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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 10 OCTOBER 2022

(Continued from 29/09/2022)

Transcribed by:
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THE CORONER: Dr Freckelton.

MR FRECKELTON KC: Good morning, your Honour. We note that you have been given submissions on behalf of Lee Bauwens.

THE CORONER: Yes.

MR FRECKELTON: There are a range of issues to do with those. But they elicit two responses from us. First of all, without going into details, there are significant and material parts of those submissions which are inconsistent with the recollection of myself and my junior, as well as with our written notes of the conferences to which the legal representative refers. In so far as those possibly representing Mr Bauwens raise an issue about examining him.

Can I provide this reassurance to the court. We are not proposing to cross-examine any of the persons who we formally represented. We reserve the right to assist the court with clarifying any information which may be unclear. But there will be no cross-examination coming from us. So there need be no concern about any information which we've learned in the course of conferences being utilised in respect of those members.

THE CORONER: Yes, thank you, Dr Freckelton.

Dr Dwyer.

DR DWYER: Your Honour, the first witness this morning is Nurse Luana Symonds, whose online. Just before Nurse Symonds is called, might I raise one housekeeping issue. And that is, an issue has arisen, as your Honour knows, with an objection to a report served relatively recently by the North Australian Aboriginal and Justice Agency. It's a report of Professor Watego and others. It appears in the brief of evidence at 10-22B. And, at some point in time, your Honour will have to of course deal with the objections raised to that report.

The objections come from a number of parties, including Northern Territory Health and Northern Territory Police Association. Legal representatives for the families, and Parumparru Committee support the tendering of that report, and broadly suggest that there may be issues for weight that your Honour should admit the report. In my respectful submission, it's premature for your Honour to determine the admissibility of the report, in circumstances where the factual basis is not yet clear, but will become clear, after we hear the evidence of the nursing staff and management from NT Health, and complete the relevant evidence from police.

So might I ask your Honour to defer making a decision in relation to the admissibility of that report. I've put on notice of that, Mr Hutton for NT Health, and Mr Boulten for NAAJA, who I had the opportunity to discuss that with, that's my application to your Honour at this point in time. In my respectful submission, your Honour can – will listen carefully of course to the questions asked of the nursing

staff and management this week. And if there are objections to certain questions, then your Honour can rule on them at the time.

THE CORONER: Yes.

Does anyone wish to be heard in relation to that submission by counsel assisting?

A PERSON UNKNOWN: No, your Honour.

A PERSON UNKNOWN: No, your Honour.

MR MCMAHON AC SC: Your Honour, before – I think the next step will be Ms Dwyer will call the next witness - - -

THE CORONER: Yes.

MR MCMAHON: - - - just as a matter of courtesy, may I just announce the appearance of Mr Connor O'Brien(?) from Melbourne, who will be here from time to time, assisting the Parumparru Committee.

THE CORONER: Thanks, Mr McMahon.

Mr Officer.

MR OFFICER: Can I just raise a couple of housekeeping matters myself?

THE CORONER: Sure.

MR OFFICER: I am the only one in the chair this week but I have a number of virtual appearances in the local court and supreme court throughout the week so being at the Bar table to take those (inaudible) courtesies that's what I'm doing. And secondly, I cannot be here on Friday, so (inaudible).

THE CORONER: Thanks. Thanks for letting us know, Mr Officer.

MR DERRIG: May it please the court, Mr Derrig appearing on behalf of NAAJA. That's D-E-R-R-I-G.

THE CORONER: Thank you, Mr Derrig.

MR FRECKELTON: While we're doing those matters, your Honour, I shall be away from the court the second half of Thursday and during Friday, but Ms Bernard will be looking after things for the police.

THE CORONER: Thank you.

THE CORONER: Yes, Mr Mullins.

MR MULLINS: Your Honour, I'm appearing for the Brown family again. And will be for the next three weeks. And I am also appearing this week on behalf of the Walker, Lane and Robertson families.

THE CORONER: Thank you.

MR MULLINS: And those families support the application by counsel assisting for the deferral of your Honour's ruling.

THE CORONER: Thank you, I appreciate that.

All right, yes Dr Dwyer.

DR DWYER: Your Honour, I should note that Ms Ozolins, on behalf of the Northern Territory Police Association has contacted those assisting and let us know that she's not able to be here. But that doesn't concern her client, because that she has no questions of these witness, and means no disrespect to the court of course, because she's not here.

THE CORONER: Yes, thank you. Thank you, Dr Dwyer.

DR DWYER: Your Honour, I call Ms Luana Symonds.

LUANA SYMONDS, affirmed:

THE CORONER: Yes, Dr Dwyer.

DR DWYER: Thank you, your Honour.

XN BY DR DWYER:

DR DWYER: Nurse, could you please tell the court firstly your full name?---Luana Symonds.

And Ms Symonds, where are you currently physically located to give evidence to the court?---Hamilton, New Zealand.

You are there as I understand, visiting relatives, is that right?---Correct.

What – where are you currently based in your employment?---Julanimawu Health Centre, Wurrumiyanga.

And that's on Bathurst Island, is that right?---Correct, correct.

You're employed by Northern Territory Health as the Primary Health Care Manager in that position, is that right?---Correct.

Ms Symonds, I'll come to your history with Northern Territory Health, and some of your work experience shortly. But I note that you were interviewed by the Northern Territory Police on 20 November 2019, and the transcript of that interview appears at 9-12 in the brief. And you've also prepared a statement, which is dated 5 October 2022. That's at 9-12A. Do you have a copy of those documents in front of you?---I do.

In your statement, which I'll refer to a fair bit when I'm asking you questions, you note that you have been employed as a Primary Health Care Manager on Bathurst, and then most recently, been seconded to the Pirlangimpi Community, to the Pirlangimpi Health Centre, is that right?---That's correct.

What does your role currently involve, as the Primary Health Care Manager?---The Primary Health Centre Manager is responsible for the coordination and management of health services to the community.

The reason you're giving evidence in this inquest is because from January 2014 until December 2020, you were in that role as the Primary Health Care Manager at the Yuendumu Community Health Centre, is that right?---Correct.

And that's the position that you held on the night of Kumanjaji's passing?---Correct.

Did you meet Kumanjaji?---No.

Do you know members of Kumanjaji's extended family who live in Yuendumu?---Yes I do.

Can I come firstly to some of your experience as a nurse in the Northern Territory. You started, I think, as an Agency Nurse in Australia, in 2009 in Alice Springs Hospital. Is that right?---That's correct.

Prior to that, you were a nurse in New Zealand?---Yes.

You've got - - - ?---No audible response - - -

- - - sorry, you – please go?---From 1981.

You then have over 35 years of experience in nursing, correct?---Correct.

I'll just come straight to your training in Australia. When you came here in 2009, and started at Alice Springs, do you recall receiving any specific training in the cultural circumstances you'd encounter in Australia?---Yes I do. We – as part of the employment, we attended the Aboriginal Cultural Awareness Program, prior to employment.

And that was in Alice Springs, is that right?---Correct.

And what did that involve?---It was a three day course, from memory. And we received – sorry, there’s just a bit of an echo.

We don’t have that on our end Nurse.

THE CORONER: Are we able to turn down the volume a little bit? Would – that sometimes helps, we’ll give that a try?---So it was, I think from memory a three day course, where we heard from different speakers about different parts of the Aboriginal culture. We also attended outdoors old country day. Learning about bush medicine and cooking on an open fire. Cooking kangaroo tail, that sort of thing.

DR DWYER: Was that initial training something that you found helpful, ultimately?---Absolutely. It was very interesting. Very enlightening.

You also, in your statement, point out various training programs that you have participated in, in Australia and they include in 2013, one that is titled “Transition to Remote Area Nursing”. What did that involve?---That was a two week program that covered a broad spectrum, clinical as well as pharmacology and framing Indigenous health.

I want to ask you directly about – well ask you about your experiences in different communities. You have listed these in your statement. There are a number of people listening to your evidence on the livestream. In 2011, you worked in Harts Range. Is that right?---Correct.

That was your first remote area posting in Australia?---That’s correct.

And what was your role there?---Remote area nurse.

How long were you in Harts Range for?---Six months.

When you started at Harts Range in 2011, do you recall that there was an induction into that community?---Yes, there was.

What did that involve?---It was really an induction by the local people, driven around, doing lead marks, shown just basically where everything was in the community.

Where is that community?---North of Alice Springs.

And how big is that community?---From memory, I would think between 300 and 500 people, that’s from memory.

You’ve also worked as a remote area nurse in Engawala?---Engawala is attached to Harts Range, as is Bonya.

Engawala is about 250 kilometres north of Alice Springs. Is that – have it got that right?---It sounds right, yes.

So, is that – was part of your work in 2011 attending other communities outside of Harts Range?---Correct. Engawala and Bonya.

From January to September 2013, you were employed as the acting primary health care manager at Haasts Bluff. Is that right?---Correct.

Were there differences – well I withdraw that. When you entered into a new community, by that I mean either Bonya or Engawala or Haasts Bluff, was there a specific process of induction?---Specific to the communities, yes.

Was that formalised or something informal that was arranged by you?---It was informal.

And how did you go about participating in that induction then?---Well, it was arranged by the health centre managers at the time.

Did that process involve meeting the Elders in the different communities?---Yes.

Was there any community you went to where that induction process did not occur?---No.

Is it – is your experience that the health care managers regarded that induction as important for new staff?---Absolutely.

In your role as a primary health care manager, how do you arrange for the induction of new members?---The same process. By using the local Aboriginal staff that are on and also, using the Elders and the influential team leaders within the communities.

In par 20 of your statement, you say this, “I found my initial experiences in those remote communities to be very rewarding. They were each small communities and I felt I was able to develop meaningful relationship with the community members.” That’s correct?---That’s correct.

Were each of those communities that I’ve listed so far communities of under 500 people?---Yes, that would be right.

I am going to come to your experiences in Yuendumu specifically shortly, but did you find the experience in remote communities, in terms of developing meaningful relationships, to be easier in smaller communities than in communities of over 500?---It’s my experience, yes.

At par 30, you say that there was a natural kinship, you believe, between Aboriginal Australians and Māori people as First Nations people?---Yes.

Have you seen that with other staff as well, in terms of your belief being that there is a natural bonding or appreciation?---Yes, I think, for myself as New Zealand Māori and also my fellow colleagues, New Zealand nurses, I think they have a natural

kinship with our Aboriginal First Nations people.

At any of the communities that you have worked at, have you learnt any language?---Yes, I have never been good at learning languages, but definitely made many attempts with the different languages in the different communities.

Is there any formal way of doing that, or have you learnt language to the best of your ability from local people?---I understand that there are formal ways of learning language. In Yuendumu, for example, with the school, there was a language development program there. But generally, just learning from community members, children, other staff.

In your – just remind us when – I withdraw that. I think in September 2013, you began working as a remote area nurse in Yuendumu. Correct?---Correct.

You stayed in that role until January 2014 and then - - -?---Correct.

- - - in January 2014, you were the primary health care manager?---Correct.

So, you were in Yuendumu all up for I think about six years or over that time. Correct?---That's correct.

Is that the remote community that you have stayed the longest time at?---Yes, it is.

During that period of time then, how would you describe your relationship with the community?---I think myself, personally and professionally, I think I had a good relationship with the community members at large. It's a very big community, so not always able to form relationships with all people. But generally, the relationships were good.

Were there any particular Elders or younger leaders in the community who you had a closer relationship with?---Yes, definitely.

Who were they?---Lottie and Eddy Robertson, Robbie Robertson(?), Ned Hargraves, Otto Simms, Francis Kelly, Lindy Brown(?), Valerie Martin and also our local Aboriginal staff, Nola Fisher, Mary Butcher, Jameson Williams(?).

In your role as the manager, it was not the – you wouldn't normally do patient consults. Is that right?---That's correct.

Would you sometimes do them if you were short-staffed?---Absolutely, yes.

In the time that you were at Yuendumu, did the staff to patient ratio change significantly? Putting aside absences and holidays, was it generally the case that the staff ratio stayed the same?---Yes, it did.

And you set that out, that is the clinic staff numbers, at par 49 of your statement. The established staff positions at Yuendumu included yourself, as the manager, six

remote area nurses, a child health nurse, an Aboriginal health practitioner, two community workers and a midwife, and that made Yuendumu the largest health centre in Central Australia. Is that right?---Correct.

I'll come to the Allied Health staff shortly. But in terms of those positions, were any of the six remote area nurses Aboriginal people at any time you were there?---No.

Are you aware of what efforts were made to recruit Aboriginal nursing staff?---Not Aboriginal nursing staff, no.

Do you agree with the proposition that the longer nurses can stay in a community, developing relationships and understanding cultural considerations, the better?
---Absolutely.

Do you agree that it would be ideal to recruit Warlpiri nurses for Warlpiri people?
---Absolutely.

Have you participated in any discussions with management about how that might be done?---Not in a formal way. Informal discussions, absolutely. They were quite frequent on how we could encourage aboriginal people in all positions, not just nursing.

Given that you never at any point you were there had an Aboriginal nurse working, what do you understand to be the barriers to that employment?---I wouldn't like to hazard a guess. I think the numbers of Aboriginal nurses that are available may have something to do with it but I'm not sure.

Her Honour will hear evidence from the two different health providers, Northern Territory Health on the one hand and Congress on the other, in the various positions that you have held, have you ever worked for Congress?---No.

So of the positions that I just listed, the Aboriginal staff were - the designated Aboriginal health practitioners and - I withdraw that - so there was an Aboriginal health practitioner and two Aboriginal community workers - three staff members who were Aboriginal people, is that right?---Correct.

And were they the same staff throughout the six years that you were there?---Yes, they were.

In November 2019 you've listed who the staff at the health centre were and you note there the names of the Aboriginal health practitioners. There was Nola Fisher who held that role - Aboriginal health practitioner and Jameson Williams and Mary Butcher the Aboriginal community workers. At this point those people are not on the witness list so I am just going to ask you about their roles. Nola Fisher, the Aboriginal health practitioner, what was her role compared to, say, nurse?---She was the Senior Aboriginal health practitioner. She had many many years of experience working within the community of Yuendumu and so she had a lot of clinical expertise

and knowledge. She also had a lot of culture knowledge, community knowledge, historical knowledge. She was a very vital person in our health unit team.

Is it fair to say that she would have been vital in the induction process for new staff?
---She was.

And in terms of clinical skills, would she be in a position to treat emergencies in the community, for example, a heart attack?---Nola did have a lot of experience. She was nearing the end of her career so didn't participate too much in emergency management.

Was she trained in emergency medicine - in emergency management?---Yes.

In terms of the two Aboriginal community workers, what was their role?---Mostly cultural brokage, so just being the conduit (inaudible) staffing.

I'm sorry, we just lost the end of that answer, nurse, would you please say that again?---So they were the conduit between the community and the health unit staff.

What did you do in the clinic in terms of - for interpreters?---Well, interpreter service could be accessed on line. When we're talking on a day to day basis there's more translation than interpretation.

What do you mean by that? Can you explain the - - -?---Jamieson, Nola and Mary weren't interpreters.

No?---They translated the language. So did they - do each of those three people speak fluent Warlpiri?---Yes they did.

When you say they translated, did you - were they used in the clinic to translate words in English into Warlpiri for patients?---Yes, they were.

And to translate words back from Warlpiri into English for non-Warlpiri people?
---That's correct. That's correct.

The staff - the clinic hours are set out in your statement at par 39. Was there always somebody on call in the clinic when the clinic was not operative?---Yes, there was.

So jus using the example of a heart attack, if a call was made urgently there would be a nurse always to respond to that call?---That's correct.

There are outreach services offered for the community and they are set out at par 42 and they include mental health services. Am I right then that the clinical services offered by the Yuendumu Health Centre while you were there for your six years, did not include any mental health from permanent staff?---Sorry, I don't quite understand your question.

I will withdraw it and I will ask it again. At par 41 you set out the clinical services provided by the Yuendumu Health Centre. They include firstly GP services?---Yes.

Was there a doctor ever living at Yuendumu?---Yes, there was.

And during the six years you were there then, was the doctor permanently based at Yuendumu for all of that time?---Yes, she was.

What was the name of that doctor?---Dr Amy Rosser.

Do you know whether or not Dr Amy Rosser is currently living in Yuendumu?---To my knowledge she still works at Yuendumu but I'm not sure of her living conditions.

So Dr Rosser, while you were there, had a house at Yuendumu that was rented for her, is that right?---That's correct.

And what hours did Dr Rosser work?---She did 8 to 4.30.

Monday to Friday?---Correct.

And was Dr Rosser ever on call on the weekend?---No, she was not.

Was Dr Rosser in residence in Yuendumu at the weekend or did she leave?

No, she was in residence.

As far as you're aware, is that community supposed to - is it a permanent GP is stationed to the community, is that right?---Correct.

Was it part of the GP's responsibility to provide any mental health care for the community?---yes, it was.

How was that done?---In normal consultation with the doctor and referral to the mental health service.

And how was the mental health service provided?---With a visiting psychologist and a mental health nurse.

During the time that you were there, how often would the visiting psychologist and mental health nurse attend?---I can't recall from memory, but I think it was monthly.

And would they attend together for a monthly clinic?---The mental health nurse would come on her own and possibly the consultant would come every three months but I can't be sure.

In terms of a prescription for any psychiatric medication, how would that be done?---Through the GP.

Was there ever a psychiatrist who visited the community?---Yes, there was.

And was that someone regular over that six year period or did that change?---I think it was fairly regular but I think the consultants did change.

To the best of your memory then, how often would you have access to a psychiatrist from the community?---Three to six months.

In person or on line?---In person.

In person three to six months. We can track that evidence down, nurse, but did you have a - as the manager of that health clinic did you have an understanding of the mental health needs of the community?---Yes, I did.

As part of your induction process or your understanding of Yuendumu, did you come to appreciate that many community members have experienced trauma in their life?--Yes, I do.

Do you have an understanding of the – firstly, the Coniston Massacre that occurred in 1928, which was a state-sanctioned massacre where over 60 Aboriginal people were killed?---Yes, I do.

Have you talked to your staff in the clinic about that, your Aboriginal staff?---No.

Have you ever spoken to any members of the community about that?---Not that I recall directly, no.

Have you, through your learning, come to understand that there might be generational impact from that trauma?---Absolutely.

Were you aware of some community conflict that occurred after 2010 which led to a number of people in the community leaving and living in Adelaide for a period?---Yes, I do.

And are you aware of trauma that has resulted for members of the community following from that conflict?---I can say that I'm aware of trauma and I couldn't possibly say it was directly as a result of that.

Well, in that community of 900, do you have a suggestion as to how many people in the community might have been impacted adversely by trauma?---I wouldn't be able to give a percentage. I think the majority of people within Yuendumu at some time have been subject to trauma.

Are any of the six nurses specifically trained in trauma counselling to your knowledge?---No.

And are you aware of any trauma counselling services being offered to the people of Yuendumu at any time in your six years?---Not specifically trauma management or

trauma assistance, no.

What sort of counselling was available in your six years for people in Yuendumu from a mental health perspective?---Well, we had the mental health service. We had the community and clinical psychologist. I understand too that WYDAC provided some counselling and mentoring services, but I can't comment on exactly what those programs were.

When you say "we had the mental health service", what was it? It's a nurse visiting once a month. Correct?---Correct.

And was that nurse seeing a list of patients during that month?---Yes, a list of mental health patients would be generated.

THE CORONER: And she visited – or he or she visited one a month. How long did they stay in community for?---Generally from the Monday to the Thursday.

DR DWYER: And are you aware of what service was provided by that mental health nurse during that time, whether it was - - -?---Not specifically.

- - - or something else?---Yep, not specifically. I don't know what the mandate was, but I understand that they had conversations with patients and family and they provided direction to the GP, they did medication reviews.

Are you familiar with the Social and Emotional Wellbeing program?---Yes, I am.

What is it?---It's staff, they come out and assist people to participate fully in life.

What sort of staff? What training and background do they have?---Again, I'm not sure. I think social workers, clinical community psychologists.

Is that a team of people that would visit Yuendumu?---I wasn't aware of the Social and Emotional Wellbeing team at Yuendumu.

In what context have you come to know about a Social and Emotional Wellbeing team?---When I moved to Top End and Wadeye.

So, they're a team of people, and I think you mentioned psychologists?---Social worker.

And others?---They had with them Aboriginal support staff.

And when were you working in Wadeye?---2020.

And how often would that – or would that team be permanently based in the community or visiting?---They would visit every three weeks.

Was that intervention something that you thought was effective?---Absolutely.

And valued by the community?---Yes, absolutely.

And when they came out to the community, how long would they stay?---They would be there from the Monday to the Thursday.

Have you ever come to know of that Social and Emotional Wellbeing team being available in Central Australia?---No.

