience an injury or a person who was very unwell, a very large proportion of the community would be outside the clinic. There was a huge - the support from the community was huge towards the person who was injured.

Where did you live in the community in Yuendumu?---Near the police station.

Did you live on your own in a house?---Yes, I did.

And that house was provided by NT Health, is that right?---That's correct.

Did you at any time outside clinical hours, socialise with the Aboriginal staff?
---No, I did not.

Did you socialise with any of the other stakeholders in the community?---Only the nurses.

Did you come to meet any of the other staff members working in, for example, Purple House, for one?---No, I didn't. The only person I met was Julie Harvey who worked for the Yuendumu Old People's Place.

Did you meet any of the teachers?---No, I didn't.

Did you meet the police?---I knew - I knew of a few of the police but we didn't socialise together.

It appears then from the evidence that we've heard today that the nurses very much socialised just amongst themselves, correct?---That is correct.

Is that your experience in other communities you worked at?---Absolutely not.

Do you know why that was then in Yuendumu?---I believe when I went to Yuendumu it was a very close knit group. As I said, a lot of them were New Zealanders, they got on famously, they'd worked together for years. I was an outsider that had to bring myself into that group and I found them a very warm, loving, wonderful team to work with. And really, really close knit, and really supportive. I just – there was just no opportunity to – 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 not even to walk to – walk to the health service.

What do you mean you weren't able to walk in the community?---It was dangerous.

Who told you that?---Luana told me that, but also personal experience. You could get – you would get taken down by the dogs. My neighbour wouldn't leave the –

leave his house, unless he had a massive big stick with him. He was terrified – you know, he was scared. He put his fear onto me by saying, you won't walk to the clinic in the morning. I'll pick you up, we'll all go together.

Who was your neighbour?---Brian Clode.

He was another nurse who worked in the – in the clinic, is that right?---Yes he is, yes, that's correct.

Did you ever go to the Arts Centre?---I did go to the Art Centre once.

Nurse, I want to tell you, I don't want to give evidence from the Bar table, but I've walked around Yuendumu plenty of times, and I haven't had to beat off dogs, and I haven't felt frightened. So I – what do you think was – it was, about your experiences, that made you particularly fearful in Yuendumu?---I had a – I had a fear for my own safety in Yuendumu. It's very hard to describe. And it's a fear that I've not had in other Indigenous communities. But I certainly did not choose to – to walk around. The only exercise we got, we would drive our cars out the airstrip, and walk within the airstrip confines. That – that was our only exercise. We didn't walk through town. None of us did.

I think you said earlier you were encouraged not to walk around. Were you in – who was – who encouraged you not to walk around?---As I said, Luana.

Did you ever raise your concern – or I withdraw that. How did that feel for you then, being in the community, not able – not feeling safe to walk around, other than going to the airstrip, and not then engaging with other people living there?---As I said it was very – a very different experience to one I've ever experienced before.

Do you agree that if you don't – if you don't socialise with other stakeholders, and with Yapa members of the community, and you only socialise with other clinical staff, however nice they are, you can become a bit of an echo chamber for yourselves, and not get another perspective?---That is correct. But don't forget that I – I moved to an area where there – it was a very close knit team. They had their – their rules. They had their way of doing things. I'm not going to go out and start party – you know, start doing things that are very, very different.

I - - - ?---I was basically going along with what everyone else was doing.

- - - I started to ask you this question. Did you find yourself ever at the Warlukulangu Art Centre?---I went there once.

Did you ever enquire with other clinic staff as to why they didn't spend time with, for example, WYDAC staff, or teachers?---No I don't think the opportunity was ever there. It – as I said, it's very, very different to elsewhere that I've worked.

THE CORONER: What was the opportunities – or what were the opportunities that presented themselves in other communities that weren't available in Yuendumu?---I

will use – I will use Canteen Creek as an example. I wandered – I spent a lot of my time in and around the community. I spent a lot of time at the school. I was invited to the school every Wednesday afternoon. I sat with the women in Strong Women's on Thursday mornings. I had a huge amount to do with community. I knew all the community by name. And I would often go and sit in the park and talk to the – to the elderly. I would go to the park and play with the children. It was a really lovely, warm, welcoming community, and I – I really enjoyed working there. There were no distinctions. We spent so much time with the teachers. We spent a lot of time with the Indigenous people. We had – I had a lovely Aboriginal health practitioner working with me. I spent time with her and her family, we've eaten together. And it was a very different experience.

DR DWYER: Ms Holland, did you ever feel, during the five months you were there that it was regrettable that you couldn't have that same experience in Yuendumu?---No I wouldn't say it was regrettable.

Why not? Why would you not want to be socialising - - - ?---I wouldn't put it - - -

- - - with other stakeholders? Why would you not want to be playing in the park with children from Yuendumu? Why would you not want to be mixing with the Yapa community members?---As I said, I didn't feel welcome to.

But isn't that regrettable?---I'm not going to – no, I don't believe it regrettable. It's – I'm sorry that it wasn't as – as much as a rewarding experience as it could have been. My rewarding experiences came from the work that I was doing within the clinic, but it didn't extend outside.

I appreciate it didn't. But is there some reason why you are reluctant to just acknowledge now, that it's a shame, to not be able to mix with other stakeholders and Yapa community members, to get to know them, outside the clinic, in a way that it would make that more rewarding, happy experience?---I did not feel welcome to do that.

And is that something that you ever raised with Luana, the manager?---No I didn't. I just went along with what everybody else did.

Do you think that was a missed opportunity, looking back on it?---Actually I don't think so, no.

So if you had your time again, you wouldn't try to do anything different, in terms of getting to know the community?---No I don't believe I would.

In your time in Yuendumu, you came to know that there had been some break-ins at a period of time, at people's houses - - - ?---Yes.

- - - is that right?---Yes.

I'll just read to you from your statement from October this year. "In the period leading up to the withdrawal of the health staff on 9 November 2019, there were a number of break-ins and break-in attempts at the clinic accommodation within Yuendumu. Some of them occurred while staff were at the clinic. Others occurred when staff were within the unit being broken into." Is that correct that information?---That is correct.

Nurse, we've heard evidence that apart from an incident in 2018, that some of the nurses come to know about, there were very – there were no occasions that I'm aware of, where somebody actually entered into the home of a nurse. Is that your understanding?---That's correct.

So when you – I'll just ask you an open question then. Prior to November 2019, what were the incidents you were aware of, of where somebody had actually entered into nurses accommodation?---We had incidences regarding Julie Harvey. She was a nurse from the Yuendumu Old People's place. She had been repeatedly broken into. And she was concerned for the safety of her daughter. We also – there was a historical – historical break-in of Robyn Carmichael. And the other one that was very close to us was Chrissie Marthley, her and her husband Stuart, they were repeatedly broken into. And he's a person who's a paraplegic, and they stole his wheelchair.

Was that in 2019?---That's correct.

You, yourself, had not been broken into, is that right?---That is correct.

In terms of those incidents that you referred to, Julie Harvey told you about them, is that right?---That is correct.

And then you heard about the incident with Robyn in 2018?---That's correct.

And then there was the Chrissie Marthley incident in 2019, or you told us about, learning about what had happened in her house. Were on any of those occasions were the people physically harmed?---No they were not.

I - - - ?---Sorry I can't – I can't comment on Robyn Carmichael. I only heard about her after the event. I wasn't there at the time.

I see. You only heard about her after November 2019, is that right?---That is correct.

So - - - ?---No I only heard about her – no I heard about her when I started in June.

All right, if I could tell you that the police report suggests that that happened in 2018 and she was not physically harmed. I'm not downplaying that. I'm just telling you what the facts are. Is that what you understand?---That is, and that's what I've come to know.

Never the less, were you concerned, prior to November 2019, that there – it was possible, that some members of the community might break into a house, owned by

– or living in – that nurses were living in?---Absolutely. The first day I started at Yuendumu I was having a discussion with Luana Symonds. And she told us that everything of value needed to be locked up in the safe in the clinic, and to not leave anything of value in our houses while we were at work.

Did she say anything to you about the possibility of a break-in at night while you were actually there?---We were advised to lock our – the perimeters of our house and definitely to lock up all the doors in our house and the windows.

And did you feel safe when you did that at night-time?---I did feel safe. I was – I put a concern in that we had Perspex windows that could have easily been pushed in and ironically, we had Crimsafe on only half of our windows.

When you say you put a concern in, who did you put a concern into?---I put it into Luana and I also put it into management.

Did anything happen in relation to that?---No.

You speak about the Colorbond fences you had, you had the same Colorbond tall fences while you were there. Is that right?---That is correct.

Did they give you concern in relation to security?---Yes, because they – the Colorbond worked the wrong way. They were a wonderful ladder.

Had anybody from the community ever used them as a ladder?---Not into my yard. I had one incident where I know that someone was in my yard overnight, but my neighbour, if he'd forgotten to take his cigarette butts in, he would come out and went, damn I forgot to take the butts in, the kids were over here again.

Did you have a sense then that in terms of being in your neighbour's yard, it was young people or kids looking for cigarettes, rather than anybody trying to break into the house?---Yes, that was my impression.

Did you ever raise any security concerns with the Senate, given you had the direct access to the Health Minister?---I did. I did comment on the standard of housing. I commented on the fact that we, at every moment in the day, we were at risk of being taken out by dogs. The dogs are in plague proportions throughout most Indigenous communities. Those types of things from the ground up, they were very important. And also, just the dangers of walking into a community, walking around a community and how safe it was to access the health staff at night-time.

Can I just ask you to be careful with your words, you just said there that the dogs are in plague proportions in most Indigenous communities. Was that your experience in Canteen Creek?---There were a lot of dogs in Canteen Creek.

All right?---They had to be culled frequently by the vets.

You didn't walk around with a stick fearful that dogs would bite you in Canteen

Creek?---I have been bitten twice by dogs in Canteen Creek. I've been taken down by dogs in Canteen Creek.

