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[Chapter 5 The Royal  
Commission]

Working Paper  
2020/10 – A List of  
Royal Commissions  
since 1868

**MCGUINNESS INSTITUTE**  
TE HONONGA WAKA

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# 1.0 Purpose

## 1.1 Introduction

This working paper provides a list of all Royal Commissions established in New Zealand. The McGuinness Institute found that there is no singular platform that holds a comprehensive list of historical Royal Commissions; this working paper aims to fill in this gap. The list included in this paper may be not be complete. Appendix 1 includes the front page of each of the publicly available Royal Commissions found online. Interestingly, the Institute found an Australian Royal Commission that enquired into drug trafficking in New Zealand. See Appendix 2.

We would encourage government to establish a Royal Commissions website that contains a user-friendly list of Royal Commissions. We suggest basing this on the Australian Government's Royal Commissions website or the Canadian Government's site (Government of Canada, n.d.; Parliament of Australia, n.d.).

## 1.2 Background

The first Royal Commission in the UK is considered to have been established in 1085, following King William I's royal mandate, leading to the creation of the Domesday Book (Barlow, 2013).

Public inquiries have a long history in Commonwealth and Westminster democracies (UK, Australia, Canada, New Zealand); however, the relevance and success of this 'ad hoc' mode of inquiry has been disputed, and frequency of use has fluctuated (Prasser, n.d.). In the 19th century, the UK established over 400 Royal Commissions, yet there were only 37 royal inquiries established between 1945 and 2000 (Barlow, 2013). In Britain, it was said that 'if public inquiries are to be known by their fruits, and if their proper fruits are reforms and improvements in law and practice, there is probably not a great deal to be said for them' (Law Commission, 2007: 7). This quote was then used in the 2007 Law Commission paper that explored the relevance and usefulness of royal inquiries as government looked to replace the Commissions of Inquiry Act 1908 (with the Inquiries Act 2013).

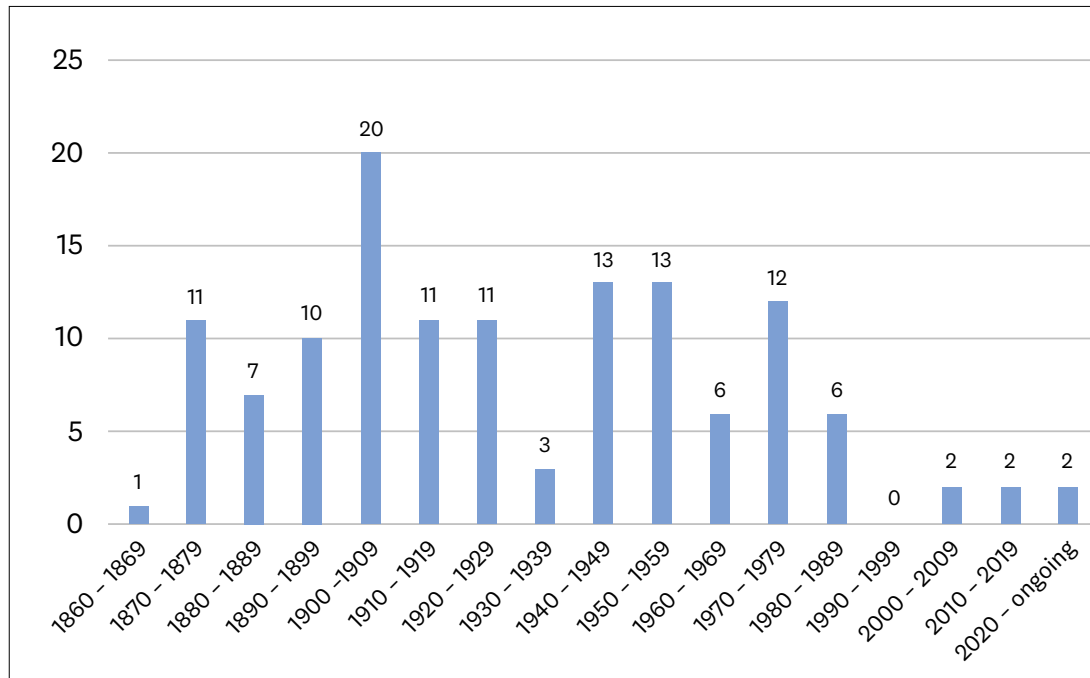
Royal Commissions are a flexible means of exploring a wide range of issues; this is evident in the broad range of inquiries undertaken (see Table 1). Historically, commissions have been appointed to:

- investigate accidents where there has been a major loss of life
- consider social policy initiatives with a big public impact
- make adjustments to the institutional structure of government
- take a sensitive or moral issue out of the political arena in order to get non-partisan, professional advice on it and build a consensus on how to proceed (Simpson, 2012).