Do you think that it would be a good idea if Yuendumu had available to it a Social and Emotional Wellbeing team that could come out every three weeks and assist the community?---I say that the team came very three weeks, but I think that this program, Social and Emotional Wellbeing, really needs to be in communities all the time, not visiting.

I see. And so, drawing on your experience, you think that Yuendumu needs this team of people based permanently in the community. Correct?---Absolutely. I think everybody would benefit from a program.

And is it – we can gather more information about this, Nurse, but is this program as it's rolled out in the Top End, something recent or has it been – do you know how long these teams have been in existence for?---No, I don't.

Have you communicated what you've just told us then, that this team should be based permanently in Yuendumu, to anybody else in management in NT Health?---No, I haven't.

Have you heard discussion of the fact that there needs to be Social and Emotional Wellbeing teams in Yuendumu?---Definitely lots of informal discussions. I think it was – it's very apparent that a program similar to the Emotional and Social Wellbeing team or the program would be of benefit to all in Aboriginal communities, not just Yuendumu.

Can I suggest to you though that, given the trauma that Yuendumu experienced with the death of Kumanjayi in November 2019, it is absolutely essential and urgent that a team like that is stationed in Yuendumu?---Absolutely.

Before November 2019, did you find that recruitment to permanent positions at Yuendumu was difficult?---No, I did not.

Can you remind us again when you left the community, Nurse?---December 2020.

Unfortunately, of course, COVID entered Australia early in 2020, around March 2020, but can you tell us, in the year after Kumanjayi passed away to the time that you left, was there difficulty recruiting positions in Yuendumu?---I don't believe so. I believe, during my time as health centre manager, we had pretty stable staff. But generally, recruiting to Yuendumu was difficult due to the bad publicity.

So, noting your earlier answer that before November 2019, recruitment wasn't difficult, after November 2019, did recruitment become a problem?---I'm not sure whether I think after was due to the incident there that happened.

You mean, due to Kumanjaya having been killed?---Correct.

Do you know whether or not that has changed at all?---No, I don't.

I anticipate – or I withdraw that. I want to go back to some in relation to culture. In your time in Yuendumu, you would have come to appreciate that the process of funerals and sorry business, is extremely important in Warlpiri culture. Do you agree with that?---Yes I do.

The clinic staff – I withdraw that. Does the clinic have an area where bodies can be stored for a period after death?---Are you speaking of the morgue facilities?

Yes?---Yes. Yes it did.

So did the clinic staff then become involved in assisting the community in funerals?---Yes they did.

Did you ever attend any funerals, and/or sorry business, for members of the community?---Yes I did.

And you would facilitate access, by members of the community, to the morgue facility, is that right?---Yes I would.

And you would appreciate that any disruption in – in a funeral process, or sorry business, can be extremely distressing for Warlpiri people?---Absolutely.

During the time that you were in Yuendumu, you refer to a local health advisory group at par 70 of your statement. Shortly after you started working in Yuendumu, you learned that there had previously been an advisory group, and it had ceased before you – your time, and you wished to revive the group. Did you manage to do that?---With some difficulty, but yes, to answer your question.

Can you tell her Honour about that. How did you revive the group firstly?---Had support from Jennifer Hampton(?) and Gwenn Paterson-Wally(?), who were our Aboriginal members on staff to – for them to come out and try and build some interest in this – in developing this group.

And what – for what purpose did you want there to be a local health advisory group?---Just to provide myself and staff with guidance and a mentorship. And just to be able to discuss, in partnership, how we could best deliver health services to the people of Yuendumu.

And so in setting up that group, you obviously wanted participation from Elders, correct?---That's correct. And emerging leaders.

You note – your recollection is the initial participants were Eddy and Lottie Robertson. Valerie Martin, Otto Simms, Ned Hargraves, Wendy Brown and Warren Williams. Did those people continue to participate in an advisory group, during your six years in Yuendumu?---Yes they did.

And were other members of the community recruited to assist?---And that's where I'm saying that these members of the community were fairly stretched with time and availability.

And so were there efforts to engage other people in a community of 900, as well, so that this small number were less stretched?---Yes, but these – the Elders and the participate – the people that participated in this group were community elected, or community driven. It wasn't something that myself, as a Health Centre Manager, could go to another member of the community and ask the same questions. So the small group of leaders, were the leaders for the community. It wasn't that I could go to another group and ask them the same thing. So I (inaudible) - - -

I'm sorry Nurse Symonds, we just missed what you said again, the last sentence?---They were a group of people that emerged from the community. It wasn't somebody that we could seek out.

We've heard evidence in this inquest to date, that there are a small number of Elders, including – and leaders, emerging leaders, including the ones that you have listed, particularly Elders, who are called upon to do a lot in community. And exactly the point that you made Nurse, that there is fatigue. Because they're always the ones who are expected to step up and participate in formal meetings?---Yes.

Do you know – did you ever have that discussion yourself with any of those people, as to how that burden might be lifted?---Yes – yes I did. And you know, often discussions about easing the load. However that wasn't – that was something for them to come back with. I couldn't help that.

At the outset you hoped that you would have those meetings every three months, but that wasn't possible. In reality, how often did those meetings actually occur between 2014 and 2020?---Initially we did manage to do them every three months. Then possibly six monthly. And then it became that we only met, or conveyed the meetings, when it was necessary to discuss important issues or events.

What were some of the important issues or events that would justify convening the meeting?---The management of COVID-19 was a big one.

Anything else?---Delivery of health programs. I remember talking about delivery of sexual health for youth. So we were asking for their opinions, and their input into the delivery of that program.

Were those Elders and participants ever paid for their time on the advisory committee?---No they weren't.

Was there any request to Northern Territory Health to be able to remunerate people for their time?---Myself suggested that it was a paid position. But I don't think there was any formal request for payment.

When you say you suggested that it was a paid position, who did you make that suggest to – suggestion to?---I think at the time, it must have been the District Managers. I mean they were my next management, so – my management.

Do you agree, given your evidence to date, that if you expect people to lend their time and expertise to an advisory committee like that, they should be paid and recognised?---Absolutely.

Nurse Symonds, I'm suggesting that this is your fault, but can you see that from the perspective of Warlpiri people, there might be a – perceive some real inequality, if no Warlpiri people are paid for their time and expertise, but the Warlpiri people are not?---I definitely can see that, yes.

I want to ask you some questions about other meetings that occurred during the community. During your time in Yuendumu, community meetings would often be facilitated by stakeholders, such as police, WYDAC and NT Health. In those stakeholder meetings, were Elders and emerging leaders present?---Yes, as much as they could be.

And was it – did it tend to be the same participants that you referred to at par 73, Eddy and Lottie, Valerie Martin, Otto Simms, Ned Hargraves, et cetera?---Yes.

And again, those people were not remunerated for their time in attending stakeholder meetings, is that right?---That's correct.

The police held monthly Community Safety Meetings, during a period of time you were there. Do you recall that?---Yes I do.

And you – your memories that they were organised by Sergeant Annie Jolly, and the sergeants that followed her in that role?---Correct.

Do you recall Superintendent Nobbs being present at any of those meetings?---Yes I do.

You regularly attended there as a representative of health, often with other staff members. And you say they were generally well attended by the community?---Yes they were.

But are you referring there to Warlpiri Elders and emerging leaders, who might attend them?---I was probably referring to stakeholders that they were generally attended. It really depended on what was happening in the community, cultural engagements, cultural responsibilities, on how many of our Elders and emerging leaders were available.

If there were Elders or emerging leaders there, did it tend again to be Eddy and Lottie Robertson?---So we just got - lost sound.

If there were - on the occasions that Elders did attend did it tend again to be Eddy and Lottie Robertson?---Correct. Valerie Martin, Ned Hargraves, Warren Williams.

And that's another meeting where those Elders are being asked to attend and lend their expertise but there's no remuneration, is that right?---That's correct.

In your statement you refer to the fact that there were a number of break-ins in Yuendumu to different establishments while you were there. Prior to November 2019 you recall that there had been break-ins at the child care centre and school as well as teachers' houses during the school holidays. You've been in Yuendumu - well you were there for over six years from the end of 2013 to 2020. Did the position change with respect to break-ins that you became aware of?---I don't have any facts or figures but I do think towards the end of my time in Yuendumu that these events did escalate, yes.

And they were then brought up at community safety meetings, correct?---Correct.

Was there an understanding that most of the break-ins were committed by either children or young people?---That's correct.

And do you yourself, having lived in a community for six years, have an opinion as to why the break-ins increased, committed by young people, towards the end of 2019? ---No, I don't.

Are you able to assist, having lived there for that period of time, to tell the court what activities are available - or were available for young people of a night time in Yuendumu in the six years you were there?---Most of the youth activities were run by WYDAC - Warlpiri Youth Organisation.

And what were those activities that you saw?---Sports, so a lot of activities surrounding sports. Dances, music, discos, trips to take the children on country and so cultural involvement.

In your experience did any of that change in 2019?---Possibly the - there was less involvement from WYDAC.

So towards the end of 2019 there was less involvement from WYDAC in your experience, correct?---From my experience more involvement with WYDAC during my earlier years as a health centre manager in Yuendumu.

In your experience were there more activities for young people at night during your early years in Yuendumu?---Correct.

Do you know why those activities then were offered less by WYDAC towards the end of your tenure there?---No, I don't.

Do you think that coincided with the increase in break-ins committed by young people?---Possibly, yes.

Was that raised, to your knowledge, at any of the community meetings or stakeholder meetings?---Not to my knowledge, no.

You were living in rented accommodation in Yuendumu, is that right?---We lived in NT Housing, yes.

And you were there with your husband, is that right, Ms Symonds?---That's correct.

At any time prior to November 2019 was your house broken into in the six years you were there?---No.

Do you recall any clinic staff reporting that their houses were broken into in the six years you were there prior to November 2019?---There were a couple of incidents. One, Robyn Carmichael, child health nurse.

And when did that occur?---I'm not sure of dates.

Did it - you set this out in par 81 of your statement, you note that when you were away from Yuendumu someone gained entry to Robyn's accommodation by levering open her back door and she was actually in the house at the time. She wasn't subject to any physical assault but she was very upset about that?---And very frightened, yes.

Taking November 2019 as a time frame, how close to November 2019 did that occur, to your memory?---I have no recollection of the date.

Was it in 2019 do you know?---From my understanding from what others have said, yes.

Did you hear about it at the time?---I was out of community at that time.

Were you told about it when you returned to community?---I was told about it when I was out of community, so I was contacted at the time, yes.

Were you shocked by it, given that you had not - - -?---Absolutely. You know, it was - it's one of the first times that something like this had happened to any member of staff.

Had that ever been your experience in any of the other Central Desert communities you had worked in, that nurses' houses were broken into?---No.

So it's fair to say, isn't it, that your experience of nursing in remote communities was that community members would respect the houses of the medical and nursing staff? ---I don't know what the reason was. I don't see that the health centre staff were exempt from anything that any of the other stakeholders experienced - it was just my experience that the health centre staff and housing were not affected.

So when you found out about Robyn's accommodation being broken into, that was, in your mind, something that was concerning and unusual, correct?---Correct, and very distressing.

Was that raised by you at any community meeting or stakeholder meeting?---My recollection is that a community meeting was convened following this incident where it was hoped that Robyn would have an opportunity to speak directly to the community members and tell them how she felt.

And did you attend that meeting?---yes, I did.

How as it convened? How did you go about doing that?---It was - I'm not sure who in the community decided that they would have a community meeting. Sorry, I don't recall that. But I do recall that the meeting wasn't attended very well.

Did your three Aboriginal staff members attend that meeting?---Yes, they did.

Do you recall any Elders attending that meeting?---Not specifically, no.

Do you recall any Aboriginal people being there other than your three staff members?---I just remember that it wasn't - there wasn't a good attendance.

Where did that meeting take place?---At the peace park.

Did you ask any questions of your Aboriginal staff as to why the meeting was not well attended?---Not that I recall, no.

Was that incident reported to the police?---Yes, it was.

Do you know whether or not anybody was ever arrested in relation to that incident? ---No, I do not.

But another incident that you refer to at par 81 was Chrissie Marthley(?), the administrative staff member, had her house broken into a number of times, as well as vehicle and other possessions stolen, Chrissie lived with her husband in accommodation provided by WYDAC, because her husband was employed as the WYDAC mechanic. Did that occur in 2019?---Yes, it did.

And did that occur after Robyn's accommodation break in?---From memory, yes it did.

And was that a – were you in community when that occurred?---Yes, I was.

And did it shock you when she first reported that the house was broken into?---Absolutely. It was very distressing.

And was there any effort made to organise a community meeting in relation to those break ins?---Not to my knowledge. That housing and her husband, a member of WYDAC, I'm not sure whether WYDAC did.

You generally attended the community safety meetings every month. Correct?---Yes.

Was the issue of those break ins raised at the community safety meeting?---I can't recall. I presume so.

Do you know where the minutes were taken of those meetings?---My understanding is that there were minutes taken.

Did you ever report your concerns up the change of management in NT Health?---My concerns about?

About the break ins of staff members' houses?---There's a – there is a normal chain of command for any staff safety, staff property, staff concerns, whereas I would directly report to the district manager.

I'm going to come to an incident where your house was broken into on 6 November, three days before Kumanjaya passed away. At any time – at some time prior to that, you became concerned that a number of staff members, two staff members, had houses broken into. Were those concerns raised at all with your district manager?---Yes.

Who was your district manager at the time?---I can't remember.

When - you raised those concerns directly yourself. Is that right?---Yes.

Did you ask for any action to happen or make any suggestion as to what should occur as a result?---No, I did not.

Did you receive support from your – or suggestions from your district manager as to what should happen?---Not that I recall.

Did you discuss – I'll withdraw that. Did you give any further consideration as to how you might engage the Elders and emerging leaders in addressing that, those concerns?---Not specifically to health. I think this would have been discussed at the community safety meeting.

Okay. We're obtaining those minutes, so that might become clearer at some stage. Do you recall any discussion in the community safety meetings where police suggested that there should be improved safety measures for houses?---Not that

I recall.

Do you recall that either of the two staff members that you told us about who had their house broken into, were there any improvements made to their housing that you became aware of?---I am aware that Robyn Carmichael's property, the door was more secure when it was repaired, which is where they gained access. Chrissie Marthley's property was repaired as per WYDAC.

Do you recall new fences being put in?---At some stage. I'm not sure whether it was at that time of those incidents, but yes.

Were the houses - - -?---The - - -

Sorry, Nurse, please go on?---No, the fencing was changed from this fencing to Colourbond.

And was that controversial for - - -?---That was.

Why was that?---With the Colourbond fencing, you couldn't see in or out. So, to us, it put up another barrier.

THE CORONER: By that, not being able to see in meant, for example, when you were coming home, you couldn't see into the yard to make sure it was empty and safe?---That's correct.

And if you were at home and someone came over the fence, you were concerned that other people, if they were walking by, wouldn't be able to see that there were people behind the fence and maybe causing trouble?---That's correct. The other thing was that we felt it shut us off from the community. As members of the community and as staff, the Colourbond fencing shut us off; put another barrier up between us.

Is it common in community for people to walk past houses and there to be some communication from people sitting on their front veranda to people walking past?---Absolutely, and with the Colourbond fencing, that didn't happen. So, it was just a barrier.

DR DWYER: Nurse, were the houses alarmed?---No.

Was there any discussion of alarming any houses?---No.

Do you know why – did you raise that issue?---No. It just was never important.

THE CORONER: Not important to the staff or not important, as you understood it, to the hierarchy?---No, I don't think it was important to staff.

DR DWYER: Well, speaking for yourself - - -?---Because it wasn't needed.

I take it then that prior to November 2019, break ins to staff houses was not a great concern?---No, correct.

At around 5 pm on 6 November, you and your colleague, Vanessa, went home together after finishing work. You were living next to each other, and when you arrived home at your accommodation, you saw that your front door was open?---Correct.

You thought you'd just left it open initially?---Yes, I did.

It didn't occur to you at that time that someone would have broken in?---No, not at all.

You then realised when you got closer that your house had been broken into, the Crimsafe screen on the back window had been pulled off and entry had been gained through that point?---Yes.

That's the first time in your history of working in remote communities that your house had ever been broken into. Correct?---Correct.

And you note in your statement, "A hole had been smashed through the veranda ceiling at the rear of the accommodation." Later you found out that there was hole in the roof, but you weren't aware of that at the time. Correct?---No, that's correct.

A number of drawers were opened, a money tin containing \$250 in cash had been taken and your iPhone?---Correct.

You had alcohol in the house at that time. Is that right?---Yes, we did.

Okay. And that was under a permit system. Correct?---Yes, it was.

But that was left untouched?---Correct.

Was that visible in the house or in drawers or - - -?---In a front cupboard.

And were there cigarettes in the house as well?---I don't know from memory, possibly.

Do you agree that it would have been pretty easy to find the alcohol, if someone had been looking?---Absolutely.

You later found the iPhone by the fence. Correct?---Correct.

Okay. You reported that break in to police?---Yes.

Okay. And did they attend and investigate that?---Yes, they did.

Okay. And you note that the house was able to be repaired by community members

that evening?---Yes, it was.

On 7 November – that was Wednesday, the 6th, on the Thursday evening, your husband was at the Yuendumu Health Centre. You had parked the car at the back of the building, and when your husband left the health centre to drive home, he saw the passenger front window was smashed. Is that right?---Correct.

Glovebox was open, but none of the contents of the vehicle had been taken?---Correct.

Did it occur to you, with those two incidents back to back, that that was likely to be a young person, or youth?---Yes.

How did you feel, at that time, on 7 November?---I was very annoyed. I was very disappointed that this – that this had happened. But I would say that – yeah, I was – I was more disappointed.

Were you in any way frightened?---No.

On – you earlier – you explained that on the Thursday, 7 November, you were concerned that you wouldn't be able to lock the car because the window was smashed. So you and your husband decided to travel to Alice Springs the next day, on the eighth, to get the car repaired, and you - - - ?---Correct.

So on the Thursday, you went to Alice Springs to get the car repaired, correct?---Friday.

I beg your pardon, on Friday the eighth, you drove to Alice Springs to get the car repaired, correct?---Yes.

Saturday the 9th, you got a call from Helen Gill(?), who told you there'd been an attempted break-in at your house in the early hours of the morning. What was the position that Helen Gill held at that time?---She was the on-call executive member, after hours.

She also told you that there'd been an attempted break-in at Vanessa's next door, and the vehicles had been damaged?---Yes, correct.

Do I take it that between 6 November and 9 November, receiving that call, there was no community meeting held, was there, by yourself, or others, to address the break-ins?---No.

Did you have a discussion with any of the Elders or emerging leaders you knew, about what had happened to your house on 6 November?---No.

Did you discuss it with any of your Aboriginal staff members?---I don't recall specifically speaking with them, no.

Why did you not try and raise that issue with any Elders or emerging leaders?---I – I possibly saw it as a one-off. I wasn't concerned.

Just going back to your conversation with Helen then. You told Helen that you would speak to staff directly, to find out how they were feeling, correct?---Correct.

What did you do after that?---From memory, I tried to ring phone numbers that I had. Weren't able to get hold of anybody. Finally spoke with Janine Rewaka(?) who was the midwife in community. And so she provided me with some background information about what had occurred overnight.

What did she tell you?---She said that there'd been an attempted break-in in property that I had. And an attempted break-in to Vanessa's.

How did you feel, at that time, about the attempted break-in to your property?---With – with regards to my property, we did think that somebody may have returned for the alcohol, which is why they were attempting to break-in there. I was very distressed to hear that, you know, that they'd break – attempted to break-in to Vanessa's next door, as she was on her own. So again, yeah, disappointed and upset. And a little bit distressed that they attempted to do this when Vanessa was on her own.

When you say a little bit distressed that they'd attempted to do this when Vanessa was on her own. Was it in your mind that the likely offenders were children, or young people?---It's – it sounded from the way it was portrayed to me that it was not children.

What - - - ?---That it would have been youth.

By youths, you mean young adults under the age of 25?---Teen – yes, teenagers, yes.

What was it about the way that it was portrayed to you that made you think it was likely to be teenagers?---I think it was the force that was used, the attempted force at the break-ins.

Janine Rewaka also told you that her car and a clinic car had been damaged, and that staff were feeling distressed about what had occurred. You and Janine decided that you would gather all the staff to hear about how everyone was feeling collectively, correct?---That was correct.

This continuation of break-ins over a couple of nights, and break-ins to car, was extremely unusual wasn't it?---It was.

Was there consideration given to you at that time, of trying to convene a community meeting, so that you could have engagement from Elders and leaders?---Not particularly at that moment. I think the concern was the staff. And we didn't have time to think about convening a community meeting.

All right. So you telephoned Helen. You told her you'd spoken with Janine. You understood your staff were feeling unsafe. And you told Helen that Janine was gathering the staff together to have a group discussion?---Correct.

About mid-morning, a joint telephone call took place. And you named the various people who were there. I'll just get you to tell us about their positions. Helen of course was there. Janine Rewaka - - - ?---Midwife, husband.