Do you say that you formally raised your concerns with the former Northern Territory Minister for Health about your personal safety in Aboriginal communities?---It was often a discussion at the Senate. Natasha Fyles was not in the Senate room at all times. It was a generalised comment and, admittedly, one time I was at Senate and I'd recently had a dog attack, and it was a topic of conversation.

Did you ask for anything to be done about it?---We did in Canteen Creek. We had the vets come out.

What about in the five months at Yuendumu. Did you ever make a specific request, I'm starting with the Senate, that something be done to assist nurses with security?--
-Not specifically, no.

What about your management team, Luana or above her. Did you ask that anything be specifically done?---It was a constant – we certainly discussed the security of our 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.

How was that discussed?---I put in an IMS regarding it, as an Incident Management System. I had spoken directly whilst I was down at conferences and I've spoken to Luana.

And was anything done in relation to those concerns that you raised during your five months there?---Nothing was done.

So, one – a number of things have occurred to us in court while we listened to 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.

What about the installation of an alarm for houses? Was that ever discussed?---That was never discussed.

What about a personal alarm for nursing staff?---That was never discussed.

THE CORONER: Do you think any of those things would be of assistance to improving a sense of security and actually improving security?---I don't believe it would. Thank you for the question. An alarm is only so good as the immediate police response, and the immediate police response in a community can take quite a while. It's not like we were having – walking around Darwin with a personal alarm or we have an alarm go off at our house.

A PERSON UNKNOWN: Your Honour, sorry to interrupt. It's just if it assists, there is quite a bit of material before you currently that, in terms of looking at (inaudible) such as this, in the affidavit of Tina Fleming.

THE CORONER: Great, thank you.

A PERSON UNKNOWN: 31 August. Thank you, your Honour.

DR DWYER: Did you ever have to call the police in relation to any security concern?---Whereabout?

In Yuendumu?---No, I did not.

At par 36 of your October statement, you talk about this period leading up to the withdrawal of health staff on 9 November where you refer to a number of break-ins and break-in attempts at clinic accommodation. Did you discuss that yourself with any of your Aboriginal staff members?---It was discussed at the morning meetings and the Aboriginal staff members were present at times. Not always, but they were there at times.

Was there ever any discussion prior to November 2019 about what could be done to assist nursing staff with security concerns?---We put applications into town to get our houses fixed. That was the – that was something that I know is concrete.

Did you ever – were you ever part of a discussion as to how the Aboriginal community could be engaged to assist nursing staff?---No, I was not part of those discussions.

Did you ever raise that suggestion?---No, I did not.

Why not?---I was a newbie there. I was a new person at the clinic. I was not there for that length of time. These things had already been done by Luana and ongoing by Luana. She was the clinic manager.

When you say, “these things had already been done”, what do you mean in there?---Community engagement discussing with the community the concerns of the staff, particularly with the break-ins. Luana was in charge of community liaison. She had a lot to do with the Indigenous health workers that we had there and she was very involved with the community.

Why did you think these things had already been done, in terms of liaising with the community?---Because Luana told us.

On the night – I withdraw that. On 6 November, that was a Wednesday, Luana’s house was broken into. When did you find out about that?---On the morning of the 9th.

Okay. On the night of – so on the – Luana went into town after that to get car windows fixed that had been smashed. When did you find out about that?---On the morning of the 9th.

On the night of Thursday, 8 November, or the early hours of the morning, I should say, Matilda was – received a phone call from her colleague to say that she was concerned about houses being broken into, that is, Ms Watts called Matilda and told her that she was concerned about her house being broken into, when did you find out about that?---Nine o'clock on the morning of the 9th.

Okay. So, what happened at 9 o'clock on the morning of the 9th?---I went into the clinic as I was taking over call. I contacted Vanessa, because I expected her to be at the clinic and when I spoke to Vanessa, she gave me the rundown of what had been going on.

What did Vanessa – That's Vanessa Watts. Is that right?---That's correct.

What did Vanessa tell you?---She told us that there'd been break-ins into her – into the houses overnight and that the clinic staff had police called at about 1:30 in the morning. They were terrified most of the night and they sat up for quite some time talking and they'd all had very little sleep.

Did she actually use the words, "They were terrified most of the night"?---She said they were scared. They were huddled together. I definitely got the impression that there was a lot of fear going on.

Did you consider that there was an escalation of what had been occurring in the community?---Very definitely, because the nurses were at home at the time of the break-ins.

All right. And that was very unusual, wasn't it, for there to be an actual attempt to enter a house while the nurses were home?---Except in 2018 with Robyn Carmichael.

Okay, well given that the last one was 2018 with Robyn Carmichael and we are now November 2019, it was not a regular occurrence, was it?---That is correct, but when Chrissie Marthley had one of her home break-ins, he husband, who is paralysed, was in the bed listening to people ransack his house. He was in - he was in the house yelling at them.

Given that conversation that you had with Vanessa Watts, did you form a view as to what should occur next?---I informed Vanessa that I would have to speak with management so I escalated it as we do all of our concerns, through management.

At par 38 of your statement you say, I was also aware that the Northern Territory Police were having ongoing issues with Kumanjayi Walker and others in the days prior to 9 November 2019. Firstly, when did you become aware of that?---It was a conversation through the clinic. It was not a direct conversation from the police, but it was a conversation that we were having at morning meetings.

When you say "we were having" - who was having that conversation?---The nurses. The nurses were aware.

And they were aware of that prior to 9 November, is that right?---That is correct.

Who was leading that discussion?---It would've been Luana but it was an escalation of events that were happening and it was made aware to us that a particular person was - had recently escaped from custody and since he arrived in community there had been an escalation of break-ins.

And that particular person - I won't use his first name but that particular person you now is Kumanjayi, is that right?---That's correct.

And had you ever met that person prior to the discussion?---Yes, I have. Yes, I have.

How had you come to meet Kumanjayi?---He was brought into the clinic one night when I was on call. He came in under a different name. He came in with a WYDAC worker who encouraged him to use a different name. He was pretty cut up. He had broken into the WYDAC rooms and he had been ransacking the rooms looking for food and they had managed to calm him down and feed him. He was then brought to the clinic for care and it was later that I realised that I actually had Kumanjayi in that room.

What was the name of that WYDAC worker who came in with him?---I am not sure. I do remember her - I do remember her roughly about 35, blonde hair.

That was the only time that you had any dealings with Kumanjayi, is that right?---That is correct.

When you were speaking with nursing staff prior to 9 November about Kumanjayi coming back into the community what was said about him?---That the police were looking for him and that we should just be aware, and it wasn't until they started talking about it that I realised that I had actually met him.

Why were you being told to be aware of Kumanjayi?---The increase in break-ins.

This is what you say at par 38; "I was also aware that Northern Territory Police were having ongoing issues with Kumanjayi Walker and others in the days prior to 9 November 2019. On 9 November 2019 I had a conversation with Julie Frost where she expressed concerns about Kumanjayi's behaviour towards the police. When did you have a conversation with Julie Frost?---I had a conversation with Julie Frost on the day of the 9th when I was locking up the ambulances at 11 am.

Was that after a decision was made to leave the community?---That is correct.

I will come to that shortly then. Going back to the conversation that you had earlier with Vanessa Watts you note that Luana was not in the community because she was in Alice Springs having the care repaired. You'd just found out about that from Vanessa, correct?---Yes.

Vanessa told you she had called the police to report the incident overnight?
Correct?---That's correct.

You also record a par 44 that 20 minutes after she called the police arrived, the person has escaped over the fence, the police found shovels, pickaxes and multiple tools in the hard. Is that something that Vanessa told you about?---Yes, it is.

And Vanessa told you that the rear window of a staff personal car had been smashed?---She didn't mention that. I saw that when I arrived there.

Did Vanessa tell you that Tilly was in the last of the units and that she had been woken up by the noises outside her unit?---Yes. She spoke to me that herself, Janine and Tilly had - I think the words were, "Huddled together in Janine's house for quite a period of time after it. They were - they were certainly frightened.

Nurse, the evidence is that in fact Vanessa woke Tilly up when she called her at 1:15 to tell her what she was hearing. Is it possible that that's what you were told?
---No. I was told that after the police had called that Tilly and - they all got together after that because they didn't go outside until the police arrived but Tilly was woken up by a phone call from Vanessa.

You offered to remain first on call rather than hand over to Vanessa, is that right?
---That's correct. I made the offer because Vanessa had had very little sleep and I made the offer saying that "I am happy to take first on-call and then if you want to have a sleep and take over later that's fine.

Shortly after you got off the phone call to Vanessa you called the on call coordinator, Janine Bridge and described the night's events, correct?---That's correct

That is what we do. We have to do that, we have to report any events so I reported it through to Janine that there had been an incident - a significant incident and she informed me that she would need to escalate that to the manager on call.

You explained that you didn't want to tell Luana because she was already stressed - I withdraw that. You told her that those concerned didn't want to tell Luana because she was stressed?---That's correct.

And Janine advised that she needed to notify the senior staff member on call, Helen Gill, correct?---That's correct.

You then received a phone call from Helen Gill?---Yes.

What did she say?---I told Helen the events that had happened overnight, exactly the same. I also said that Vanessa specifically had - did not want Luana notified.

Helen requested Luana's number because she said she had to have a discussion with her in relation to the events, correct?---That's correct.

Did she ask you to do anything in relation to what had occurred?---Yes. I had a patient - I had a patient with me in the clinic so I couldn't action it immediately. John Alton had come into the clinic, which was often his habit to do on a weekend, to do some work, so John and myself were working the clinic and we were addressing - we were taking care of the needs of our patient, so it was an Elder plus there were two other Elders with her. I was informed by Helen Gill that I needed to close the clinic, go over to the nurses houses and discuss how the nurses were feeling. I was also - I also advised her that there were three patients in the clinic and she said - she said, "they will need to be notified that the clinic will be closing.

