

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTION HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Paul Gibson
Julia Steenson

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Ms Ruth Thomas, Ms Lucy Leadbetter, Mr Michael Thomas and Ms Kathy Basire for the Royal Commission
Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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TRANSCRIPT OF PROCEEDINGS

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1 **Hearing opens with karakia tīmatanga and waiata by Ngāti Whātua Ōrākei**

2 **[9.44 am]**

3 **CHAIR:** Kohiri (Korihi) te manu, tākiri mai te ata, ka ao, ka ao, ka awatea. Tihei mauri ora. Ko
4 Maungakiekie te maunga, Ko Waitematā te moana, ko Ngāti Whātua te mana whenua. E
5 mihi ana ki a koutou katoa, koutou e ngā 'purapura ora'. Koutou e ngā tāngata whaikaha.
6 Koutou e mātakitaki mai ana. Ahakoa ā-tinana, ahakoa ā-ipurangi. Tēnā koutou, tēnā
7 koutou arā tēnā rā tātou katoa.

8 A very warm welcome --to this hearing of the Royal Commission. This hearing is
9 named Ūhia te Māramatanga. It is a hearing into abuse and neglect in the disability, Deaf
10 and mental health settings that are under the terms of reference of this Royal Commission.

11 In this hearing we will focus on the experiences of people with disabilities, people
12 from the Deaf community and those with mental illness who were placed into institutional
13 care. I will leave it to Counsel Assist to outline what will follow over the next eight days
14 and to my Co-Chair, Paul Gibson, to make further introductions.

15 For now, as Chair of the Inquiry, I want to thank all survivors and their families and
16 their supporters who have bravely agreed to give their accounts in public. We salute you
17 for that.

18 And welcome, a warm welcome to all of those who are attending, whether it be in
19 person here today or watching on the livestream or even later, we welcome you and we
20 thank you sincerely for your interest in this very important hearing.

21 Can I now introduce you to my fellow Commissioners who will be sitting here with
22 us for the next eight days. First, may I introduce Paul Gibson, who is Co-Chairing today
23 and for this hearing. Paul has lived experience in the disability world and it is appropriate
24 that somebody with lived experience assists and is a vital part of the running of this
25 hearing. So may I just introduce Paul and ask him to make a few opening statements.

26 Thank you.

27 **COMMISSIONER GIBSON:** Nei au ko te kore, nā te kore, ko te pō, nā te pō ko te ao. Nā Tāne i
28 toko ko Rangi ki runga ko Papa ki raro, Ka pō, ka pō, ka ao, ka awatea. Ūhia te
29 māramatanga. Tihei mauri ora.

30 As we move out of the time of Matariki celebrating for the first time in Aotearoa
31 New Zealand as a whole this event, a time where the separation of the sky father and the
32 earth mother and the tension between the brothers and sisters and Tāwhirimātea, the God of
33 the weather, the God of the wind, the God of storms, threw away his eyes and chose
34 blindness, and that becomes a portal to Te Ao Mārama, the modern world.

1 In times of old when days were cold and nights were long and the storms raged
2 outside, people would hang around the home fires and the stories of the past, the wisdom of
3 past generations would be passed on. Some of these stories would be enlightening, some of
4 them would be tragic, there would be lessons in them all. This was a time when the older
5 people and the disabled people were at their strongest and they shared their stories.

6 We're going to hear the stories of the past from disabled people, from people with
7 mental health conditions, from Deaf people, from blind people, from people with neuro
8 disabilities, people with physical disabilities. Many of these stories have been lost in the
9 last few generations but now is the opportunity that they will come forward and there's a
10 chance for Aotearoa New Zealand to hear and learn and listen and make changes to make
11 sure what we've heard never happens again.

12 I want to acknowledge the mate survivors, people who did not survive from these
13 institutions, there are many. I want to acknowledge all the survivors of disability, mental
14 health and other related services and care, and particularly I want to acknowledge People
15 First here today and the people speaking on their behalf, people with learning -- an
16 organisation representing people with learning disabilities, Kris and Ronnie, great to have
17 you here.

18 We hope to listen and learn and let the leading voices of disabled people help
19 transform what has gone on and look forward to a new beginning.

20 Just as Matariki we reflect back on the past and learn from it, we look forward to the
21 new year, a new time, when hopefully we can, because of what we hear, because of the
22 stories that have been shared, we can create a new time of abuse- and neglect-free support
23 for all disabled people. Kia ora.

24 **CHAIR:** Kia ora, Paul. Can I also introduce fellow Commissioner Julia Stenson. Kei a koe.

25 **COMMISSIONER STEENSON:** Tēnei te mihi ki a tātou. Nau mai hara mai ki te kōrero nui i
26 tēnei wā. Ko Julia Stenson ahau nō reira, tēnā koutou, tēnā koutou, otirā tēnā koutou katoa.

27 **CHAIR:** Kia ora. We will now start the proceedings and I will invite Counsel Assist Ruth
28 Thomas to make an opening statement. Tēnā koe, Ms Thomas.

29 **OPENING STATEMENT BY THE ROYAL COMMISSION**

30 **MS THOMAS:** Tēnā koe... Tēnā koutou e ngā rangatira o te pae, o te tēpū tēnā koutou katoa.
31 Huri noa ki te haukāinga, e ngā purapura ora tēnei te mihi ki a koutou. E ngā tohunga me
32 ngā kaimahi i tēnei kaupapa whakahirahira. Tēnā koutou, tēnā koutou, tēnā tātou katoa.

33 Greetings to our Commissioners, the haukāinga, and our survivors. I'd like to begin
34 by acknowledging the Mana Whenua, Ngāti Whātua. I would like to acknowledge all of

1 the survivors who have gifted this Royal Commission their precious taonga, their life
2 stories. In the course of describing their daily lives in institutional care, the survivors at this
3 public hearing have provided this Inquiry with evidence of overt abuse and neglect, and
4 also more subtle or covert evidence of abuse through a loss of personhood.

5 Personhood has been defined as an individual's essence of being. It encapsulates
6 choice, a sense of autonomy, being part of a loving family, to belong and to relate with
7 others.

8 I would also like to acknowledge our gratitude to the very many survivors who have
9 equally contributed to this Royal Commission through their private sessions with
10 Commissioners and witness statements, but we are not able to hear from them during our
11 public hearing simply due to time limitations.

12 To all of these survivors please feel and know that you have been seen, you have
13 been heard, and your evidence has been acknowledged and continues to be as the Inquiry
14 continues to investigate, to analyse all of the evidence to make findings and
15 recommendations.

16 I would like to acknowledge all of the survivors who have never had the opportunity
17 to tell their own stories about their experiences in care. Their individual life stories will
18 never be fully known. Thousands of people spent decades of their lives in State
19 psychopaedic or psychiatric institutions, and we have learned that some of those people
20 remain buried in unmarked graves on or near the historic sites of those institutions.

21 I would like to acknowledge the family and whānau members and support networks
22 of survivors, both as supporters of their whānau member and also for the evidence that they
23 bring to this Inquiry about their own experiences of having their whānau member removed
24 from their home and placed in an institution.

25 I would like to acknowledge the former staff members from institutions who have
26 chosen to speak to this Royal Commission. A staff member at Templeton shared her
27 evidence with the investigation team and it echoed the experiences of daily life as described
28 by the survivors. She said that she had made the effort to speak to this Royal Commission
29 because in her words, "I don't want any of the people who are going to testify at the
30 Commission to not be believed. It all looked lovely working with disabled people and we
31 had some nice facilities, but for many people it was a sentence."

32 I would like to acknowledge People First as a disabled people's organisation for
33 people with learning disability. The national chairperson and the national committee

1 member of this organisation, Kris Roguski and Ronnie Sione are here today and will be
2 making an opening statement this morning on behalf of people with learning disability.

3 I would like to acknowledge the Donald Beasley Institute and its director, Dr Brigit
4 Mirfin-Veitch, for the research work that this institute has completed for this Royal
5 Commission. The Donald Beasley Institute's "Tell me about you" research project has
6 worked in an individually responsive method with people with learning disability and
7 people who are neurodiverse so that the individual person has choice and control over how
8 they want to communicate and how they want to present their lived experience of life in an
9 institution or care setting.

10 In my opening address today I will divide it into three parts. Firstly, I will start with
11 the phrase "nothing about us without us".

12 Second, I will provide you with some historical context of how thousands of
13 disabled children and adults and thousands of children and adults experiencing mental
14 distress were placed in institutional care settings in Aotearoa New Zealand between 1950
15 and 1999.

16 Third, I will provide a summary of the themes and the settings that you will hear
17 about in detail during the course of this hearing.

18 The motto "nothing about us without us" is part of the global movement to achieve
19 full participation, equal opportunities for, by and with disabled people.

20 Disabled people are front and centre at Ūhia te Māramatanga, this public hearing.
21 You will be hearing from 23 survivors and/or their whānau members over the course of the
22 next eight hearing days. These survivors include people with learning disability, people
23 who are neurodiverse, people who have experienced mental distress, people with physical
24 disability, blind people, and Deaf people. As you watch and listen to the evidence at this
25 hearing, it is the survivors who are the experts. The survivors are the experts presenting
26 their own experiences of care.

27 Once we have listened to the survivors, we may leave this public hearing knowing
28 that the survivors have taught us something of what we most need to learn about ourselves
29 as human beings.

30 Looking at the historical context, it is important for the Royal Commission to
31 understand, and for the public of Aotearoa New Zealand to understand, that we as a nation
32 intentionally placed thousands of disabled children and adults and children and adults
33 experiencing mental distress into large psychopaedic and psychiatric institutions during the
34 relevant period of our terms of reference from 1950 to 1999. Why did this happen?

1 The societal structures that enabled exclusion from New Zealand society through
2 Government legislation, policies and systems during the 20th century created the
3 establishment of institutions and segregated services exclusively for disabled people and
4 people experiencing mental distress.

5 This in turn had a significant impact on people's attitudes as this societal structure
6 sent a message that disabled people and people experiencing mental distress are outside of
7 the society.

8 In the early 20th century, the eugenics movement also had significant influence
9 within New Zealand. Using the words of the day, eugenic thinking created societal fear
10 and the need to protect the moral character of society from the menace of "feeble
11 mindedness", eugenics sought to prevent the contamination of the gene pool by segregating
12 disabled children out of mainstream school, out of mainstream society, and out of
13 mainstream services.

14 The Government then enacted legislation which provided the mandate for disabled
15 children to be removed from their families and whānau, isolated and placed in State
16 institutions.

17 The Government also enacted legislation which required parents, teachers and the
18 Police to report mentally defective children to the Department of Education. The
19 Department of Education was clear about the place of disabled children in its schools and in
20 society at large, stating, and I'm using the language of the day, "the ordinary community
21 holds no place for the feeble minded child."

22 By the mid 20th century, there were a number of psychiatric institutions and
23 specialist wards within general hospitals for people in mental distress, and there were what
24 were called psychopaedic institutions being established. This term "psychopaedic" is a
25 term unique to New Zealand. It links the words mind, "psyche", and child, "paed", and was
26 used to distinguish people with learning disability from people with mental illness or
27 mental health conditions.

28 Psychopaedic institutions were developed to specialise in the care, control and
29 vocational training of disabled people, children and adults.

30 A key factor that led to the rapid expansion of these psychopaedic institutions was a
31 report in 1953 called the Aitken Report. The Minister of Education set up a committee that
32 wrote this report. It concluded that largescale institutions accommodating 4 to 500 people
33 provided the best model of care for children with learning disabilities and it said that these
34 children should be placed in these institutions from the age of five.

1 The first psychopaedic institution was in Templeton near Christchurch, followed by
2 Braemar in Nelson, Kimberley near Levin, and Māngere in Auckland. Following the 1953
3 Aitken Report and until the early 1970s, large-scale institutions became the State's
4 preferred option for housing disabled people, particularly people with learning disability.

5 The numbers of residents in psychopaedic institutions increased rapidly. Over 20
6 years from 1952 to 72, the beds in psychopaedic institutions alone rose from just over 500
7 to more than 2,000 beds.

8 The number of beds in psychiatric institutions and hospitals peaked in the early
9 1970s to over 10,000 beds. These psychiatric institutions and wards and hospitals housed
10 people experiencing mental distress and also people with learning disability.

11 As the Inquiry has already heard in evidence from the Lake Alice hearing and from
12 the Social Welfare residences hearing, it was also relatively common for children who were
13 in State care residential homes to be transferred between these State residential homes into
14 psychiatric institutions.

15 The total number of people being admitted to psychiatric institutions peaked in the
16 1960s. However, while non-Māori admission rates to psychiatric institutions then reduced
17 in the 70s and 80s, the Māori rates of admission increased throughout the 60s and increased
18 again throughout the 80s. These increased rates of Māori admissions into psychiatric
19 institutions reflected the worsening state of mental health among Māori. While scholars
20 attribute this to a range of factors arising from colonisation, including alienation from
21 traditional whānau, hapū and iwi support systems, poor access to healthcare, and social and
22 economic deprivation, it is important to consider the societal historical context of 1950s
23 New Zealand to help understand the pressure experienced by families with disabled
24 children at this time.

25 We have heard evidence that many families who had disabled children faced a futile
26 search for community-based services, they faced an acute lack of any support for their child
27 to be cared for within the home and they felt the influence of medical professionals telling
28 them that the institution was the best place for their disabled child and the best thing for the
29 rest of their family.

30 These families were left to make a decision whether to place their child in an
31 institution. We have heard that these decisions were traumatic.