So your husband was there. Cassie - - - ?---No - - -

Sorry?---Janine's husband.

Thank you?---Pardua(?), Cassandra Holland, nurse. John Alton(?), nurse. Vanessa Watts nurse. Julie Cook(?), nurse. Lisa Meredith, nurse. Tilly – Matilda, nurse. I can't recall whether Lisa and Julie's partners were at that meeting. I believe they were. Myself, Helen Rudolf(?), Brian Clode(?) and Dr Amy Rosser, on the phone.

Can you tell us what the position of Helen Rudolf was?---Nurse.

And Brian?---Brian was a nurse, but he was also the educator for Lisa and Tilly.

Your recollection is that Helen Gill, led the conversation. Did you take any notes of the conversation at the time?---No, not at all.

I appreciate you won't have a word perfect memory of it, but to the best of your memory, can you tell us what the discussion was?---I think everybody was given the ability to say how they were feeling. To let those of us that weren't in community, know what had happened. But generally how people were feeling.

And what was the general – or what can you tell us about how different people said they were feeling?---Generally I think the consensus was that they were all feeling pretty unsafe with what had occurred overnight.

Given that it was so unusual in the community, was there discussion at that meeting, about how the Warlpiri Community might be engaged to be of assistance?---Not that I recall.

You have noted in your statement that you generally considered, this is at par 44, that the health centre had a very good relationship with stakeholders in the community, and community members more generally. Is that correct?---That's correct.

Why then did you not give consideration to contacting some of the Elders and community members you knew, to ask for their help?---I can't answer that. I'm not sure why, at that time, that wasn't considered. Or if it actually was considered, and I just don't remember.

You note at par 108 that you recall that the decision to withdraw the staff was not Helen's to make. What do you mean by that?---That she needed to discuss with management on whether it was a possibility, or whether it was feasible to withdraw staff.

Who first raised the prospect of withdrawing staff from the community?---I'm not sure.

Had you ever - - - ?---I think - - -

I'm sorry, please go on?---I think it was Helen said that there was a possibility, that the staff were feeling unsafe, that withdrawal could happen.

Had you ever been in any community in the Northern Territory where health staff had been withdrawn?---Never.

Did it seem to you to be a drastic measure to withdraw health staff in response to those break ins?---I don't think I can make comment. I wasn't there. I didn't experience what the staff did. So, I support the decision of the staff that was made.

But did you consider yourself – I'll withdraw that. I'll just go back a step. Ultimately, you say the decision to withdraw the staff was not Helen's to make. Helen said she would need to seek approval from upper management if the staff were to be withdrawn. And later, you received a phone call from Helen who advised that a decision had been made to withdraw the staff. At the meeting that was held by phone, led by Helen Gill, was the general consensus of staff from Yuendumu that they should be withdrawn?---The general consensus was that they were feeling unsafe. I am not sure whether that meant that they felt they should be withdrawn.

Did any member of the Yuendumu Clinic staff suggest that they should be withdrawn?---Not that I recall.

So, your memory is that some staff members said they felt unsafe, and then Helen Gill said she would need to seek approval from upper management if the staff were to be withdrawn?---Correct.

Was there any discussion at that time of the risk to community, if the staff were withdrawn?---Absolutely.

What was that discussion?---How would we – how would the community be covered.

Was - - -?---Who would be here.

And who would be there?---Who would – staff, I understand, said that they would stay.

And who were those staff?---Cassandra Holland, John Alton.

Where were they going to stay?---They would stay on community.

So, this was at that first midmorning meeting. Is that right?---Correct.

And do you recall what Ms Gill said in response to that?---I don't think at that time that she had a response, as a decision hadn't been made.

So, I'm just staying with that first meeting. Some staff said they felt unsafe. Helen Gill raised the possibility that staff – that the clinic could be closed and staff withdrawn and Cassandra and John said that they would stay in community to manage the risk to community. Is that right?---Correct.

Later that day, you received another phone call from Helen who advised a decision had been made to withdraw the staff and Yuelamu Health Centre would be providing coverage Yuendumu?---Yes.

The staff had been asked by Helen to inform as many community members as possible, as well as local police, of the decision and the contingency arrangement with Yuelamu. And that was a conversation you had with Helen. Is that right?---That's correct.

So, there was no further meeting convened with all staff and Helen. Is that correct?---That's correct.

And was that decision just presented to you as having been made already?---Yes.

And this plan for Yuelamu to cover emergencies in Yuendumu was different to the one that was earlier proposed, where Cassie and John would stay in Yuendumu. Is that right?---Correct.

Were you concerned by that?---Not at all.

Why not?---Communities offer emergency cover to other communities. It's not unknown for Yuendumu say to cover Yuelamu due to staffing, generally due to staffing. So, it's not uncommon for another community to provide emergency cover for another community.

What was the average population of Yuelamu?---I don't know, 300 – 500.

And it was 45 minutes away at the shortest distance. Is that right?---Approximately, yes, depending on road surfaces.

And Yuendumu is a population of roughly 900, fluctuating, correct?---Correct.

It would not be the case ordinarily that Yuelamu would cover Yuendumu, would it?---No.

And so, putting staff from Yuelamu in a position where they might be looking after

1400 people raised some risk for the community, didn't it?---I don't see it that way.

Well, let me put it this way, if the change in plan meant that the two nurses based in Yuelamu would have to cover, firstly, any emergencies for their 300 to 500 people there. Correct?---Correct.

And also an emergency, if it occurred in Yuendumu where there were 900 people based. Correct?---Correct.

You agree, don't you, that there is a number of people living in both those communities who are elderly and frail?---Correct.

A number of people with chronic health conditions. Correct?---Absolutely, yes.

A number of babies and young people who have compromised health conditions?---Yes.

It is entirely plausible, isn't it, that there could be an emergency in both Yuelamu and Yuendumu at the same time?---Correct.

In which case, somebody would miss out potentially on lifesaving treatment with the nursing staff being withdrawn?---Correct.

Was there any consideration given to that in the discussion of clinic staff not being present in Yuendumu overnight?---I was not privy to any discussion at all regarding the withdrawal of staff.

Did it concern you, that issue of Yuendumu being left without nursing staff when it was communicated to you?---Absolutely, absolutely.

And Nurse, I appreciate that there has been a lot of reflection that has happened over the last three years, and I'm not suggesting that you could have foreseen the tragedy that happened with Kumanjayi, but do you think looking back on this, that the decision to withdraw the clinic staff from Yuendumu that night was too hasty?---I don't think I'm in a position to make comment about the decision made. And I feel that Northern Territory Health Centre management staff took into account all the variabilities and all the possibilities and decisions were made at that time considering all parties.

We'll have a break shortly, and of course, management staff will come and answer to their decision-making. You understand, don't you, that many community members are very hurt that the clinic staff moved out at that time. Correct?---Correct.

And that move out of the community in these circumstances has – can potentially affect ongoing relationships between community and clinic staff?---Yes.

Do you think that part of the lessons to be learnt here is that there needs to be more consultation between health staff and the community, if there is an issue like this that

needs to be resolved?---Absolutely. I think again, lessons learnt as communication, meaningful dialogue is extremely important.

And might I suggest, Nurse, the importance of building relationships between Kartiya and Yapa, so that there are – that communication can happen more easily?---Absolutely. In Yuendumu, we always talked about two ways of being, always two ways in Yuendumu - Warlpiri and yapa.

Do you think part of the lessons learned here is that there should be a clear mechanism for how you go to Elders and emerging leader and get their assistance for something like this before clinics take drastic measure like leaving community? ---Absolutely.

Your Honour, is that a convenient time to break?

THE CORONER: It is, I just want to ask one question. You told us about that telephone call where there were a significant number of nurses and the doctor, yourself and Helen on the phone. You didn't mention any of the Aboriginal staff being included in that conversation?---No, there weren't.

Do you know why that was?---No, I don't.

Did anyone raise the fact that here was a segment of the clinic staff who were not being included in that conversation?---Not to my knowledge. I don't feel that the staff were excluded. I just don't think they were included.

Yes. We take a morning tea adjournment, it is standard to give everyone a little break so we will take that adjournment now and we will see you again in about 15 minutes?---Thank you.

WITNESS WITHDREW

ADJOURNED

RESUMED

LUANA SYMONDS:

THE CORONER: Yes, Dr Dwyer.

DR DWYER: Thank you, your Honour.

XN BY DR DWYER:

DR DWYER: Ms Symonds, before the break, I was asking you about the phone call you got from the – the second phone call you got from Ms Gill, after – that is, the phone call after the joint telephone call. Where she advised that a decision had been made to withdraw the staff for the weekend. And that Yuelumu would cover Yuendumu. When Ms Gill advised you that a decision had been made to withdraw the staff for the weekend, did she tell you who had made that decision?---I don't recall that she said so at that time.

Have you subsequently come to learn who was responsible for the decision making?---Dave Breeve.

At the time when she called you to tell you that the decision had been made to withdraw the staff, she – what you record at par 109 is “The staff had been asked by Helen to inform as many community members as possible, as well as local police, of the decision, and the contingency arrangement with Yuelumu.” When were the staff asked by Helen to – to inform as many community members as possible?---I'm not sure about that. I understand she contacted the nurse who was holding the afterhours phone.

Who was that?---I believe it was Cassandra Holland.

In terms of the discussion you had with Helen Gill though, after the mid-morning meeting, did she say to you anything about contacting community members?---No.

Did she say to you anything about contacting local police?---No.

Did she say anything to you about how the community would be told, if at all, about the decision to leave?---No.

Did she ask you to do anything in terms of informing the community?---No.

And do you – did you, yourself, then do anything, give any instructions to the nursing staff about how the community would be informed?---No.

So you were based in Alice Springs at the time, and were you clinic – were you on duty?---No.

Given your role, however, as management, did you give consideration to how the community would be informed at that time?---Definitely, yes.

What was your view as to how the community should be informed?---I thought it would be a very difficult task, given the population. I understood that as many community members and Elders would be notified verbally.

How did you understand that as many community members would be notified verbally?---Well it was my thought. I gave no direction. It was just my thought, that as many community members would be told verbally.

That was just an assumption that you made at that time, is that right?---Correct. Correct.

Why did you make that assumption?---I did not see that there would be any other means to do that.

Did you think it was important that the community was informed that the clinic staff were not going to be there over the weekend?---Absolutely. As many as could be notified, yes.

THE CORONER: Do the Elders have telephones?

DR DWYER: Ms Symonds?---Yes they do.

THE CORONER: And is that a way of communicating with Elders? To give them a call, and let them know what's happening, or ask them to meetings?---That was a possibility. If we had the correct phone numbers for the Elders.

DR DWYER: Was there – to your knowledge, at the clinic, were phone numbers for the Elders available?---No.

By 2019, you'd lived in the community for about six years. Did you have the personal phone numbers of a number of Elders?---Yes I did.

Did you have Eddy and Lottie's number?---Yes.

And Otto Simms number?---Yes.

And Robbie Robertson?---Yes.

Did you give consideration to calling any of them yourself, at that time?---No I did not.

Did you tell any – I withdraw that. At any time was there any discussion as to whether or not any of the Elders would be contacted by phone?---No there wasn't.

Do you think in hindsight, there should have been an effort to contact a number of Elders by telephone?---Absolutely, yes.

This decision for the clinic staff to move out for a period of time was unprecedented in your experience, you agree?---Yes.

And - - - ?---Yes.

- - - it was a very serious decision. Do you agree?---Absolutely, yes.

And it had consequences of leaving the community at risk of being uncovered. That is, not covered – not provided for if there was an emergency. Do you agree?---I understand that a contingency plan was for Yuelumu to accept the emergency call.

Sure. But that still – that still created more risk, didn't it, for the community, than having a clinic available in Yuendumu?---Yes – yes it did.

Given that, in hindsight, do you agree that insufficient consultation occurred with the community, before the clinic staff moved out?---Agreed.

At about 6.30 pm in the evening, staff had been withdrawn from Alice Springs, all met for dinner to debrief on the events in Yuendumu from the night before. Did you attend that dinner with them?---Yes I did.

What was the nature of that – well I withdraw that. What was discussed in the hour before you got the phone call from Sergeant Frost at 7.30?---Well the staff meeting at Juicy Rump was just to make sure that everybody arrived safely. That everybody had accommodation. And that everyone was feeling okay.

Were there any discussions during that hour, of the concern for the community?---Not that I recall specifically, no.

At any time during the day, that is, from the mid-morning meeting, through to 7.30 pm, did any of the clinic staff express concern for the community, that they would not be covered by nursing staff adequately?---Not that I recall. The conversation was that Yuelumu would take the emergency on-call.

Did – at the mid-morning meeting, did Dr Rosser express any concern about how the community would be catered for?---I don't recall.

Do you think, looking back on this, in hindsight, that there was insufficient concern given to the risk created for the community, of not having clinic staff based in Yuendumu?---Yes.

At around 7.30 pm, Sergeant Frost phoned the Yuendumu on-call mobile phone, and Cassandra was in possession of the on-call phone. Cassandra answered the call, and handed the phone to you. So you were seated with her at dinner at that time. Is that right?---We weren't seated.

I see. So you were with her though at that time, with Cassandra?---Correct.

What did Sergeant Frost tell you at that time?---She just said that she needed help immediately.

Did she say anything else?---No she didn't.

In par 111, I think you say there, "Sergeant Frost told me that a shooting had occurred in Yuendumu." Did she tell you that during that phone call?---Yeah actually, yeah, she did. She said there'd been a shooting, but there'd be no – she had no detail.

She told you that they needed urgent medical assistance?---Correct.

And you told Sergeant Frost that there were no staff present in the community?---I reminded her that the staff weren't in community, yes.

Was there anything else that was said during that phone call?---No – I just advised her that Yuelumu was providing the emergency on-call cover.

When you heard that – Sergeant Frost say that there'd been a shooting in Yuendumu, what – how did you feel?---Very distressed. Yes, somebody – there'd been a shooting. I didn't know any other information. Who had shot who. And whether that person was still alive.

Did you have any understanding, at any time, prior to 7.30 pm that night, that the Immediate Response Team, or IRT, was being called in to assist police?---No.

Had you ever heard of a team within police called the IRT?---No, not until this time.

At any time prior to 7.30 pm, did you have a discussion with police about the arrest of Kumanjaji?---No.

Did you have any understanding prior to 7.30 pm, that additional police resources were coming into town, as a result of the break-ins?---No.

Were you aware of a funeral that was taking place that – on the weekend, or on the Friday and Saturday, in November?---Yes I was.

How did you come to be aware of that?---It was planned. So I knew of this before I left community.

Before you left community was it your understanding that nursing staff were going to be of any assistance to the community for that funeral?---Yes, it was normal practice, yes.

What assistance would be given by clinic staff?---It was normally if it was the weekend it was the on call staff that provided that assistance. It just meant opening the morgue and providing the family with assistance out of the morgue.

Did you have an understanding before you left community of the day that funeral was planned for?---Yes.

What day was it planned for, did you understand?---My understanding was it was planned for Friday and then it was changed till Saturday.

Who told you about that?---The funeral?

Yes?---The change? The change of the funeral?

Firstly the funeral and then secondly the change?---The notification of when the funeral is happening, that just comes from family members, so they let us know when the funeral is planned.

Was there any specific family member you spoke to or did you find out about it indirectly?---Not that I can recall specifics, no.

Did you understand before you left community that it would be important for the family to have access to the morgue so that they could proceed with the funeral? ---Absolutely, yes.

And that if the family did not have access to the morgue that would be extremely disruptive for the funeral, correct?---Absolutely.

When there was a discussion mid-morning with Helen Gill about the clinic staff moving out was there any discussion about the funeral taking place?---I think there was, yes. I don't recall the specifics of the conversation but it was mentioned, yes, that there as a funeral happening in the afternoon.

Do you recall a discussion as to how the community members would be assisted by clinic staff?---Not specifically, no, just that the family would be notified.

Whose responsibility was it to notify the family?---I think that went to the staff members that were first on call. They were on call for that day.

You said earlier that you made that assumption that as many people in the community would be told about the decision for the clinic staff to leave. Who did you assume would do that?---Initially I thought it would be to the on call staff.

Who were they?---On my understanding it was Cassandra Holland and John Alton.

You were their boss effectively, is that right?---Yes.

Do you think, taking the lessons from this tragedy, that you should have taken more time to instruct them and discuss with them how the community would be informed? ---If I accept that, however, Helen Gill was my superior and my understanding was that she directed.

All right, we can ask her about that. Do you agree that there was a particular sensitivity of the clinic staff moving out in circumstances where they would be assisting the community with a funeral on Saturday afternoon?---My understanding was that staff would stay until the family were able to do what they needed to do.

After the phone call with Sergeant Frost at 7:30 pm when you were told of a police shooting and you were - - -

THE CORONER: I don't think she was told of a police shooting.

DR DWYER: I withdraw that. When you were told of a shooting and you were - you reminded Sergeant Frost that there were no staff present in the community and Yuelamu Health Centre was covering. What did you do?---I then made a phone call to the on call manager and that was Helen Gill.

You told her that Sergeant Frost needed urgent assistance, is that right?---I told her that I'd received a phone call from Sergeant Frost and that she was requesting emergency assistance for a shooting.

Helen said she would ring police and confirm what happened, correct?---Correct.

And then a few minutes later you received another call from Sergeant Frost? ---That's correct.

What did Sergeant Frost say in that call?---She then requested assistance.

Did she tell you anything else about what had happened?---I asked her if she could give me any detail and she said, "Police have shot a community member."

Did she tell you which community member?---No, she did not.

You told Sergeant Frost that you would contact Medical Retrieval and Consultation Centre and provide them with Sergeant Frost's phone number, is that right?---That's correct.

What is that service - the Medical Retrieval and Consultation Centre?---It's a service that's been set up for nurses to contact in the event of an emergency or in the event of staff requiring further consultation with a medical person.

You then phoned Helen Gill, is that right? And you told her about the second phone call with Julie Frost?---Correct.

Did Helen Gill tell you what she was going to do in response?---No, I can't recall.

After that phone call you had no further involvement with the events unfolding, correct?---That's correct.

Did you speak at all with the nurses based in Yuelamu that night?---No, I did not.

Did you attempt to contact them at all?---No, not at all.

THE CORONER: Can I just ask this question? You told Sergeant Frost that there were no staff present in the community but that doesn't appear to be correct because the Aboriginal practitioners had not left the community, as I understand it?---Correct.

Were they normally involved in call-outs after hours?---No, they weren't.

Never?---No, they weren't.

And do you think that the senior Aboriginal health practitioner may have had some experience that could have assisted?---That's a possibility, yes.

DR DWYER: The senior Aboriginal health practitioner was Nola Fisher. Did you have her phone number?---Her phone number would've been on the on-call phone, yes.

At the time did you give any consideration to asking someone to get in contact with Nola?---No, I did not.

Given her clinical skills do you think that you should have done?---That's very difficult and I think Nola would be the only one that could answer that question whether she deemed that she would be able to assist.

But you know that she had been - she was somebody of considerable experience, correct?---That's correct.

And she had some clinical skills, correct?---Correct.

And it's fair to say, isn't it, that if you think of yourself as a family member you would rather somebody with some clinical skills who was Aboriginal than nobody there, particularly in terms of comforting somebody?---Absolutely.

And for that purpose alone, in terms of giving comfort to the person who had been shot, it was appropriate to consider any clinic staff who were available in the community?---Absolutely.

And in hindsight it's clear that that should have been done, do you agree?---Agreed.

THE CORONER: Is there any reason why the Aboriginal staff didn't have keys to the clinic?---Historically they've never carried keys.

Why not?---I'm not sure of the reason.

Nurse Symonds, you returned to the community on 12 November 2019. Prior to the shooting of Kumanjayi, was there any discussion with clinic staff as to how long they would stay out of the community?---Yes, we did have a meeting while we were all in Alice Springs. That was convened by David Reeve who just was able to give us some information about what was happening in the community and how we would return.

Sorry, was that prior to Kumanjayi being shot?---No, post.

So, if I could just stick with that earlier – with that timeframe between the midmorning meeting about the clinic staff leaving and you finding out that a community member had been shot, was there discussion as to how long the clinic would be shut for?---Not to my knowledge.

Given that this was unprecedented in your experience, did you have any idea yourself as to how long the proposal was to shut the clinic?---No, I do not.

So, in assuming that community members were being told the clinic staff was being – that the clinic was being shut, you assumed that they would just be told that it was being shut for an indefinite period?---I didn't give any consideration to the time that the clinic would be closed.

When you returned on 12 November, you found that your house had been broken into again, so had the house next door. Correct?---Correct.

And when you returned, there was a sense that some people in the community blamed us for Kumanjayi's death, which was very difficult for us. Who is the "us" that you're referring to there?---Myself and the health centre staff.

And who were the community members that you're referring to?---This was just all community.

How did you get that impression?---From attending their community meeting that was held when we returned.