Did she tell you why the clinic would be closing? Why that decision had been made?---Because I needed to close the clinic so that I could go over and speak to the nurses.

I see, so at that stage she was saying, 'Close the clinic temporarily' so that you could go and speak to the nurses to see how they were feeling, is that right?---That's correct. The clinic was closed on weekends. We only opened it for emergencies.

Luana then rang and told you specifically to inform people within the community that the nurses were likely to be leaving the community due to the break-ins, is that right?---That's correct.

What did you think about that?---She wanted me to go and tell everybody that the nurses would be leaving and why. She made the comment, "The nurses will be leaving because the community had done nothing to stop the break-ins."

Did she sound angry?---She did.

What did you think of her request at that stage to you to tell the community that the nurses would be leaving?---I did as Helen Gill asked. I closed up the clinic. I saw to the needs of this patient. I specifically remember giving the patient and all the people with them their - any of their medications, so that was the start of my giving out the medications in community because that was a concern, so I gave them all their medications and anything that they'd need, got them sorted and then John and I closed the clinic and we drove over to Janine's house and that's where we started our first meeting.

Okay, I will ask you about that shortly. But had you ever in your time in the Northern Territory, worked in a community where the clinic has been closed for a period in response to violence or break-ins or any action in the community?---As I mentioned, the clinic was closed because it's not open on the weekend.

Sure in terms of the - I'm referring really to the temporary closure of the services offered by the clinic. Had you ever been in a community in the Northern Territory to start with, where there had been a temporary closure of the clinic in response to something going on?---Yes, I did. Up in Arakoon.

Okay. Was there a protocol that was followed when that occurred?---Yes there was.

In those circumstances, did the clinic staff leave the community?---No they did not.

In this circumstance, you thought that nurses – well you'd have to speak to nurses before there was a final decision as to whether or not the clinic would be – the services would be withdrawn, correct?---That's correct. And keep in mind that I wasn't the one that was traumatised.

How did you feel though, at that stage, after speaking to Luana, when she was angry?---I – I just said to Luana that I was taking the phone over and – taking the phone over so that the – each of the nurses could in turn tell Helen Gill their story, because it wasn't mine to tell.

Did you feel, at that stage, frustrated with community, that there had been these break-ins?---No I didn't feel frustrated.

Did you feel angry that there had been break-ins?---I felt concerned for the nurses.

Did you also feel angry, that there had been break-ins?---No.

You note in your statement, at par 49, that at that stage, you informed some of the persons in the clinic who you were treating, including an Elder, that it was possible that some or all of the clinic staff would be withdrawing from the community?---Yes, because they overheard my conversation. They were in the same room as I was when I was talking to Helen Gill.

Do you recall now the name of the Elder who was there?---No I don't, I'm sorry.

You say in your statement that the Elder said she would pass the information on to other Elders in the community?---That's correct.

What information would she pass on?---That the nurses were having a meeting because of more break-ins, and the nurses felt frightened.

You say you recall the Elder was understanding of the reasons why clinic staff might be required to depart, and acknowledged - - - ?---Very definitely. Yeah very definitely. There was no animosity. It was a discussion.

Did you give consideration then to ways to engage the Elders, including that Elder you were with, to help the nurses, so they would not have to leave the community?---No I didn't. My job was to – was to follow orders. And my orders were given to me. And I carried out those orders.

After you'd finished with the patient at the clinic, you and John attended Janine's house to meet with the rest of the staff who were in the community. And you nominate various people who were there. Julie Cook, Lisa Meredith arrived. Was

Tilly at that meeting?---Tilly was there with Janine, and Janine, Janine's partner, and Vanessa, they were the four people that were there when I arrived.

And then Julie Cook and Lisa Meredith arrived?---That's correct.

Lisa told you that the previous night she'd heard children on her roof?---They were pulling the iron off her roof.

She heard children on her roof, that it sounded like they were pulling the iron roofing up and trying to break-in to her accommodation, correct?---That's correct.

And Julie had seen a number of children in John's yard, and his window, and she had yelled at them telling them to leave?---Yes, correct.

That was very different to anything you'd ever experienced in Yuendumu, is that right?---That is correct.

You spoke to Parduoa Rewaka, Janine's husband, and he - - - ?---Yes.

- - - and you thought he'd have a good understanding of who should be spoken to, to inform them if some of the clinic staff were to be withdrawn. He suggested Jimmy Langdon, and Eddy Robertson, correct?---That's correct.

Did you know those people?---Yes I did.

How did you come to know Eddy Robertson?---I cared for him at the clinic.

And Jimmy Langdon?---I'd cared for him at the clinic.

Did you give consideration at that stage, to – rather than telling those people that you – that clinic staff might leave, actually consulting them as to what could be done, to help nursing staff - - - ?---No.

- - - to prevent - - - ?---That wasn't my job. My job was to follow orders.

You note that Jameson Williams arrived at that stage, at Janine's house?---That's correct.

Did Jameson come into the home?---No, Jameson stayed in his car. Vanessa and I walked over and spoke to Jameson.

Did anybody invite Jameson into the house?---No I don't think he particularly wanted to come into the house. He was just quite – it's not a common thing to come into other people's houses.

Do you think it might – just thinking back on it. Do you think it might be a good way to break down some barriers, that if you're a Kartiya staff member, to invite your Yapa colleague into your home, to have a cup of tea?---No. One of the things that

I – the first thing I learnt in the Northern Territory is that we have boundaries. And our front fence is our boundary.

Do you mean boundaries with your Yapa staff members?---No, I mean with community.

Okay, I'm talking about your fellow clinic staff. He was Jameson, he arrived at Janine's house. He's in a car. Why didn't you or anybody else invite him into the house to chat with the other nurses?---It wasn't my house. We were having a discussion with Jameson, and the frequency of having discussion with someone through a car window is very common.

If it was your house, would you have invited him in?---No. I have boundaries.

All right. At that stage, Jameson arrived, there was a discussion. Jameson – was explained, but you say, "Both Vanessa and I explained to him that management was considering whether or not staff should be withdrawn from the community, because of concerns around the break-ins." What did Jameson say?---He was just very understanding. Jameson was a man of very few words.

How would you know if he was - - - ?---He'd heard - - -

- - - how would you know - - - ?---He'd heard rumours, yeah.

How do you think you would know if in fact Jameson was hurt that nursing staff were – were leaving? That he felt disrespected that nursing staff didn't ask him his opinion. How would you know that?---I didn't know that, because I didn't know Jameson well. I left that conversation to Vanessa Watt. She had a long history with him.

Was Vanessa standing beside you?---She was giving the whole – the whole dialogue.

Did Vanessa ask Jameson how he felt about the decision?---That's – that's in – that's irrelevant. I didn't – I didn't have that conversation with Jameson.

But did - - - ?---I was aware that Vanessa was talking to Jameson.

Did you hear what Vanessa was saying to Jameson?---What Vanessa was telling Jameson was – was that there were more break-ins, and they were in discussion with management about taking the nurses out.

Did Vanessa ask Jameson what he thought about that?---To my recollection, no.

Do you think she should have?---To my recollection, no.

But what about – put your recollection to one side. What about your feelings? What do you think, Ms Holland? It's a – it's a - - - ?---I'm not – no. I'm not jumping on it.

This was Vanessa's conversation. Vanessa had been in the community a lot longer than I had and she knew the locals.

All right, if you'd been in the community longer, and you knew some of the local people, and you'd worked with Jameson for a longer period of time than five months. Let's say you'd worked with him for four years. Would you ask him what he thought of the nursing staff leaving the community?---I would have had a longer conversation with Jameson if I'd been there for a longer period of time. I still felt like an outsider in Yuendumu.

Okay. I'm going to put you on notice of this right now. I anticipate that I will submit to her Honour, that nursing staff should have asked the Yapa clinic staff, what they thought about Kartiya staff members leaving the community, and whether anything else could have been done. What do you think about that in hindsight now?---In hindsight?

Yes?---The value of hindsight, I think a lot more discussion between, I'm going to say town, the Central Australian Health Service. I believe they should have come to the community and taken over, and worked with the police, and worked with the community. I don't believe that between the hours of 9:00 and 11:00, to withdraw the clinic staff, was appropriate.

Why, so just following on from that, why do you not think that was appropriate?---I've worked in a lot of clinics where the nurses have been under threat, and they've been given options to leave. I've never been one of those nurses to ever leave the community.

Why not?---I don't believe any community should be left without health services. And I've worked between – between two clinics, where there hasn't been an on-site, but there's always been someone in control. And my concern is that Yuendumu had a lot of sick people.

So rather than withdraw the health staff, you think that management should have arranged for alternative health staff to come in? Is that – is that your evidence?---No I believe that – that management should have come to Yuendumu, on that day, and supported the staff.

Supported the staff to say, stay in the community, look after the residents, work with community to try and resolve the issues, is that right?---Yes, that's correct, because the management were encouraging the nurses to make a definite decision.

Did you feel that that put the nurses in a very difficult position with the community?---Very definitely, very definitely.

You note just – I'll finish up shortly, Ms Holland, so that my colleagues can ask you some questions before we finish, but you note that you and John, your fellow nurse, drove to Jimmy Langdon's house to inform him of the potential withdrawal, but he wasn't there. You informed Jimmy's family of the potential withdrawal.

Correct?---Yes, I said we were advised by management to tell as many people in community that it looked like the nurses were going to leave and at that stage, going around town, I had a lot of people put their hands up for medication. I went back to the clinic, got their medication and spent quite a considerable time delivering medication.

Were you concerned though that, if you left that day, there would be a significant number in the community who you had not yet reached with their medication?---Absolutely.

Did you express that concern to management?---Yes, I expressed many concerns to management.

Who did you talk to on that day about the difficulty with some members of the community accessing medication?---I had a very strong discussion with Fiona Cameron and Helen Gill about leaving the clinic – leaving the community, just leaving the community total. It went against everything that I've ever learnt.

Was there any sort of risk assessment that you're aware of that occurred before the decision was made for nurses to leave?---I'm not aware of any.