32 In a moment I am going to ask for a piece of film footage to be played. This
33 footage is taken from a longer documentary made by the New Zealand film unit in 1964
34 called "One in a Thousand." The New Zealand Health Department commissioned the

1 making of this film, one of the objectives being to show the training programme available
2 at Kimberley. This film was broadcast in movie theatres and TV channels throughout
3 New Zealand in the 1960s. It is publicly available footage.

4 I need to warn you that the language in this footage is the language of the day, the
5 1960s. It is upsetting, offensive, and it may be triggerin g and hard to watch for many
6 people. You may find this piece of footage could be described as propaganda, crafted to
7 persuade and encourage families to place their child in a psychopaedic institution.

8 The footage focuses on the psychopaedic institution of Kimberley. It includes many
9 images of children. The faces of these children were not pixelated, the children's images
10 have been used and made public by the New Zealand film unit for the Health Department.

11 Before this footage is played, I would like to apologise to each of these children and
12 to their families that this footage was taken, their faces, their expressions, and their
13 movements have been used and made public in an identifiable way. Today, almost 50
14 years after this film was made, I would like to acknowledge and honour the mana of all of
15 these children.

16 This footage is four minutes long and once that has been played, you will then see a
17 slide introducing Sir Robert Martin. Sir Robert Martin gave evidence at the Royal
18 Commission's contextual hearing in 2019. A short piece of his evidence from that hearing
19 where he spoke about Kimberley will follow the footage from the New Zealand film unit
20 about Kimberley.

21 Once these clips have been played, I will then move on to my final part of my
22 opening address and introduce the institutional settings and themes that you will hear about.
23 I would now ask for this footage to be played.

24 **[Video played]**

25 "What follows is nearly four minutes of Sir Robert Martin giving evidence to the
26 Royal Commission at the contextual hearing held in 2019. Sir Robert Martin is a disability
27 rights activist. In 2016 he was the first person with a learning disability to be elected onto a
28 United Nations Treaty body, the Committee for the Rights of Persons with Disabilities. He
29 suffered a brain injury at birth and as baby was sent to the Kimberley Centre, which we've
30 just seen in the previous video. He had some brief periods of time with his family and in
31 foster homes; otherwise he spent his entire childhood and early teenage years in institutions
32 including Lake Alice, Kimberley and Campbell Park School as a ward of the State.

33 Sir Robert Martin gave evidence about all the forms of abuse and neglect he
34 experienced while living in State care, how this has impacted his life and his hopes for the

1 future. Sir Robert Martin sits against a grey wall wearing a suit and tie. He is at a table
2 with a white table cloth and reads from a folder. His evidence begins now.

3 "A doctor told my mother that I was mentally retarded. He told her that there are
4 places where there are other people who know how to look after people like me. He told
5 my mother to send me away and forget about me. So at 18 months old I was sent away to
6 an institution called Kimberley. I was put away in an institution, I was locked away from
7 the community. I wanted to be with my family, I wanted to grow up with my sister, I
8 missed my family, I cried for them, I wanted them to come and take me home, but they did
9 not come, so in the end I gave up crying for them.

10 As a toddler in Kimberley I was fed and changed and taken care of. But I do not
11 remember being picked up, loved or cuddled because there were so many of us and we
12 were just a number. Just because I was born with a disability I was being punished for
13 being who I was.

14 Kimberley. I was 9 years old when I was put back in Kimberley, but this time in a
15 different ward called Monowai. It was like the first time I was there. The conditions at
16 Monowai were horrible. There were 40 kids in a dormitory. When you are shut away from
17 the world you are not treated as a real person with a life that actually matters. You are not
18 given your own clothes. We had to share a pool of clothes and grab what we could get.
19 We never had our own underwear. We didn't -- oh, they didn't let us just be a kid, we were
20 colour-coded into groups and we had stars and labels and categories.

21 We all had the same bowl haircuts on the same day. We were not treated as
22 individuals. In fact, people said we all looked the same.

23 We were neglected. One time I had boils and it took them a whole day to notice I
24 was sick. There was no privacy. The day room opened into a toilet block, there were no
25 doors or partitions. There was nothing to do. Some people stayed on the floor all day
26 rocking back and forth, especially people with the highest needs. There were so many of
27 them, they were just left on the ground. If someone had had an accident and soiled
28 themselves they were just left in their dirty clothes."

29 **MS THOMAS:** I will now move on to the third part of my opening address, to address you on the
30 settings and key themes that we will hear about at this public hearing.

31 The first three days of Ūhia te Māramatanga encapsulate evidence from people with
32 lived experience being in the psychopaedic institutions of Kimberley, Templeton, Māngere
33 and the psychopaedic part of the Tokanui Hospital. The survivors, whānau, and former
34 staff who speak about these institutions will talk about medical abuse, being given so many

1 drugs as a way for staff to subdue the residents; will talk about neglectful oversight
2 resulting in residents injuring themselves; will talk about cultural neglect; one Samoan
3 survivor will describe the complete lack of interest, recognition or inclusion of her culture
4 at the institution; physical abuse inflicted by other residents or staff members; seclusion or
5 being locked up in the side room; sexual abuse, including evidence from a survivor who
6 was placed in Kimberley Hospital in the early 1960s. He was forced to watch and
7 participate in the sexual abuse, rape and violence carried out against children with high
8 communication needs. This was carried out by a group of men who arrived at Kimberley at
9 night on a regular basis. These men were given access to rape and sexually abuse disabled
10 children by paying money to some of the nurses who facilitated and enabled this abuse to
11 occur in the institution.

12 You will also hear evidence from a researcher's observations of institutional life that
13 the overt physical abuse and neglect most commonly described and discussed is just the tip
14 of the iceberg. This witness says that the real insult of an institution is what lies beneath
15 that tip of the iceberg, the loss of personal identity through the restrained and regulated
16 circumstances of institutional life, where people that this researcher observed spent
17 approximately 80% of their time engaged in no form of purposeful activity. They were
18 sitting, standing, staring and snoozing.

19 It is important to receive and hear this evidence from these survivors, some of
20 whom have learning disability, because people with learning disability have not historically
21 been provided with an opportunity to speak for themselves, and to be heard when
22 describing their life experiences.

23 The Confidential Listening and Assistance Service, or CLAS, ran from 2008
24 through to 2015, and it had more than 1,100 people participate who self-identified as
25 experiencing abuse in State care.

26 However, as Judge Henwood told the Royal Commission at our contextual hearing
27 in 2019, people with learning disability did not find their way to that important service and
28 listening service. This Royal Commission acknowledges that there are disabling barriers to
29 engaging and we would welcome more survivors to be supported to come and share their
30 important lived experience with us.

31 The Royal Commission is grateful for the evidence it has already received from
32 people with learning disability and some of that evidence will be shared with you over the
33 next few days.

1 During day four and day five of this hearing, you will hear from survivors and
2 whānau with lived experience in different psychiatric institutions and hospital settings.
3 These survivors will speak of physical abuse, psychological abuse, sexual abuse and
4 over-medicalisation, the severe impact these abuses and the experiences of being placed in
5 these settings had on their lives. Whānau members will speak of their siblings. One will
6 speak of a brother who died at age 12 while in Tokanui. This witness will speak about the
7 years that he has spent trying to find out what happened to his brother.

8 Another witness will speak about her brother who was committed to Porirua
9 psychiatric institution at age 15 and who died by suicide at age 20 at the hospital.

10 During days five and six we will hear from three Deaf survivors. These survivors
11 experienced physical abuse, emotional abuse, sexual abuse and also educational and
12 linguistic neglect. They will speak of not being allowed to use sign language, being
13 physically assaulted and punished for using their sign language. Two of these Deaf
14 survivors will also describe their cultural alienation from their Māori culture and
15 communities.

16 On days six and seven you will hear from a blind survivor, two physically disabled
17 survivors and a survivor who is neurodiverse, together with his foster sister. These
18 survivors will share their experiences of abuse and neglect, the power and control that
19 exists within disability and support settings, both historically and today. And you will hear
20 these survivors speak of their recommendations for the future.

21 On our last hearing day we will have a panel session during the morning to discuss
22 matters relating to tangata whaikaha and whānau hauā, *Māori with disabilities*, and hauora
23 hinengaro, *Māori Mental Health*. The panelists are Gary Williams, Dr Tristram Ingham,
24 Dr Paula King and Moe Milne. The session will be facilitated by Ruth Jones. During this
25 panel, the topics will include Te Ao Māori conceptions of disability and mental health, the
26 experiences of abuse and what steps can be taken to prevent such abuse happening in the
27 future.

28 The final witness for this hearing is Dr Brigit Mirfin-Veitch. As I noted earlier, Dr
29 Brigit Mirfin-Veitch is the director of the Donald Beasley Institute. She will be giving
30 evidence about the research project that the Donald Beasley Institute designed to offer an
31 alternative research-based approach for people with learning disability to tell their life
32 stories about their time in institutions and care settings. This research project engaged with
33 16 people with learning disability or neurodiversity and in some cases with their whānau.

1 First we will tell you about our organisation. People First is a disabled
2 organisation -- People First is a disabled person's organisation, a DPO, it is run by us and
3 for us. We are New Zealand's only DPO for people with learning disability. Our mission is
4 to empower and assist people to be strong and valued individuals in New Zealand.

5 **MR SIONE:** We have 40 local groups in six regions around the country in New Zealand with 800
6 members. We use the term "learning disability" rather than "intellectual disability" as
7 members think it is more respectful. Members meet to learn about their rights and how to
8 speak up for them. People also speak on issues that are important to us and having the
9 same rights as all New Zealanders. Members speak up in their community nationally and
10 sometimes internationally.

11 **MR ROGUSKI:** All our work is about putting in place the rights in the United Nations
12 Convention on the Rights of Persons With Disabilities, the UNCRPD. We want to make
13 sure people with learning disability have a good life. People First was first set up in the
14 1980s in IHC. Members wanted their own organisation. In 2003 an incorporated society
15 was formed. The elected presidents from the six regions made up the national committee.
16 We have two independent advisories to assist us. We work with other DPOs on shared
17 goals as part of the DPO coalition.

18 **MR SIONE:** Today at People First New Zealand we assist people, giving them information and
19 advice about their rights and the support they can get. We run, also we run courses for
20 people with learning disability. One of these courses is about staying safe in the
21 community. This course is important because we often experience abuse daily. The course
22 teaches us what is abuse and -- the course teaches us what abuse is and what to do about it.
23 We run the service that translates information into Easy Read. Easy Read is a format that is
24 more accessible for people with learning disability.

25 **MR ROGUSKI:** We are speaking today because we want to make sure we are not forgotten about
26 in this Inquiry. We are aware that only a few people with learning disability have told their
27 stories but we know many thousands experienced institutionalisation and its effects. These
28 experiences were in places like large institutes, hostels, residential schools and group
29 homes. Some people still live in these situations today, but no matter where people are
30 living today, most of us still live with the legacy of institutionalisation.

31 Many people have died before this Inquiry began or have not had the opportunity to
32 have their say. We are wanting to be their voice and the voice of our members. We want
33 you to leave no-one behind in our recommendations to Government.

1 **MR SIONE:** In the past many people with learning disability were removed from their family and
2 sent to large institutions. This often happened when they were babies or very young
3 children. The large institutions were away from cities and towns, out of sight and out of
4 mind. We know bad things happened at the institutions.

5 There was violence and abuse, very little education, no choices, no control, not a
6 family life, no community life. In 2001 it took People First New Zealand to march to
7 Parliament. We handed over a petition, then the Government decided to close Kimberley in
8 Levin. While these large institutions are now closed, many people still live with a legacy of
9 institutionalisation.

10 Instead, today, around 5,000 people live in group homes, some living in flatting
11 situations and others live at home with aging parents or family members. We often
12 don't -- we do not get a choice where we live - who we live with, where we live, how we
13 live. Many of us have a lack of choice and control over our lives. We are often separated
14 in life through things like special schools and units, day places - and special sports.

15 **MR ROGUSKI:** We would now like to show you a film People First made called "I am a citizen
16 too." This film shows some People First members saying some of the things they
17 experience and what needs to happen. It was made from a set of questions that members
18 came up with for candidates in the 2017 general election. This message is in the film. The
19 messages in the film are still right for today.

20 **[Video played]**

21 "To have a good life we need all people in New Zealand to work together. This
22 means government and local government services, family, disabled people and other New
23 Zealanders too.

24 (Money) "Lots of disabled people spend all of their adult lives on a benefit, and
25 don't have enough money to live on. Some people have to choose between buying food and
26 going to the doctor. I need money to live just like everyone else."

27 (Health) [the original of the following section was in Toi Keluan – the English
28 translation follows] "Good health. Many people are unhealthy. Doctor's don't talk to us and
29 explain our health. This needs to change. We need to listen to each other."

30 (Keeping safe) "People with a learning disability are more likely to be abused. It is
31 not okay. The Police and anti-violence agencies are not trained to work with us. This needs
32 to change."

1 (Education) "I have the right to an education. I should be able to learn alongside
2 other people in regular included schools. I should be able to study as an adult as that is
3 what I want."

4 (Media) "The media and other people in my community say things like I suffer from
5 my disability or I have the brain of a child. These things are not true and they have a bad
6 effect on our lives. How you speak about us matters."

7 (Disability support) "The support I need is different than other people. I need a
8 disability support system that makes sure I get the services that are right for me."

9 (Housing) "The 2013 disability survey found that disabled people are more likely to
10 live in rental houses that are damp and hard to keep warm. I have a right to warm, dry
11 houses that I can afford."

12 (Abuse) "People treat us differently, disrespect us and make fun of my friends and
13 me. Article 8 of the United Nations disability convention says that governments need to
14 make sure that disabled people are treated with respect."