So, when you returned on 12 November, when was the first community meeting?---That afternoon.

All right. And how was that arranged?---I'm not sure who arranged it. I think it was arranged by police.

Who was in attendance?---A vast number of community members, NT Police, stakeholders, housing to staff.

Were there senior NT Police present?---Yes, to my knowledge, yes.

Do you recall the names of any of those people?---No, I don't. No, if I say Jodie Hobbs, superintendents, commanders, NT Police commanders. I'm not sure of their exact titles or their names.

And where was that community meeting?---At the basketball courts.

And do you have a recollection that a number of community – of Warlpiri community members were verbalising their distress?---Absolutely, yes.

And in some cases, their anger?---Absolutely, yes.

All right. You could understand that, couldn't you?---Absolutely.

And you got the impression that there was anger directed towards you personally as the manager?---Yes.

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

Who was that – who was expressing that?---Individual community members. I can't recall specific names. I can just see faces.

You could understand, couldn't you, why, given your position as the local boss, that anger was directed towards you?---Absolutely.

Can you appreciate, Nurse, how the community felt let down by their clinic leaving in circumstances where there was not consultation with them before it happened?--- Absolutely.

Is there anything – there are a number of community members watching, is there anything that you want to say about that and the lessons to be learnt?---No, I speak for myself and you know, the health centre staff at the time, that we were there with you at the beginning with your loss and we're still here with you now. We constantly think about you and what's happened. All I can say is, Kiakaha(?), be strong.

There were a number of conspiracy theories in the community about why the health centre staff had left and the relationship with police. Are you aware that some people in the community think that, in fact, police arranged with NT Health to move out of the community before the IRT came in?---I was aware of that theory, yes.

What do you think about that?---This is so not true.

Can you understand though, Nurse, why some members of the community would think that when they were not properly consulted about the nursing - - -?---Absolutely. Absolutely, totally understand why those thoughts were there, definitely.

And if there is not proper consultation with the community in these circumstances, do you agree that the relationship between health staff and the community can be

affected for many years?---Very much so. Very fractured relationships. It's going to take a long time and a lot of work and a lot of communication and a lot of talking to even attempt to mend that.

When you were in Yuendumu for the year after Kumanjaya died, were there meetings with community members where there was an attempt to understand how they were feeling about the clinic being shut for that period?---No, I don't think there was.

Do you think there should have been?---Yes, I do.

Nurse, in your statement, explained that you have enjoyed your time in remote communities. You're still in a remote community, although a different one now. Why is it that you like community nursing?---As a remote area nurse, I think that we have more autonomy. We have more of an ability to form relationships, therapeutic relationships with people and it's just work that I find very rewarding.

There are important lessons to be learnt, aren't there, for NT Health from the tragic death of Kumanjaya. Correct?---Correct.

And there is important work to be done, isn't there, in restoring the community trust?--Absolutely.

And there are important changes for the community in terms of access to services that you've told us about, particularly in relation to a team of people assisting with trauma. Correct?---Correct.

Nurse, I would propose to draft some recommendations for her Honour's consideration. Would you be willing to have a look at those and lend us your expertise as to whether or not you think that they would be of assistance to the community?---Most happy to do that.

Thank you, your Honour, those are my questions.

THE CORONER: And just before Mr Mullins, you mentioned that meeting, the large community meeting on your return to Yuendumu where there was a lot of emotion, and you mentioned various people who were in attendance, were the Aboriginal community clinic staff in attendance at that meeting?---Yes, they were.

Thank you.

Mr Mullins.

MR MULLINS: Thank you, your Honour.

XXN BY MR MULLINS:

MR MULLINS: Ms Symonds, my name is Mullins, I appear on behalf of the Brown, Walker, Lane and Robertson families. Can you hear me?---Yes, I can.

You gave evidence that you were the primary health care manager at the relevant time of the Yuendumu Clinic?---Correct.

Were you the sole primary health care manager?---Yes.

If you're not on duty, does the person who is most senior become the primary health care manager, or do you retain that responsibility?---No, I remain the primary health centre manager. Usually, the most senior person will take – make decisions in my absence.

But in the context of the hierarchy of control, is it the case that there are several aspects of your role that you retain. And you would have an expectation that the most senior member of the nursing staff would contact you, before a serious decision is made?---Correct.

The Yuendumu Clinic operated from Monday to Friday, from 8 o'clock until 5 pm, except for Thursdays, when it operated until 1 pm, is that correct?---Correct, yes.

And at all other times, there were staff available for on-call duties?---Correct.

Now one of your successors, Sally Hulton(?) has provided a statement. And she sets out at par 50 of her statement, a table of the types of diseases that commonly confront staff in the community of Yuendumu. Now I'll just quickly read these out to you, so we can get some sort of picture as to whether this was consistent with what your experience was. 30 percent of the health needs relate to diabetes for people over the age of 15 years? Sorry, I should say it's 29.08 percent, is the precise number. Is that about right?---I wouldn't dispute that, no.

At 22.79 percent relate to chronic kidney disease, that's right?---Wouldn't dispute that.

And the clinic assist in the management of the dialysis treatment for those people?---Purple House assisted dialysis patients.

Did the clinic provide any assistance with that?---Emergency care, yes.

11.73 percent was cardio-vascular disease, would you dispute that?---No dispute.

All right, and then some of the other diseases included lung disease, mental health disorders, disability, autoimmune disease, chronic infectious disease, rheumatic heart disease, and chronic muscular-skeletal disorders. And so they're the type of range of issues that were dealt with by the staff at the clinic on a regular basis?---Correct.

The systems for record keeping at the clinic, was it all electronic?---Yes it was.

Did – so there were no paper records at all, as at 2019?---The paper records were scanned onto the computer system.

So if a patient attended on-call, and you were on duty, say at 10 o'clock at night on a Saturday night, could you access Dr Amy Rosser's records in the clinic itself?---Yes. Yes.

And was that access capable of being obtained remotely? So could you access those records from Alice Springs?---No.

Could you access a patient's records – I withdraw that. If you had a patient who came in from Yuendumu, who was seeking treatment in Yuendumu, but was also seek – also receiving treatment from Alice Springs, could you access that patient's records from Yuendumu?---If it was in the computer system, yes.

So is the database, to your knowledge, Northern Territory wide, or limited to Yuendumu and Alice Springs?---My understanding it's NT wide.

All right. And so if you needed to access it, did you have a log in, yourself?---Yes I did.

Now in the context of handover, was there always a handover between staff changing shifts?---Yes there was.

And was the handover in writing, or was it electronic? Or was it oral?---It was verbal.

Did – if a patient was having on-going treatment for – well, I withdraw that. Were there beds at the Yuendumu Clinic where people could stay overnight?---No there wasn't.

So if there was a need for a person to be treated overnight, did they need to be moved elsewhere?---If they were needing treatment then – and it was for a long length of time, then they were requiring retrieval.

And would that be by air or by road?---Always by air.

And is it the case that there were regular retrievals?---Yes there were.

Can you estimate how many per week?---No I can't.

For each retrieval, did a risk assessment have to be undertaken for the particular patient?---No it didn't.

Now you mentioned the history of break-ins. And it had occurred over time. Apart from the break-ins that occurred in November of 2019, you're aware that there were break-ins to the shops in Yuendumu, over time?---Yes.

Break-ins to the school?---Yes.

Break-in to the teachers houses I think you mentioned as well?---Yes.

So these break-ins were not uncommon?---No they weren't.

And to your knowledge, they were mainly children?---I understand from police, that it was thought that it was children, yes.

The break-ins that occurred in the week of 6 November 2019, and therein after, did you, or did anybody tell you that there might be an older person involved in those break-ins?---Possibly, but I couldn't confirm that.

When you alerted police about the break-in to your home on 6 November, did police officers come around to the house?---Yes they did.

And they took some photographs?---Yes they did.

Was one of those police officers Constable Hand?---I believe so, yes.

And the other police officer's name was Constable Smith – Lanyon Smith?---Yes.

Do you remember those two officers coming around to your house?---Yes I do.

And during the conversation – they had a conversation with you?---I recall the conversation, just really about what was missing in the house.

Did they mention during the course of that conversation, that they suspected that they knew the person who might be doing these break-ins?---Yes.

And did they suggest to you that it may have been a person who was an older person, rather than a child?---Yes.

And did they suggest to you it might have been Kumanjaya Walker?---No names.

Did they suggest to you that it might have been a person who had recently escaped from a correctional facility?---No they did not.

Did they mention to you that the – they knew he was in the community?---I don't recall that, no.

Did they mention to you anything about that the community might be hiding him?---No, I don't recall that.

Now you told counsel assisting about the meeting on 9 November of 2019. And – this is the meeting mid-morning where you're attending by telephone, you understand that meeting?---Yes.

I'm talking about?---Yes.

And I it's I think Helen Gill is the convenor effectively of the meeting?---Yes.

And you have several of the staff from the clinic, who are on the telephone?---Yes.

Now was there any part of that discussion where you recollect it being mentioned that the police had said that they knew who was committing these break-ins?---I don't recall any discussion about that, no.

No, you didn't raise that by any chance?---No.

Had you raised that with any of your fellow staff members, during the course of the preceding days?---No.

You sure that you didn't tell another staff member that the police know who this is?---Not that I recall, no.

There were discussions between you and other staff members, about the problem that was unfolding weren't there?---I'm not sure I understand your question.

Look, I withdraw that. Do you remember there being any discussion during the course of the meeting on 9 November about the withdrawal of the nurses, sending a message to the community?---Absolutely not.

You say "Absolutely not." You're very definitive about that?---Absolutely not. No – no such conversation occurred.

I see. Now, it's the case isn't it, as you have mentioned, that some staff did not want to leave?---I believe so, yes.

And you suggested that was John Afferling(?) and Cassandra Holland?---Yes. Not that they didn't want to leave, that they were prepared to stay.

But wasn't Cassandra Holland a little dogmatic about it and said that she definitely wanted to stay?---I just recall that she said that she would stay.

Now, you also gave evidence that there was - sorry, I withdraw that. The handover to you Yuelamu, who was responsible for the handover to Yuelamu?---I understand that was Cassandra.

And was she to give an oral handover?---I don't know the details of all the specifics of the handover.

To what extent were you responsible, as the PHCM for assisting in the discharge of the handover?---I understood that my superior, my manager, Helen Gill, was directing staff on how to manage the staff withdrawal.

And so - sorry, go ahead?---I wasn't asked to provide any further input or support.

Were you aware that there was a protocol for the withdrawal of staff in circumstances like this?---Yes. I did not know that there was a protocol, it had never happened to me in my career so I wasn't aware of that, no.

No? Did anybody - have you discovered that since?---Yes, I have.

Did anybody at the time, mention to you what your role was in that protocol?
---No.

May the witness please see a document 9 - 9A, which is the statement of Mr Reeve and annexure DR6 which is a PDF page 60. That was very quick. Thank you. Now, we can see there that this is the protocol headed, "Temporary withdrawal of health service for staff safety PHC remote CAHS guideline." Can you see that?---Yes, I can.

And you've said that you are now aware of - that this document was in existence at the time?---I'm aware of this - that there was a document. I'm not saying I was aware of a specific document.

Can we just scroll down to the bottom of that page please and just so we can confirm that this document - there it is, just the footer at the bottom of the page there is what I am searching for, we can see that this has got a temporary title, that the last updated date is 24 April 2018, okay?---Yes.

All right, now we can see that there is a procedure there?---Yes.

And we can see there, under the heading, "Decision making. Staff making this decision to leave a community due to serious concerns about their immediate safety is fully supported by PHC management" and then out of this context, "Local level staff should not be the sole decision-makers for withdrawal of service from the community and must comply with any management decision regarding temporary withdrawal of service." So just go on to the next page and there is the specific consideration for withdrawal of service include but not limited to" first dot point - "RPHC staff safe in the community". Now, you expressed your view and at that meeting on the morning of the 9 November, the view was expressed that staff felt they were not safe, is that right?---Correct.

The next dot point. "Are PHC staff at risk of harm?" And the next dot point, "Has a documented risk assessment been completed?" Did anybody ever ask you to complete a risk assessment in respect of the closure of the Yuendumu clinic on 9 November?---No, they did not.

Did anybody ask you, as PHCM whether you had any matters to contribute by way of what you felt might be significant in a risk assessment?---No, they did not.

Do you understand what a risk assessment is?---I think basically who is at risk, people, properties, contingency plans.

Yes, all right. Now, there's the next dot point. "have the police been notified?" And the next dot point, "Logistical support including appropriate transport and accommodation of PHC staff and families." Jus under the next sub-heading, "Notifications" we can see under the second paragraph, "Once a decision to withdraw services has been made by PHC management in communication with PHC health staff, the following notifications should be made at a minimum" and then "Primary health care manager" is that - that was you?---Correct.

There was no-one else in your role at that particular point in time?---No, there wasn't.

"PHC management will send documented rationale and plan to reinstate services to the community". Do you see that?---Yes.

There was no plan to reinstate services to community at the time of the withdrawal, was there?---No, not to my knowledge, no.

Nobody asked you about what the plan was?---No, they did not.

What was going to happen on Monday when the clinic reopened and people started to attend for treatment of various types, if there was no-one there?---I did not have any knowledge about the withdrawal of staff and what the plan was to reinstate.

So let me ask the question again. What did you think was going to happen when people started arriving at the Yuendumu clinic on Monday morning at 8 o'clock, looking for medical attention?---I can't answer that question as I wasn't aware of when the clinic would be reopened.

All right. Look under the subheading then, "Community" and would you just scroll down a bit please so I can see the entire paragraph there? "The PHC management should notify the community by" - first dot point - "Phone" and you were asked about the telephone by her Honour, but you didn't contact anybody by the telephone yourself, is that right?---No.

The next dot point, "A notice advising closure placed on health centre doors and community noticeboards" - was that done?---Not to my knowledge, no.

And "The notification must include advice confirming alternative service arrangements. Was that done, to your knowledge?---Not to my knowledge, no.

The next dot point, "Ensure the message on the health centre telephone clearly provides alternate service arrangements and complies with health centre phones and" - I can't see that - e-faxes - e-fax, thank you. Was that done?---I'm not aware.

Under the next sub-heading, "Primary health care and other services". We can see that "There is need for notification by PHC management to all relevant management, medical officers, outreach staff" et cetera. Are you aware whether that was done or

was that not within your responsibility?---I understand that Helen Gill was to make those notifications.

You mentioned - thank you very much - you mentioned in your evidence before we took the break - and I will only be a couple more minutes, your Honour, that the staff who were community members and indigenous - I think you used the term, "Were not excluded but not included in the meeting of mid-morning of 9 November. That's right?---Yes.

And am I correct to say then, the staff that we're talking about are - give me a moment please, Nola Fisher - she is one of those staff that - - -?---Correct.

- - - were not excluded but not included. Jameson Williams?---Yes.

Is another one. Is Jameson a man or a woman?---Male.

Mary Butcher?---Yes.

And Chrissie Marthley, was she a community member?---No.

All right, so was it just the three - Nola, Jameson and Mary?---Correct.

Now, when you say they were not excluded but not included, are you saying that you just didn't think about having them join in?

A PERSON UNKNOWN: Your Honour, I'm sorry to interrupt. There is - for the court's benefit, the witness was not in the community at the time and there is evidence from other witnesses that were in the community that we will be hearing from about the engagement of local staff, so I am not sure how all of this should be taken up with this particular witness who was in Alice Springs.

THE CORONER: Well, I guess she's the manager and has contact details and is very well aware of her staff and who was present at the meeting. So, I'm going to allow the question.

MR MULLINS: Thank you, your Honour.

I asked the question, when you say they were "not excluded, but not included", are you saying that you just didn't think to include them?---No, I think the reason being is that it wasn't their properties that had been broken into.

And so, that was the defining issue as to whether they should attend a meeting for a discussion about whether the clinic or whether staff was going to be withdrawn and the clinic closed. Is that right?---Correct.

Okay. Well, now, the clinic being closed and the staff withdrawing had a very significant - was going to have a very significant impact upon the community?---Correct.

And at that point in time and even after the decision was made, there was no plan as to when the clinic was going to be reopened, was there?---Not to my knowledge, no.

Of all the people who could have made a contribution to how this was going to impact upon the community, was it not those three Indigenous members that had critical community information?---Yes, I agree.

This meeting was not just about whose house was getting broken into, this meeting was about whether the appropriate thing to do was to withdraw staff from the community and effectively close the clinic?---Correct, I agree.

Are you aware that the Yuelamu staff, who ultimately took responsibility, including Ms Walcott, at one point, thought it was – there was no point in them having the keys because they didn't – Ms Walcott didn't know – had never worked at Yuendumu and didn't know where any of the equipment was. Did you know that?---No, I did not know that.

Couldn't the Indigenous people from the community who were your staff have assisted a whole raft of different people in simply navigating the Yuendumu Clinic?---Agreed, yes.

They would have known where emergency equipment was, wouldn't they?---Yes.

They would have been able to access the electronic system with passwords and what not?---Yes.

So, not only were they people who could have given you information about the community, they were people who could have assisted in the maintenance of the alternative plan, that is, placing the Yuelamu staff in charge of the Yuendumu Clinic?---Yes.

Was anyone else not included?---Not that I'm aware of, no.

So, it was simply the Indigenous community members who were not included in that meeting?---I believe so, yes.

You've worked in New Zealand for many years?---Yes.

You have worked in communities in New Zealand where there are community nursing members? So, I should say, sorry, there are First Nations people in New Zealand who work with communities in a nursing sense?---Yes.

In your experience in New Zealand, it would be unthinkable, wouldn't it, to not include those people as part of a discussion about shutting down medical services in the community?---Agreed.

Nothing further, thank you, your Honour.

THE CORONER: Mr Derrig. And again, if everyone can just explain who they are representing, so it assists the witnesses.

MR DERRIG: Sure.

XXN BY MR DERRIG:

MR DERRIG: Good morning, my name is Mr Derrig, I'm from NAAJA.

THE CORONER: Do you know what NAAJA is?---Yes.

Okay, good.

MR DERRIG: I just wanted to ask a couple of questions around Aboriginal employment to begin with. In your evidence, in your affidavit as well, you talk about ways to support Aboriginal employment and health, would it be fair to say that you recognise the value of recruiting and retaining local Aboriginal staff?---Absolutely, they're vital.

And maybe if you could let the court know why you think they're so vital in, I mean, a couple of sentences?---Definitely to enable nursing staff, medical staff, visiting staff to navigate the cultural norms, the cultural way of being, practise cultural safety. They assist with language and just help non-Aboriginal staff to perform their duties and delivery the service.

Thank you. Now, when you were in Yuendumu, did those Aboriginal local staff get housing through their employment?---No, they did not.

If local Aboriginal staff were to be able to get housing through their employment, do you think that might assist in attracting and retaining more local Aboriginal staff?---Yes, I do, yes.

Now, I'm going to ask a couple more questions about the planning, and I only really ask this for the purposes of lessons learnt, but in terms of the planning of the withdrawal, the nuts and bolts of it, do you think it would have helped if, prior to the decision, there was consideration of what the risks were to the patients, the individual high-risk patients?---I think a lot of lessons need to be learnt about communication, the risk assessment, yes.

And do you think it might have – like in the future, might it help that there might be handovers regarding those high-risk patients?---Absolutely. I'm not sure that that wasn't done.

Do you think it would help in the future if there would be consultation between other major stakeholders, such as say, Purple House or the old age persons' programs?---Absolutely. Everybody should have received notification to add communication.

Do you think they could have assisted in the contingency planning, like working out for their vulnerable patients that you have in common, working out a plan for those individuals?---Yes.

Thank you. All right, now just going to the Aboriginal local staff that you did have, so that's Nola, Jameson and Mary, you mentioned before that they weren't in the discussion because their properties weren't affected, to your knowledge, did anyone actually check with them if their properties weren't affected?---Yes, I think they did. Again, I wasn't there on the day, but I understand from staff that they were contacted and they were involved after the meeting.

Just so we can check, do you recall which staff member might have told you that, just so we might ask them about that?---I don't know specifically, maybe Vanessa, maybe Cassandra and John.

Okay, thank you. Now, at par 63 of your affidavit, you noted non-Aboriginal staff drew upon the knowledge of local staff, local Aboriginal staff, when navigating cultural norms, did anyone speak to Nola, Jameson or Mary when these issues of the break ins first started occurring for the purposes of trying to resolve the issue?---Yes, definitely. Lots of discussions when that happened, and asking them what is the best way for us to go forward or how best way for us to speak with the wider community and Elders.

And so, do you recall what their suggestions and advice were?---Yeah, definitely, It was the community meetings they felt would be the best way to get to a great number of people way by the community meetings.

Okay. And to your knowledge, and I appreciate you were in Alice Springs for a period of time, but after that first break in on 6 November, did anyone again speak to Nola, Jameson or Mary about their advice and suggestions at that stage?---I didn't myself, no.