Do you agree, from what you've said earlier, that before a decision as drastic as removing the staff, there should be a risk assessment for the rest of the community?---I would like to think so.

You then note that you and John searched for Eddy Robertson but couldn't find him immediately. You came across two police officers who were attending from Nyirripi and you told them that it was likely that the nurses would be withdrawn from community as a result of the break-in?---That's correct.

You and John then returned to the meeting at Janine's house where everyone was given the opportunity to say whether they felt safe remaining or wished to leave, and that was the second half of the meeting when Helen Gill and Luana phoned in. Do you recall who led that discussion?---Helen Gill.

And you said everybody was given the opportunity to say whether they felt safe remaining or wished to leave. What did you say?---I said I did not feel unsafe and I wished to stay in community.

And what was the response?---I was told in no uncertain terms that I had no choice.

And who were you told that by?---Helen Gill.

Did anybody else who was at that meeting express a desire to stay?---John was not keen to leave. Vanessa was half-hearted. I would have to say the majority of the nurses – there was no one at the community – at that meeting that said, I have to go now.

Given you were such a close-knit team, did you not think that you could push back on the decision at that time?---We weren't given that opportunity by staff. By this stage, four members – five members of community had already decided that they would agree to leave and I'm saying, agree to leave. They raised their concerns with management and the comment from management was saying, basically that you've raised this concern with us, we're offering you to leave. And it wasn't a pleasant - you know, you've already raised this concern to us. You're telling us you're scared. We're telling you; you can leave. That was the conversation.

And that was the conversation being directed by Helen Gill. Is that right?---Helen Gill and Luana. We had two phones going.

And did you – what was the tone of the conversation?---It was not an irate group. It was a group that were tired and they were trying to – they were each looking at each other saying, are we going to leave? That type of thing. There certainly wasn't – not one of them put their hands up and said, get me out of here real quick.

It sounds like, from what you've just said though, Helen Gill said words to the effect of, you've told us about the break-ins. You've explained your concerns. We're offering you the opportunity to leave. But she put that decision-making back on the group of clinic staff. Is that right?---That is correct.

And then did some members - - -

THE CORONER: Sorry, can I just interrupt.

And there wasn't any alternative in relation to how the issues might be resolved in a different way?---No. No, we were given no alternative. There was no alternative to say, if we stayed, we'd be made more secure. It wasn't – that wasn't entered into.

DR DWYER: And did anybody raise an alternative, Ms Holland? Did anybody say, well let's first talk to the police about what safety measures can be involved, or let's first talk to the community about what we can do about it?---No, that wasn't my job. The job was done by management and management made that decision.

Sure. But I'm just asking you about, did anybody in that meeting raise an alternative?---No.

And you're disappointed that management did not raise an alternative scenario. Is that right?---I am disappointed, yes.

At any of the communities you've worked at before or since when there has been a temporary clinic closure because of some activity in the community, has there been – well I withdraw that. I think you've told us earlier, the staff have actually remained in the community. Correct?---Correct.

And has any – have any of those temporary closures been caused by break-ins to houses?---More so, fighting.

After that meeting where Helen Gill and Luana were present, was a firm decision made that the nursing staff would leave?---Yes.

Did anyone in particular in that group want to leave?---They agreed to leave.

Do you think, looking back on it, Ms Holland, just trying to learn from what occurred, there was a bit of group-think going on rather than - - -?---There was.

Yes?---There was, definitely. They were supporting each other.

But nobody was trying to think independently about alternatives to leaving. It was either stay or leave?---That's correct.

And one of the lessons, I'm going to suggest to you, is that there should be a clear understanding set out in a policy that everybody understands as to what alternatives there are to ensure that people can stay safely?---Yes, that would be good.

You note in your statement part-way through that meeting, you left the conversation because you got a phone call from Robbie Robertson?---Yes, I did.

Was that on your personal mobile or your clinic mobile?---No, definitely not. It was on the clinic phone.

All right. And he was very upset. He spoke loudly over the phone?---He was very angry.

Did you know Robbie Robertson prior to receiving that call?---Yes, I did.

Was it, in your experience, unusual for him to be angry like that?---No, not – no, not in my experience, but the concern was, it wasn't just Robbie on the phone, there were a lot of people behind him and it was a very abusive, very aggressive phone call. It was not a calm phone call. It was very loud and very aggressive.

Were you aware, prior to receiving that phone call, that there was a funeral planned for that - - -?---Yes, absolutely.

And did you appreciate, at that time in November, the significance of funeral and sorry business for Warlpiri people?---Absolutely.

And did you respect that?---Absolutely.

So, when Robbie Robertson called, he was upset, wasn't he, about the possibility – this disruption to the funeral, if the nurses left?---Yes. And I spent quite a deal of time trying to get Robbie to calm down so that I could discuss this with him. The phone call escalated to the extent that I had to disconnect the phone. Robbie then called me back and apologised for yelling and we then had a very calm discussion about the fact that the health staff would not be leaving until 2 o'clock when he had

access to that body. This is where I confirmed with him the time of the funeral. It would be between 2:00 and 2:30, and I guaranteed him that we would be there to organise to help him with that.

Okay?---There was no animosity.

In terms of the first – of the phone call you had where you hung up on him - - -?---It was dreadful.

- - - did you raise your voice in response to him?---Yes, I tried to get a word in edgewise.

Did you think, looking back on it, that you may well have been rude in that conversation?---Very rude. Very rude, I'm sorry, and very disrespectful, but I was in the heat of the moment and I was trying to deal with staff who were leaving, and I was trying to deal with management and I was in the middle of having a very abusive phone call.

All right. Were you stressed?---Absolutely.

This – well we've heard evidence this morning from one of the other nurses who overheard that phone call, and a number of the nurses had concerns with the tone that you were using in the phone call?---Yes, she only heard one side of the phone call. And she heard me trying to get a word in to Robbie, saying I can't hear you, you're not listening to me. And I think I said "You're not listening to me." And that's probably a very incorrect thing to say, in hindsight. But I was trying to get him to calm down.

I'm not saying this to you, Ms Holland, as any personal criticism. I appreciate you've told us you were stressed, and you've acknowledged that – that you were rude on the phone. Is there anything you want to say about that? I want to tell you, people might be listening in Yuendumu, and they might appreciate your reflections on it?---They will know that that's not my normal tone. And I'm a very easy person to get along with. But I was in extenuating circumstances, and I was being screamed at down the phone.

Do you regret doing – do you regret, however, raising your own voice in response to Robbie?---Yes, definitely.

Because you can appreciate, can't you, from his perspective, how distressing it might have been, thinking the nurses were going to leave right – just before they needed access to the loved one's body?---That's right. And that's why we had a follow up phone call.

During the follow up phone call, you then made arrangements, where you told Robbie that you would provide access to the morgue at 2 pm, prior to your departure?---Yes, that's correct. I guaranteed it.

After the phone call from Robbie, you received a call from Helen, or Fiona Cameron, who said all staff within the community were required to depart Yuendumu, and return to Alice Springs. You say during the – I withdraw that. Can you tell us, by Helen, you mean Helen Gill, correct?---That's correct.

And who was Fiona Cameron?---Fiona Cameron was senior to Helen Gill.

Did you, at any time during that phone call, express to them, your concern about leaving the community?---By that stage, they'd already made the decision, so it wasn't my – was not my call to make. I was discussing with them the fact that I'd been asked by the families, specifically, that I would not leave. I think I gave a directive to Helen Gill. I said I'm not leaving until after the funeral starts.

You note that despite your reservations, you took steps to prepare for the departure, and shortly after your call with Helen, you contacted Julie Frost, Sergeant Frost, to request permission to park the first ambulance, and your Landcruiser, in the police station. You did that, and then you offered to provide Julie with the keys to the ambulance. But Julie said she didn't want them. You recall that?---Yes I do.

What was your intent in offering Julie the keys to the ambulance?---Well I said – I would have said words into the effect, of do you need me to leave – would you prefer I left the keys to the ambulance with you, knowing that the Yuelumu staff would have their own ambulance, but we would be delivering the keys to the clinic. And I specifically was – was concerned enough to offer to leave the keys to the ambulance with Julie.

When you – did you tell Julie at all that you had concerns, that you were withdrawing?---Absolutely.

And - - - ?---We had a very honest discussion.

Julie asked you – indicated to you, didn't she, that she would prefer you not to leave?---Yes, that's correct.

Did she specifically ask you not to leave?---No she didn't ask, because she said I can understand why you're leaving.

But she made it clear to you, she did not think it was a good idea for you to leave, the clinic staff?---She didn't make that – no she didn't. She said I'm sorry that you're leaving, I understand the nurse are concerned. We couldn't – we couldn't help them. We can't – yeah, we can't keep you safe.

I need to say to you Ms Holland, that Julie – Sergeant Frost has given evidence in these proceedings. And it was put to her, that she had that conversation with you, and that she – and I asked her whether or not she might have said "I fully understand why you all have to leave, we can't keep you safe." And her evidence is that she does not recall having that conversation with you?---That is the conversation I had with Julie.

THE CORONER: Sorry, she doesn't recall those specific words being part of the conversation.

DR DWYER: Is it possible, Ms Holland, that you had some conversation with her, but she did not say the words "We can't keep you safe"?---She certainly had said words – she could understand why the nurses were scared, and why the nurses was leaving. She was very understanding of it. At no time did she ask me not to leave. It wouldn't have been my place to answer that.

She certainly made it clear to you that she did not want you to leave. How did she do that?---By saying, that she was very sorry that we were leaving.

You indicate at par 63, this is what you say, "I recall that Julie indicated that she would prefer that we did not leave"?---That's correct.

How did she - - - ?---She definitely – she definitely not want us to leave. I'm sorry you're leaving. I'm sorry that you've got to leave.

Did you say to her well is there another way we could do it? Is there any alternative?---No I did not. No I did not. The decision had been made. It's not my job.