Today the Commissions of Inquiry Act 1908 and the Inquiries Act 2013 are administered by the Department of Internal Affairs. Put succinctly, the 2013 Act elevated the term 'inquiry', and demoted the term 'commissions'. However, the new Act did distinguish between types of commissions (see, for example, Section 6: Types of inquiry). Previous to the 2013 Act, the Governor-General established all commissions. Hence the only way to know whether a commission was indeed a 'Royal Commission', was whether the term 'Royal' was used in the terms of reference, the title, the resulting report, or in a few cases, in newspapers of the time. For example, in the case of the 1919 Influenza Epidemic Commission (discussed further below), the term Royal was never used, hence it is treated as a normal Commission (not a Royal Commission). Figure 1 shows the number of Royal Commissions the Institute found by decade.

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**Figure 1: Number of Royal Commissions, by decade [130]**



### 1.3 Legal history of Royal Commissions in New Zealand

In New Zealand, the first Commission was held in 1855 (Simpson, 2012). The Commissioners' Powers Act 1867 enabled 'Members of Board or Commission appointed by the Governor in Council to examine Witnesses on Oath'. The Commissions of Inquiry Act 1908 legislation consolidated earlier Acts. Both the 1908 Act and the new Inquiries Act 2013 are administered by the Department of Internal Affairs. However, all new inquiries are established under the Inquiries Act 2013 (Simpson, 2012).

The purpose of the 2013 Act was to reform and modernise the law relating to inquiries, by providing for the establishment of both public and government inquiries to inquire into matters of public importance; recognising and providing for Royal Commissions established under the Royal prerogative; and enabling those inquiries to be carried out effectively, efficiently, and fairly.

According to section 6 of the Inquiries Act 2013, three types of inquiry exist:

- Royal commissions established under the authority of the Letters Patent constituting the office of the Governor-General, and this Act applies to Royal commissions as if they were public inquiries;
- public inquiries, which are established in accordance with subsection (2); and
- government inquiries, which are established in accordance with subsection (3).

'All three types of inquiry have the same powers. The main difference is their perceived status' (Office of the Ombudsman, 2020: 4) The 2017 *Cabinet Manual* sets out the distinction between the three:

- Royal Commissions are 'typically reserved for the most serious matters of public importance'.
- Public inquiries are for 'significant or wide-reaching issue that causes a high level of concern to the public and to Ministers'.
- Government inquiries 'typically deal with smaller and more immediate issues where a quick and authoritative answer is required from an independent inquirer' (DPMC, 2017: 68).

'Other differences relate to how they are established, and how they report back.... Public Inquiries include Royal Commissions, which are appointed by and report to the Governor-General, and the Inquiry report is tabled in Parliament. Government Inquiries are appointed by and report to a Minister and the intention is that these are simpler and quicker to establish' (Office of the Ombudsman, 2020: 4).

## 2.0 Selected Commissions

Many past Royal Commissions have had major implications on public policy, with recommendations made in the reports being implemented by Government. With hindsight, it can be seen that these Commissions have shifted the trajectory of public policy in New Zealand.

We have selected four Royal Commissions to illustrate how independent and considered inquiry into complex matters has been beneficial to New Zealand. The first is interesting considering our ongoing close ties with Australia and the third (although not a Royal Commission), given recent calls for a Royal Commission in response to the existing pandemic. The forestry and sheep-farming Royal Commissions are interesting given many of the same issues that they explored in 1913 and 1949 respectively, are still relevant today.

1. 1901 Report of the Royal Commission on Federation
2. 1913 Report of the Royal Commission on Forestry
- P 3. 1919 Report of the Influenza Epidemic Commission (this was a Commission, not a Royal Commission)
4. 1949 Royal Commission to Inquire into and Report upon the Sheep-Farming Industry in New Zealand.

## 2.3 Report of the Influenza Epidemic Commission

The 1918 influenza epidemic resulted in the deaths of up to 100 million worldwide (MOH, 2017: 4–5). The virus was prevalent in New Zealand from October to December 1918. It is thought to have come ashore with the arrival of the ship SS *Niagara* (New Zealand Parliament, 2018), although this view has been contested (Maclean, 1964: 389).

The Commission found that there is ‘strong evidence’ to support this belief; however, sources since claim that this is still inconclusive (Christchurch City Library, n.d.; MCH, n.d.[b]). With the virus coinciding with the end of World War I, the medical workforce was heavily overwhelmed. Māori were struck particularly hard by the virus; while only making up around 4% of the population, they accounted for over 25% of New Zealand’s more than 8,500 deaths (MCH, n.d.[c]; MOH, 2017: 4). The public demanded many answers from the government after the epidemic was over, resulting in the establishment of a Commission of Inquiry to investigate how the government had handled it. The most significant outcome subsequent to the Commission’s report was the Health Act 1920, which has come to be seen as a model piece of legislation. The Health Act 1956, currently in force, followed the model of the 1920 Act (New Zealand Parliament, 2018). In light of the COVID-19 pandemic, it is timely for a Royal Commission of Inquiry into the government’s response, which is supported by former Prime Minister Helen Clark (who has been appointed to investigate whether the World Health Organization failed to adequately warn of the coronavirus pandemic) and the ACT Party (Murphy, 2020; Seymour, 2020).