And you're not aware of anyone else?---No.

Okay. Earlier you talked about the doctor in community, Dr Rosser, I believe. You mentioned that on weekends, Dr Rosser isn't on-call, is that correct?---That's correct.

And just to check, in an ordinary circumstance, if there was an emergency, would she be on-call on the weekend, or would she attend if there was an emergency on the weekend, or outside the (inaudible)?---Yeah, absolutely. If – if we called her in an emergency, she would attend, but she wasn't on-call.

And so what's the difference between being not on-call, and attending an emergency, if you take my meaning, like if you were on-call – well - - - ?---Then you will attend. Otherwise, it would be at the request of staff.

Okay, so essentially, if you're not on-call, would you say that's there's a discretion - -
- ?---It's a choice.

- - - a discretion then, okay?---Yes.

THE CORONER: I guess she could also be out of the community, if she chose to be. But if you're on-call, then you – I expect that you'd be required to be available in the community.

MR DERRIG: Thank you.

Do you think, if there was a second doctor available in Yuendumu, at least during the time you were there, that it might have been possible to work out a schedule so that a doctor could always remain on-call?---That would be great. That would be ideal. And if resourcing allowed having a doctor on-all after hours, would be fantastic.

Now with respect to the training, the cultural awareness training that's received and what not, back in 2009, does NT Health have a policy to require you to do refresher courses?---I don't believe so. I believe that the Aboriginal Cultural Awareness Program is a one off.

And have you ever been asked by NT Health to do training on unconscious bias?---On – on unconscious bias?

Yes that's - - - ?---Is that what you said?

Yes that is what I said, yes, unconscious bias?---No.

Now at par 60 of your affidavit, you refer to the Cultural Induction Training developed by Jennifer Hampton, who was the then District Manager. And Gwenn Patterson-Wally. To your knowledge, are either of those persons from Yuendumu themselves?---No they're not.

Now given that they're not from the community, how do you know that their induction was accurate?---They work closely with our Aboriginal staff on how to develop their induction program.

Okay, and so is it possible that say Nola, Jameson or Mary, reviewed the document in the induction?---Any discussion around induction was had with our on-staff Aboriginal staff.

Now, appreciate that you did that induction training yourself it seems, is there a specific policy for Health that requires staff to take that localised induction, or is this something that you just did at Yuendumu?---No it is a requirement that all staff undergo a local community induction. However, how that is conducted is not formal.

Okay?---(Inaudible) induction in the community is ongoing (inaudible). So community induction is ongoing.

I apologise there, for the mid-part of your answer, it cut out. Would you mind trying to repeat that again. I know it's a bit tricky to, so you don't know when you cut out and you didn't?---That community induction is ongoing. It's not something that you can just do in a couple of days, or over a week. So learning about the culture of a community goes on, for the length of time that you're in that community. It's not something that you learn, and then you just put aside.

Thank you. Just turning to par 30 of your affidavit. You mentioned that there was a natural kinship between, and I apologise for my pronunciation, Maori people and Aboriginal people?---Yes.

And you also mention that there's maybe some cultural similarities there?---Yes.

Now just for the purposes of letting the court know, you'd accept wouldn't you, that you're not an expert on say Aboriginal culture, would that be fair to say?---That's correct.

And you'd accept, wouldn't you, that while you might have some knowledge of the cultural similarities, ultimately, that's no substitute for Aboriginal people determining what is culturally informed practice in health care. Would that be fair to say?---Agreed, yes.

Okay, thank you. Now just a couple of last questions. Now at page 28 of your record of interview, you were explaining why every break-in wasn't necessarily reported. And you go on to say, and I'll just quote, "Because we are very aware that it is difficult to them" presumably meaning police, "To do something with. But you know, at the time you're thinking, well no one can do anything about it, so." Now you'd accept, wouldn't you, that it would be equally difficult for Elders of the community to stop break-ins, as it would be for the police?---Absolutely, absolutely.

And do you think perhaps maybe even, given that the police have training to do their jobs, and one of their jobs is crime prevention, do you think it possibly might even be harder for Elders to be able to try and stop break-ins?---Agreed. My understanding is that the Elders were asked for their advice on how to manage these things. I'm not sure they were any more equipped to give us the answers.

Okay, thank you. But in any case, you would accept that it's difficult – it would be a difficult task for them?---Absolutely.

Now my final question is, and this one's a bit tricky, because it's a bit unclear on the transcript. But at page 25 of your record of interview, there's a bit of a line there, and there's a couple of interjections from the police officers, saying "mm mm" and things like that. But I'll just read out to you the part I wanted to draw your attention to. You say, "But I'm saying that post that, a lot of support. You know, a lot of good will.

I think there is a lot of misunderstanding, miscommunication, that people weren't aware from – aware of the reasons.” Can I take it from that quote, that what you were saying is that the community was understanding of the withdrawal, once the reasons were explained?---I think once the information was given to the community as a whole, I think they understood why the nurses were withdrawn.

So given that a 19 year old community member died, you'd agree, wouldn't you, that it's pretty considerate of the community to show that level of understanding?---Sorry, could you just repeat that? I just missed that.

Sure. So given that a 19 year old community member had died. You'd agree, wouldn't you, that it was pretty considerate of the community, to show that level of understanding?---Yes, absolutely.

Okay thank you, that's all my questions.

THE CORONER: Yes, Mr McMahon. I'm just noting the time. I note you haven't had Mr Hutton yet, and we've got another witness today. So I'm just making people aware of that fact, but yes, Mr McMahon. And after your questions we'll have the lunch break.

MR MCMAHON: I'll be between 10 and 15 minutes.

THE CORONER: Mr Hutton, did you want to say something?

MR HUTTON: Just only that I think if perhaps we could finish this witness before lunch, if that's at all possible, your Honour.

THE CORONER: I don't think so.

MR HUTTON: All right. I'm sure how long other parties have, but I certainly won't be long.

A PERSON UNKNOWN: About five minutes, your Honour.

THE CORONER: All right, look we'll see how much we can get through. I'll sit until quarter past one, but not longer.

A PERSON UNKNOWN: If it please, your Honour.

THE CORONER: And we'll see if we can get through it all.

Yes, Mr McMahon.

XXN BY MR MCMAHON:

MR MCMAHON: So, nurse, you will have seen the - I am going to be under a bit of time pressure, so I will speak to you quite briskly and you feel free to answer briskly

as well. Mr name is McMahon and I act for the Parumpurru Committee, which is a committee of people from Yuendumu, mostly Elders and you would know quite a few of them from your time living there. My questions are ultimately focussed on the future, if that will help you as you give your answers, we are looking to how to improve things for the future, do you understand?---Yes.

Now, I take it from all of the materials on the brief concerning you, your interview and your statement and so on, that here is some difficulty in having sufficient staff at the Yuendumu clinic, would you agree with that?---Agreed, yes.

And for your whole time that you were there, is that a consistent problem?---No, we - during my time we had good staff and good resources.

But that had become an increasing difficulty towards the end of your time there?
---Yes.

There's other material on the brief to suggest that the Yuendumu clinic had staff of about 19 or 20 but was funded for staff of about 27, does that sound right to you?
---That sounds right, yes.

And is the reason that there's that gap simply because you couldn't recruit enough people?---Yes.

And bearing all of that in mind, you've also made a thoughtful comment in your material about the need for flexibility with regard to documentation such as birth certificates and Ochre cards. So that's an important point that we want to talk to her Honour about later. Can you just zero in on that and explain why there needs to be flexibility with regard to documentation in order to recruit more Aboriginal staff to the clinic?---Yes, we had a lot of community members approach me wanting employment and it was difficult for them to gain enough points through birth certificates, drivers licence, Medicare cards, get for them to obtain an Ochre card, which is required by NT Health. The other - the other thing that is difficult - it was difficult for Aboriginal people - was the documents that they had to complete prior to employment. Now, I don't know whether anybody is aware, but there's pages and pages of information that is required and so they did struggle at times completing just the commencement documents.

Just keep going on that for a moment because no-one else is thinking about it that I am aware of so tell us what else you can remember about the importance of that document?---Well, just completing having a bank account details, having Medicare details, superannuation, you know, tax file numbers - it was difficult when people weren't used to accessing this information or even knowing where to find them. Setting up bank accounts so that wages could be paid into.

And in your experience was the failure to be able to complete that form adequately a significant impediment to people being employed?---Yes.

Despite the fact that the people we're talking about are people well known to the community who live in the community?---Yes.

And who can undoubtedly produce some of the material?---Yes. One of the other thing was sometimes people had a criminal history which - not just prevented them from taking employment but that they felt that they couldn't even apply because of their criminal history.

So would you agree with the proposition that with regard to a person having a criminal history, the Northern Territory authorities need to take a much greater - a much more flexible approach to analysing what that criminal history might amount to before ruling people out of employment?---Absolutely, and it was a very arduous - and I am sure somewhat traumatic time for people to have to go through that process.

Are you able to say over a year, any particular year towards the end of your time there, how many people we're talking about who would struggle with these forms, struggle to complete the commencement documents, struggle to provide suitable identification? We're talking about more than one or two, aren't we?---Yes, we are.

Much more?---More than ten.

Yes, that's in any year, correct?---Yes, correct.

Which is a significant part of the operation of a clinic the size of the Yuendumu clinic?---Correct.

I want to ask you a group of questions about having what we have been calling in your absence, from my client, a "local council" which doesn't exist in the way that it used to at Yuendumu and you have identified a number of times in your evidence some answers you've talked about - the health advisory group and how you reinvigorated that and how, unfortunately inevitably it began to diminish in its effectiveness and only meet as required in special circumstances. Do you understand that?---Yes.

And elsewhere in your record of interview, which was taken in November 2019, you complain - I am not criticising you here, I am just making a point, that you complain that, "Look, there's a thousand people there, how could you go out and tell a thousand people that we've got our houses being broken into, how do we communicate with that many people - what's the point of telling a few." Do you remember talking to the police about that?---I don't remember those words.

Okay, well take it from me that's the gist of what is in your record of interview. The point I wish to bring your attention to is at the time of this crisis on 9 November before the shooting - just the crisis of the medical staff leaving, it is fair to say, isn't it, that there as an absence of an appropriate leadership body of community leaders and emerging leaders to whom you could go and speak and identify the whole range of issues, knowing that that would satisfy community needs?---Correct.

And it follows, doesn't it, you would agree that in circumstances like this and other circumstances where you, as a clinic, need to communicate with a whole community, there would be great value in having an appropriate body such as a local council or embodiment of a local council, to whom you could communicate and deliver a whole message, do you agree with that?---Absolutely, yes.

And you would agree that if you were in such a conversation with such a group it would be a most appropriate forum for you to hear back from the community about the community's wishes and desires and needs?---Absolutely.

One of the issues which emerges in other people's evidence - and I am just giving you a chance to comment on it because of the conversations you would have been in on 9 November, is the question of what was going to happen at Yuelamu. Now, the issue is this, once a decision is made for Yuendumu clinic staff to leave Yuendumu, that enlivens the role of Yuelamu clinic. You appreciate that?---Yes.

And there is suggestions in the evidence that there was an intention that two staff would - from Yuendumu would end up staying at Yuelamu and provide support to the staff at Yuelamu. Do you understand that?---I was aware - yes, I was aware of that after, yes.

And that goes to what the Counsel assisting was asking you about the mathematical realities that were being imposed on the staff at Yuelamu once that there were no staff at Yuendumu - in terms of the number of people to be cared for still only by two staff at Yuelamu?---Yes.

Now, some of the witness statements - they're not necessarily people being called in this inquest but they make statements. Once is a Nurse Alton(?) and I think the other may be Cassandra Holland and there may be other material that basically suggests that they were willing to stay on or do extra support. Alton certainly says he was prepared to stay at Yuelamu. Are you able to assist us in explaining why that didn't - why there was - why the staff left - who left Yuendumu and ended up in Alice Springs, why there was no provision of two extra staff at Yuelamu?---I was not involved in that decision-making that staff would not remain.

All right. Were you aware at the time, Mr Reeve says in his statement, that it was his intention and wish that he wanted staff to go to Yuelamu to support those staff. Were you aware of that on Saturday, the 9th?---No, I wasn't aware - I'm aware of it now, but I wasn't aware of that on the day.

All right. Now, I want to ask you some questions about Congress. You're aware of Congress, I'm sure, an Aboriginal community health organisation?---Yes.

I'm afraid I have to admit, I hadn't studied your CV closely enough to know for sure whether you had worked for Congress, but certainly, much of your work has been with Northern Territory Health?---Correct.

Yes?---I've not worked for Congress.

Okay. You're aware, of course, that they strongly promote Aboriginal-controlled community health centres?---Yes.

Are you able to identify as someone who has not been involved in that – no I withdraw that question. Would you agree that there are, as Congress would of course put forward, that there are many benefits of having Aboriginal-controlled community health centres?---Yes.

In the material that's coming into this inquest from Congress, there is a discussion about the number of people at Yuendumu and the number of GPs who should be servicing a community that size and it's said that there should be at least two GPs in the community that size, is that something that you would agree with?---Yes, I would.

And the benefit of that is that there would be at least one person available at all times, without the growing risk of burnout for the GP, if there were only to be one GP there?---Correct.

Would you agree that the community control of primary health services such as is done by Congress is an excellent model of health service delivery?---I don't know too much about their models of care. I do agree that Aboriginal input is vital with decision-making when it comes to health services.

Are you aware of whether, as Congress would say, that there are going to be better health outcomes and improved health gains for Aboriginal people where there is an Aboriginal-controlled community health centre?---I would say that partnership with Aboriginal people will have definite benefits.

All right. You're constraining your answers based on your limited experience, and I won't ask you more questions about that?---Yes.

Just a very quick question, hopefully, in your statement, you talk about the Purple House dialysis service and that the clinic does not share resources with the Purple House of a shared information and communication course. Is there any particular standout reason why resources aren't shared with Purple House?---Just that we work for different organisations.

Can you say that again, I'm sorry?---We work for different organisations.

All right. So, it's just a question of two silos in the same town, is it?---That's correct.

Is that something that could be improved with better management coordination?---I feel that our relationship with Purple House was very good as it was. It can always be improved.

All right. Now, the next questions are in now way a criticism of you, and I know that from watching you all day, you've been deeply moved by many of the questions

you've been asked, but I do have to ask you a couple of questions which are troubling me, you've said that Aboriginal staff are never involved in call outs after hours, and it wasn't clear to me why that is the case. Are you able to say why that is the case?---So, can I understand your question of why our Aboriginal staff didn't attend emergency afterhours?

Correct?---Was that correct?

At the time that you were there?---From my perspective, Nola Fisher, Senior Aboriginal Health Practitioner, was nearing the end of her career and didn't participate at all with on call. Jameson and Mary, in their roles as Aboriginal community workers, didn't do afterhours care either.

I appreciate you've said that they didn't do it, but the question I'm asking you is, why? Why couldn't they assist other staff from the clinic who are not Aboriginal in afterhours call outs or emergencies, for instance?---They could, if they wished to. And they were asked if they would like to participate in the afterhours on call and declined by both.

Okay. So, when you say that they were never involved, you're saying that that was a choice of theirs?---Yes.

There was no direction from one higher that Aboriginal health staff are not to be involved in afterhours emergency call outs?---Not at all. In fact, it was – we would encourage it. We sought to get afterhours drivers from within the community, but we didn't have anything forthcoming.

The other question that you were asked, a similar time earlier today, was about Aboriginal staff having keys and you said, "They have never carried keys", which struck me as an odd proposition. Can you elaborate on that answer? What do you mean by saying the Aboriginal staff have never carried keys?---I understood prior to me starting that the – our Aboriginal staff didn't carry keys to the health centre. And part of it was their own choice. Sometimes, it was challenging for them to hold the keys and not lose them, so they tended not to take them. I understand that Nola did – Nola Fisher did have a health centre key and at times, so did Jameson.

All right. Two more questions. One of the witnesses who's coming, a nurse, says with regard to leaving on Saturday, 9 November that, "We were hoping we'd be back the next day." We thought - she says, "We thought it was just going to be like a night thing to show our stand and then come back the next day and go on and, hopefully, community got the message that we weren't going to be broken into." Now, you've said in answer to questions from another barrister that you were unaware of what the return plan was. So, you can see the two conflicting positions there. One nurse is saying, "We were coming back the next day", that was her understanding, and you're saying you had no idea. Is that something you can comment on for the court?---I was not involved with any of the contingency planning, how long the staff were going to be in Alice Springs for. I was not involved at any stage. They may have been told, but I wasn't.

All right. I'll leave it there.

Thank you, your Honour.

THE CORONER: Yes, Ms Bernard?

MS BERNARD: I believe I'm next in line, your Honour.

XXN BY MS BERNARD:

MS BERNARD: Good afternoon, Ms Symonds. My name is Amanda Bernard and I appear for the Northern Territory Police Force. Can you see and hear me okay?---Yes, I can.

I would like to ask you some questions about the phone calls that you had with Sergeant Frost on the evening of 9 November? You've just given some evidence about that. It was clear to you in those calls that Sergeant Frost was seeking urgent medical assistance for Kumanjayi Walker. Is that right?---That's correct.

In fact, you indicated in your statement that in that second call, she said to you, "I need someone now"?---Correct.

She wanted the medical plane to be despatched, as soon as possible, is that fair?---That's correct.

You've given some evidence, Ms Symonds, that you told Sergeant Frost that you would contact the Medical Retrieval and Consultation Centre. Did you in fact - - - ?--
-Yes.

- - - do that?---Yes I did. I spoke with Dr Petra(?) from the MRCC team.

So you told that Sergeant Frost that you'd make a call, correct?---Yes.

As soon as you got off the phone with Sergeant Frost, you did make that call?---Yes.

You spoke with Dr Petra?---Yes.

You gave Dr Petra Sergeant Frost's phone number?---And then they communicated.

And it was your understanding that they did that, is that right?---That's correct.

Can I ask you some questions about the Medical Retrieval and Consultation Centre generally. That was an emergency service that operated from the Alice Springs Hospital in conjunction with the Royal Flying Doctor Service. Is that right?---That's right, yes.

It was a 24 hour service?---Yes.

And the doctors were based at the hospital, but the pilots were provided by RFDS, is that the case?---That's correct, yes.

Have you called them before? Had you had a cause to call the Medical Consultation and Retrieval Service before?---Yes.

They're used for emergencies such as this one, aren't they?---Yes.

But is it correct that they're also used for a range of other things, such as the hospital retrievals that you told us about earlier?---Yes.

Do they also take patients back to country after they've been in hospital in Alice Springs, for example?---Yes.

Do they do transfers between hospitals?---Yes.

And do they do other tasks like occasionally transferring health staff to remote communities?---Yes I – yep, yes.

Okay. Obviously it takes time, doesn't it, between when contact is made with this service, and doctors are actually on the ground, in a remote community, or wherever they're required. You'd agree with that?---Yes.

And that response time depends on a number of factors doesn't it, in your experience?---Yes.

So it would depend, for example, on where the plane is, or a plane is at any given time, and what else it might be doing?---Yes.

Depends on which planes are available?---Yes.

If a plane is available, a team then has to be assembled, ready to go, and leave on that plane, would you agree with that?---Yes.

And then on top of that there's the flight time?---Yes.

And then on top of that, there's the trip from the airstrip to the community, if the plane is indeed going to a remote community?---Yes.

There's some evidence on the brief, Ms Symonds, that it can take up to two hours from an initial incident, to doctors being on the ground, if this service is utilised. Would you agree with that assessment?---I – look, I'm not too sure on the prioritising of patients and the time it takes for doctors to get from a to b.

Okay, but in your experience, when you've utilised this service before, it doesn't happen immediately does it, it takes time?---They prioritise, yes.

Thank you very much, Ms Symonds.

Those are my questions, your Honour.

THE CORONER: Just before you go, but I'm going to let you, Mr Hutton.

Are there qualified nursing staff, to your knowledge, attached to Purple House or the aged care?---Registered nurses in the renal department at Purple House, yes. And aged care is enrolled nurses.

Thank you.

Yes, Mr Hutton.

MR HUTTON: I don't have any questions, your Honour, thank you.

THE CORONER: Does that complete all the examination?

DR DWYER: Yes.

THE CORONER: Thank you very much for making yourself available. I am sorry that we had to interrupt your time on holidays, or I – I assume it's holidays, and perhaps visiting family. I'm sure that it has been a significant interruption, not just the time that you've allocated today. But the thought that has gone into it, and the anticipation. And I very much appreciate you making yourself available to answer the questions. And we appreciate the information that you've provided to the inquest. It's important information?---Thank you.

WITNESS WITHDREW

THE CORONER: We'll adjourn for lunch. And we'll come back – can we come back at 2 o'clock.

ADJOURNED

RESUMED

THE CORONER: Yes, Dr Dwyer.

DR DWYER: Thank you, your Honour. Your Honour, I call Vanessa Watts, also located in New Zealand, who appears to be online.