Do you think that the – rather than leave the community, every effort should have been made, by NT Health, to liaise with stakeholders like police, to see if there was an alternative?---That's management's job. I wasn't in a position of being a manager.

But Ms Holland, you are a nurse of over 40 years' experience. I'm just asking for your opinion, so we can learn from this tragedy. Do you - - - ?---I would have very much so liked to see NT Health arrive on site and help to mediate the situation. Because leaving the community, was not something that I was comfortable.

Do you still feel – I withdraw that. Do you feel angry that nurses left the community on that day?---No. No. It was up to them.

It was up to who?---As a group, they decided that they would accept the recommendation to leave.

Who made a recommendation - - - ?---I'm not angry about the fact that they left. It was a decision that wasn't made by me.

Do you mean – you just said "recommendation to leave", who made a recommendation to leave?---Helen Gill gave an authority to leave.

It was - - - ?---It wasn't – it wasn't (inaudible). I was demanded to leave community.

By Helen Gill?---By Helen Gill, and senior management.

There was no recommendation by senior management to leave though, there was an authority to leave. Is that correct?---To start with, there was a recommendation. They put forward an offer that the nurses would be cared for in – accommodated in Alice Springs, should they – should they choose to leave. That was the first conversation. The follow up conversation was one out, all out. And I had no opportunity but to leave. I held back as much as I could. But I had phone calls going left, right and centre. And after 2 o'clock when I – when I contacted Robbie regarding the funeral, I was told then that the funeral would be put forward – put later, and I had to liaise with management. And let the management just kept saying, you need to leave now.

So when you spoke to Robbie again, he told you that the funeral wouldn't commence until 4.30. You told Robbie that the clinic staff needed to leave before 4.30, and that - - - ?---Yes, it was a very calm conversation.

And you and Robbie agreed to meet at the basketball court. And you did that, correct?---That's correct.

What time did you meet him at the basketball court?---It was about – it was before three – about 2.30. Would have been about 2.30.

You explained that you would unlock the morgue and prop the door open with a rock, correct?---Absolutely. I – I drove over to the morgue. He drove over to the morgue with a group of people, in the vehicle that they were using. I explained, we went through it together. And I said you will have absolute access. I had already printed off a document that was to be given, to be read out at the funeral. Just as I would do normally. The only difference is that the body wasn't removed at the time of opening it. So we had all the gates open. We had the morgue – the morgue propped open with a rock. We didn't leave it wide open, so that they had full access. And then I explained to – to them all how to turn off the generator. How to lock the morgue. And it was very respectful.

During that conversation with Robbie, a staff member from WYDAC approached you and began yelling at you, and suggested that the departure of nurses showed a lack of respect for the family of the deceased?---That wasn't during that – that conversation. That conversation happened when I was leaving the community and I had to go past the basketball courts. I stopped at the basketball courts, because our health practitioners were – were wanting to talk. I had a brief – another brief conversation with them, but that's when I – we had – the volume went up. There was a lot of screaming about how we were being – the nurses - were being disrespectful. We weren't the ones screaming at the funeral.

Did you think – I withdraw that. Did you know the WYDAC staff member you were speaking with?---Yes, she's the person that I met on then night that I – that I looked after Kumanjayi Walker.

Have you had any discussion with her since this occasion?---No I haven't been back to Yuendumu.

Did you, at the time, try to explain why the nurses were leaving?---No. No I was talking – I was having a conversation with the clinic staff. She wasn't invited into that conversation.

Were any Aboriginal people there, when you were having that – when you were having that heated discussion with the WYDAC staff member?---Yes quite a few – quite a few started walking over towards the ambulance.

Were any Aboriginal people distressed?---The distress was coming from the WYDAC worker, and she was leading the chant - leading the chant that I wasn't allowed to take the ambulance out of community.

The WYDAC worker was clearly indicating the her view was that the departure of the nurses was a lack of respect for the family of the deceased who were about to - or who were participating in the funeral, correct?---That's exactly what she said.

Could you understand that viewpoint being expressed?---I didn't think she had the right to say what she said. It wasn't coming from the family. It wasn't coming from the respectable people that were at the funeral. It was a very solemn occasion.

You didn't have any relationship with anybody from WYDAC, no friendship or professional relationship, is that right?---The only person I knew from WYDAC was Stewie.

Do you think that, looking back on this incident, there is a real lesson here about the value in stakeholders developing relationship so that you can try and work - - -? ---That's a very definite - that is, and that's a management position.

What do you mean by "management position"?---That's a decision that would be made by Luana. I was there as a remote area nurse. I wasn't part of it.

But if you were part of management again in your career, would you make an effort in a remote community to try and bring the stakeholders together to develop those relationships?---Absolutely, as I've done in the past.

So if you've got an issue to work through like this you can draw on the collegiality and assistance of each other?---Yes, because I'd know who to talk to and I would have been a part of previous meetings.

You note in your - I don't need to take you through this but at about 3 pm you and Vanessa departed the community for Alice springs and you dropped the keys to the staff at Yuelamu on the way home, is that right?---That is correct.

Did you speak with the two nurses there?---Yes, they were elderly nurses.

And did you know them?---No, I did not.

When you spoke with them did you explain to them that nursing staff from Yuendumu were leaving?---Yes, absolutely. They had already been - we had this conversation from town.

Did they express a view to you as to that?---The comment was, "We're not going anywhere near there."

Who said that?---One of the nurses.

Do you know which nurse that was?---No, I do not.

Did you say anything in response?---I said that there was - that the nurses had to leave because of the break-ins and we'd been directed by town to leave community and that we had to hand the keys to the clinic over to Yuendumu.

When the nurse said, "We're not going anywhere near there" what was the tone of that?---"We're not going anywhere near there" you know, there's fighting going on - we're not going anywhere near there, we don't want to go anywhere near there." Yuendumu is a - Yuendumu is a very very calm, very peaceful place.

Did it concern you when you saw the nurses, you describe them a "elderly" would it concern you that they may not be fully equipped to cater for the large population group in Yuendumu if there was any - - ?---Absolutely.

If there was a medical emergency?---Absolutely. They wouldn't know the people. It was - when you're a remote area nurse you choose the areas that you're going to go to. When you are over the age of 65, going on for 70, you don't choose to work in areas where there is a huge - you know, a huge burden on you for call outs, all that type of thing, you choose a more sedate community.

Also in terms of the numbers and Yuendumu is a community of around 900 to 100 people fluctuating?---That's correct.

But it means, doesn't it, that you could be dealing with a number of emergency call-outs over an evening, is that right?---That's a very common occurrence.

So if you had - you could have, for example, somebody having a heart attack and someone having an asthma attack?---Absolutely. That's - that was relatively common.

And so you must have been concerned as you were driving into Alice Springs that the community of Yuendumu was not properly protected in terms of dealing with an emergency?---Absolutely.

In the days - well, you came to learn on that evening as a result of a phone call from Sergeant Frost that there had been a shooting in the community and emergency

care was required?---That's correct. It was just as I was handing the phone over to Luana that that phone call took place. I answered the phone because I had yet to pass it over to Luana. I'd literally just walked into the meeting area. I took the phone from Luana, I looked straight - I took the phone from Julie where she said that there'd been a shooting, where are the keys to the ambulance and I handed it straight to Luana.

That was the end of your involvement that evening, is that right?---That is correct.

You haven't been back to the community since that time, is that right?---I was allowed to go back only providing nobody saw me go back because I had to pack up my house.

But you haven't returned to the clinic to work?---I've not been allowed to, no.

Why is that?---I was held accountable for the actions of leaving the community.

When you say you're held accountable - by whom?---I am going to say by - this is a difficult one for me because following - following the removal from community we gathered together at the Peter Sitzler Building, which is the remote area place. We had a big discussion about the nurses going back into community - this was not - it was the second day after it. We had a very bit round table meeting that was attended by all of the people that were removed from Yuendumu as well as senior management and the discussion was that they had been out and they'd had a bit discussion with the Elders about the nurses leaving community and the reasons why and how it was done and we all went around the room, we all agreed to go back to community. I didn't have any reservations about going back to community. At the end of the meeting I was advised that I needed to stay behind. I was escorted to an office where I was left to sit for 25 minutes before I was approached by Dave Reeve and Kelly Braham and I was informed that I was not allowed to go back to community because of the way we left community - so I was blamed.

Do you feel that you were blamed by NT Health management or blamed by the community or both?---I believe I was used as a scapegoat.

By whom?---David Reeve.

Have you expressed that view to NT Health?---Yes, I have.

Have you received any counselling or comfort as a result?---No. I received no counselling. I wasn't allowed to go back to Yuendumu the following day where they had a large contingent of health personnel, the chief nurse arrived, she had no idea when I spoke to her later that I had even been involved.

It sounds to me, Ms Holland, that you feel very hurt as a result of that, is that right?---Yes, I am.

And that you have your own trauma as a result of this, correct?---I have - I have trauma after the fact that a 19 year old died in community and there was no health response and I am very hurt by the way I was treated by Northern Territory Health.

Have you participated in any form of root cause analysis or lessons learned discussion?---I wasn't involve. I was shunned.

Would you have liked to have participated in your colleagues in an analysis of what happened to see what could be learned?---I would like to have been allowed to go back to community with my colleagues and get healing.

I will finish soon Ms Holland, but in relation to that issue of trauma and healing, you have come to know, haven't you, that many members of the community in Yuendumu have experienced generations of trauma?---Yes, I am.

And that they can be retraumatized by events like that occurring - the one that occurred in 2012 with some rioting that affected the community?---Absolutely - absolutely.

And then of course there is re-traumatization from the tragedy of Kumanjaji's death and the way in which he died?---Yes. Yes, yes.

Do you think that there is an urgent need for trauma counselling to be available within the community of Yuendumu on an ongoing basis?---Very definitely. Very definitely.

Thank you Ms Holland, those re my questions?---Thank you.