15 (Work) "I want to have a job. Most places will not give people with learning
16 disability a chance. I want a chance to prove I can be a good worker."

17 (Access) "I need to get information in ways I can understand. I also need to be able
18 to get out and about in my community easily. We need a law about accessibility to mak e
19 sure these things happen. I am a citizen too."

20 "I am a citizen too." "I am a citizen too." "I am a citizen too." "I am a citizen too."
21 "I am a citizen too." [the original of the following section was in Tokelauan – the English
22 translation follows] "I am a New Zealander, of Aotearoa." "I am a citizen too." "I am a
23 citizen too."

24 "To have a good life we need all people in New Zealand to work together. This
25 means Government, local government services, families, disabled people and all other New
26 Zealanders too. What can you do to make a difference?"

27 **MR ROGUSKI:** As you can see, things like violence and abuse, widespread discrimination, old
28 ways of thinking and out-of-date language are still happening today. We want the same
29 rights and opportunities as everyone else. We want to get rid of old laws that mean we get
30 treated worse than others, like the minimum wage exemption. This means you can pay
31 disabled people less than the minimum wage. We want to have a good life on an equal
32 basis as others. If we people with learning disability are not an everyday part of our
33 communities, then we stay out of sight, out of mind and continue to experience
34 institutionalisation.

1 In earlier hearings, the Crown has emphasised its need to draw upon lessons learned
2 from those experiences. The Crown is here today and throughout this hearing as part of a
3 broader process to effect lasting change.

4 The sharing of survivor experiences is vital to that process. For survivors, abuse has
5 been, and remains, a lived and recurring reality. We need to learn from those experiences.

6 The Crown's need to listen and to learn is vital in the context of this particular
7 hearing, which examines the treatment and experiences of those with disabilities, those who
8 are Deaf, those who suffer mental health conditions.

9 For these groups, State care has carried particular and heightened risks. These are
10 the risks of a system that has failed to understand, let alone safeguard, the interests of those
11 with physical, intellectual or mental impairments. It has led to children at risk. It has led to
12 adults at risk.

13 These particular groups might experience not only the full range of abuse that
14 non-disabled people experience, but other forms too; including removal of access to
15 medications, to mobility aids and to disability services.

16 The Commission has heard that people in care are not often aware of their rights,
17 and we have just heard that in the video that was just played, or even of what constitutes
18 neglect and abuse, let alone how they can report it. They may require additional support to
19 report and seek support. The Crown needs to understand these systemic barriers to
20 recognising and responding to abuse so that they can be removed.

21 The Crown is morally and legally obliged to rise to that challenge. New Zealand
22 ratified the Convention on the Rights of Persons With Disabilities in 2008. This binds state
23 parties to take measures to protect persons with disabilities, both within and outside the
24 home, from all forms of exploitation, violence and abuse, including their gender-based
25 aspects. Such measures must include the provision of information and education on how to
26 avoid, recognise and report instances of exploitation, violence and abuse.

27 The Crown is especially grateful for the opportunity presented by this hearing to
28 better meet that challenge of responding to abuse.

29 Part of the Crown's response to that challenge is the establishment this month of
30 whaikaha, the Ministry of Disabled People. Available data indicates that approximately
31 one in four New Zealanders self-identifies as having a disability. The new Ministry aims to
32 better provide outcomes for disabled people by giving them greater control and choice over
33 their lives, and by building capacity across the system. Its future work will doubtless
34 reflect lessons learned, including those learned through this hearing.

1 To the survivors who will be sharing their experiences, on behalf of the Crown I say
2 thank you. For too long the violence and abuse has remained invisible, but not to those of
3 you who experience it. Your determination and the support of those around you, is
4 essential. I do not expect to ask questions of you. Please be assured this is not intended to
5 convey disrespect. To the contrary, it is because the Crown is here to listen so as to identify
6 the lessons learned and to make good on our commitments to address them.

7 Nō reira, tēnā koutou katoa.

8 **CHAIR:** Tēnā koe, Mr Allan, and tēnā kōrua to Mr Dodd and to Ms Moore. The Commission
9 appreciates your presence, it appreciates the reason why you're not asking questions, and
10 we appreciate that the Crown, the State is listening, and I'm sure that that gives some
11 comfort to our survivors as they give their evidence this coming two weeks, so tēnā koutou
12 katoa.

13 **MR ALLAN:** Thank you, ma'am.

14 **CHAIR:** We're now going to hear, I believe, from Ko Tāku Reo.

15 **MR COLTMAN:** Mōrena, counsel's name is Coltman. I'm here this morning simply to announce
16 my appearance for Ko Tāku Reo and of course to listen to the openings. Our opening
17 statement will be delivered in advance of the survivor stories being delivered on Friday
18 afternoon when I'll be present with members of our governance and management bodies.

19 So I'm here to announce my appearance, may it please you, thank you.

20 **CHAIR:** Thank you. Mr Coltman, your appearance is noted and we are grateful for the interest
21 and the participation of Ko Tāku Reo, it's a very important element of this hearing and
22 we're grateful for your appearance today, thank you.

23 I think we now have another video to watch; is that right, Ms Thomas?

24 **MS THOMAS:** Yes, and I must apologise I omitted to formally announce the appearance of
25 myself and my colleagues, so I'll just do that.

26 **CHAIR:** Why don't we do that right now just to make sure that you truly do exist.

27 **MS THOMAS:** May it please the Commission, counsel's name is Ms Thomas, and I appear here
28 today with my fellow Counsel Assisting Ms Basire and Mr Thomas.

29 **CHAIR:** Kia ora koutou.

30 **MS THOMAS:** Thank you. And yes, I think we are now at the point where we are almost
31 concluding our opening addresses this morning and just before people leave this venue to
32 go and have some morning tea in the foyer, I would like to briefly take a moment to let
33 everyone in the public gallery know, and for those who are watching on the livestream, to
34 know that we have some art in this hearing venue today. In the hearing room you will see

1 on the banners that line the walls art from Māpura art studios. This is an art studio of
2 disabled artists and we are very grateful for these artists to agree to have their work
3 exhibited during this hearing. So I hope everyone can enjoy having a look at that
4 throughout the hearing.

5 I would also like to introduce to you an artist who is exhibiting her sculpture and
6 photography work in the foyer area of the hearing venue, Catherine Daniels -- I might just
7 ask her to stand briefly.

8 **CHAIR:** Good morning, Ms Daniels. Thank you very much indeed, first of all for being here, but
9 particularly for the gift that you have given, we don't accept it as a gift, but to the survivors
10 and to the public of showing your extraordinarily powerful work, we're very grateful to
11 you, so thank you very much.

12 **MS DANIELS:** Thank you, I would like to thank you for listening to us and for all the survivors
13 here and all the ones that are at home that couldn't make it and didn't have the hearing,
14 because the first day you were touched you are changed for the rest of your life, so thank
15 you for listening.

16 **CHAIR:** Tēnā koe.

17 **MS THOMAS:** Catherine will be present with her art. She'll probably be sculpting more art
18 during the course of the week and is more than happy to speak to anyone that would like to
19 have a conversation with her during any of the adjournments throughout the hearing.
20 I interviewed Catherine as a survivor and took that interview from her in the form of a
21 video interview as she expressed her experiences of trauma and abuse through her
22 sculpture. We have compiled a short compilation of that longer video statement and I will
23 ask for that to be played shortly.

24 Before that is played, I do need to warn everyone who is watching here and at home
25 that some of the images in this video may be confronting, or triggering and hard to watch.
26 So if you would prefer not to watch it, you're more than welcome to go and start your cup
27 of tea in the foyer now, but otherwise I would ask for this four -minute video of "The Secret
28 Keeper", which is the name of Catherine's exhibition, to be played, thank you.

29 **[Video played]**

30 "I was nearly 50 before I realised that secrets make me sick. I was told it was all
31 my fault and to keep it a secret or I'd die. I promised never to tell. Secrets bottled up
32 slowly destroyed me. I hid my pain in trauma. Secrets come at a huge personal cost and
33 they changed my life forever.

1 My name is Catherine Daniels. I couldn't portray what I wanted to say to my
2 psychiatrist and psychologist, so I sat down and I thought that I would try and sculpt an
3 emotion that I couldn't verbally say out loud, so that's where The Secret Keeper started.

4 I was so scared to go out to society that I hid in my studio for six years making all
5 these sculptures. I lay terrified curled in a tiny ball. I tried to make myself invisible from
6 the monsters hiding in my bedroom, prowling shadows that are ready to pounce when the
7 light is turned off, they snatch pieces of me and come back night after night to haunt me as
8 horrible nightmares.

9 People that live with sexual abuse, it's a really dark place. The first time you're
10 touched you're never that same person ever again. When we went to school nobody said
11 anything, I was too petrified to say anything because of all the other abuse that was
12 happening at home. So it was like you get this neon sign saying, 'Pick me again!'

13 It needs to change. It's broken. You have a whole generation of broken people,
14 there's thousands of us. It's just going to carry on and their children and their grandchildren
15 are all going to be broken just like us. I stayed silent because I was petrified if I told
16 somebody, I would die, and if you told someone that's little enough that if they tell a secret
17 they're going to die you naturally think you're going to die.

18 Making these pieces have enabled me to look at myself for the first time through
19 lenses that aren't so damaged. These little ones represent the high percentage of men,
20 women and children who have been hurt and broken but never reported their rape or abuse.
21 They've been held hostage in their own world never able to speak out.

22 Once the word's out there with this exhibition it's going to encourage others to come
23 forward, it's going to encourage other people to go 'I'm brave enough to step forward.' And
24 for those that aren't quite ready to come forward yet, it's going to allow those people to feel
25 validated. They have a voice, in amongst these girls. 90% of those people that we've had
26 through have said 'this is my story, how did you know my words, how did you know what
27 I wanted to say?'

28 If we don't start speaking out about this and making changes, it's going to carry on.
29 And if we can help one person not feel like I felt then that's going to change one person's
30 life?"

31 **CHAIR:** Can I just thank you, again, Catherine, that was a powerful presentation and I do invite
32 everybody who's here today to go and have a good, careful, if somewhat painful look, and
33 the good news is Catherine Daniels is still alive.

1 **MS DANIELS:** I just want to thank the Commission for making the video and helping get the
2 exhibition here and Ruth and Pia and everybody else for helping support in doing this and
3 making the video. Thank you.

4 **CHAIR:** Thank you. Well, we have pleasantly arrived half an hour earlier than we expected,
5 which I think is good news, we have a lot of work to do today, a lot to hear and we don't
6 want to be rushed. So this buys us a little bit more time, Ms Thomas?

7 **MS THOMAS:** It does. Perhaps if we could reconvene maybe at 11.20 am, would that be
8 possible?

9 **CHAIR:** Yes. So it's time for a break and we will return at 11.20 am. Thank you, all.

10 **Adjournment from 11.01 am to 11.26 am**

11 **CHAIR:** Kia ora anō, Ms Thomas.

12 **MS THOMAS:** Thank you, Madam Chair. We will now be hearing evidence from Irene Priest
13 and her sister Margaret Priest who are seated here today, and Irene is also supported by her
14 support worker Anita.

15 **CHAIR:** I can see -- I think I can see Margaret but I don't think I can see Irene. [**Chair**
16 **adjusted**]. That's better. Good, it's good to be able to see you.

17 **MS THOMAS:** Just before we begin with Irene and Margaret's evidence, we have got a
18 one-minute scene setting clip which is just some aerial images and pictures of Kimberley.
19 A major focus of the evidence from Margaret about Irene's experiences are at Kimberley.

20 **CHAIR:** Yes. Perhaps before we do that, we'll do the affirmation --

21 **MS THOMAS:** Yes.

22 **CHAIR:** -- and get that out of the way and then we can move straight to the clip; is that all right?

23 **MS THOMAS:** Yes, thank you.

24 **CHAIR:** First of all, a warm welcome to you both. Thank you for coming, Irene, thank you for
25 coming, Margaret. I'm going to ask if you would like both to take the affirmation. I'll just
26 read it once and just a nod of the head will be fine from Irene.

27 **IRENE AND MARGARET PRIEST (Affirmed)**

28 **MS THOMAS:** Thank you. If we could just have that scene setting clip played now and then
29 we'll start with your evidence.

30 **[Video played]**

31 **QUESTIONING BY MS THOMAS:** Thank you. Good morning, Margaret and Irene. Margaret,
32 can you please start by telling us your full name?