Ms Watts, can you hear us?

THE WITNESS: Yes, yes, I can.

THE CORONER: Hi, Ms Watts, I'm the Coroner. Thanks for making yourself available today.

VANESSA JANE WATTS, affirmed:

HER HONOUR: Thank you very much.

XN BY DR DWYER:

DR DWYER: Ms Watts, you can see and hear us. Is that right?---I don't know about see, I'm a bit blind, but I can definitely hear you.

Well, if that changes at any time, let us know. Can you tell the court, please, your full name?---Vanessa Jane Watts.

And where are you physically located to give evidence today?---I'm at the Novatel Hotel in Hamilton, New Zealand.

Where do you normally reside?---I live in Kintore Community in the Pintupi Homelands in the Northern Territory.

And what is your role there?---I'm a remote area nurse.

How long have you held the position as remote area nurse in Kintore?---Since February.

Since February this year, 2022. Is that right?---Yep, yep, that's correct.

You're giving evidence today because for around four years from 2017, you worked as a remote area nurse in Yuendumu. Is that right?---That's correct.

And that was your role in November 2019 when Kumanjayi passed away?---Yes.

You've prepared or participated in two statements for this inquest. The first was done on 22 June 2020 and that was an interview with police. Is that right?---Yes, yes.

And then you've done a recent statement on 5 October 2022?---Yes.

And you've got those documents in front of you. Is that right?---Yes, I have.

Nurse, can I start by asking you about some of your background and experience in nursing, you note in your recent statement you've got over 24 years' experience as a nurse, first in New Zealand, and then in Australia?---Yep, that's correct.

When did you first work as a nurse in Australia?---I started in 2010 in Kalgoorlie.

In Kalgoorlie?---Yep.

You then worked as a nurse in a number of different communities in Western Australia. Is that right?---Yes, so I then went onto Jigalong, which was a remote Aboriginal-controlled community. And I worked there for two years and then I came over to the Northern Territory Government.

When you started working in Western Australia in remote communities, did you participate in any cross-cultural training or cultural competency training?---Yes, I did, yep.

What did that involve?---Just with Kalgoorlie, it was more of an online module. And with Jigalong, it was more of a cultural introduction to the community with local people.

So, it was more of an informal introduction, rather than a formalised training. Is that right?---Yes.

So, you started in the Northern Territory for NT Health in 2014. Correct?---Yes.

And you note at par 13 that you completed cultural awareness training when you began to work for NT Health. What did that involve?---Well, I did one through the Northern Territory Government, you know, the NT Health Government, which was an online module. But I also did the cultural training through the clinic, which is compulsory.

Through which clinic?---The clinic I started at, I started at (inaudible) Clinic.

Can you compare those two cultural inductions that you got; one in Western Australia and one in the Northern Territory, were they of similar quality and of an in-depth nature or different?---Yeah, they were quite in-depth. They were both - yeah, they were both in-depth. They were quite in-depth and you have to learn quite a lot. I also did one through CRANA as well, an Indigenous one through CRANA.

What did that involve?---Just modules basically, online modules.

You referred to CRANA, what is that?---It's a remote area nurses organisation that provides learning and support.

You'd be familiar through that training then, that every – the cultural expectations in each community are different. Do you agree with that?---Absolutely, yes.

And language is different, obviously?---Yes, absolutely.

And the Elders and emerging leaders are different for each community group?---Yes.

So do you agree that it's important whenever you start in a new community, to participate in an – in an induction?---Yes.

And did you do that when you started in Yuendumu in January 2017?---Yes I did, yeah. It's part of the orientation.

So you're – you say that your induction was led by local Aboriginal staff members at the clinic, Jameson Williams, and Nola Fisher, is that right?---Yes.

And what did it involve?---A little bit around the language, about the skin, the different skin names. Different – a lot about where at sacred land where you can and can't go. Just little cultural differences between you know, people. And you know, induction to – and you know, going around the community, and – and actually seeing different places and things like that.

It – you would have come to know, through your work in the Northern Territory, and in Western Australia, the importance of funerals and sorry business to community members. Do you agree with that?---Yes.

Did you ever participate in any funeral or sorry business?---I – I have never been to – I've never participated as a – as a guest in a sorry camp. But I have participated in – in the fact that I've been out to sorry camps to help people that are sick and couldn't come to clinic, and – and things like that. I haven't (inaudible).

I'm sorry, we – we missed – you broke up just with that last comment?---I haven't been a part of a sorry camp as such, as an invited guest. But I had – I have been to sorry camps and been involved in helping sick people at sorry camps that couldn't come to the clinic.

Ms Watts, from time to time, when the Clinic Manager, Luana Symonds was away, you acted in that role. Is that right?---Yes.

Did you come then to attend a number of different meetings with Elders and emerging leaders in the community?---Yes I did.

Who were the Elders and leaders that you mostly engaged with?---I've forgotten a lot of their names to be honest. But I remember Ned Hargraves, and Valerie Wilson, sorry, I've had a mind blank, I can't remember any other names.

Did you have relationships with any Aboriginal people outside of work hours?---Well

I had – I lived in the community with my little boy, so I wasn't just involved in clinic. I had – my little boy went to day care and to pre-school and to school there, so I was involved in – in sort of you know, after school things. You know, like if they were doing things through the school, or through the day care or – and my little boy used to have friends over every day, and we'd have people over for dinner and things like that, so yes, yeah.

So you were there in community from January 2017 through to November 2020, is that right?---Yes.

How old was your son when he first moved to community?---He was about 20 months I think.

And you note in your statement that raising him in the community gave you another way of interacting outside of the clinic hours, correct?---Yes, yes it did, yeah.

And did you then develop any friendships with any of the parents of, or family members, of the kids who your son played with?---Yes I did.

Warlpiri was the predominant language in Yuendumu. You note in your statement that you learned some Warlpiri words, correct?---Yes.

Was there any formal way, I'll put to you, of learning Warlpiri?---No.

And - - - ?---There is a – there is a lady in Yuendumu actually, that teaches Warlpiri. So I did a couple of those classes. They're on every Tuesday, so you – anyone can go and – and learn. And a lot of nurses and teachers and you know, people that live and work in the community, go and take advantage of those lessons.

Did you find it to be useful to participate in Warlpiri lessons?---Yeah I did. Plus my little boy, he spoke a lot of – he used to sing all the songs, and spoke a lot of words and so I learned some of him as well, and his friends. And I always ask people at the clinic what names were and – of different things, so yeah, you pick up a lot of different words. I didn't speak the language as such, but I knew a lot of different words and names for things, and yeah.

As a nurse based at the clinic, you're providing one on one clinical care on a daily basis to community members, is that right?---Yes.

Who was acting as an interpreter or a translator for you during that process?---We didn't have – have interpreters and such, unless – unless someone particularly wanted an interpreter, then we could get perhaps Mary or Nola, who – at the – who worked at the clinic to come in.

Did you ever utilise the services of the Aboriginal Interpreter Service?---Not unofficially. Officially I did, I think I did once with a man that was – I was helping with a court – a court proceeding, and I sat in with him while he had an interpreter. But no I didn't ring them up daily, or anything like that.

Did you – do you, in your nursing, have any particular speciality?---Well not a speciality as such, but I have – I have particular interests.

What are your particular interests?---Well I like sexual health and women's health, as my – as my interests.

Did that mean that you saw a particular cohort of the community?---Yes.

So would you tend to see more women than men in your role?---Yes. Yes.

Were there any - - - ?---We also had male nurses at the clinic. And mostly the men preferred to see men, that's just a cultural thing for them. And we would always ask, whenever anyone came in, we would always ask if they preferred to see a woman or a man. And most men would prefer to see a man.

When you were seeing women, or – from the most part, or any staff member – or any clinic – sorry, any community members, did you ever perceive that there were difficulties in communication?---No.

Did most of the community members who you assisted, speak some English?---Yes. They're amazing. They can speak often three or four different languages, plus English. You know, they don't – I mean that they're English isn't perfect, you know, like I – but then they can – they certainly can speak good English. You know, and sometimes you might have a little bit of a language barrier, but it – it just takes time, and you just have to be patient, and just find out what the story is and just work your way through it. Though they've got very good, you know, English. And they speak (inaudible) speak lots of different languages.

We've heard evidence about a GP who was stationed in Yuendumu for the period of time you were there. Do you know whether or not that GP speaks Warlpiri?---I don't know which GP you're talking about.

Dr Rosser?---Dr Rosser. I think she spoke some limited Warlpiri, yes.

During the period of time you were working in Yuendumu, did you provide any counselling service to members of the community?---Not formally, but I mean obviously when you've got people in your consult, and you're – you know, you become – you know, you become involved in what's going on, sometimes personally, and – and with their health, you know, you do – you do – you do sort of learn a lot about people, and they do confide in you about things, yes.

Do you have any formal training in providing any counselling service?---No.

You understand what I mean by "trauma informed care" or "trauma counselling"?
---Yes.

At any time when you were in Yuendumu are you aware of anyone providing trauma counselling to members of the community?---Yes, we had a couple of people that came in and did that sort of counselling.

Do you recall their names?---Yes, we had Kerri-Anne who used to come in and I'm pretty sure she came for - weekly at least and we had another lady and I can't remember her name, sorry.

By Kerry-Anne, you're referring to Kerri-Anne Chilvers, is that right?---Yes, yes.

During the period that Kerri-Anne came in do you recall who she was employed by? ---No.

I want to just ask you about some other services available in the community. Are you familiar with Purple House?---Yes.

Were there members of Purple House based permanently in community?---Yes.

How many members of Purple House were permanent?---I know there was always two and possibly three.

Did you work with the Purple House staff?---No, not as - not as such but we had - we had a lot of communication with them with - over dialysis patients, you know, maybe a dialysis patient that had a wound and we would go over and maybe dress that wound while they were having dialysis or something like that, or they would ring us if they were concerned about one of their patients, to ask for a review or bring them over to the clinic, so we worked in that that aspect together but we didn't work together, it was a separate place.

And did you understand the Purple House staff to be clinically trained nurses? ---Yes.

Registered nurses?---Yes.

And was there a doctor who would visit for Purple House on occasion?---I know the renal team used to come - come out regularly, yes.

In addition to the nursing staff based at Purple House, were you aware of any nursing staff based at the aged care facility?---No.

Were there any other services in the community offering medical care through nurses or doctors?---Not that I know of.

Do you agree that in terms of the care that was provided by nursing staff and medical staff for the community in Yuendumu over your four years, there were a significant number of people in the community who required chronic health care? ---Yes.

And there would be acute crises from time to time, for example, wounds that were caused or accidents?---Yes.

On an average week, did you regard your workload as heavy in Yuendumu?---As what, sorry?

As a heavy work load in Yuendumu?---Yes, it could be very busy. It was always busy but it could be very busy.

And for periods of time when nursing staff were on call, would that be - would you, in general, always get called out to do something?---Yes.

What sort of things would you be required to do on call?---Sick babies maybe, hot babies, people with asthma, people with infected wounds, you know, people who were unwell with chronic diseases, people who had had accidents.

Do you agree that the role that nurses played when they were on call in the community then, on occasion, be life saving?---Yes.

You note in your statement that generally speaking, you very much enjoyed your time living and working in Yuendumu?---Yes, I loved it.

And you have noted that your son had an extraordinary - you describe it as an "amazing childhood" being able to grow up in that community during those formative years, correct?---Yes.

And you were welcomed by the community?---Yes.

And he was welcomed in terms of being at the school and being able to play with other kids?---Absolutely, yes.

Did your positive experiences in Yuendumu change? Putting aside the general challenges of living remotely, did that change or did you always feel that you had a positive experience in Yuendumu overall?---Overall it was positive, yes.

I just want to ask you about some - the break-ins generally in community. All communities across Australia of course experience crime from time to time but from 2017 through to the beginning of 2019 was there anything that particularly concerned you in relation to breaking-in of houses?---Well, there seemed to be a lot of talk focussed around that weekend when we - when we actually did leave, but there was a lot of - a lot of break-ins not just with the clinic but community-wide leading up to that so it had been going on for quite a few months, so it wasn't just that weekend.

But for quite a few months in 2019, is that right?---Yes.

So there seemed to be something that changed in terms of the break-ins and the number of them in 2019, is that right?---Yeah, they seemed to increase.

So I want to go back then to your understanding of what was going on in the community around that time. Are you familiar with WYDAC?---Yes.

Up until 2019 were you aware that WYDAC provided activities for children at night and young people?---Yes, I am, yes.

What sort of activities did you become aware of?---Well, they used to have basketball down at the basketball courts every night and they did a lot of sort of field trips and activities and camping and stuff with them, yeah.

And did that seem to you to be some positive community interaction for the young people?---Yes, it was great.

Did you ever attend any of those activities?---Yes I did.

What type of activities would you attend?---Maybe if they were having a barbecue or basketball down at the basketball courts, I'd take my little boy down. There was a few concerts and things that I think they - maybe that was poor media but they were sort of involved in things like that so yeah, I did, I used to attend quite a lot of things like that.

Did any of that change in 2019?---No.

Your perception was that there were an increased number of break-ins in 2019 in the months leading up to November?---Mm mm.

Were there any other services that were - I withdraw that. Were there any services that were reduced or affected around that time, that you were aware of?---Yes, the shops - the shops got broken into quite regularly, like there was two shops and so they were regularly closed after they had been vandalised. The school - because of course my little boy went there, the school would be closed and that was closed a couple of times after it had been broken into and vandalised. The day care, the pool. I know WYDAC got broken into and vandalised and I think they closed for the day. It was just generally things like that.

There must have been then, a lot of discussion in the community around that time as to why those break-ins were happening, is that right?---Yeah, I guess so.

Your house was not directly affected in the lead-up to November, or was it?---Well, I mean, I have said in my statement, you know, it wouldn't be abnormal for me to have kids in my yard every night.

Sure, but that's not a break-in, is it?---No, it's not a break-in but it's still - they're on our property without - you know, it's not - it's - yeah, not - - -

Did that concern you?---Well, you know, I kind of feel that you normalise a lot of stuff and you just accept it, but it didn't concern me as such, no. I felt safe in my house.

In terms of the break ins that had occurred in the lead up to November at a number of different places, was there any view expressed to you that it was likely to be children or young people involved?---I think the general consensus was that it was young people, like young teenagers.

Did you participate in any community meetings about what the causes of those break ins were?---I know I was – I know I went to at least two community meetings where it was – that was the main reason why we were meeting, was to get everyone together to try and resolve or try and figure out what we could do about it.

Okay, so let me deal with those then. When do you remember the first of those meetings being held?---I don't remember the dates, sorry. But I know that there were – I know I went to at least two in 2019, but I don't know the dates, sorry.

Was the first one in the first half of 2019 or the second half?---I'd say it was the first half.

And why would you say it was the first half?---Because I know that about three months later, we had another one. So, I would just – I'm just guessing really.

When was the last meeting that you had?---I don't know.

Did you take any notes at any of those – either of those meetings?---No.

Dealing with the first one then, how was that organised?---I think it was generally – I think the first one was after one of the shops got broken into and vandalised and I think it was actually the shop people that requested it, and that was with the police they organised that.

Where was the meeting held?---We used to have a little park called the Peace Park, just in the middle of the community. So, it was held there.

Which Elders or emerging leaders attended that meeting, if any?---I remember Derek, the policeman, he was always there. I remember Valeria Wilson was always there and Ned and just – I can't remember that other man's name, but I can see his face. Sorry, I can't remember the name.

What do you recall about the – I'll withdraw that. Up until that point in time of that first meeting, had any nurses' accommodation been broken into, that you were aware of?---Yes, yep.

Whose?---The child health nurse had her house broken into.

What was her name?---Robyn Carmichael.

That was in 2018. Is that right?---Yeah, I guess it was.

Was that the topic of discussion at that meeting?---No.

So, it was just general break ins. Is that right?---Yes, yep.

It's fair to say, isn't it, that at that point in time, it was extremely unusual for there to be any break in of nurses' houses?---Yeah, it wasn't so much nurses, it was more teachers, the school, the day care, the – you know the general buildings around town, yeah, the shops, things like that.

Was there any discussion about what could be done to address firstly, the causes of why young people were breaking in?---Yeah, there was a lot of discussion and you know, the Elders were just as upset as everybody else was. They – you know, they were just as upset as everybody else. They didn't like what was going on or understand what was going on and they were at a loss as to what to do as well, you know. And I think everybody wanted to come up with a solution or do what they could to help, but yeah, I don't think – yeah, I think everybody felt the same.

So, that meeting was an opportunity for people to express their frustration. Correct?---Well, not so much. It wasn't really like expressing frustration, I think it was really people just wanting to see if there was anything that they could do collectively as a community to sort of help, or you know see what they could do to help, you know.

And was there a plan put in place after that meeting as to what could be done to help?---I can't recall, sorry.

Can I ask you to reflect on this, if there was a perception at that time that it was children or young people breaking into houses, was there any discussion about what could be done to speak with those children and young people, to hear about it from their perspective?---Well, I mean, I think a lot of them are - you know, the Elders particularly talked about, you know, that it was up to the parents of these young people to sort of, you know, try and – try and sort of resolve it at home.

Which parents, which young people? Were they discussed?---Well, the parents – the parents – there was no particular people discussed, but in general it was like, well you know, what's happening with the parents of these young people, why are these young people out at 2:00 and 3:00 in the morning, breaking into places? Why aren't they at home? That sort of thing.

Following on from that, was there any discussion about anybody speaking to the parents of those young people to see how they could be supported?---I know that WYDAC were working with the parents and young people. I know that they had a lot to do with it, but I don't know details, sorry.

We can ask WYDAC staff who were present at the time about this when they come to give evidence, but you agree there are any number of reasons why children and young people might be breaking into houses?---Mm mm, yes.

And trying to address that problem involves understanding the causes of it. Do you

agree?---Yes.

And that could be because, couldn't it, kids are hungry; kids are being kicked out of home; there's violence at home; kids are bored?---All of the above.

All of the above. So, was there any effort to try and understand why that was happening?---Well, everybody wanted to understand and everybody wanted to, you know, everybody wanted to help. But I mean, I don't know – I don't know how that anything got resolved from those meetings.

Was there any action plan that you're aware of that came out of those meetings?---No, but I think we just – I think it was just sort of agreed that we would meet up again and, you know, have another meeting really. I don't think anything got resolved.

And did another meeting take place after that as a follow on?---Yes, there was – I remember going to another meeting. I don't know when it was, but it was just along the lines of the same thing of that the break ins were continuing and nothing was changing.

You say the police were present at that meeting too?---Yes.

Was there discussion at either of the meetings as to how anybody in the community could make their premises more secure?---Well, most of the places were pretty secure. They had, you know, there was – most – most the places were pretty secure. There was big efforts going into things that got broken into.

Do you recall any increase in services or activities for kids after either of those meetings that might address the cause of the offending?---Yes, I think WYDAC actually increased their services in the evening for the younger kids.

When did that happen?---I don't know the date, sorry.

Do you know what services were increased?---I think they were perhaps – I'm not sure if they always had food there or if they started providing food or a meal or something like that at the basketball courts in the evening, and maybe (inaudible) maybe on a bit later.

All right, we can talk to WYDAC about that. Are you familiar with Night Patrol?---Yes.

Did Night Patrol operate in Yuendumu in the four years you were there?---Yes, they did.

Did Night Patrol, or anybody from Night Patrol attend either of these two meetings?---Yeah I'm pretty sure they did.

Do you know who that was?---No I don't recall the name sorry.

Was there any discussion at either of those two meetings of increasing Night Patrol staff?---I don't know. I can't remember.

I appreciate you're not a police officer, I'm just asking you to reflect on this as a community member. Do you agree that one consideration might be to pay Night Patrol, so that members of the community are actively engaged in addressing that?---To pay them?

Yes, I withdraw that - - - ?---I thought they did. I thought they did get paid.

Do you – do you recall having discussions with Night Patrol members yourself about protection of clinic staff?---They were great. They used to – I mean they used to drive around all night, and they would keep an eye on the clinic houses. They were good.

I think you say in your statement, that you felt safe in your home at night time, is that right?---Yes.

And that you – if you include in that, all the way up until November 2019?---Yes.

So regardless of the increase, or the perception of increase number of break-ins in 2019, until November of that year, it didn't make you feel unsafe in your home?---It's a hard one. I mean, you know, I – I – I had people – I had kids in my yard most nights. I quite often would come home from work and there'd be knives wedged in my door, or scratch marks from someone trying to get in my door, so – and I guess I just – to – a lot of it was just sort of normal. But it's not really normal once you go away and think about it.

Did - - - ?---And - - -

- - - were those incidents that you talk about, did they increase in November? Coming home and finding scrape marks on your door?---Yes, it was steadily increasing, right up until – until we left.

Would you report incidents like that to police?---Yes – oh actually, not every day. I didn't report every day.