THE CORONER: Just so you know, there are a number of other lawyers here representing various parties and they have got a few questions for you as well, Ms Holland?---No problem.

DR DWYER: Your Honour, I just - might I just check with the witness that she doesn't need a break. I appreciate the time?---No, I'm fine.

I think some of the older blokes at the Bar table might like a break.

THE CORONER: We normally have a 15-minute break now. Stick to 15 minutes. We will just take a short break. I know that you're fine but we've got a large number of people and other people might need a break as well.

We will have a 15-minute break. We will see you soon.

WITNESS WITHDREW

ADJOURNED

RESUMED

THE CORONER: I think Ms Dwyer has one or two more questions.

DR DWYER: I beg your pardon; I won't be long.

CASSANDRA MAY HOLLAND:

THE CORONER: Ms Holland, just before my learned friend asks you questions, can I just clarify something about what you told us before in terms of the discussion that you had with Mr Reeve as to why you couldn't go back into the community, what were you actually told by him?---I was told that the community did not want me to go back into the community.

And did he say who in the community?---No, he didn't and since that time, I have been in touch with members of the community of Yuendumu and been told something very, very different.

Who have you been in touch within the community of Yuendumu?---Whilst I was working in Yulara, I was notified that there was an Elder in the waiting room who wanted to speak to me. I walked down to the waiting room and she rushed up and gave me the biggest hug, and she said, "Cassie, why don't you come back to Yuendumu? Why don't you come back to us?" And I said I was told that the community didn't want me back. And she said, no, we all say, "Cassie, Cassie, why is Cassie not here. When's Cassie coming back. That was a conversation I had at Yulara.

DR DWYER: Can you recall the name of that lady?---Her surname was Stewart, I think it's Prudence Stewart(?).

How did that make you feel when she told you that she wanted – that actually, members of the community wanted you back there?---It gave me a bit of healing.

And Ms Holland, when you had that conversation with Mr Reeve and he told you at that stage that some members of the community didn't want you back into the community, did he offer you an alternative placement?---No, he didn't. He was very harsh.

So, what was the solution at that stage? Did you lose your contract?---There was no solution. I didn't lose my contract. There was no discussion as to what was going to come next.

Okay. What was the next step for you in terms of employment?---I was given the opportunity to work at Yulara.

Okay. When did you start work at Yulara?---Within days.

And how long did you stay there in that position?---Two years.

Did you enjoy that position at Yulara?---I did. It's a lovely place to work, but it's not remote work. It's not what I chose to do.

Okay. Yulara is in the – close – well by the National Park connecting to Uluru - - -?---It's Ayres Rock Resort.

Okay?---It's Ayres Rock Resort.

All right?---I didn't go remote to work in a resort.

I see. So, you were in fact looking after a lot of the tourists. Is that right?---Absolutely.

Okay?---Yes.

THE CORONER: So, you told us that he told you the community didn't want you back, he didn't tell you who it was that had communicated that. Did he tell you why they didn't want you back?---He told me that they blamed me.

I'll just read you something - - -?---He was - - -

I'm sorry, Ms Holland, please continue. I spoke over the top of you?---No, he blamed me. He said, "They've blamed you".

Did he say anything else about why they blamed you, for example?---Very little, very little.

In a statement that we have from Mr Reeve, at 9-9(a) par 159, Mr Reeve says this:

"The Elders also conveyed that the community did not want a particular nurse to return, though they did not articulate the exact reason why. I believe there had been some disagreement between this nurse and the community on the day of the withdrawal concerning access to the morgue for the day. However, I was not aware of the specifics of this disagreement."

Did you ever come to learn - or was it ever suggested to you that the reason you were not welcome back was because of that disagreement about access to the morgue?---I was told that by management.

THE CORONER: Who in management?---I did not hear that – Dave Reeve.

DR DWYER: So, Mr Reeve told you that. Is that right?---Yes, he did, yes.

And did he tell you that at the same time that he told you that you were not going to go back to Yuendumu?---That's correct.

Were you offered the opportunity to explain in your own words what had

happened?---I explained on numerous occasions how the conversations went.

And if you had been offered the opportunity to go back to the community and explain to the community what had occurred in terms of the clinic staff leaving and to try and resolve that conflict, would you have wanted to do that?---Absolutely.

Thank you, your Honour.

THE CORONER: Yes.

Mr Mullins.

MR MULLINS: Thank you, your Honour.

XXN BY MR MULLINS:

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

Do you remember giving an interview to police in around February of 2020?---That's correct.

And you said to the police on that occasion, "Nurses don't go off on strike."?---We don't.

"Nurses don't leave patients."?---Correct.

"It's an absolute rule of thumb."?---Correct.

And you said, "I'm very old school."?---I am.

And you - - -?---I'm very old.

And you've worked in volatile areas on your own?---Correct.

And you would have been happy to stay in Yuendumu on your own?---Absolutely.

And you would have got some assistance from police, if you had a call out?---I would have.

And the fact is, is that as an old school nurse, you are devoted to your patients?---I am.

And you're an unusual mix in the sense that you have very high-level academic qualifications?---I'm exceptionally qualified.

But you also like to work in the communities as a hands on nurse?---I absolutely do.

So, you like your hands on the tools despite the fact that - - -?---I do.

Sorry?---I do. I enjoy emergency medicine. I enjoy first-line retrievals. I enjoy first-line health care.

Despite the fact that you could be working in some university somewhere lecturing people?---I've already done that.

In addition to that though, you have some – do I understand that you've worked with the SES?---Yes, I've worked with the SES and I've also done training with the RFDS.

So, you understand the importance of following commands and directions in an emergency?---I absolutely do.

And so, in this situation, even though you challenged the original decision that was made for the nurses to be taken out, and that you said you wanted to stay, that's right?---That's correct.

And even though you in fact believed the decision to be wrong. That's correct?---Absolutely.

You followed command?---That's what I'm supposed to do.

Yes?---That's my job.

And so, when you were directed to undertake these tasks, such as communicating with people about the funeral?---Yes.

You did what you were told?---I did. And it was a very unpleasant job to be given.

And you had to talk to other people in the community about the fact - - -?---Yes, and I received a lot of backlash.

And you received a lot of backlash on the spot?---Totally, all day.

But you didn't say, I'm not going to do this anymore. You continued on with your tasks?---I did.

And then, in reward – your reward was to be told that you couldn't go back to the community?---Absolutely, that is the way it went.

Now, you suggested some other options that were available. And one of them was that management should come out to Yuendumu?---Yes.

And they should liaise with the nursing staff?---Yes.

And they should - - -?---We were given no options. We were given no options on the

day.

That they should liaise with police?---Yep.

And they should liaise with the Elders and the rest of the community?---It was the management's position to do that.

And there were three – you mean the management's position not to do that?---It should have been the management's position to do that.

And there were three people at the Yuendumu Clinic who were perfectly placed to assist with access to the Elders, being Nola Fisher, Mary Butcher and Jameson Williams?---That's correct.

Now can I just clarify a few matters in your evidence, briefly. At one stage, again during the course of your interview with the police, you made this comment. And this is reference to the police.

“They all knew the culprits. The police knew the culprits. The family moved them around from house to house, and there's a big population in Yuendumu, and they move them from house to house, and that's their safety.”

And I think you're referring to the people who were allegedly doing these break-ins. Do you recollect that statement?---Yes. Yes, I do.

And where did you get that information from?---Julie Frost.

And did you know that before the shooting on 9 November?---We were aware of that.

Now you also had some interaction with a Nurse Walcott from Yuelumu, do you remember that?---I've not – I spoke to her. I didn't realise who she was though. I didn't get her name.

And is it the case that you delivered the keys to her for the Yuendumu Station?---Correct, yes.

And that again was what you were directed to do, and that's what you did?---As directed.

Is it the case that she said to you, there's really no point giving me the keys, because I've never worked in the Yuendumu Clinic. So I don't know where the equipment is. Did she say words of that effect to you?---She certainly did.

And as an experienced nurse, you would have understood that?---I did not wish that – for this to be done. I did not wish to give her the keys. I did not wish for her to go to Yuendumu.

But in any case, you executed your orders, as you were directed to?---As I was directed.

Do you remember having a conversation with a woman by the name of Joyce Brown(?), from Yuendumu, at any point in time, during the course of the afternoon, before you left?---I most certainly probably did.

Do you remember - - - ?---I don't recall the conversation.

- - - do you remember her coming around to either the health centre, or to houses, and just having a conversation with her about the keys to the morgue?---I had the – I don't believe I spoke to her about the keys to the morgue. I spoke to – to Robbie about it – Robertson about it, mostly. I may have spoken to other people. We couldn't hand over the keys to the morgue, but we could – they certainly had access to the morgue. And I reiterated that all day.

Do you recollect in any conversation with her, talking about the fact that the reason why the nurses were leaving was because of break-ins and the kids need some discipline?---No, I didn't say that.

Nothing further, thank you.

THE CORONER: Mr Derrig.

MR DERRIG: Thank you.

XXN BY MR DERRIG:

MR DERRIG: I'm Mr Derrig on behalf of NAAJA, North Australian Aboriginal Justice Agency?---Sorry I can barely hear you.

Excuse me. Matthew Derrig from NAAJA, North Australian – Australian Justice Agency?---Good afternoon.

Good afternoon. I just have a couple of questions. So Mr Mullins has already touched on this a little bit. But with respect to the Aboriginal staff, so Nola, Jameson and Mary. You say in your affidavit, at par 32:

“This makes it incredibly valuable to employ local persons on behalf – on the staff, something that the clinic does quite well.”

So you can see a great value in the clinic's Aboriginal staff. Is that correct?---Absolutely.

And would you mind letting the court know precisely why you think there's – there's so much value there. What great function do they provide?---One of the biggest things, they know how to find people. When we're running clinics, and we need to find people, they know exactly where people are living.

Is - - - ?---And they work – they work very strongly with bringing people into the clinic.

And so they're vital to ensuring that people get the right health service?---And – and making sure we have the correct patient.