33 A. Margaret Williamson Priest. [**Microphone adjusted**].

34 Q. Thank you. Is it appropriate for me to call you a failed retiree?

- 1 A. It is totally appropriate. I was a retired teacher but teaching is in a desperate state so I've
2 been re-registered and back into the workforce.
- 3 Q. Thank you. And you are here today seated next to you with your sister Irene?
- 4 A. Yes.
- 5 Q. And you will be giving evidence about your experiences but primarily about Irene's life that
6 you've shared with her every step of the way for the last 66 years?
- 7 A. I will be.
- 8 Q. If you could start, please, by telling us when was Irene born?
- 9 A. Irene was born in 1956, 13 months after I was.
- 10 Q. During that birth, did something happen while she was being born?
- 11 A. 13 months prior I had been born by emergency caesarean, so my parents had engaged an
12 eminent specialist but they had shifted so it was a different eminent specialist in a different
13 city to help Irene come into the world. They pleaded with a caesarean but the eminent
14 specialist insisted on forceps, he squeezed Irene's head in the wrong place and this is why
15 Irene's brain injury, why she is so disabled.
- 16 Q. So as a result of that brain injury at birth, does Irene have learning disability?
- 17 A. Irene can't speak, we don't know how much she understands, she needs 24-hour care, she
18 cannot dress herself, she cannot toilet herself, she cannot read, write. I would -- I've always
19 thought about her as having the mind of a baby really, but she understands a lot more than a
20 baby, so it's hard for us to gauge. She surprises us continually.
- 21 Q. How does Irene communicate with you and with supporters?
- 22 A. She will grab my hand or her support -- Anita's hand to say she wants her back rubbed,
23 which is very often. She will take our hands to guide us somewhere. We know when she's
24 unhappy because she will growl. If she is happy she will click her tongue, she smiles,
25 seldom does she laugh, but she has very short moments of concentration sometimes, but she
26 has her ways of making her wishes known.
- 27 Q. Can you tell us something about your home life as you were both young children growing
28 up with your parents?
- 29 A. My father and mother were a very united team, although my mother was very depressed
30 and continually felt guilty about not being able to bring Irene safely into the world, and she
31 tried very hard to give us a happy childhood, but -- and it was a happy childhood really.
32 Irene and I were very close. I have felt as though I've communicated for her all her life.
33 But when Irene was five and a half or so my mother had, really she was having a
34 break-down, because there was no help for her. There were no social services to help her,

1 there were no respite places, and my mother had tried -- in those days the antidepressants
2 weren't what they are now. They basically wiped her out and she couldn't care for Irene
3 who was very active and, you know, she was found -- she climbed a fence and was in the
4 middle of traffic on the road. So my mother couldn't take antidepressants.

5 There was really nowhere else -- my father was balancing up my mother's health
6 and Irene's welfare, so our family doctor suggested that Irene go into care.

7 There were two places available. One was Hōhepa which was a private place, but
8 Irene didn't have enough ability to go into Hōhepa, they had to have a certain ability. So
9 Kimberley was our only option.

10 **Q.** In terms of Kimberley, was one of the features about Kimberley that interested your parents
11 the fact that it was a training school?

12 **A.** It was touted as a training school, it was called a training centre. I think it was Hospital and
13 Training Centre. And I know mum and dad, are as I've always been, were very realistic
14 about Irene's capability, but I know that mum and dad to start with, and me latterly, we had
15 all hoped that Irene would realise whatever potential she had.

16 **Q.** So she was placed in Kimberley in 1962?

17 **A.** Yes, she was five years and eight months.

18 **Q.** And lived in Kimberley through until 2004?

19 **A.** Yes.

20 **Q.** So 42 years --

21 **A.** Yes.

22 **Q.** -- spent at Kimberley. When your parents delivered Irene to Kimberley, can you tell us
23 what they were told by the staff or the managers at Kimberley about contacting Irene?

24 **A.** They were told to leave Irene there for four weeks with no family contact, because that
25 would help her to settle, and that would be best for Irene. It was very hard for my parents
26 to do that.

27 **Q.** And during those first four weeks, did your parents have contact with Irene?

28 **A.** They weren't going to, but they were telephoned during those four weeks to say that Irene
29 had contracted hepatitis, and was in isolation, so they went up and collected her
30 immediately to take her home to recover. I went with them. I was nearly seven at the time.
31 We went in to the isolation ward, she was in a room on her own, she didn't even have her
32 teddy bear that she'd taken with her, she didn't have a radio on, she was sitting rocking
33 backwards and forwards on a bed, a hospital bed.

34 **Q.** So that was the condition that you found Irene in when you arrived to pick her up --

- 1 A. Yes.
- 2 Q. -- because of -- being in isolation? During Irene's time at Kimberley, did she come home
3 with you and your parents for weekends?
- 4 A. Yes. So for years she came home every single weekend. In retrospect I don't know
5 whether that was a good thing because it made the contrast too much. She has a very good
6 sense of direction, we know that, because as soon as we turned left to go towards Levin she
7 started to growl.
- 8 Q. Right.
- 9 A. So she was upset every time she had to go back and my mother cried every time. It never
10 got easier.
- 11 Q. And you said the contrast was so great. What was the main contrast between your caring
12 home versus the life at Kimberley?
- 13 A. Love.
- 14 Q. And I think you've described in your statement that life at Kimberley was just a place of
15 people existing; would that be how you would describe Irene's situation in Kimberley?
- 16 A. Totally. She was a resident to be physically cared for, even though that didn't -- that wasn't
17 done very well. I suppose she was given food, but she couldn't wear her own clothes, my
18 mother knitted lovely jerseys for her, she took a teddy bear up there, everything
19 disappeared, it went into a communal laundry, and she was placed in somebody's clothes
20 that didn't fit. So when she came home we didn't recognise the clothes she was in. She
21 didn't even have that right, to wear her own clothes.
- 22 Q. I'm going to ask you about dental care at Kimberley and can you tell us what happened with
23 Irene's teeth while she was at Kimberley?
- 24 A. Well, I'm not entirely certain how good the dental hygiene was there, I presume they
25 brushed their teeth twice a day. Irene's teeth were quite tightly packed, but maybe she
26 could have had some orthodontic work to make them not quite so tightly packed, if she
27 needed fillings it had to be done under a general anaesthetic because she was frightened.
28 Eventually they said that she should have all her teeth removed. I was very upset about that
29 and pleaded at the time -- I was an adult then -- for her to be given implants, which my
30 parents tried to do, we thought that was a very good alternative. But that wasn't able to be
31 done -- or it was able to be done; it wouldn't be done.
- 32 Q. So even though your parents offered to pay and requested implants to be made for Irene,
33 the hospital wouldn't allow that?

- 1 A. No, or I don't know if it was allowed or bothered, but they certainly didn't. And that was a
2 common theme, that my family, who cared very much for Irene and would have given her
3 anything she needed at any time, were not included in the decision -making process, ever,
4 and they tried very hard.
- 5 Q. As a result of that decision, I think you mentioned yesterday, Irene's now lost one joyful
6 aspect of daily life, enjoying all the food that one can enjoy?
- 7 A. She loved food, there were very few things that Irene can get great pleasure out of: One is
8 going for a drive in the car, another was eating. And by removing her teeth, they took away
9 one of those huge pleasures, and also a health aspect.
- 10 Q. I'm going to ask you about education and training at Kimberley. What did you observe in
11 terms of any education or training that was provided to Irene?
- 12 A. There was none. Irene regressed. So when she went in she was learning to feed herself
13 with a spoon, she couldn't feed herself when she came out. She was learning to toilet
14 herself, when she came out she couldn't. Even those would have been education for Irene.
15 I asked later on if they could try and find some sort of sign language where she could point
16 at pictures of what she would like so that she had some choices, that was never followed
17 through.
- 18 Q. Can you tell us about Irene's weight, and this is around about the 1990s, and what was
19 noticed at that time?
- 20 A. Irene lost a vast amount of weight and at one stage she was 31, 32 kgs. She stayed in
21 around the mid-30s, I believe -- Kimberley weighed her, we didn't -- until she left
22 Kimberley. Irene came home, my father and mother took her to our family GP, she looked
23 so dreadful that he tested her for AIDS, he thought that could be one of the things that was
24 wrong with her, that she was in an advanced stage of AIDS. She wasn't. Kimberley's
25 answer to that was to get her a restraining chair and force her to sit in it the by buckling her
26 into it.
- 27 Q. Can you describe for us this restraining chair?
- 28 A. It was a metal chair with a padded seat and back and a strap around her middle. So if she
29 was upset and wanted to get away from it, she could actually still move and take the chair
30 with her, but injure herself in the process, and she did injure herself trying to get away from
31 her chair.
- 32 Q. And at what stages throughout the day did the staff put her in this chair?
- 33 A. Meal times, but I believe they put her in it at other times if she was upset.
- 34 Q. Right.

- 1 A. And she might be upset and they would think that would be a good way to settle her down.
- 2 Q. When you and your parents were with Irene at home and eating meal times with her, how
3 did you and your parents cope with that?
- 4 A. We gave her the time to feed, and so we were very patient and yes, because of being in this
5 restraining chair, so that every time we went near one side she would cower, we still
6 persevered, or we'd go to the other side, and sometimes it would take, and I attribute it to
7 this restraining chair, sometimes it would take two hours to feed her a meal, but we were
8 determined to feed her.
- 9 Q. So you never used that chair at home, but --
- 10 A. No.
- 11 Q. -- just the damage that had been done by the use of that chair at the hospital?
- 12 A. Mmm.
- 13 Q. When you said cower, cowering, can you just tell us a bit more about that? What would
14 happen when you approached?
- 15 A. Well, Irene has ways of making herself known to me, so -- and my parents were the same,
16 so if she was -- if we went near her side she would cower away, it was evident that she was
17 afraid of something, but we have no way of knowing because she has no words.
- 18 Q. And was that particularly evident when she was seated for meals when you were feeding
19 her at home?
- 20 A. Yes.
- 21 Q. I'd like to ask you some questions about medication, which we will get to shortly. As I
22 think you've now received the full, well, the files that you have received from Irene?
- 23 A. I believe, when I looked, there are nigh on 30 years of files missing, so we are really -- we
24 have files from the 1990s until she was deinstitutionalised in 2004, and I think there
25 are -- there was one record for the 1960s, one for the 1970s, and three for the 1980s. The
26 rest are missing.
- 27 Q. So three decades -- decades worth of files and records are missing?
- 28 A. Yes.
- 29 Q. Was there any explanation as to how they're missing, why they are missing?
- 30 A. I think Ella may have to answer that question.
- 31 Q. That's all right. The files that you have seen, did they show a large number of incident
32 reports and event registers showing that Irene received injuries during her time at
33 Kimberley?
- 34 A. Totally.

1 **Q.** I'd like to ask for exhibit ending 015 to be put up on the screen, please. I'm not going to ask
2 you to read that because it's small, I'm just putting this up on the screen as an illustration of
3 one example of an event register from Irene's file that you do have with you, and just for
4 everyone's accessibility, I will just summarise some of the aspects that you can see on this
5 one, this is just one page of her file. It shows the -- in the events section listed there it
6 shows things such as bruises, cuts, scratches, a tear to an eyelid, head injury. In the "Date"
7 column it shows that these incidents occurred in April, in May, another one in May, June,
8 July, July, September, November, and November.

9 **A.** And those are the ones that were written down.

10 **Q.** Precisely. In the column where there are sometimes some notes made about causes, there
11 are comments such as "Staff attending to others" when Irene has been injured; "staff not
12 present when other residents hurt Irene"; there's comments such as "found another resident
13 laughing and leaving the scene"; there's a comment of "another resident has attacked Irene";
14 and there's a comment there which states that "Irene has bruising on her thigh consistent
15 with trying to vacate her restraint chair".

16 This is just one page of many from the file that you have seen. In your statement
17 that you've provided to the Royal Commission on pages six and seven does your statement
18 there list out just some examples of injuries that Irene received while she was at
19 Kimberley?

20 **A.** It does: Superficial cut on the crown of her head; sustaining a cut to the back of her head;
21 sustaining a gash to her chin; bleeding, grazed nose; staff found a three-quarter inch cut to
22 the rear of her head which required three sutures -- the requirement for sutures was
23 identified by the doctor two days after the incident when he or she was notified, which
24 seems to be negligent to me; hitting her head on the heater; a three-and-a-half-centimetre
25 laceration down the length of her nose; superficial lacerations on her forehead; small nick
26 to her eyebrow; Irene falling over and knocking her face on a heater; hitting her head on the
27 corner of a table; she hit her head on the bottom of the chair; hitting the side of her head
28 against a door frame; landing on the floor hitting her head; Irene falling while running to
29 the toilet and hitting her head on the toilet seat; Irene falling in the shower causing a cut to
30 the front of her scalp; a cut above her left eyebrow; falling backwards and hitting her head
31 against the metal strip on the toilet door; falling heavily on her back and hitting her head on
32 the floor; Irene falling and causing a gash to her head.

33 **Q.** When you went through the file, when you first saw all of these notes, how did that make
34 you feel?

1 A. I was completely shocked. We were not told of these injuries. We would see that she had
2 injuries when she came home. By this stage she would be coming home once a fortnight or
3 so. We had no idea of these injuries, except the ones that we could see. One I do
4 remember vividly, and that was a large gash that took a long time to heal, it required five
5 sutures underneath her eye and she was not seen by a doctor for that for a couple of days
6 after it happened, and then it was written in her notes "patient uncooperative". They didn't
7 even use her name.

8 Q. When you went through the file and counted up the number of injuries to Irene's head
9 during this time, how many did you come to?

10 A. We have to remember there are nigh on 30 years missing. I counted 77 head injuries.

11 Q. Just in the notes that you did have?

12 A. Yeah.

13 Q. That were, as you said, written down?

14 A. Yeah.

15 Q. I'm now going to move on to a very important part of your evidence about Irene's
16 experiences in Kimberley, and that is drug abuse. What would you like to tell the
17 Commission about what happened to Irene with medication and drugs while she was at
18 Kimberley?

19 A. A little bit of background, my father, or our father before he was an optometrist was a
20 pharmacist so he knew exactly what he was talking about, and he was very upset by the
21 concoction of drugs and the apparently indiscriminate use of drugs, and I would say that
22 Irene lost approximately 20 years of her life with this drug use. He tried extremely hard to
23 work within what was possible to work with the medical profession there, but it was to no
24 avail. He even went as far as saying that if Irene was unsettled or unable to be managed,
25 not to give her drugs, to give him a call and we would go and collect her and we would take
26 her home. That never happened. So she fell because of her drugs, she had Parkinson's
27 because of her drugs.