Do you mean you didn't report every day that it happened, or that it happened - - - ?---Yes.

At par 42 of your statement you say you were involved in an incident when you were treating a patient to the emergency department in the clinic, "Who we had collected in the ambulance, and people were throwing rocks in the clinic. The spotlight on the ambulance was smashed while it was parked in the ambulance bay"?---Mm mm.

When did that incident occur?---I think that was November. I think that was in the November 2019.

Obviously prior to Kumanjayi passing away, is that right?---Yes.

And were you – when you say you were involved in that incident, how were you involved?---I was in the clinic with the patient and the other nurse.

Do you know – I'm not asking you for names, but were the offenders there ever identified?---They were – they were throwing rocks at the clinic, and they were throwing rocks at the ambulance, and they smashed both spotlights on the ambulance. And we heard the smash – no, I – I think I went out to see what was going on when the first rocks were being thrown, and they ran away. So I didn't really – they were younger kids though, you know, sort of young teens. And then (inaudible) - - -

Was that in – sorry Nurse, I spoke over the top of you, please continue?---No I don't think they were (inaudible).

Were they – was – did that incident occur in the day or the night?---It was early evening, but it was still light.

Did you perceive that they were young people who were bored and looking for some action, or did you think there was another reason why they were throwing rocks at the clinic?---I perceived that they were young and bored.

Did that incident get reported to police?---Yes it did.

You note at par 46 of your statement that in the two weeks or so prior to the withdrawal of the clinic staff on 9 November, the frequency of break-ins increased again. Do you mean - - - ?---Mm mm.

- - - break-ins of people's houses generally, or services in the community?---Everywhere.

How did you come to be aware of that?---Well generally, you know, everybody knew what was going on in the community. So generally everybody would – would know what had happened, and just word got around that somewhere had been broken in. Generally, we'd have a morning meeting, and generally, there'd be one nurse that had had you know, people trying to break-in to their house the night before. There'd always be somebody reporting that something had happened the night before.

So this is in the lead up to November 2019, is that right?---Mm mm.

And that would be a – and that was obviously a significant escalation for you, wasn't it, to what you had experienced previously in Yuendumu in the first three years?---Yes. Yes.

Did you report that up your chain of hierarchal command?---Yes we had – we did, yes.

So you reported to Luana Symonds?---Yes, and we also had RiskMan's which we – which was a system that you reported it through which went to management in town.

And so that's an electronic system, is that right?---Yeah.

And who was responsible at Yuendumu for making the notifications on RiskMan's?---Each individual.

Did you personally enter some details into that?---Yes.

So each time you would – you would be concerned about activity at your home, you would enter something in there, is that right?---Not each time, but maybe sometimes when I thought it was you know, pretty bad, or you know like if they smashed the window in one of the vehicles or something. Generally.

Did you ever receive any response - - - ?---(Inaudible).

- - - I'm sorry, Nurse, you went quiet there, could you say that again?---I only generally reported when something got broken that needed to be fixed.

Apart from fixing something that was broken, was there any requests that you were making of NT Health, to assist with what appeared to be an escalation?---Well I presume that's why we did the RiskMan's is that we wanted there to be a record of it, I think.

But did you – did you think that you should be getting any extra support from NT Health at that time?---I don't know what they could have done.

Was there any discussion of alarms being put on the nursing accommodation?---Not that I'm aware of.

Do you think that might have been of use, given that most of the break-ins – your perception was that they were young people, or children, having an alarm system that went off when they broke in, might deter them?---Yeah it might.

But do you recall any discussion of that at any of the meetings?---No I can't recall, sorry.

From par 49 of your statement, you talk about some of the particular incidents that were occurring in the lead up to November. You note that one staff member Chrissie, who lived with her husband Stu, had their house broken into. Stu was the mechanic at WYDAC and he had a disability, requiring use of a wheelchair. And a number of things were stolen from their house, including the new wheelchair, and their car. Do you recall when that incident occurred?---No I don't recall when it was, but I remember it.

Chrissie and her husband left the community after that, is that right?---Mm mm.

How did you feel about that?---I was really sad that Chrissie left. She was a really great asset to the clinic.

Did you speak to any of the Elders or community members about that having occurred?---I think most of them – most of the community knew. I mean Chrissie was very well known, and she'd been there a long time, so most of the community knew.

But did you - - -?---But I - I mean, I would speak to Chrissie, like I might be - I might be seeing a patient who would say, "Oh, it's terrible, Chrissie got broken into" and I'd say, "Yeah, it's awful isn't it" you know, something like that but no, no, I didn't – go have any official conversations about it.

Nurse Watts, did you feel pretty powerless in terms of doing anything to understand what was happening?---Yeah, I guess so, yeah.

You had relationships that you've been developing outside of the clinic with members of the community, particularly because of your son being at the school. Did you speak to any Warlpiri friends and community members about what could be done? ---Well, yes, we used to talk about it and we used to - but it was generally like, "Oh, it's terrible isn't it and what are we going to do about it?" and "Oh, you know, the kids are being naughty" and things like that, but - but I think everybody felt pretty powerless about it, I think even the locals, they didn't like what was going on either, you know. It wasn't - it was only a - you know, it was a very small group of people in the community that I think was doing it and, you know, and the rest of the community didn't - you know, it wasn't like it was acceptable.

So your perception was that Warlpiri people also felt powerless in terms of doing anything to stop the break-ins from this small number in the community?---Yes.

You recall that a number of the cars belonging to staff had been smashed, another RAN, Julie, had gone out to respond to a call one night and the windows of the car - clinic car were smashed and you say this at par 52, "I thought that there was a small group of people in the community who were targeting the clinic staff?---Yeah, I think by the time it got to that stage where we were getting our cars smashed and broken into in the driveway it was feeling like we were being targeted.

Did you perceive that there was any reason for that?---No. I didn't know why.

In terms of the community houses - I withdraw that. Did you speak to any members of the community as to whether or not community clinic staff were being targeted? ---No, not in those words, just that, you know, the clinic houses were getting broken into and you know - and I mean most of the community members, they knew what was going on and they were - you know, you'd talk to them about it and they were unhappy about it too, you know, and it would just be a conversation, like "Oh, it's no good" you know.

You say the sheer number of incidents suggested that it was directed towards clinic staff. Do you accept that that might just be your perception?---Yes.

That it wasn't in fact, directed towards clinic staff?---Yes, yes, it could just be my perception. I mean and it wasn't just clinic it was all services, so there just seemed to be, you know, lots of incidents happening with the clinic houses.

Did you feel that there was anyone that you could ask for further assistance of?
---What sort of assistance?

Well, I'm asking you because you lived in the community and you worked for NT Health. Was there anybody else that you felt that you could go to to ask for assistance from?---Well, the police were supportive and we had - you know there was - they did a lot work to the nursing houses, they put - they took out all the sliding doors and put windows in with grills and things like that.

When you were working in Yuendumu for those four years and you were based in Yuendumu, was there, as part of your package, weekends in Alice Springs that were paid for?---Yes, every three months you got a day - one day - that you could tack onto a weekend and have a long weekend.

Did you have any accommodation paid for in Alice Springs during that time?
---Yes.

And so that was a way of giving you some respite out of the community, is that right?
---Yes. I didn't generally go - I didn't generally go to Alice Springs for weekends, I tended to stay in the community because a I had my little boy there and it was easier to stay in the community than to go away.

When you started to feel that nursing staff were being targeted, or clinic staff were being targeted, was there a way you could have asked for some respite out of the community?---Yes, I think if we'd asked management in town they would have provided respite. I know when Robyn got - when she got broken into they offered for her to go into town for the week but she didn't want to go.

If I could tell you that that incident involving Robyn, police records I anticipate will suggest that was 2018, does that refresh your memory?---What - that it was 2018?

Yes, rather than 2019? Does that surprise you or - - -?---That I - no. No.

So at that time, when that incident happened with Robyn, she was offered some respite and it was up to her whether she took that or not, correct?---Yes.

So that was an option that was open to you when you experienced a break-in, is that right?---Yes.

On 6 November you dropped Luana home from work and when you arrived at her house the front door was open and you came to realise that her house had been broken into, correct?---Yes.

And you set that out in your statement and we've just heard from Luana giving evidence about it, \$250 in cash was taken and an iPhone and police came to investigate. You say in par 58, "Luana was upset by what had happened"?
---Mm mm.

What gave you the impression - I'm not suggesting that that is unusual, to be upset that your house is broken into but what do you mean by her being upset?

---Well, just like anybody would be upset if you come home to your house and it's been broken into and ransacked, you know, she was upset.

Was she angry?---I don't think she was angry, might - might've been a bit annoyed but she wasn't angry/

Did you stay while police attended that event?---Yes, I - yes, I did, yes.

Police attended fairly promptly to investigate, is that right?---Yes, they did, yes.

On 7 November do you remember anything unusual happening?---Is that the next day?

Yes?---Well, the next day was when they tried to get into my house and then I woke up and turned the lights on and - - -

Well, just go back a step because in your statement, just feel free to have a look at it from par 53, Wednesday 6 November was when Luana had the break-in?

---Wednesday, sorry, yeah. No, Wednesday was Luana and then it was the Friday night, yes. So no, I don't - yeah, sorry.

Nothing unusual on Thursday the 7th?---Not that I can remember. Not for me, maybe.

And Friday the 8th on that evening you woke up to the sound of banging at your door, correct?---Yes.

You got out of bed, turned the lights on inside your house, heard people outside run away and then went back to bed?---Mm mm.

What time was that roughly?---I think it might've been about midnight.

So not long after that you were woken up again to really loud banging next door at Luana's?---Yes, yep.

The force that was being used was audible to you in your house?---Yeah, yeah, the whole house was shaking.

And you note that because of the earlier break-in, the house had been reinforced, so it sounded like there was a lot of force being used to break in?---Yes.

You were aware they weren't home - Luana and her husband weren't home that evening because she returned to Alice Springs to get the car repaired. You rang police and requested they attend?---Yes.

They did attend?---Yes.

How were you feeling at that time, when you called police?---I think I was a little bit scared, just because of the - just the real force that was being used.

Nothing like that had ever happened to you before in your four years at Yuendumu, had it?---Not that sort of force with a - you know, I mean, I later found that they were using shovels and pickaxes and stuff, and that window had been the window that they'd previously broken into. So, it had been reinforced, so it was quite - that's why they needed to use a lot of force. But yeah, no.

Prior to 8 November 2019, had you ever woken up at night to the sound of someone trying to break in?---Yes.

How often had that - well, when was the last time that had happened?---I don't know when it was. It happened regularly.

Do you say it happened regularly to you in your four years that someone would try to break in at night and wake you up?---You'd just hear the door, the - we had screen doors. So, you would hear the door and - but not - I never had any - like that night with that force. I never had that experience before.

So, I just want to understand that. Prior to that evening of 8 November, you had been woken up with somebody trying the door handle that as locked. Correct?---Yes.

But you had never had anybody trying to smash open a window or break in, in any way, other than trying the door handle. Is that right?---They used to - I used to have a garage that was attached to my house, because it was a duplex, and they'd quite often jump that - be in the garage. The kids would be in the garage, but just seeing if there was anything in there, but - so you'd hear them jumping the garage door, because it was like a barn door. So, you'd hear them in the garage or trying the door. But never had I had someone forcibly trying to, you know, use real force to get my door open.

And at any time prior to - or when you describe trying the door handle or kids in the garage, was it always your perception that they were kids?---Well, not little kids, but young teenagers.

I think you've said elsewhere, prior to November 2019, am I right that you did not

have fears for your own safety at night in your own home. Is that right?---Well, I always felt – I felt safe in my house if my house was locked, because I felt that it would take quite a bit of effort to get into my house and in that time, you know, I obviously lived in a duplex, so I could ring my neighbour or I could ring the police and I had time for people to come before people would be able to get in, because we had quite good security.

How often do you think you called police to come out at night during your time in Yuendumu?---I don't know, to be honest.

On each occasion when some – if you were concerned about someone trying to break into your house, did you contact police?---Not every time, no.

On this occasion, on 8 November – you would contact them if you had concerns about your safety, wouldn't you?---Yes.

On this occasion, when you heard somebody breaking into Luana's house, it was about – Julie came, Julie Frost. Is that right?---Yes.

She came with another police officer?---Yes.

And this is what you say at par 69. You spoke to Julie about the property crime that had been occurring lately and you feeling that the clinic staff were being targeted. And you say, "I was upset because this was the first time that people had forcibly tried to get into my accommodation while I had been at home." Is that right?---Well, forcibly, I mean by actually making a full-on force with a shovel or a pickaxe, you know, yes.

Julie was sympathetic and she told you that the police were getting additional resources out from Alice Springs the following day to help with the problem?---Yes.

Did she tell you what those additional resources were?---No.

Did you ask what those additional resources were?---No, I just presumed it was more police.

Given that she said that, did that provide you with some comfort that the issue might be addressed?---I guess – yeah, I suppose it did in a way, but I didn't think it was going to solve the problem.

It was obvious to you though, wasn't it, that she was sympathetic?---Yes, yes.

And it appeared that she was taking the problem seriously, given that she was getting some additional resourcing?---Yes.

At this stage, it was about 2:00 in the morning and you note that yourself and Janine Parduoa and Tilly had come outside. You discussed the fact that property crime seemed to be increasing. Tilly seemed to be frightened. She was young and on her

own in accommodation. And the four of you then went back to Janine's house and continued the discussion of property crime there and had a cup of tea?---Yeah. Well, because we'd all been woken up by it because the police came. And that was the night Janine's car got smashed in her driveway. My car got smashed in my driveway and Luana's house got broken into. There was – because we were – the four houses were all next to each other.

Was there a discussion between you at that time about escalating your concerns to NT Health?---No, I don't think so. I can't remember.

Did you consider at all during that time that you might leave the community or shut the clinic for a period?---No.

Had you ever been in any community where the clinic had been shut for a period; that is, because of some incident in the community?---No.

And had you heard of that happening at any time in the Northern Territory?---No.

Were you aware of any protocol that needed to be followed if there was going to be consideration to temporarily closing a clinic because of an incident?---No, I didn't know if there was a protocol.

Did you consider that it was even a possibility at that time?---I wasn't really thinking like that, that night, no.

On the morning of 9 November, you were rostered for an on-call shift at Yuendumu with Cassandra Holland. Correct?---Yes.

And you talked to her about what had happened the night before and Cassie agreed to be the first on-call and you the second, so you could try and get some sleep?---Well, that's not how I remember it. I thought that I was first on-call and she was second. But she told me she was first on-call, so – and so she said she would do it. So – and I was happy with that, so – well, no I wasn't actually.

Well - - ?---I rang Luana in town just to clarify whether – because Cassie told me that she had spoken to Luana about it, and I rang Luana in town about it, and she said that – no, she wasn't aware that Cassandra was first. But then it was agreed between Cassandra and I that she would be first and I would be second. So, that was the way it was.

What's the – was there some benefit of being first – I'll withdraw that. By first on-call, does that mean that you'd be the first person to be called out?---Yeah, you answer the phone.

Okay. And what does second on-call do?---Well, they come if you need further assistance.

So, by what you say in your statement at par 76 is that you told Cassie that you had

slept very little the night before “And Cassie told me that she would be first on-call and that I would be second.”?---Yes.

Okay. I read that as meaning that she agreed to give you some further respite. Is that not right?---Well, that’s not how I remember it, but I think that’s probably how she perceived it to be.

All right. How did you perceive it to be?---Well, she thought she was first, but she wasn’t, and I was actually first.

Okay.

THE CORONER: Is there some difference in pay or? Sorry, it’s just the coroner asking, I’m just trying to understand.

DR DWYER: Can you hear her Honour’s question? Was there some difference in pay or was there a benefit to being first on call?---Well, I guess if you get called out, you get paid to be called out, yes.

I see. So, being “on-call”, you only get additional money if you are paid to actually do – if you get a phone call and go out. Is that right?---Yes.

Okay. So, on that occasion, had you wanted to be first on-call?---No, I didn’t like being on-call.

I’ll move on. During that phone conversation, Cassandra told you that she would report the incidents you told her about to management, so that they were aware of staff safety. Later that morning she called you and said there would be a team meeting. You all met at Janine’s house. Who’s Janine?---Janine was the midwife – is – was a midwife at Yuendumu.

So for the mid-morning meeting, which we’ve heard something about from Luana, who was by telephone, there was yourself, the midwife, Cassandra, who was another nurse, Tilly who was a nurse, Julie. Who’s the Julie there?---Julie Cook, the nurse.

And John who was a nurse?---Yes.

Lisa, can you remind us - - - ?---She was a nurse.

Okay. Yourself, and Helen Gill and Luana by telephone?---Yes.

What – what do you remember about the discussion?---I think just really that the break-ins were, you know, had been – that the break-ins were escalating and – and just that we were all sort of starting to get a bit worried and yeah.

Was there a discussion during that mid-morning meeting, about the clinic potentially closing temporarily?---Yes I think – I think – I think – I can’t remember the total – with

total clarity, but I think there was a suggestion that maybe they would evacuate the nurses for the weekend.

Who's – who made that suggestion?---Helen Gill.

At par 81, you say this, "We discussed with Helen that there'd been a number of incidents of break-ins and property damage over the preceding two weeks. That it felt targeted towards us, and that it seemed to be escalating. We all had an opportunity to speak during the discussion. Each of the staff there said that they did not feel safe in Yuendumu that weekend." When you say "each of the staff there", do you mean by that, Janine, Cassandra, Tilly, Julie, John, Lisa and yourself, each said that you were not safe to stay in Yuendumu?---Yes because when Helen suggested that we may evacuate, we all had to actually make a decision, as a group, and we had to all be you know, all had to agree on how we felt. And everybody felt the same, that it was – that it was – it wasn't safe.

Was there a discussion there – during that time of the risk to the community, if all of the nurses from the clinic were withdrawn for a period of time?---We did talk about it, but then Yuelumu was to cover for – for the on-call over the weekend.

We just heard evidence from Luana Symonds that during the mid-morning call, the discussion initially was that two nursing staff would stay in Yuendumu, to provide for the community. That was what was discussed during the mid-morning meeting. And then it changed later in the day. Do you recall that?---No, I don't recall that. I thought that it was, you know, we – we all – if we were going, we all had to go.

Given what you told us at the beginning of your evidence, that nurse on-call can be involved in life saving procedures for a range of reasons, was there any discussion about the risk, to members of the community, that someone might die, because the nursing staff were not on-call?---No. But Yuelumu – we had – we were assured that Yuelumu was covering for Yuendumu.

We've heard evidence that Yuelumu is at least 45 minutes away by road, on a good day, do you agree with that?---You can get there by a back road that's quicker, but the long road is 45 minutes.

How long do you think you – how – how quickly do you think you can get there, from Yuelumu to Yuendumu, by the back road?---25 minutes, maybe.

Was it your expectation at that time, that nursing staff would use the back road from Yuelumu, to get to Yuendumu?---Yes.

So your thought was that staff would be able to travel there in 25 minutes, correct?---Yes.

And you'd allow, wouldn't you, for the loading up of the ambulance, or allowing for that time, how long do you think is the shortest possible time for staff to get from

Yuelumu to Yuendumu?---Well, you know, I'd say 40 minutes to – you know, from – to get completely organised.

At night? You think that that's a realistic estimate of how long - - - ?---No, I think you'd probably – I think for safety you would have to take the tar sealed road at night time, unless the road was particularly good, but at night, yeah, you'd use the tar sealed road.

Okay, and that takes 45 minutes, correct?---Yes.

So allowing for the loading of the ambulance, do you agree that emergency service from Yuelumu would be approximately an hour away?---Well the loading – you don't really load the ambulance. The ambulance is already pretty equipped, so you'd just take a bag.

All right, well - - - ?---And if you were coming here – if you were coming to Yuendumu, you – you would have the keys to the clinic. So you would – you wouldn't need to be bringing over all sorts of gear.

All right, well we'll hear from – directly from the staff who did end up coming from Yuelumu about how long it took them. But what's your - - - ?---Mm mm.

- - - what were you thinking at the time, would be the most likely period of time that it took from Yuelumu to Yuendumu?---40 minutes.

We – Yuelumu is a community that has a population of fluctuating between 300 to 500 do you agree?---No.

What's your – what was your understanding of the population of Yuelumu in 2019?---I think there's only about 80 to 120 people there at the most.

In November 2019, is that right?---Well I – I don't know the exact numbers. But it's only a very small community with about 80 to about 120 people, and it fluctuates I guess. But we would – we quite often covered – Yuelumu would quite often have no staff, and we would cover Yuelumu from Yuendumu, regularly.

Sure, but there's – Yuendumu is a population of about 900, correct?---Yeah 800 – 900.

So are clinic staff of six, covering a small community, you believe to be 80 or 90 people, was a different proposition to staff based at Yuelumu, covering a community of eight or 900, wasn't it?---Well you're only covering on-call. You're not looking after the whole 900 people.