Are there other things that you think they do well, or assist greatly for the clinic?---Yes, they – they broker between the health staff, the Northern Territory Health staff, and the community. They are – they are such a strong liaison, and they're our conduit.

And so they really make things smooth for you – for the clinic staff?---Yes.

I just wanted to talk to you now about – or ask a couple of questions about you wanting to stay in the community. At par 56 of your affidavit, you say:

“Julie Cook suggested she and her partner would like to leave the community the following day. I explained that my preference was to stay in the community. I noted that my unit was located across the police station, and that I hadn't had the same issues with the break-ins.”

So on that basis, it would seem that at least for the Saturday, and up until the time Julie Cook wished to leave, there would have at least been two nurses at Yuendumu at that stage. Is that correct?---That's correct.

Yes. And that's the usual amount of nurses that otherwise would be on-call on a Saturday. Would that be right?---That's correct.

And then otherwise, as it turns out, that's as many nurses that would have – or otherwise was required to come across from Yuelumu, is that correct?---That's correct.

And so, as I understand, and let me know if I'm wrong, there is a policy that says that basically there needs to be at least two nurses for call-outs on-call, is that right?---That is correct.

And then – so then, at page 20 of your interview with the police, it states – you note:

“Yeah that Julie didn't have to leave. Then it escalated. And then said it some of you are out or all of you have to be out because there's not enough of you to cope with any incident.”

So that person who's saying basically you're all out. Who was that person? Who was that?---Helen Gill.

Okay. And then, so between yourself and Julie then, given that two nurses would have been available, it doesn't really make sense that if Julie was available, and you

were available to stay at least for a day, that could have been correct under policy and logic under the procedures in Health?---Yes, absolutely.

And so other than I suppose Helen's position being illogical, do you have any reason why she suggested, no everyone has to leave?---I believe that that order came from above her.

Okay?---She was – she was in a conversation with us. And then we had Fiona Cameron join the conversation. But the one out, all out, I believe came from Dave Reeve.

Okay. Now – okay. All right, just going a couple of steps backwards to I suppose your first training, when you first came to the Northern Territory. Did the Aboriginal Interpreter Service ever provide you training on when it's appropriate to require their services, and when it's not necessary, or something like that?---No I've been in the Territory quite some time before I'd actually had any of that information.

Okay, but was that training ever offered to you?---No.

And Health didn't ever suggest that this might be something that you could go along to?---No.

Would you accept that the best practise, when there's a person who may require some level of interpreting, best practise would be to go to the AIS for - - - ?---No in – no, I'm sorry, in community there's a privacy issue. They would go for family first. They wouldn't go for an external person. That's not the way they are.

All right. Now you've obviously quite keen in learning about Warlpiri culture and what not, and history and things like that - - - ?---Yes.

- - - you've told the court that you've educated yourself a lot before you came to Yuendumu, and then when you were there. And that's very positive. Do you think though that you would have benefited from Health say, providing further structured learning on – on Warlpiri culture and protocols?---No I think I would have benefited from a better plan of attack on the day.

On the day. What do you mean by that? Do you - - - ?---On the day.

Which day are you talking about sorry?---On the ninth. The fact that we were hauled out of community, – with – said to me being against my wishes, I don't believe any further cultural education would have done anything, because I didn't have a leg to stand on that day.

Fair enough on that particular day. But just more generally, do you think it would have been helpful, or interesting, to have gotten more structured education and training on Warlpiri culture?---We had Warlpiri culture training, almost every day, there was always conversations about it. So we're not saying that we didn't

understand Warlpiri culture. We had three Indigenous workers at our clinic and we learned on the job every day. It didn't have to be a structured sit down.

My final question is did Health ever provide any training on unconscious bias or anything like that?---I believe I touch more on that in my own studies, more so than in anything structured. I always believe not to bring my own health standards into a community but to accept their health standards and work with the people, not against the people.

Okay, thank you very much for your time, that is all my questions?---Thank you.

A PERSON UNKNOWN: Your Honour, I have no questions for this witness.

THE CORONER: Thank you

MR OFFICER: Your Honour, I have some brief questions.

THE CORONER: Sure, Mr Officer.

XXN BY MR OFFICER:

MR OFFICER: Ms Holland, my name is Luke Officer and I act for Constable Rolfe. I am just going to ask you a few questions based on your statements that you gave to police. Your first statement dated 12 February 2020. At page 28 I just want to read what you said to the police officers?---I'm having difficulty hearing you, I'm sorry, you're right out of focus, I can't hear you.

Can you hear me now?---Yes, I can.

Would you like me to repeat what I had said?---Yes please.

So my name is Luke Officer, I act for Constable Rolfe and I am just going to ask you some questions and firstly starting with your statement that you gave police on 12 February 2020. At page 28 of that statement you say this:

"I do know quite a bit about what was going prior to the shooting. I had an incident of a conversation with the senior sergeant out there and I could see her level of fear and frustration regarding this individual. We had a conversation on that day and she told me how scared she was of him. I had me him only once during an issue with one - with another patient and he stood out from the crowd and this person is not - does not appreciate being, you know, reading in the papers that he was a 19-year-old teenager. He was a man and he was a very scary man and I was - I recognised him as someone in the crowd that I wouldn't want to tangle with."

Do you remember giving that answer or that statement to police?---I did. I did. And at the time - it's an inappropriate thing to say, particularly in hindsight. I was - I do

know Kumanjaya Walker - I have met Kumanjaya Walker and at the time of my meeting Kumanjaya Walker I did - I was very on guard, you know, and I did fear – I did have concerns for my safety being in the same room.

I just want to ask you some questions. I am not being critical. Firstly, that particular passage I read out, just to be clear, that relates to when you say "the individual, Kumanjaya Walker"?---That's correct.

And the conversations you had with Senior Sergeant that gave you the impression that you could see her level of fear and frustration and she told you how scared she was of him, that precisely were the words that she used to you during that conversation?---I don't know whether she particularly said she was scared of him but she was frustrated about the fact that - that her community, her community that she looked after was in disarray because of one individual.

When you say that she was frustrated that the community was in disarray, did she elaborate on that?---She just showed me the frustration about the fact that it had been escalating to the fact that the nurses were leaving.

When did you have a conversation about the axe incident that had happened in the days earlier?---That was whilst I was in the ambulance, moving the ambulance and my vehicle into the police compound.

Was that the same time you were having this conversation - the passage I just read out to you?---That is correct.

And so the case was that Senior Sergeant Frost was expressing frustration about the disarray in the community because of that one individual being Kumanjaya Walker? Is that - - ?---That is correct.

And did she express to you in any terms as to what she anticipated could be achieved to prevent that from happening?---No, she didn't elaborate on police work.

You talk about the occasion that you had only met him once and I think your words before were you were very on guard, why was that?---He was very jumpy. He didn't - he didn't - well, he was - he was leaning into my personal space, he was very close to me at particular times, he didn't sit on the chair, he was very very close to me the whole time and I felt that my personal space was violated.

Was that the instance you gave evidence to counsel assisting earlier when he had come in after breaking into WYDAC looking for food?---That is correct. He was very jumpy.

And you gave evidence that he came in under a different name?---Yes he did, because when I looked back the name wasn't the same.

What name was it?---I don't recall.

Is that something you are familiar with - with patients coming in and giving false names?---Never.

And you went on to say that he was encouraged to use another name. Who was encouraging him to do that?---He was in - he was introduced to me by the WYDAC worker and she didn't give an explanation as to his injuries until during the consult, and she was protecting him.

What do you mean "protecting him"?---He'd broken into the WYDAC - the WYDAC area where there was food supplies and he was - he was going through looking for food. He was very hungry and he was very driven for food and he wanted food and she stood in his way and he got - he was injured and she wasn't injured but he was injured and basically she'd said that, you know, he'd got the food he needed but now he needed to have care of his wounds but she did say specifically that he'd broken in, all he wanted was food and that's what she kept saying, and when he was in the department with me all he wanted was food, he was very focussed on - I think there was a piece of food on the bench and he was really focussed on getting to it.

So the situation - and in your words - not something you are familiar with where this individual, Kumanjayi Walker went and committed an offence, had come in under the pretence of a false name and the person he was with was encouraging him to use that false name in order to protect him from what really happened, is that the situation?---Yes, and I don't believe he gave me his name.

And so in this conversation with Sergeant Frost where she is talking about the community being in disarray, did she express to you any efforts she had made with members of the community or Elders to try and curtail that at all?---She told me that there was an ongoing action by the police to apprehend Kumanjayi Walker and that they had attempted to do that and it didn't end well after Kumanjayi got scared and ran at the police.

Is that when he charged at police with an axe, is that the incident?---Yes, he was cornered and he was scared.

Did "She expressed though - my impression was any endeavours she had made with members of the community or the Elders to try and curtail Kumanjayi Walker's - - -? ---No, no, that wasn't entered into.

Not in the conversation?---Not in that very brief conversation.

In your statement at page 14 - and this - just to give you some context, is where there is some discussions about the withdrawal of the nursing staff. You say - and it's the last paragraph of that page and I am reading from halfway through it, this is part of cultural safety, this is about discussing with the Elders the departure:

"Ideally you would sit down and have a meeting with them. This had escalated past the level of 'we are going to sit down and talk to you' because that had failed over the previous weeks. This had been going on, this had

been building up for weeks. The whole time I have been at Yuendumu since July there has been break-ins, constant break-ins and frequently targeted Health houses, not other houses. Other things have been happening - shops being broken into and there was just a constant feeling of break-ins and being unsafe. And again, I've never had my - never seen nurses houses targeted anywhere else - I've never seen it."

Is it the case that when you say that had gone past the level of sitting down and talk to you because they've failed, that even the members of the community and the Elders have come to a standstill in being able to control the break-ins?---I believe that to be true. I believe they felt powerless because when I spoke to the Elders about the nurses - particularly in the emergency department when I was dealing with the Elders first up, one of the male Elders said to me, "This no good, we've got to keep nurses safe", that was his comment.