28 She is now drug free and I think it took something like 10 years to get her drug free.
29 It had to be done so slowly. She doesn't have Parkinson's now. She doesn't fall.

30 Q. So a major side effect for Irene was falling as a result of the drugs that she was on?

31 A. To give you some indication of the impact the drugs had on her, at one stage she couldn't
32 even walk forwards, she walked around in circles or backwards staring at the ceiling.

- 1 **Q.** You've said that your father did try to speak with the management of Kimberley, the
2 Medical Superintendent and I think you said he also would look after Irene at home. When
3 Irene was at home, did your father try and remove some of the drugs out of her regime?
- 4 **A.** If she was at home for a long time he took her completely off the drugs, and she was as she
5 is now, peaceful, sleeping, no need for them.
- 6 **Q.** And did your father alert the Kimberley staff to that contrast to say --
- 7 **A.** He did.
- 8 **Q.** And what was the response that he got from the staff?
- 9 **A.** Well, the staff themselves were really -- they had to go under what the Medical
10 Superintendent at that time said, and I think there is a letter on file that actually talks about
11 that this Medical Superintendent said something along the lines of that he recognised that
12 drugs were not good to be used but he felt they had no alternative.
- 13 **Q.** I'd ask for that letter to be brought up on the screen now, please, exhibit 006.
- 14 Margaret, would you be able to read out to us the bottom sentence of the top
15 paragraph that's been bolded and the next sentence, so starting with "We all know"?
- 16 **A.** "We all know that drugs are either unhelpful or poorly tolerated in her case. I also find that
17 drugs are rarely a satisfactory solution to the problem of hyperactivity in our population but
18 are frequently used because there are no alternatives."
- 19 **Q.** Thank you. Just to set this in some context, can we please see the exhibit date, or if that
20 highlight could be taken down so we can see.
- 21 **A.** 8 June 1995.
- 22 **Q.** Thank you. And who is named as writing this letter?
- 23 **A.** That was Dr Warwick Bennett.
- 24 **Q.** He was the Medical Superintendent at Kimberley?
- 25 **A.** He was.
- 26 **Q.** So despite your father having these conversations and an acknowledgment that the drugs
27 were not working, did Irene continue to be medicated or over-medicated at Kimberley, or
28 did things improve?
- 29 **A.** She continued to be over-medicated.
- 30 **Q.** Why do you think that was, what factors contributed to that?
- 31 **A.** I think there was a high turnover of staff, so there were not people who got to know Irene
32 so that they knew how to deal with her. I think it was expedient, there was talk at the time
33 that the night staff liked to party, so they liked to have the drugs so that the residents were
34 quiet.

- 1 **Q.** Be quiet and by that do you also mean subdued effectively?
- 2 **A.** Subdued.
- 3 **Q.** In the later 2000s when Irene was weaned off the drugs, what did you observe when she
4 came off them?
- 5 **A.** She stopped falling, she was very happy, she was more alert, she was so alert and she
6 wanted to eat. She was so alert and so interested in food the caregivers at her house had to
7 lock their cars because she would go into their glove boxes to get their lollies.
- 8 **Q.** So her appetite had returned?
- 9 **A.** Totally.
- 10 **Q.** In terms of the drugs she was on at the time, can you list out any of those that you know?
- 11 **A.** There was a concoction, the worst one was Mellaril. So that one was absolutely the worst.
12 There was also Carbamazepine, Cisapride, Cogentin, Benztropine, Fergem, Clonazepam,
13 Doxepin, and they had all sorts of side effects such as drowsiness, nausea, fatigue,
14 coordination disturbance.
- 15 **Q.** And the one that you said was really not tolerated well by Irene, Mellaril, that's an
16 antipsychotic medication. Has Irene ever received any psychiatric diagnosis?
- 17 **A.** No.
- 18 **Q.** I'd now like to move on to another important topic of your evidence which is the physical
19 abuse and the assaults on Irene while she was at Kimberley. While Irene was at Kimberley,
20 were you or your parents aware that she was being physically assaulted?
- 21 **A.** Never. Had they known I know my parents would have taken her home, it would have
22 been very difficult, they would never, ever have allowed her to be in such a situation.
- 23 **Q.** The statement that you've provided to the Royal Commission, again on this topic lists a
24 number of examples of assaults or attacks on Irene. This is on page 9. I'd ask you to
25 highlight some of those to us, please.
- 26 **A.** Scratched under the left eye by another patient; Irene was kicked by another patient on her
27 nose causing it to bleed; another patient pulled Irene's hair and banged her head against the
28 wall causing her nose to bleed; another patient pulled Irene's hair on two occasions; pulled
29 Irene's head first to the ground and punching her on the face continuously causing grazing
30 to Irene's forehead; Irene was attacked by a patient and had a cut lip as a result; she was
31 also hit by another patient on the head; Irene was attacked by another resident and again,
32 required sutures; she was bitten on the nose by another resident; she was bitten on the chin
33 by another patient; quotes from her records say "consistent with injuries caused by,
34 assaulter needs full-time supervision, not to be left unattended; two assaulters were known

1 for unpredictable and unprovoked behaviour; aggressive peers." A review of an incident
2 recommended that staff review Irene's placement within Hawea, or possible transfer to
3 another unit to prevent further injury occurring. She wasn't moved.

4 **Q.** So the information you've just shared with us was reviews or audits that were taken,
5 undertaken by the hospital but nothing changed?

6 **A.** No, and sometimes the reviews were quite some time after the event. Once it was two
7 months.

8 **CHAIR:** Could I just ask a question, sorry to interrupt. Did you know about or did your family
9 know of the reviews at the time or is this --

10 **A.** No.

11 **Q.** -- what you've learned subsequently? So were you ever told of the outcome of the reviews?

12 **A.** No.

13 **Q.** Thank you.

14 **QUESTIONING BY MS THOMAS CONTINUED:** Is there anything else that you've learned
15 through reading the files around safety measures or safeguarding or any plans or strategies
16 that the staff put in place to try and prevent these assaults happening?

17 **A.** We knew this one. The answer was, and I think it was 1997, Irene was provided with
18 padded rugby headgear and she wore that continually, all day, every day, and it was even
19 written on her files that it was suggested she wear it in bed to keep her safe in bed. Her
20 injuries continued despite the headgear.

21 **Q.** So the solution from the hospital's perspective was to provide the victim of the assault with
22 a headgear?

23 **A.** The aggressive peers that they describe seemed to have nothing happen to them. Irene had
24 to wear the headgear. I wouldn't like that, I can assure you. We got used to seeing this
25 frail, determined little poppet going around with this huge headgear -- and to wear it in
26 bed?

27 **Q.** When you visited Irene at Kimberley, did you ever see physical violence occurring
28 yourself?

29 **A.** I did. So usually the door of the wards were, or the villas were locked and we had to knock
30 or ring a bell, and someone would let us in. I went up, I was in my teens, I drove up to get
31 Irene and the door was open, so with the insouciance of a teenager I went straight in and
32 I went into the day room and lying on the floor, naked, was a resident and a caregiver,
33 nurse, I have no idea which, but a very big man with boots on was kicking her as hard as he
34 could in the side. I was extremely upset about that. I collected Irene, took her home, asked

1 my parents to make a complaint. And that's when I found out about the climate of fear
2 about complaining about anything because it would be taken out on your child. They didn't
3 complain. I'm complaining now.

4 **Q.** So at that time you asked your parents to complain about what you'd witnessed, but they
5 were reluctant to do that because of the fear of repercussions?

6 **A.** Mmm. I wasn't privy to the discussions, but I do know that one of their friends who had,
7 one couple, they had a child in Kimberley and I believe there were repercussions on that
8 child when they made a complaint, but I don't know the details of that.

9 **Q.** I'm going to ask you now about seclusion.

10 **A.** I did not know about seclusion until I read the files. I might add at this point that when
11 I read the files I had been so shocked that I have actually -- I was diagnosed with vicarious
12 trauma. Irene is more precious in a way than one of your own children, and I have
13 children. You always know that your children are going to become independent and grow
14 up, and you absolutely love them to bits, but this is a lot stronger because you know they
15 are never going to grow independent so the love is fiercer, you're far more protective.

16 You know with your children that if you die you can trust other people to look after
17 them. With Irene I can't. And she has - she's like a toddler and to put somebody who is
18 claustrophobic, or was, in seclusion where it wasn't even a safe environment, is
19 reprehensible. Once she was in seclusion for eight hours. Another time she came out with
20 an injury. She was secluded -for - 13- times that are written down for getting up early in
21 the morning. So if we recall that people in institutions are in bed early, and I would suspect
22 7 o'clock would be a late evening for Irene, 13 times she was put in seclusion for getting up
23 between 5.00am and 10 to 7.00am in the morning.

24 **Q.** So she was an early riser and --

25 **A.** I'm an early riser, it runs in our family, but she'd already been in bed for 10 hours.

26 **Q.** And was put in seclusion when she woke up early, according to the rules of the --

27 **A.** Yeah.

28 **Q.** -- hospital?

29 **A.** And that would be so frightening for her.

30 **Q.** And I think you've also mentioned on at least one occasions that's noted in the notes she
31 came out of seclusion with an injury to her chin?

32 **A.** Yes. So it wasn't even a safe environment.

33 **Q.** And on another occasion she was in seclusion for a very lengthy period?

- 1 A. Eight hours. And that was written down. I can't bear to think what hasn't been written
2 down.
- 3 Q. In your statement you've summed up your thoughts on Kimberley. Can you tell us what
4 they are?
- 5 A. It's just one word, hellhole.
- 6 Q. In terms of Irene's behaviour and skills for her 42 years at Kimberley, what do you say
7 about those in terms of opportunities to thrive, living a good life?
- 8 A. She went backwards.
- 9 Q. So she regressed during her time there?
- 10 A. Completely. And she was unhappy. If she'd regressed and she was happy, it would have
11 been fine, but she had nothing, not even happiness, not a joy of food, no love, no decent
12 medical care, and abused.
- 13 Q. You've said that later, so closer to the time when Irene was moved out of Kimberley, some
14 things gave some small pleasures?
- 15 A. Yes, it seemed to happen when they were starting the deinstitutionalising process. I could
16 be being cynical, but you have to forgive me for being very cynical. When they started that
17 process my parents had to become Irene's welfare guardians, and that meant finally the
18 parents could have some say. So she would be taken on van rides or there would be some
19 activities. I think they were tarting Kimberley up for the move into the community. But
20 that's me being cynical I think, I don't know that.
- 21 Q. So in 2004 Irene was resettled or moved into a home in the community, an NZ Care home?
- 22 A. Yeah.
- 23 Q. What were your first impressions when she moved into that home?
- 24 A. We were thrilled. Lovely caregivers, lovely environment, a six bedroom home, three
25 acres- of land, she was free to walk out in the garden, have homecooked meals, sit around
26 in a lounge with carpet on the floor, it was really lovely-. And, you know, we had -- we
27 could talk to these caregivers who were -- they loved -- we really, some of them, a couple
28 of them, loved Irene, mmm.
- 29 Q. So that was 2004. From March 2006 onwards, what did you notice when you would come
30 and pick up Irene?
- 31 A. So during this time my mother was dying of cancer and I would take Irene out, we always
32 took her out every week, I would take her out, and -- with my mother, we would take her
33 for a drive, she loves a drive, and as I was going out, a caregiver whispered to me "Lift up
34 her jersey". I don't normally think to lift her jersey when you take your sister out you don't

1 automatically lift up her jersey, it was such a strange request, of course I complied, and
2 when I lifted it up I saw what were evidently carpet burns all over her front and back, and
3 when I investigated further, there were bruises around her wrist and ankles. So it wasn't an
4 isolated incident, it looked as though she had been dragged on a number of occasions,
5 which is incredibly dehumanising.

6 **Q.** And around about this time did you also observe -- were there some other injuries, head
7 injury?

8 **A.** Well, I wanted to know what other injuries were because I hadn't been told of any injuries,
9 and I asked the middle manager if I could have Irene's records. They -- I was not able to
10 have those. She was extremely uncooperative and I found did not tell the truth, because her
11 stories changed from time to time.

12 A caregiver, who was very brave, went into the house in the middle of the night
13 when somebody he knew was on nightshift and copied the records for me. They were:
14 Irene had a fall hitting her right cheek; Irene had abrasions on her right thigh; Irene had
15 grazes under her right forearm; on 5 June, Irene suffered a head injury, a cracked chin and
16 bruised eye, which -- for which she had to go to hospital and of course I was suspicious
17 because she fell against a dresser but she had injuries on both sides of her head, which is
18 almost -- I can't imagine how that could happen and neither could her doctor.

19 On another occasion Irene had a suspected broken arm by it being twisted up behind
20 her back; she was also overdosed on drugs requiring her stomach to be pumped.

21 **Q.** So this information was on the files that had been photocopied to give to you?

22 **A.** [Nods].

23 **Q.** When Irene was sent to hospital with a serious head injury, did anyone contact you to let
24 you know?

25 **A.** No.

26 **Q.** So you weren't able to be there with her?

27 **A.** No, she went to hospital alone. I was not contacted. That broke my heart.

28 **Q.** Once you'd become aware of all of these things going on, did you make a complaint to NZ
29 Care?

30 **A.** Well, it was very difficult because I was not her welfare guardian, my father had died and
31 my mother was the only welfare guardian, they were only allowed one welfare guardian at
32 the time. I went, first of all, to her doctor who explained that he couldn't speak to me
33 because I was not her welfare guardian. I explained that my mother was dying of cancer
34 and he said I could talk to him but he could not talk to me.