Was there a discussion, during your mid-morning group, of the fact that there were a number of people in Yuendumu, with chronic conditions, people with asthma, babies who were – had compromised health, and that any one of those members of the community might need emergency care, during the on-call period?---Well you – you

don't know what's going to happen on any given day, but there's – you know, anything could happen at any time, yes.

Yes. Just listen to my - - - ?---But you can't guarantee what will – you can't guarantee what's going to happen. Sometimes – sometimes nothing can happen.

Nurse, was there a discussion during that mid-morning meeting of - - - ?---Well I think the general discussion was that Yuelumu was – was covering. So we felt okay that there was some – there was – you know, they had some support.

Was there a discussion about the fact that some members of the community might be compromised, because of the time that it would take for staff to get from Yuelumu to Yuendumu?---No.

I – please understand that I'm going to put something to you. I'm not trying to minimise the distress of having your house broken into in the way that you – or attempted to break into in the way you described, but you've given evidence that that occasion on 8 November, was the first time that people had forcibly tried to get into your accommodation while you're at home?---Mm mm.

And you've given evidence of the risk to the Yuendumu Community, if there were no nurses on-call. Do you accept that there should have been more focus on risk assessment, for the community, in the course of this mid-morning discussion, before nursing clinic staff were pulled out?---I think there should have been more focus on risk assessment for the clinic staff, and the community, yes.

And when do you think that risk assessment should have started?---Well, when the – I mean, probably before we were evacuated.

And you must have thought about this a lot over the three years since Kumanjaji passed away, do you think now that it would have been better to leave some clinic staff in the community of Yuendumu, providing them with additional support or protections, rather than withdraw the clinic staff?---Well, you know, hindsight's a wonderful thing, isn't it. You know, of course, of course. If we – but we couldn't have prevented what had happened. The clinic couldn't have prevented what had happened, but of course, if you're going to say, would you have preferred to have been there when that incident happened, well yes, of course, because, you know, you want to help.

And Ms Watts, in the course of this midmorning discussion, Helen said, if you were not feeling safe, then we may be able to be withdrawn for the weekend, however, it would need to be approved by the general manager, David Reeve. Did you understand that at the end of that midmorning, a decision had been made by all of the clinic staff that you would like to leave the community?---Yes.

Helen said that you would also need to notify the police and the community that you were withdrawing and to provide additional medication for any old or vulnerable patients in the community, such as the Yuendumu Old Persons program?---Yes.

And you say because Cassie was on-call, she was going to be responsible for that. Do you recall - - -?---Yes.

- - - Cassie agreeing to be responsible for that?---Yes.

Was there any discussion, firstly, as to how and when she was to notify community members?---From what I remember, Cassie drove – she drove to and spoke to the police personally. She spoke to the Yuelamu nurses and had a – and discussed handover with them, and she drove around the community telling community members.

I just want to break that down. Firstly, during the midmorning discussion, did you ever tell anybody that Julie Frost had said that additional police numbers were coming out to be of assistance?---I can't remember if I told anybody.

Did you give any consideration to the fact that in balancing the risk, nursing staff were likely to get more protection because police were coming out – more police were coming out?---Sorry, can you say the question again?

Did you give consideration to the fact that when you're balancing the risk to nurses and the risk to the community, nurses were actually about to get more protection because additional police were coming out?---No, I don't think we – it wasn't discussed and we – yeah.

Do you think that there was actually a balancing of risk; risk to nursing staff and risk to the community?---Yes.

Was that discussed?---Well, I think it was discussed in the fact that we – Yuelamu was going to cover Yuendumu and we spoke to the police, we spoke to old people's program, we – well I mean, I didn't personally, but they were advised, you know.

Nurse, at the moment, I anticipate submitting to her Honour that the only discussion of risk to the community that morning was that there was an agreement that Yuelamu could cover Yuendumu. Apart from that, was there actually any consideration of what the risk was to the people of Yuendumu that you were aware of?---No, I don't think so.

Do you think in hindsight that there should have been more emphasis on a risk assessment for the community of Yuendumu?---Yes.

In terms of any discussions with the community about the clinic closing, were you involve din that?---No, not directly, no.

So, you didn't speak specifically to any members of the community about the clinic closing. Is that right?---No. I think I might have spoken to – I think I might have spoken to Jameson.

What did you say to Jameson?---Just that we were – the nurses were being – evacuating the community because of all the break ins.

And what did Jameson say?---I think he was – he was totally sympathetic about it.

What did he say?---I don't know, I think he probably said, oh okay, yeah.

Do you think that the – have you given any consideration to how the three Aboriginal staff members felt, that they were left behind in the community while the Kartiya workers left?---Well, I'm pretty sure that Nola wasn't around at that time. I think she was away, and I think I spoke to Jameson and I'm not sure if MJ, the other worker, knew or not, if anyone else spoke to her.

Did you ask Jameson how he felt that you were leaving?---Yeah, I think so. I think I just said – well no, I probably didn't ask him that exact question, how do you feel, but Jameson was – he was supportive of it. I believe he was supportive. He wasn't – you know, he wasn't – I don't recall him being (inaudible). I think he understood.

Do you – just reflect on it now, if you will, Nurse; do you agree that one option at that time would have been to try and request Aboriginal staff members to work with you to inform the community about the risk that nurses felt to themselves and see if there was an alternative to leaving?---Yeah, that would have been probably the better way to go, yes.

Do you agree that, in making the decision for nursing staff to leave, there was no consultation with police as to an alternative?---Well, the police were aware that we were leaving, so there was consultation. But no, there was no consultation about an alternative.

All right. So, police were told you were leaving, but they weren't consulted to ask how they felt or if there was an alternative. Do you agree?---As far as I know, they weren't consulted. But I wasn't there when they were advised that we were leaving - - -

Okay?--- - - - because I didn't (inaudible).

You're an experienced nurse. You've reflected on this. I suggest to you that it would have been better, looking at this in hindsight, for nursing staff to have discussion with police to say, we are thinking of closing the clinic, what are the risks to the community, and is there any alternative for us, other than going?---Yeah, absolutely, yep.

I'm going to jump forward. You set out in your statement about when you found out that there had been a shooting in Yuendumu, you were completely shocked that sometime like that had ever taken place in Yuendumu. Correct?---Yes.

You got back on 12 November when the Yuendumu staff returned to the community. When the decision was made to leave the community, was there any discussion as

to how long the clinic would be shut for?---Well, I was under the impression that we were only going for the weekend.

What gave you that impression?---I don't know. I can't remember why I thought that, but I think that we were going to have a meeting in town with the management and trying – and try and work out some strategies. I didn't feel that it was a long (inaudible). saying that we didn't have plans of not coming back or anything. I thought that it was just for the weekend.

When you came back into the community, you came to understand that there was some anger directed towards the health staff because the clinic had closed during that time when Kumanjayi was in jeopardy?---Yes.

You could understand why community members were angry?---Absolutely.

You can understand why they still - some community members still feel hurt and let down by clinic staff?---Yes.

And you appreciate, don't you, that there are important lessons to be learned from the way in which the staff were evacuated from community on this occasion?---Yes, definitely.

Have you participated in any discussions with NT Health about what those lessons are?---No.

Thank you, your Honour. Those are my questions.

THE CORONER: Yes, Mr Mullins?

MR MULLINS: Thank you, your Honour.

XXN BY MR MULLINS:

MR MULLINS: Ms Watts, my name is Mullins. I appear on behalf of the Brown, Walker, Lane and Robertson families. Can you hear me?---Yes, I can.

And Bec, could we have document number 9-15, that's the folder, and it's just the transcript ready to go in a few moments. Now, on 6 November 2019 you have told counsel assisting that you arrived home with Luana from the clinic. Do you remember that?---Arrived home is it on the Wednesday.

On 6 November when Luana's house had first been - - -?---Yes, yes, I did, yes, I gave her a lift home from work.

And you went to her house with her, to inspect the damage?---Yes.

And she was very distressed?---Yes, she was upset.

And you were quite distressed by it as well?---I was upset for Luana, yes.

And you contacted the police for her and they came out?---Yes.

And you spoke to the two officers?---Yes.

Do you remember whether it was Constable Hand and Constable Smith?---I can't remember who the officers were, sorry.

Do you remember whether there was any conversation at the time where you were told that the police knew who it was who was doing this?---No. I think - no, I - I think - no, I can't remember. I don't think so.

All right. Over the course of the next two or three days until 9 November 2019 you had regular discussions with other member of the nursing community about the break-ins?---Yes.

And did you ever, during the course of those discussions, learn that police believed that they knew who it was who was doing these break-ins?---I think it was they felt it was young - young people.

Did you ever discover that there might have been an older person involved - not a child?---No. It was more like sort of teenagers - I think they were thinking it was teenagers, sort of 13 to 15.

Did you ever discover or was there any discussion with your colleagues about the fact that the community were protecting these people to some extent?---No.

Now, on 9 November 2019 you had the meeting mid-morning?---Yes.

So that's the morning where you had the meeting with all your colleagues. You were on the telephone - at Yuendumu?---Yes.

And were any of those issues discussed at that meeting - that is that the police knew who it was?---No, no.

No recollection of that, all right. Now, you considered that the decision to withdraw was sending a message to the community?---I do think I said that in one of my statements but that's not really what I meant.

All right, well can we pull the statement up? So this is document 9 15, the police interview, it's I think PDF page 7?---I know I said it but I - it's not how I wanted - it's not how I felt or what I really wanted to say. I feel like "sending a message" was a little bit not really what I meant to say.

Well, we can see there at the top of the page, this is page 7?---Mm mm.

"Did you ever feel as though your personal safety was at risk?" And then you mentioned three lines down - or two lines down, "I feel fairly safe in those houses because obviously we've got - we've got the mesh screen and it take a hell of a lot of effort to get into them, so I feel safe in the fact that even if they're bashing the crap out of my window or trying to wedge it open, I've got time to ring somebody"?
---Yes. Yes.

And then if we could scroll down toward the bottom of the page, and you make this comment without really a question being asked, but a little further down - a little further down - that's it thank you - sorry, a little further up?---Yes, I know - I know what you mean, I've read my statement and - but that's not how I want - that's not really how I wanted it. I mean, yes, I said it and that's there, so I can't take it back but it's not how I wanted - and it's not how I felt that I wanted to send a message to the community - and I know it's been said, but that wasn't my sentiment.

So do you say that when you say there in that - well, first of all, in the words that you said at the time - and this is in an interview on 22 June 2020, so it's seven months - am I right - 22 June 2020, it's seven months after the event you say, "So I do feel it was justified that we had to send a message, you know, to say, "Look, you know, we're here trying to help you, we're providing a service and all - you're just hammering us with trying to, you know, break the cars, you know, we were doing like a couple of windows a week on the ambulances and the cars, you know," so I felt that it was - it was the last straw for us to send the message that, "You know, you can't be - can't be doing this." Now, is the "you" you're referring to the people who are actually doing it to you or the community as a whole?---Well, the people that were doing it, not the community. It's nothing to do with the community generally, it was the - it was only a small group of people and, you know, I said before, the community felt exactly the same way. They were - they were upset about the fact that everything was getting broken into as well.

How was it that you think that doing this was going to send a message to the people who were - the young teenagers who were doing the break-ins?---Like - like I said, I didn't mean that I wanted to send a message, so that wasn't my sentiment that I wanted a message sent.

You had a pretty poor view of the community, didn't you?---No.

Can we go through to page - - -?---Not at all.

Can we go through to page 9 please? You were asked by Detective Duncan, "When you say 'Not done anything for him' just clarifying you met the young man at the shop?---Yes". And then you say this - and if we can scroll just down a little further maybe, further page, "I don't think we would have - could have saved him with his injuries, you know, at the level of care we have here we don't have - you know, we don't have this - the equipment and, um, that's just - it probably would've been just as bad for the nurses because of the fact if we didn't save him we would've been blamed anyway - so we would've been sent out of the community regardless" and then you say in the next paragraph; "You know, and that's probably sort of harsh but

either way I think if we didn't save him we'd be - we'd be crucified. And if we were - if we weren't here we were crucified anyway, so." Do you see that passage?---Yes I do, yes.

And what you're saying there isn't it, that if you hadn't saved Kumanjaya Walker, even had you been there, you believe the community would have crucified you?

---I believe that the Warlpiri people have a payback system and - and so there is payback for - for things that go wrong and that's - that's their culture, so I believe we would have got payback, yes.

So you believe the nurses would have received payback had they been present and done everything possible to save the life of Kumanjaya Walker and he died?---Yes, I believe that, yes.

And that was your understanding of cultural payback?---It's my understanding of that situation.

Thank you, your Honour, nothing further.

THE CORONER: Any other questions for this witness?

A PERSON UNKNOWN: Yes, your Honour, I have some questions.

THE CORONER: Ms Moreau?

MS MOREAU: I was just wondering whether we could have a break though, your Honour?

THE CORONER: Sure. We'll have the - ma'am, we 'll just have a short afternoon break of about 15 minutes and then we will come back and there will be a few other questions for you. Thanks for being patient with us.

WITNESS WITHDREW

ADJOURNED

RESUMED

VANESSA WATTS:

THE CORONER: Yes, Ms Wild.

MS WILD: Thank you.

XXN BY MS WILD:

MS WILD: Thank you, Nurse Watts, my name's Beth Wild. I'm a lawyer for NAAJA, which is Aboriginal Legal Aid of the Northern Territory, and I've got just a couple of questions for you. You agreed with counsel assisting, that it may have only been your perception that nurses were being targeted. Is that correct?---Yes.

You've acknowledged that the schools, the two shops, the Council, the day care, and I think the mechanics, had been broken into, is that right?---Yes.

Now not all those places are occupied. They're not dwelling houses, are they?---No.

And in fact, they may be places where there's items of value, such as food, or computers, phones, or money are kept, is that right?---Mm mm.

So would you agree that it was perhaps property that was being targeted?---Yes.

And the teachers houses were also broken into, is that right?---Yes.

Are you aware if the teachers ever withdrew as a result of their houses being broken into?---No.

And you've agreed today that it was – that you believed it was kids or young teenagers that were responsible for the break-ins?---Yes.

You've said in your affidavit, that "Initially I was freaked out by kids getting into my yard, however with time, I began to grow accustomed to it"?---Yes.

And you're not aware of any personal violence that had occurred while the kids, or young teenagers were doing the break-ins, is that correct?---Yes.

And you've said "You don't even bother to get up because you know they're wrecking something, or doing something, but by the time you get up and open the door, they'll run off"?---Yes.

You have said that you had normalised the break-ins at Yuendumu?---Yes.

But had you been broken into in your own house, so in town presumably, then you would have been terrified?---Not – well I think – I think in your own house – well you

know, that was my home, where I lived. So it was my home, and I lived there with my son, so it was my home. And but yeah, I did normalise it, I guess.

You'd lived in this community for about three and a half years before – or in total, sorry?---Yeah, I think it was nearly four years, yeah.

And you knew most people in the community?---Yes, yes I did.

You had a good relationship with most of those people?---Yes I felt I did.

You've said today that on the whole, it was a really positive experience?---Yeah, I loved living there, and I loved my job.

You've said that you grew accustomed to it, to kids being in your yard, as you've said?---Mm mm.

And I would like you to think about it for a moment, did you grow accustomed to it, because your concerns were lessened, because you knew what you were dealing with, and that is, kids targeting property, who readily ran away when confronted?---Yes, and I also felt – felt that I was safe in my home.

Yes?---I had good security.

So whereas, if you're broken into in a much bigger town, then you're dealing with a completely unknown quantity, aren't you?---Yes I guess so, yeah.

So when you say you'd normalised the break-ins, it's because you've in fact realised that the threat and the danger being posed, was in fact minimal?---Yes.

I'll turn to another topic now, Nurse Watts. When you spoke to Helen Gill on the ninth of the 11th, during the day, it was your understanding that it was effectively a one in, all in, decision to be made, in relation to the evacuation. Is that right?---Yes.

Cassie had in fact wanted to stay, but she wasn't permitted to stay alone. Is that correct?---Yes.

So when you went – after having spoken initially to Helen Gill, when the idea was first floated about the evacuation, you then had a discussion to – to reach a unanimous verdict, if you like?---Yes.

And it wasn't your understanding, for example, that two people could be left in the community, is that right?---I – I – I didn't know that there was two people could be left in the community. I didn't know. I don't recall that.

All right, but the reason that Cassie couldn't stay by herself is because she needed to have two people – she needed another person there if there was to be a call out attended to, is that right?---Yes, I don't understand why – I think – because Cassie was – Cassie was initially wanting to go. And then it was a very last minute that she

said she would stay. So that wasn't a decision that was carried on throughout the day, that she was always not going to go. It was only a last minute decision that she said well I'll stay. So that wasn't how it was throughout the whole – the whole proceeding.

Okay. The reason she couldn't stay by herself is because that would be contrary to policy, to be attending a call out by herself, is that right?---Yes, you have to have two people at – for a call out, yeah.

So if two people stayed behind, then that would be fine, in terms of that policy. Is that correct?---Yes.

But it wasn't your understanding that two people could be left behind?---No. I didn't – I thought that if we were – yeah, I felt that – I – my understanding was that we all left, or we all stayed.

And you don't recall a discussion about two people being deployed to Yuelumu instead of coming back into town?---No, no.

I'm going to turn to another topic again, Nurse Watts. And this is the final one. In your initial interview with police, "You know, I don't think we could have – we could have saved him with his injuries." Do you remember saying that to the police?---Yes.

Yes, and by "him" we mean Kumanjaya Walker?---Yes.

Now have you read the statement of Professor Michael Read, whose provided a report evaluating the provision of medical services to Kumanjaya Walker?---No I haven't.

All right, just for your information, he made an evaluation as to the possibility of his survival, were medical services available. So you haven't read that?---No I haven't.

But it's your belief that you couldn't have saved Kumanjaya Walker given his injuries?---Well I – I can't say that I couldn't have saved him, because I don't – I – all I know is that he was shot three times in the chest. I've never been involved in a gunshot wound with anybody in my whole nursing career, and – and I – and I can't honestly say that we couldn't have saved him, you know. I – I've said that, but I didn't – that was under the thought that he'd been shot three times in the chest, and I felt that – that he possibly couldn't have survived that. But I don't know that for sure, because I haven't read any reports, or the report that you've just mentioned.

Okay, so the basis of your assertion, that you don't think you could have saved him, was that he'd suffered three gunshot wounds?---Yeah, to the chest.

Yes. And anything else informing that opinion?---Well just that the length of equipment that we have at the clinic. We're not an emergency trauma unit. We're just a – a clinic. We don't have – you know, we don't have trauma gear, or you know, things like that.

Okay, thank you, Nurse.

No further questions from me.

THE CORONER: Any other questions? Mr Hutton?

MR HUTTON: Just a couple of matters, your Honour, thank you.

XXN BY MR HUTTON:

MR HUTTON: Ms Watts, I'm Tom Hutton, as you know?---Hi, Tom.

Hi Vanessa. Prior to the withdrawal of staff on 9 November, were you aware that there had been an incident involving a community member running at police officers with an axe?---Yes, I think I was, but I didn't know who it was.

All right. Do you recall how you became aware of that incident?---I'm not sure. It may have been – when I was speaking to the – with the police that Friday night that – or it may have been just general talk in the community. I can't honestly recall how I knew that.

All right?---And I may have even found out about that after the fact as well, because I can't remember how I found out about that. But I do know that I knew that.

All right, thank you. But you're not sure whether it was before or after?---No.

All right. On an unrelated topic then, you were asked by Mr Mullins during his questions whether you had a poor view of Warlpiri people, is how I recall the question. Do you remember that question?---Yeah, I do. That really upset me, that question.

Why?---I'm offended by that question.

Why is that?---Because I don't have a poor view of the community. I have lived there and I worked there for nearly four years. I lived there with my little boy. I love the community members. I love working – I loved my job. My little boy loved living there. I was happy there and I certainly do not have a poor view of the community. I have really fond memories of living there and working there.

Yes, it's fair to say, you wouldn't choose to live in a community of Warlpiri people, if you did have a poor view of Warlpiri people?---Well, I don't know why anybody would live anywhere where they have a poor view of anybody. I think – well I certainly don't have a poor view of it. Like I say, the whole – I lived there. It was my home there and my little boy went to kindy and school there, and it was a very happy experience for me and I certainly don't have a poor view of the community or the Warlpiri people. I totally respect them.

Yes, thank you.

I have no further questions, your Honour.

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

THE CORONER: Thank you for making yourself available to give evidence, very important evidence for the inquest, particularly while you're away. I really appreciate you making the time and providing such considered responses in your evidence today. And we will certainly take it onboard and think about all the information that you've provided?---Okay, thank you.

Yes. We will break the link now.

WITNESS WITHDREW

THE CORONER: And just before we adjourn for the day, is there anything else for today?

Then we can adjourn to 9:30 tomorrow.

ADJOURNED