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**Table 3: Report of the Commission on the Influenza Epidemic**

<b>Title</b>	<i>New Zealand Report of the Influenza Epidemic Commission</i>
<b>Pages</b>	44 pages (including the Interim Reports and the Appendix) Reference 14-42
<b>Report presented</b>	13 May 1919
<b>Timeline</b>	28 January 1919: Commission appointed 17 February 1919: Sittings for evidence began 11 March 1919: Commission extended 13 April 1919: Commission extended 22 April 1919: Interim Report presented 10 May 1919: Final sittings (Report draft approved)
<b>Commissioners</b>	Sir John Edward Denniston (Chairman) Edward Mitchelson David McLaren
<b>Matters before the Commission</b>	To inquire into the matters of the 1918 epidemic of influenza in New Zealand: <ol style="list-style-type: none"> <li>1. the causes of the introduction into New Zealand and its extension</li> <li>2. the best methods of preventing or dealing with such occurrences in future</li> <li>3. all matters connected with the arrival of the ships SS <i>Niagara</i> and SS <i>Makura</i> in respect to their relation to the introduction or extension of the epidemic</li> <li>4. the responsibilities of those in the administration of the Public Health Department and of local authorities regarding both the epidemic and public health generally</li> <li>5. the relation of local authorities to the Public Health Department in respect to the prevention or suppression of infectious diseases, and public health generally</li> <li>6. the efficiency of the quarantine arrangements.</li> </ol> <p>In addition, the Report covers analysis of:</p> <ul style="list-style-type: none"> <li>• post-sanitary arrangements</li> <li>• general questions arising out of the evidence and information placed before the Commission</li> <li>• South African Commission</li> <li>• international health supervision</li> <li>• medical research</li> <li>• public-health law.</li> </ul>

<b>Background</b>	<p>The Commission had multiple sittings in Auckland, Wellington, Christchurch and Dunedin, where evidence was taken. They made visits and inspections to various parts of each city. They also inspected the quarantine stations at Motuihi Island (Auckland), Somes Island (Wellington), Quail Island (Christchurch) and Port Chalmers (Dunedin). The Commission allowed any person interested to submit questions to the Chairman, which could be put to any witness under examination. Many people were formally invited to give evidence, but evidence was also given by a number of private citizens voluntarily.</p>
<b>Recommendations</b>	<p>The Report presented various recommendations relating to the epidemic and to public health generally:</p> <ol style="list-style-type: none"> <li>1. Various amendments should be made to the public-health legislation.</li> <li>2. The public-health law should be remodelled, consolidated, and simplified.</li> <li>3. Clauses should be added to the Public Health Act making provisions for regulating the prices of the equipment, goods, and services that are required in combating an epidemic.</li> <li>4. A Business Directory should be established in connection with the Health Department, under the charge of an expert business administrative officer, to be named Director of Public Health.</li> <li>5. A Chief Sanitary Inspector for New Zealand should be appointed.</li> <li>6. The powers, duties, and relations of all Public Health Officers, medical, sanitary, and administrative, be fully and clearly defined, and this be published for public information.</li> <li>7. An educational section be attached to the Business Directory for the distribution of knowledge and information to the public relating to matters of public health.</li> <li>8. Primary schools should give greater attention to the subjects of domestic science, hygiene, first aid and home nursing for females. These subjects should be made compulsory in secondary school.</li> <li>9. School clinics under the charge of qualified Medical Officers should be established to assign greater attention to the health of school-children.</li> <li>10. The Commission strongly recommended that the Government should consider subsidising organisations teaching first aid and home nursing, and especially St John Ambulance Brigade and Association to enable it to extend its most useful work.</li> <li>11. Existing health districts should be divided into subdistricts, and Assistant Health Officers placed in charge under the District Health Officer.</li> <li>12. Local Health Departments should be formed in cities and large towns, with contiguous boroughs and town districts, under the supervision of the Government Health Department.</li> <li>13. That health matters in other boroughs and town districts (excluding those mentioned in (12)) should be administered by the Government Health Department.</li> <li>14. Special Advisory Committees should be appointed to report occasionally on the health conditions of the ports and shipping of New Zealand.</li> <li>15. Constant inspection should be made of the ships, wharves, and adjuncts of the waterfronts under direction of a Medical Officer of Health.</li> <li>16. Combined action should be taken by the General Government and local authorities to institute and carry into effect schemes for the provision of adequate housing-accommodation, and the renovation of localities at present encumbered with buildings unsuitable for habitation.</li> <li>17. The Government should take part with other Governments in establishing an International Bureau for the collection and dissemination of information bearing on the prevention and limitation of disease.</li> <li>18. That an annual conference of representatives from all Health authorities, Boards, and Committees be instituted as a means of public guidance.</li> </ol>