1 I then decided I had to tell my mother what was going on, I was trying to shield her
2 in order to get joint welfare guardianship, which is an unusual thing, but my lawyer
3 petitioned the court to get joint welfare guardianship because we didn't want to take my
4 sister away from my mother again.

5 In the meantime I contacted New Zealand Care and they were -- I can only describe
6 the managing director as tardy in his response.

7 **Q.** When that managing director finally did respond to you, what did he offer, what was his
8 solution?

9 **A.** Eventually, and this did take quite some time, he offered that Irene should be removed to a
10 safe house, meaning that the other five people resident in her home would be in an unsafe
11 house. So I refused that obviously and said they had to get this house right.

12 **Q.** Did the Police become involved in this complaint?

13 **A.** Yes, I had left her doctor with asking him that every time Irene arrived into his rooms that
14 he wouldn't just treat her for what she was there for, that he was to examine her thoroughly.
15 And he found evidence of harm to Irene and he contacted New Zealand Care and said that
16 either they called the Police or he did. New Zealand Care chose to.

17 **Q.** So once the Police were involved did they investigate the abuse that Irene had been --

18 **A.** They were fantastic. They had covert cameras in her room and the problem with this is that
19 the abuse would have had to have happened in Irene's room. When he interviewed the staff
20 the ones who had caused the harm were hardly going to tell the truth. At night s when
21 injuries sometimes happened there was only one person on nightshift, so there would be no
22 witnesses, and Irene has no voice. She made her wishes known of how she disliked certain
23 caregivers though.

24 **Q.** So what was the outcome of that Police investigation?

25 **A.** They couldn't provide evidence of anything, but we certainly furthered the cause of
26 New Zealand Care getting it right, and they have got it right now. It's no longer
27 New Zealand Care, it's under a new name, but they certainly got it right, I was involved in
28 choosing staff for the house. They finally got procedures in place. Prior to that there had
29 been no audits, so I think it was two years after Irene was deinstitutionalised that the first
30 audit was in place.

31 So if I can just go back to when Irene was at her most vulnerable in this
32 New Zealand Care house when I was not her welfare guardian, my mother was dying with
33 cancer, she also, her court-appointed lawyer had become -- gone to Whangārei to become a
34 judge so she had no lawyer. So I then went to the court where there was supposed to have

1 been a report sent each year from NASC I think it is, it's called, and they were to have
2 provided this report and that hadn't been done.

3 So there were a whole lot of things, the policy -- the procedures had not been put in
4 place, and Irene was left without anybody to advocate for her, which should never happen.
5 Irene's got me to look after her. The other residents did not and they don't in other houses
6 either, and we must never leave these people without an advocate. So many have no
7 families to speak of. Who cares for them?

8 We have a collective responsibility to care for them and make certain they have
9 someone to look after them.

10 **Q.** The Police investigation did not result in a prosecution, but can you tell us what happened
11 to the particular staff members involved with NZ Care?

12 **A.** There were three people who lost their jobs at this house, one was the middle manager.
13 I know that person was moved to another place to manage houses. She was in charge of
14 three houses and I believe she was moved to another area still to work for New Zealand
15 Care. And I think the others were moved sideways as well. I'm not certain of that.

16 **Q.** So this was -- these were incidents that happened in 2006. Were there some further
17 incidents in the NZ Care home in 2013 and 2014?

18 **A.** Yes, there were.

19 **Q.** Can you tell us what happened in 2013?

20 **A.** I was advised in 2013 by a caregiver that Irene's nose was bruised and swollen. The
21 caregiver said that Irene went to bed with no injury but had a broken nose in the morning,
22 which I did not believe. And I was later proven correctly and the manager of the house had
23 lied about that.

24 And again, you might think that you hear that your sister has a broken nose, you
25 accept that, but I now don't take anything at face value and haven't done for a very long
26 time. I investigate. And I was particularly lucky because Irene had had her hair done by
27 her hairdresser and she had to rest her hand on Irene's nose in order to cut her fringe and we
28 established when her nose had been broken. So Irene went for several days with no
29 painkillers.

30 **Q.** So went for several days with a broken nose and no painkillers?

31 **A.** And I was lied to about when it happened. So I don't know, but I may well have been lied
32 to about how it happened.

33 **Q.** Did you complain to NZ Care about this situation, did they address this?

34 **A.** I did complain and they took it very seriously so I took it no further.

1 Q. Right.

2 A. Then in 2014 I received an anonymous letter from a staff member at Irene's house.

3 Q. I might just ask if it's all right for that letter to be put up on the screen?

4 A. Yes, by all means.

5 Q. Is that large enough for you to read?

6 A. Yes.

7 Q. Could you read that full letter out with the date?

8 A. 21 October 2014. "Dear Margaret, as both an employee at the care home and an advocate
9 for Irene, I feel it is important that you are made aware that the caregiver has returned to
10 work full-time hours at the house.

11 The caregiver was previously employed at another New Zealand Care house,
12 namely -- another one in the area. She was removed from this house after a very serious
13 complaint of alleged abuse was laid against her. There were many staff members who
14 signed statements advising they had witnessed verbal, physical, mental abuse against a
15 particular client who the caregiver had taken a dislike to several years before. Having
16 worked with this caregiver when she first came to our house and again just recently
17 following her long absence due to illness, I have major concerns for the safety of our
18 clients. These concerns have been voiced by several other employees, but we have been
19 told to get on with it, and that her return is an order that has come from top management.

20 I do intend to bring my concerns to the attention of the Ministry of Health and other
21 interested parties, but out of respect I wanted to include you in this matter.

22 I do not feel able to include my name, sorry Margaret. After seeing the treatment
23 dealt out by the caregiver to the staff members who laid the first complaint, I would
24 actually feel genuine fear for my safety. I trust you understand. Thank you."

25 Q. Thank you, Margaret. How did you react when you received this letter?

26 A. I contacted one of the middle managers of New Zealand Care who really laughed it off and
27 said a lot of people had received letters. I didn't feel it was taken seriously. Then I spoke
28 to a caregiver in the house that I did trust, and I always make it a point of having caregivers
29 in the house that I trust, and happily now I trust them all -- it's been hard won. And that
30 caregiver explained that the contents of the letter were true but that this caregiver of
31 concern was working in a monitored situation and was never alone with residents. And this
32 caregiver promised to advise me if there were any incidents. So I decided to leave it until I
33 had reason to complain and I didn't. But I was extremely unsettled by that letter.

- 1 **Q.** You mentioned earlier that you now have some input into the care home and staff that are
2 appointed there. How did that come about?
- 3 **A.** The managing director of New Zealand Care, the original one that I didn't take to and didn't
4 think -- and was tardy in his response, employed a person, a woman who is now, I think,
5 the managing director of this new group. And this person has a very good heart, she is very
6 competent and she was trying, I think, to make me feel included. She knew where we
7 should be going and I think she felt that she was giving me back some input into my sister's
8 life and that was the right thing to do, yeah.
- 9 **Q.** In terms of Irene's caregiving situation today, how do you feel about that?
- 10 **A.** Oh, we're so blessed. Anita has travelled to Auckland with us, we had to drive up from the
11 Kapiti Coast. New Zealand Care released her, thank you. The caregivers are fantastic, and
12 it doesn't matter how fantastic they are though, I'm still on high alert in case there is a
13 reliever there, people get sick, and I go at different times, when I pick up Irene, I'm always
14 looking to see if there's anything that's not being done correctly, I don't want to be like that,
15 but I feel I have to be no matter how good it is. I have to rebuild my trust, and Irene's life is
16 only as good as the caregivers who are looking after her. And if Irene isn't cared for
17 properly, then my life isn't too good either.
- 18 **Q.** Can I ask you about an incident that happened recently in 2020 in terms of medical care
19 that was being sought for Irene?
- 20 **A.** Yes, I had a call from Irene's GP who said that her iron levels had dropped very suddenly
21 and were critically low and that he was, from past experience he was absolutely convinced
22 that she was showing signs of upper gastrointestinal cancer and that we needed to have her
23 assessed urgently. And I said that this could be difficult assessing Irene and that we would
24 pay for a scan if necessary, whatever was the easiest way and he said there was no need,
25 when he made something urgent the patient was seen by the public hospital within a week
26 and this was urgent, and that's what he would do.
- 27 **Q.** So that letter was then sent as a referral?
- 28 **A.** Yes.
- 29 **Q.** At the top of your page 15 of your statement is there a paragraph --
- 30 **A.** Yes.
- 31 **Q.** --from the letter that you then received about that referral?
- 32 **A.** Yes. This was to her GP: "You have not provided a good reason to further investigate this
33 finding in this patient and provided no indication how this might be humanely achieved.
34 We have limited clinic space and it is not a good use of that space to be assessing patients

1 for suitability for endoscopic exams. If there is a physician more familiar with her care
2 then you might wish to consult that person."

3 **Q.** How did your GP and yourself react to this letter?

4 **A.** My GP who is also a lawyer and an incredibly humane man with a huge social conscience
5 who never rocks the boat, he was completely shocked and his advice was that I go to the
6 press.

7 **Q.** About this response?

8 **A.** Yes.

9 **Q.** Is that the step that you took at that point, or did you choose something else?

10 **A.** No, I prefer not to go to the press. Because I -- pardon, sorry, press, but I have found you
11 very useful to keep in the background. That's, you know, Parliament or the press are my
12 backstops, I try to change things first. And I decided to make a complaint.

13 **Q.** How did that go, making that complaint?

14 **A.** It's really interesting, because the head of department tried to get me not to take it any
15 further. I wanted to speak to the specialist concerned, because I wanted to have some sort
16 of restorative session where he could see the error of his ways and how upset he'd made us
17 and change it so that it didn't happen to someone else again. And his head of department
18 spent a considerable amount of time on the phone to me, and then it transpired she hadn't
19 even told him about this complaint. I suspect it was because she didn't want to lose this
20 person, they're short-staffed. And I said I was really sorry, she needed to put her brave
21 shoes on, tell him about it, because if I didn't get this restorative session I would definitely
22 be taking it further.

23 So she did put her brave shoes on. I did talk to the specialist, a very long talk, and it
24 was -- he completely apologised for that. He assured me he hadn't meant it in the way that
25 it read. I took that at face value. And, more importantly, protocols were changed so that
26 now one person doesn't have that form of control, they have a group of people making
27 those decisions at [GRO-C].

28 So the restorative thing that made me feel better was that things changed.

29 Miraculously -- so sometime during that Irene had become acute, and that is another story
30 of how Irene and I were left in a side ward with not even a glass of water, we couldn't go to
31 get it, there was very little understanding of how to treat a person with Irene's disability in
32 that public sector at that time for me on that day. So, miraculously, we had meetings about
33 palliative care and how we were going to treat Irene in her own home because the specialist
34 I saw was convinced it was the same thing. We decided not to investigate further because it

1 would be too invasive for her and if they found out it was upper GI tract cancer, the
2 treatment was so awful it would have taken away her quality of life. So I decided to let
3 nature run its course. And here she is. After a blood transfusion and something to help her
4 stomach that her doctor has given her.

5 **Q.** Can I ask you to talk to us now about the impacts of her experiences at Kimberley and
6 those at NZ Care, the impacts that they've had on Irene? And I might ask for -- there's a
7 photograph I think that was taken that you took of Irene. Was this in the late 1990s?

8 **A.** Yeah, I'm not entirely certain. We have very few times of Irene when she was at -- looking
9 her worst. This was a good day. And it would be late 1990s, maybe early 2000s and we
10 destroyed -- Anita destroyed one photo that wasn't as good as this one, and we just didn't
11 take photos because she looked so dreadful. But this photo, she was in the car, when she
12 came home her only safe place to be I think was in the car because she had control over that
13 environment, so she was only settled when she was in a car. And she could see who was in
14 the car, she was in control of that environment.

15 When I look at that, she doesn't look as thin as she was, but I look at the
16 hopelessness in her eyes, and the spaced-outness, the drugs. It makes me feel very sad.

17 **Q.** And you've mentioned the drugs. In terms of significant impacts on Irene's life, how would
18 you describe the drugging?

19 **A.** She lost around 20 years of her life. There was no quality of life for her at that time.

20 **Q.** Any other significant impacts that you would like to describe about Irene, the impacts of
21 this care?

22 **A.** I think the neglect and the lack of love which I keep coming back to has made her less
23 trusting of people. I think that is building up again now, thanks to the stability of her
24 caregiving, the workforce in that house, which I would say now is a model house and that
25 every care home should be looking at that home as an ideal. But Irene used to be very
26 warm and cuddly, and that's going to take time. We've been working on it now since 2004,
27 we're getting there, but it's not where it was.

28 I think, like me, I think she lost her trust in people. I think she had -- she existed,
29 and how she existed I have no idea. How she survived, I have no idea. She has a resilience
30 that is remarkable.

31 **Q.** Can I ask you to also tell us a little about some of the impacts on you?

32 **A.** Well, when I read the files the vicarious trauma was a surprise and not a particularly
33 welcome one. I think when you love someone so acutely and feel so responsible for them,
34 you cannot live your life happily at all. So I have always felt I have had to be thinking

1 about Irene, it underpins every single thing. And yes, it stressed me out. Anybody who's
2 had psoriasis will know that comes on from stress. I've had that. Anybody who has had
3 shingles will understand that's brought on by stress often, and I've had 14 doses. So I think
4 the stress of being on high alert and looking after Irene and never being able to relax or
5 enjoy my life fully unless she is, has had a huge impact on me.

6 This is Irene's story, but I can only say that I'm very happy my parents weren't alive
7 to hear the extent of what I've had to face with knowing what's happened to Irene.