Were you ever told that Kumanjayi was being hidden by members of the community? ---I believe I was told that he was moved around, he was difficult to find.

Who told you that?---Julie Frost.

And when did she tell you that?---In the vehicle.

At the same time as the conversation on 9 November 2019?---Yes.

That I read to you earlier on?---Yes.

Was it ever indicated to you, or were you ever told, that police had formed a view that he was the leader in organising the property – or the break ins on nurses' quarters, nurses' clinic?---No, I don't believe he was ever labelled as a leader, but we did get the impression that there were children and an older person that were doing the break ins.

So, would it be safe to say, or tell me whether you agree or disagree with this proposition, but you're having this conversation with the senior sergeant at Yuendumu who, in your words, has a very high level of fear and frustration and she was scared of him, that the community was in disarray and that – you're shaking your head. You disagree with that?---I don't believe that she was scared. I believe she was frustrated, as any police officer would be, trying to look after a community.

Well, Ms Holland, you say, "We had a conversation on that day and she told me how scared she was of him."?---She certainly – she may have said that, and if I've written that in the statement, then that's what she said.

So, tell me whether you agree or disagree with this, you're having this conversation with the senior sergeant at Yuendumu – sorry, sergeant, or in her words, senior sergeant, but Sergeant Frost, who is expressing a level of fear and frustration, and in your words, "A potential fear or scare of him". Her words, you say in evidence, "That the community was in disarray" because of this individual. You, yourself, are

experiencing, as you mentioned in your statement, it had gone past the point of trying to have Elders or members of the community involved and they were powerless. On reflection, does that not cause you great concern for, not only you, but also the safety of the other nurses within the community at Yuendumu at the time?---It certainly does, because with – if you've got a community in disarray, you don't know that you're going to be protected. And going back to what I said about Sergeant Frost, she had just been relaying to me the incident where she'd had an axe thrown at her. If I'd had an axe thrown at me, I'd be scared.

I have nothing further, your Honour.

THE CORONER: Any other questions? Yes.

MS BURNNARD: May it please, your Honour.

XXN BY MS BURNNARD:

MS BURNNARD: Good afternoon, Ms Holland, my name is Amanda Burnnard and I act for the Northern Territory Police Force. Can you see and hear me?---Yes, I can hear you.

Thank you. Ms Holland, I would like you please, if I may, a little bit more about the work that you were doing in the clinic. Talk us through, if you would, the sort of injuries and illnesses or health problems that community members would present with in Yuendumu?---I've always chosen to work on-call. I love working on-call. I deal with medical emergencies, heart attacks, respiratory problems, extremely ill children. I've worked on children who have been near death. I've worked on adults who have been near death. I work very well with surgical emergencies. I've worked with stabbings. I've worked with, you know, severe limb trauma; there's not much that I haven't worked with in either a remote area, or in a major hospital.

All right. I would like to keep it to Yuendumu specifically, if I could. You talked about stabbings, have you been exposed to stabbings or stab wounds during the period that you were in Yuendumu?---Not in Yuendumu, no. But previously I have been.

Okay. What about other emergency presentations caused by injuries or assaults?---We have a lot of – I've dealt with a lot of spearings in the Cape and I've dealt with a very wide range of, you know, big lacerations, things that we have to put back together again.

What about in Yuendumu specifically though?---We've had a lot of very, very ill children out there. We've had a lot of renal dialysis patients get extremely ill. There were more medical emergencies at Yuendumu, rather than surgical emergencies.

Okay. You spoke in your evidence this morning about your fears for your safety while you were living and working in Yuendumu, and you've given some evidence, firstly about what you were told by Luana, that the community was dangerous, you told us that this morning?---Yes.

You've also given some evidence about your concerns about dogs. And Mr Officer just asked you some questions based on your interview with police where you talked about constant break ins, was there anything else that you saw or was part of in Yuendumu that gave rise to your fears for your safety at that time?---I'm just having – I did hear what you said, but I'm having a little bit of trouble, because the microphone's not directed at you. There was a general feeling of unrest in community. It was an extremely loud community. We often heard raised voices. We heard a lot of barking. It was not a quiet community.

All right. What about violence. Did you view or perceive any violence?---We had – I didn't perceive violence – I didn't see violence, per se, but we had a lot of injuries that came in.

What sort of injuries came in due to violence, Ms Holland?---Broken arms, lacerations, cuts, fractures.

And these were injuries that you were treating while you were nursing - - -?---Yes.

- - - in Yuendumu?---Yes.

I want to ask you now about this issue with the keys to the ambulance?---Yes.

When you left Yuendumu, you left one of the Yuendumu Clinic's ambulances in the police station's compound. Is that right?---That's correct.

And you left your own personal vehicle there as well, as I understand it?---That's correct.

What was the reason for that? Was there a concern that those vehicles would be damaged or something of that nature?---Absolutely. Yeah, absolutely, and I was instructed to drive the ambulance out of community. So, I needed to lock up my vehicle and I didn't want to leave it where it would get harmed.

When you say that, you mean you were instructed to drive the second ambulance out of community - - -?---That's correct.

- - - to Yuelamu?---To Alice Springs.

Okay. So, you offered the ambulance keys to Sergeant Frost, but she declined them. Is that right?---Yes, and that was going against orders, but I was worried, I was really worried leaving the community without an ambulance, it really worried me.

To be very, very clear, you offered her the ambulance keys, certainly not the clinic keys?---Certainly not the clinic keys.

Okay. Could I suggest something to you? If you had given Sergeant Frost the

ambulance keys and then the police weren't there whenever it was that the nurses returned, the nurses wouldn't have been able to collect the ambulance keys or may not have been able to for some time. Would you agree with that?---No, there would have been officers there that would have been able to get to the ambulance. There were extra keys to the ambulance. There were spare keys.

If you gave the ambulance keys to Julie Frost though and they were stored inside the police station and then the Yuendumu members were called out to Nyirripi for a few hours, there would have been a delay in returning those keys to you, wouldn't there?---There would be.

The keys to the clinic itself, you took those to Yuelamu?---Yes, I did.

And you gave them, as we've heard, to Lorraine Walcott?---Yes.

You were instructed to do that as part of your – by your management. Is that right?---That's correct.

That was just part of your handover?---Yes.

Thank you very much, Ms Holland.

Those are the matters, your Honour.

THE CORONER: Yes.

Any other questions?

A PERSON UNKNOWN: Just briefly arising, if I may? Sorry.

MR MULLINS: Just one moment.

THE CORONER: Sure.

XXN BY MR MULLINS:

MR MULLINS: Ms Holland, you have described to the court a conversation that you had with Lorraine Walcott in Yuelamu, were you familiar with the second nurse in Yuelamu?---I didn't know either of the nurses.

Okay. You weren't aware, for example, that – her name was Heather Zanker, you weren't aware that she had been previously a nurse in Yuendumu for many years prior to this occasion?---No.

Thank you.

THE CORONER: Yes, Ms Dwyer.

REXN BY DR DWYER:

DR DWYER: Just briefly arising, Ms Holland, counsel for Constable Rolfe put to you a number of things. I'm just going to clarify some issues with you to see if you were aware of it, in page 31 of your interview with police, and this is the interview that you do in February 2020, so a couple of months after Kumanjayi passed away, you say this – and you're asked about the conversation with Julie Frost, as you were delivering the ambulance to the compound. You said:

“Julie jumped in the ambulance with me as I was driving it through the compound so she could show me where to park it, and she told me of an incident, you know, of rioting and unrest that was going on, and she agreed that, yes, we're not safe. And she spoke of an incident where the person, the accused, Kumanjayi Walker, they went to apprehend him. I'm assuming it was Julie and another member of staff went to apprehend him. I'm assuming it was Julie and another member of staff went to apprehend him, they threw something at him, the axe. They fled, and they actually had their guns unholstered. She told me they had their guns unholstered. She came inches away from being killed.”

That's what you relayed to the police in February 2020?---And that's what Julie told me.

When you were relaying that information, do you accept that you might have been agitated, when you were telling the police about this?---Julie was agitated in the fact that she said that she had unholstered her gun.

Can I – can I ask you to accept from me, Ms Holland, that in fact Julie was not involved at all, on that incident on 6 November. Chris Hand, and another officer, Lanyon Smith, went to arrest Kumanjayi on 6 November. And Kumanjayi, on that occasion, had access to an axe. And people can interpret what happened after that. But he ran outside and dropped the axe. And Julie was definitely upset by it. She's given evidence about it. But do you accept that you do not have accurate information about what occurred during the course of that incident on 6 November?---Well if that – if what you're saying is true, then that is inaccurate evidence.

Okay, do you accept from me that that's an instance where you've taken some information that was given by Sergeant Frost, and when you've come to relay it months later, it has been exaggerated, to some extent?---And it's been – it has been altered. But that's what my memory had told me.

I just want to ask you about one other issue, which is that in your interview at page 15, you say “The whole time I've been at Yuendumu since July, there's been break-ins. Constant break-ins, and frequently targeted at the Health houses, not other houses.” I'm not being critical of you, but do you accept, thinking back on that, that what you said there is an exaggeration of what was occurring?---It was a conversation that we had constantly. Just about every meeting started with some

form of break-ins. There was – we didn't start the meeting on good notes out there. It was a constant – a constant discussion about security. It was a constant discussion about the risks of being broken into, and about our safety. It wasn't – it was an interesting place to be, but it was certainly a lot about our safety. It was frequently how the meetings were started.

And that was different to what you had experienced in other communities, is that right?---Absolutely.

Nothing further, thank you, your Honour.

THE CORONER: Ms Holland, thank you for patiently listening to, and carefully answering the questions of all the various counsel today. We appreciate you coming and giving your evidence about this difficult topic?---Thank you, your Honour.

WITNESS WITHDREW

THE CORONER: We can adjourn until 9.30 tomorrow.

ADJOURNED