8 I'm almost certain that she remembers some of it because when I talk to her
9 caregivers about it in front of her, I don't talk about it behind her back, her whole
10 demeanour changed, and I could see her well-being reducing when I talked about it at first.
11 We have no way of knowing that's true, but I've been interpreting her wishes and feelings
12 for a long time, and I would lay odds.

13 **Q.** Has this left you angry?

14 **A.** Yes. And my anger will not go until I'm able to forgive. And I won't be able to forgive
15 until there's an acknowledgment of the inhumanity towards Irene and others in her
16 situation.

17 I was doing so well until then.

18 **Q.** You're doing extremely well. Would you like to tell us something about the things you've
19 mentioned in your statement here in terms of looking forward, the training of staff and what
20 thoughts you've got on those topics?

21 **A.** Yes. Well, interestingly enough, the training, it seems to be up to the caregiving
22 organisation to organise the training. There is a national certificate and I believe for people
23 like Irene, the training will go -- there's level 3, level 4, but no level 5. For example, Anita
24 has asked each time in her review for more training. To get a level 5 qualification that had
25 to be found and done by correspondence from Ireland. New Zealand doesn't have the level
26 5 training for people like Irene. So the training needs to be there. And I think this is an
27 area where the Government has to take more control over the training and the salaries,
28 because too much has been devolved to private enterprise.

29 New Zealand Care is now very good. I don't know about all the houses, but
30 I suspect they're pretty good now. We need to make them all like that. How can we do that
31 without monitoring by the Government? So going back to the caregivers, I've digressed. In
32 order to have happy residents, we need to have a stable workforce. In order to have a stable
33 workforce, we need to have a career path. We need to recognise that somebody has been
34 there and give them an increment for how long they've been there, like they do with

1 teachers. If they get an extra qualification, they need to get a salary rise. I don't think that
2 happens in a lot of places at the moment.

3 I'll just check to see if there's anything that I have missed there, if you'll excuse me.

4 Yes, I did.

5 I've had experience with caregivers and at one stage seven out of Irene's eight
6 caregivers resigned in a period of seven to eight months, I can't remember exactly. That
7 was because of a very poor middle manager. So it's not enough to have caregiver training,
8 you must have middle management training as well.

9 We need to professionalise the sector. We need to put money into it. They are
10 professionals. They will be qualified eventually, they need to be recognised for their
11 service and also for their qualifications.

12 **Q.** Thank you. Also in terms of, there's some comments in your statement around audits and
13 oversight. From your experience with the NZ Care home and auditing, do you have any
14 comments on that?

15 **A.** Yeah, I think the entire process of deinstitutionalising was done too quickly and things
16 weren't put in place, most notably the checks and audits. They're there now, but it's like,
17 you know, I was -- I am a teacher, I keep forgetting that, we know that ERO, the old
18 inspectors, are arriving and what do you do? You tart the place up, you will get prepared,
19 you know exactly what they're looking for. And it's the same for the houses. They're
20 audited, they're inspected, but they know they're happening, I presume they know what
21 they're looking for. And I think these homes should be open at any time to somebody
22 wandering in and checking them. We're protecting vulnerable people and we have to have
23 the systems -- you have to have the systems there. It is an utter place, I think, for
24 government control, setting the wages, setting the salary scales, setting the qualifications.

25 **Q.** Finally, just on your last page of your statement under the "conclusion" paragraph, if you
26 could read to us your two final sentences, please.

27 **A.** "Irene never deserved to be hurt or frightened. She deserved to have the best life that was
28 available to her, but this has not happened for most of her life. I've spent my life fighting
29 for Irene and I'm tired. I can only hope that this Royal Commission will lead to change in
30 the disability care system."

31 **Q.** Thank you. I understand in preparing for your evidence today you have actually prepared a
32 final few paragraphs that you would like to read out to the Commissioners now.

33 **A.** I have spoken not only for Irene but for all those who do not have a voice or family to
34 speak for them. Irene's disability was caused by an eminent specialist applying forceps in

1 the wrong place during her birth. The medical profession then appeared to close ranks, as it
2 didn't diagnose Irene's disability, although it was immediately obvious to an overseas
3 physician. There was no other place for Irene to go except Kimberley. For that, she had to
4 be made a ward of the State.

5 My parents trusted the State to care for Irene. It did not. I know she was abused in
6 many ways. I also know she would have been abused in ways I do not know. Medical staff
7 knew of the abuse. This did not stop the abuse. When she was deinstitutionalised she was
8 abused by caregivers in her own home. In her current home where she receives the level of
9 care that is her right, she is very happy.

10 I weep for the fact that for 44 years she did not enjoy this right. And the pain it has
11 caused her, my parents and me. I would have expected that at some stage in Irene's life,
12 someone at sometime or maybe a lot of people many times should have said "sorry".

13 In my experience emotionally mature people are able to apologise and then all
14 parties are able to begin the process of healing. That has not happened at any stage of
15 Irene's life, or of mine. It has been inordinately difficult for our family to heal without an
16 apology. As Gandhi held to be true, the true measure of any society can be found in how it
17 treats its most vulnerable members.

18 I would ask everyone listening to reflect upon how poorly our society should be
19 rated on how it allowed Irene and her fellow survivors to be treated. Nothing will ever
20 change what has happened to Irene. The only acceptable form of apology will be the
21 changes that must be established, monitored and continually improved so that such abuse
22 never occurs again.

23 **Q.** Thank you, Margaret. I'll just see if any of the Commissioners have any questions that they
24 may have for you.

25 **CHAIR:** Are you up to that, Margaret?

26 **A.** Give me a minute.

27 **Q.** Take a breath, take a breath. If you don't want to take questions we would quite
28 understand. We can always give them in writing to you and you can do them later; would
29 you prefer that?

30 **A.** No, I can do it, it's part -- I believe this is part of the healing process.

31 **Q.** I do hope so. It seems to be a painful way to heal if I might say so, but we really appreciate
32 what you're doing for us. I've got a question, and it just relates, because part of this
33 forward-looking view, it relates to your quite adamant and forceful advocacy for the
34 Government to take control. And I heard why, to do with training, career paths, oversight.

1 And we hear that message. Can you, and very shortly, tell us why that is so important,
2 what is going wrong now that it needs that in your view to be taken over by the
3 Government?

4 A. Because I trust the Government. They are answerable to the people. The care agencies, no
5 matter how good they are, they are still profit-making enterprises. The Government is a
6 constant, the people in private companies are not. The standards have to be set by the State
7 I believe. I cannot trust, any longer, private organisations. I know there will be some good
8 ones, but I cannot trust them to provide the constancy that is needed here.

9 Q. And the consistency?

10 A. Totally. It must be consistent. What has been done for Irene must now be done, or ensured
11 that it's done for everyone.

12 Q. Thank you. Thank you for that response. I'm just going to check with Commissioner
13 Steenson, do you have any questions?

14 **COMMISSIONER STEENSON:** I do have a couple, tēnā koutou, tēnā koe, Margaret, tēnā koe,
15 Irene. Thank you for your fulsome evidence, extremely helpful. So my question is -- I
16 have two questions. My first question is around, you mentioning that medical staff knew
17 about the abuse but that didn't stop the abuse. Do you have views on why that's the case?

18 A. I think that often -- I know what happened in the New Zealand Care home, that the staff
19 didn't have an avenue to complain or to make comments. Often medical staff are scared to
20 complain. In Irene's case, the Medical Superintendent at the time, Warwick Bennett, and
21 others, I can't remember their names, but I know my father used the word "arrogant" many
22 times. He knew best and if that was happening that was just how it happened, that's what
23 these people were like. And I think -- I think a lot of things would have been excused by
24 them being under-staffed, amongst each other. I don't know.

25 Q. Okay.

26 A. It's inexcusable to me.

27 Q. Right.

28 A. But they knew and they didn't stop it.

29 Q. Okay. So a combination of perhaps an arrogance and also a lack of a whistleblowing safety
30 process?

31 A. Yeah. Yeah, maybe a lack of passion for -- maybe it was just a job, maybe they switched
32 off when they went home. I know they probably needed the job, it was slightly better paid
33 in psychiatric care, I believe. You know, the over drugging for example, I consider that a

1 form of abuse, maybe it gave them peace to party at night, as the rumour said. I don't
2 know.

3 **Q.** Thank you. Then my second question just relates to forward-looking as well, because you
4 talk about Irene's current home as being ideal?

5 **A.** Mmm.

6 **Q.** It would be good to hear, in your view, what are the factors that make it that way?

7 **A.** She's loved.

8 **Q.** By the -- it's all to do with the caregivers?

9 **A.** Absolutely. All to do with the caregivers. They love her. They cook lovely meals for
10 them. It's a home atmosphere, they feel safe. Their wishes are acknowledged. They bring
11 in -- like, we organise Irene can get her hair done now, and I want to point out there that
12 Irene's pension isn't quite \$70 a fortnight, she can get her hair done, and manicures,
13 pedicures, whatever, because we have the money to pay for it, others don't have that. And I
14 think they deserve a bit more of a pension.

15 **Q.** Okay.

16 **A.** So having those things, it makes -- the caregivers are the main thing, but she can live as
17 near a normal life as she ever possibly can. Her potential is being realised, Anita takes
18 Irene, she recognised that she likes art and will focus longer if she is looking at a painting,
19 so Anita takes her to look at sculptures, to the museum, she takes her to concerts.

20 **Q.** So the way that the staff are treating her, what is it that makes them better, is it that
21 the -- their -- the way the house is run, the governance, or what is it about that that
22 makes -- have you attracted better staff?

23 **A.** They have a wonderful team spirit in that house, the caregivers have been together for a
24 long time. I know that after I kicked up quite a fuss the staff in that house were paid
25 slightly more, or the manager certainly was, they got in the best manager that they had from
26 Hawke's Bay to get the systems right. I believe they have avenues for complaints,
27 they -- the staff enjoy their job because they're working for an enlightened organisation.

28 **Q.** Right. Great, that's great, thank you. Tēnā koe.

29 **CHAIR:** And I'll just ask Commissioner Gibson for his questions and to thank you.

30 **COMMISSIONER GIBSON:** Yes. Thank you, Margaret, Irene. I've got a few questions. First,
31 just how much money is available to Irene? Is she eligible for National Superannuation at
32 the moment?

- 1 A. Yes, but her wage didn't go up because a lot of that is taken out for her car e. It's written
2 down, can anybody find how much it is? I think it's \$68 a fortnight, was it? Yeah, she
3 gets.
- 4 Q. So not as much as available to her as others, non-disabled people under that scheme; is that
5 right?
- 6 A. No, the rest I sign over to New Zealand Care for her, well, her housing, her board. So her
7 pocket money is that \$68, I think.
- 8 Q. You talked about problems with guardianship advocacy. Irene is very lucky to have a sister
9 like you. What are the changes do you think need to be made with th at system, with those
10 systems, and in particular how can disabled people without strong advocates as family
11 members be better supported, kept safe?
- 12 A. Everybody, every resident should have a welfare guardian. My thought is if possible they
13 should have joint welfare guardianship, guardians, because of what happened when my
14 mother was dying. There was no-one to take her place. Or every person, disabled person
15 should have a court-appointed lawyer. And it should be somebody I think that the person,
16 if they are able, should be able to choose.
- 17 The court-appointed lawyer that Irene has, and he was only appointed because
18 I made changes by applying for that welfare guardianship, his first words to me were in a
19 sentence, he said, "I don't know why you want this job, you'll get nothing for it." Why
20 would I want a lawyer like that representing my sister? I would have liked to have chosen
21 my family lawyer, or someone I knew and trusted and liked, to represent Irene. And if
22 residents or people like -- disabled people are able, they should be able to have a trusted
23 lawyer if they haven't got a family member to help them, or advocate for them.
- 24 Q. That part of the system needs to change as well?
- 25 A. Absolutely, you cannot leave someone like Irene who is unbelievably vulnerable, she's as
26 vulnerable as a baby. You cannot, you would not leave a baby without someone to look
27 after them. Irene, through the fault of the system, was left with no-one to advocate for her.
28 I would expect that there are a large number of people at this moment who don't have
29 advocates. That's why I'm speaking, it's not just for Irene, it's for all those others.
- 30 Q. A final question. You talked about the role of Government and trust in that, which seems
31 to be very generous given what you've experienced over the years, but also, as I understand
32 it, NZ Care is a private organisation, which itself seems to have reformed or transformed
33 especially around the house that you and Irene are familiar with. But you still think that
34 there's not a role for private providers?

1 A. I think there's a role for private providers, but they have to abide by national standards.
2 You know, it's the Government qualification, the Government sets the standards and the
3 private organisations measure up to them because they're audited. The final arbiter of the
4 standards must be, I think, the Government.

5 Q. Yeah. It's just left to me to thank you now. First, can I acknowledge what both you and
6 Irene, what looks like half a century of more of inhumanity, I can't say sorry, apologise on
7 behalf of the Government, but you are so deserving of that apology and more. Thank you,
8 your evidence is so important, so much a lost story of so many years. Thank you, Irene, for
9 teaching us about resilience, about hope, about how survivors can be survivors.

10 And thank you, Margaret, for teaching us about being a sister and a supporter.

11 Thank you, and we look forward to that day where you actually will receive that apology.

12 Kia ora.

13 CHAIR: Thank you, all, very much, that brings us to the end of the morning's proceedings. You
14 can go and have a well-deserved break. Do take advantage of any well-being that we can
15 offer you, there's plenty there and we want you to use it for both you and Irene. So please
16 take advantage of that.

17 A. Thank you.

18 Q. We will adjourn.

19 **Lunch adjournment from 1.10 pm to 2.23 pm**

20 CHAIR: Mr EI, hello. I'm Coral Shaw - hello-, I'm one of the Commissioners. My Co--Chair
21 here, Paul Gibson, to my right, probably to your left; and the other side we have
22 Commissioner Julia Steenson. We're here to listen to your evidence, so thank you very
23 much for joining us. I'm going to hand you over to Ruth, who I think you know, and she'll
24 get started.

25 Do you want to talk to him before I do the affirmation?

26 MS THOMAS: We're fine to start with the affirmation.

27 **MR EI (affirmed)**

28 **QUESTIONING BY MS THOMAS:** Thank you, Madam Chair.

29 Good afternoon, Mr EI. I'm going to ask you some questions today about your time
30 in State care. You were in foster care, some residential homes and you also spent some
31 time at Kimberley institution. Before we go through that, I would like you to tell us a little
32 bit about your family, whether you had any siblings, how many siblings you had and your
33 parents.

1 A. My parents were separated at the time, I've got four other brothers, one in New Zealand,
2 one overseas and a couple of foster brothers.

3 Q. Thank you.

4 I'm just going to double-check whether the volume is satisfactory at this end?

5 **CHAIR:** Yes, we have the thumbs up, the volume is okay.

6 **QUESTIONING BY MS THOMAS CONTINUED:** Great, thank you.

7 You said that your parents separated, was it around about this time that you ended
8 up being placed in State care?

9 A. No, it was probably about three years after they separated.

10 Q. Can you recall what it was or what things caused you to end up in State care?

11 A. Yes, it was because I was unsettled, I did get into a bit of mischief, as such, and I became,
12 what would you call it, in eye of the State care, so they sort of took an interest in me.

13 Q. Is that when the Children's Court found that you were not under proper control, is that the
14 phrase that is on your files?

15 A. That would be the phrase, yes, because as I say, I did go out and get myself into trouble and
16 I probably wasn't probably under, you know, a decent supervision from my parents.

17 Q. Were you then placed in a group home in Taradale?

18 A. It was a family home in Taradale. There was another boy around my age and there was a
19 Māori girl probably 17, 18-year-old, as such, and I'm not too sure about another girl there, I
20 don't know how old she would be, but she worked, as such.

21 Q. Can you tell us --

22 A. But she sort of came and -- sorry.

23 Q. Sorry, there's a little bit of a lag in our connectio n here, but can you tell us a little bit about
24 how you found that foster home?

25 A. Very disturbing, as such. Very unsettling. When I first went in there I called the person
26 who was the caregiver by her name instead of calling her "Mum", which she took a, how
27 can I put it, an exception of and said I should be calling her "Mum". I'd never sort of
28 settled in calling her "Mum", I always called her by her proper name and that made things
29 difficult for me.

30 Q. Was there any abuse at this foster home?

31 A. There was abuse at this foster home, yes. I ran away on a couple of occasions, as such, and
32 she did take my shoes off me, she did actually lock me in a room with one of the -- the
33 other person there, the other boy there, he actually nailed up the window, and they kept the
34 door closed so I couldn't get out. I spent the whole day in that room, as such. The next

1 morning she opened the door up and said, "You can go to school" but she wouldn't give me
2 my shoes. I asked for my shoes and she says, "No." I saw my shoes in the laundry, I bent
3 down to pick these shoes up and heavens behold she hit me over the back with a broom
4 handle which broke.

5 **Q.** Right. So you ran away from this home. On one occasion when you ran away from it,
6 where did you end up?

7 **A.** I ended up in, I can't think of it, there's two places --

8 **Q.** Was it Hokio?

9 **A.** I did actually get transferred to Hokio, yes.

10 **Q.** This was in July 1963 that you were placed at Hokio Beach School?

11 **A.** Yes, around that time.

12 **Q.** And how old were you at that time, 1963?

13 **A.** Around 13 years old.

14 **Q.** Can you tell us about your time at Hokio, what was that like for you?

15 **A.** Hokio was the same sort of thing. I found it very hard to settle in. I was bullied and picked
16 on by other kids there. I did run away from there on several occasions.

17 **Q.** Was running away a way of coping for you?

18 **A.** It was a way of coping for me.

19 **Q.** And on one occasion did you run away from Hokio and end up, did you let yourself into a
20 bach?

21 **A.** That is correct, I -- after I was abused I managed to get myself into a bach. This was quite
22 late at night and I found a bit of food and sort of settled down and went off to sleep.

23 **Q.** Was there anyone else in the bach?

24 **A.** Not at that particular time. Probably about half past 10, 11 o'clock at night I was woken by
25 two people coming into the bach, they were a teacher and his partner from Wellington.

26 **Q.** Were they the owners of the bach?

27 **A.** They were the owners of the bach, yes.

28 **Q.** Can you recall, what did they say to you when they found you in their bach?

29 **A.** They were very surprised to see me in the bach, the person said to me, "You must be
30 hungry" because of the mess that I'd sort of made up on the bench as I was looking for food
31 and stuff. He did give me a small meal, it was still quite dark and I was still probably pretty
32 sleepy, and he made the comment that one of the jars there, it actually had rat poison in it,
33 I do not recall if he actually pointed to the jar or not but the jar was not labelled and it was
34 sitting up on the bench, or up in the pantry.

1 Q. Right. So did you then go to sleep there for a wee while?

2 A. I went to sleep there. He also sort of stated that he'd take me back out to Hokio Beach to
3 the boys' home the following morning because it was so late at night and I think, you know,
4 with them travelling and everything else like that, they themselves wanted to get a night's
5 sleep too.

6 Q. What did you decide to do later on once everyone was asleep?

7 A. I decided that I wasn't going to go back to Hokio Beach, I got up and thought, well, I'll see
8 if I can find something to eat, some food I can probably take with me and that. I reached up
9 and saw this jar, which looked to me like it had porridge in it. I opened the jar up and took
10 probably, what, a small handful of it, put it into my mouth, and thought, "Oh, that doesn't
11 taste like porridge" and I just put it back. Then he woke up and realised what I'd done and
12 took me to the hospital at Levin.

13 I'd also like to point out that in a comment that he stated to the doctors plus the
14 person from Kimberley Hospital that this rat poison wasn't poisonous toward human
15 beings, that the joke was on me.

16 Q. Right. But as a result of accidentally taking this rat poison, did you need to have your
17 stomach pumped?

18 A. They pumped my stomach, yes.

19 Q. So you're at the hospital in Levin, where were you taken to after that?

20 A. I was picked up by the manager of Hokio Beach boys' home, I was taken back to that boys'
21 home, I was actually put into a room by myself where I remained for, I don't know,
22 probably two to three hours, give or take, before he came in and said that I was going into
23 Kimberley Hospital.

24 Q. Right, so after this incident there was a decision made to place you at Kimberley Hospital?

25 A. That's correct.

26 Q. This was in August 1963?

27 A. Yes.

28 Q. I'm going to ask you some questions about Kimberley now, Mr EI. If you had to sum up
29 Kimberley, how would you describe it, what would you say?

30 A. Kimberley was a hellhole.

31 **CHAIR:** We'll take a break, we'll take a break. We'll just go -- you let us know when you're ready
32 and we'll come back when you're feeling okay, all right?

33 **Adjournment from 2.34 pm to 2.38 pm**

34 **QUESTIONING BY MS THOMAS CONTINUED:** Thank you, Mr EI, can you hear me now?

- 1 A. I can hear you.
- 2 Q. Thank you. We are now going to -- I'm going to ask you some questions about Kimberley.
3 Can you tell us what was your first impression when you first arrived there?
- 4 A. Kimberley was a hellhole.
- 5 Q. What makes you say that?
- 6 A. Because of what I saw there, what happened to me and what happened to other people.
- 7 Q. When you were at Kimberley, can you tell us about, we'll start with the dormitories, what
8 was that like, where did you sleep?
- 9 A. The dormitories were open dormitories, a lot of them didn't have partitions in them and you
10 slept in just a basic bed, you didn't have any privacy or anything like that.
- 11 Q. Were you always in one of those bigger dormitories or did you get put into a smaller room?
- 12 A. I got put into a smaller room off the dormitories.
- 13 Q. I'm going to ask you about the staff and the numbers of staff that were at the hospital.
14 From what you observed, were there enough staff working there at the time you were there?
- 15 A. I would say no.
- 16 Q. And what makes you say that?
- 17 A. For the number of kids that were there and the number of children in each of the wards, as
18 such, or villas, there were probably four staff members, give or take, at one time.
- 19 Q. Right. So if there weren't quite enough staff, how would you describe the care that the
20 children were receiving?
- 21 A. Very, very poor care indeed.
- 22 Q. What about things like jobs, cleaning up messes, who had to do that if there weren't enough
23 staff?
- 24 A. Most of the time I'd end up having to give a hand, they'd come and get me to give a hand to
25 clean up messes, like if somebody had faeced themselves or wet their beds or needed a
26 shower, as such, and -- I'd end up having to do some of that work.
- 27 Q. So the staff would ask you to do some of the cleaning work?
- 28 A. Yes.
- 29 Q. Did you get to go to school while you were at Kimberley?
- 30 A. I did go to school there, it wasn't full-time, as such. 99% of the time I was taken out of the
31 classroom and made to go and do other things.
- 32 Q. When you were in the classroom, what was the schooling, what was the type of education
33 you were given, was it at your level or not?

- 1 A. It was well below my level. For me it was a waste of time because most of the kids that
2 were there were basic, very, very low level in schooling, so a lot of it was 1, 2, 3 and a few
3 more, if you know what I mean. You know, to me it was just basically very, very unlimited
4 in what I needed to improve my education.
- 5 Q. You've said you attended school, did all of the children at Kimberley attend school?
- 6 A. No, certainly not. The classroom probably catered for 10 children.
- 7 Q. Can you recall how many children might have been at Kimberley while you were there, if
8 the classroom had room for 10?
- 9 A. There would have been approximately 400 children, probably plus.
- 10 Q. You've said you were often taken out of school to do other things. Were you required to do
11 work to -- for example, making boxes?
- 12 A. That's correct, yes. On numerous occasions I was taken from the classroom over to a work
13 area where I made or helped to make boxes, these boxes were for things like women's
14 stockings or lingerie, people -- handkerchiefs, ties. I also helped in making coat hangers,
15 which were the wire coat hangers. Also I worked at doing blocks, these are the coloured
16 blocks, I think you can still get them today, as such, the sanding and dyeing of them.
- 17 Q. So when you completed all this work for Kimberley Hospital, did you get paid for that?
- 18 A. Not in a wage, as such, but we received \$5.00, thereabouts, a week. I think at that
19 particular time it would have been in pounds, shillings and pence.
- 20 Q. I'm going to ask you some questions about medication, Mr EI. Were you ever given
21 medication while you were at Kimberley?
- 22 A. I was given medication while I was at Kimberley, yes.
- 23 Q. Prior to being given medication, had you ever had a meeting with a doctor?
- 24 A. No.
- 25 Q. Had anyone ever prescribed the medication to you?
- 26 A. No.
- 27 Q. So when you were given this medication, what did you do with it?
- 28 A. Stuck it under my tongue and went to the toilet and spat it out.
- 29 Q. Why did you do that?
- 30 A. I didn't know what it was.
- 31 Q. When you received your medication, which you then spat out, were there other children
32 around you who were also receiving medication?
- 33 A. There were other children receiving medication, yes.
- 34 Q. And do you know or could you observe whether they actually took the medication?

- 1 A. I would say they would have taken the medication because I don't think they will have
2 realised they could have stuck it under their tongues and gone and spat it out.
- 3 Q. Did you notice anything about the children after they'd taken the medication, about their
4 behaviour or how they were coping?
- 5 A. Yeah, all the children that had taken the medication were like zombies.
- 6 Q. I'm going to ask you about dental care while you're at Kimberley. What can you recall
7 about the dentist who was at Kimberley?
- 8 A. He was, well, I wouldn't call him a dentist in the sense of being a dentist, I observed and
9 I also heard that this dentist had a patient, a boy patient and he was going to remove the
10 teeth. The nurse said, "Are you going to give this boy an injection to numb his tooth", as
11 such, he says, "No, he won't feel a thing because this person's got no brains."
- 12 Q. That's what the dentist said?
- 13 A. Yes.
- 14 Q. How does that make you feel when you think about that now?
- 15 A. Sad, should never have happened.
- 16 **CHAIR:** Take your time, Mr EI, we understand how sad that is, and we feel that sadness, so just
17 take a moment.
- 18 **QUESTIONING BY MS THOMAS CONTINUED:** Mr EI, are you okay if I keep asking some
19 questions?
- 20 A. Yeah, that's fine.
- 21 Q. I'm going to ask you some questions about physical abuse. When you were at Kimberley,
22 did you ever witness or experience any physical abuse?
- 23 A. Yes.
- 24 Q. Can you tell us what you saw?
- 25 A. Yes. I saw kids being sexually violated, I saw kids being hit over the head with keys,
26 kicked, punched.
- 27 Q. Okay, I'm just going to focus my questions at this point around the physical abuse. You
28 said children were hit over the head with keys. Who would do this to the children?
- 29 A. The staff members.
- 30 Q. Can you recall whether what was happening before the staff members would do this? How
31 did that come about that they'd be hit over the head with keys?
- 32 A. Probably misbehaving or weren't doing what they were told. Most of the kids in these
33 dorms actually sat on the floors and just rocked backwards and forwards most of the day,
34 and the staff members would come and say to them, you know, "time for tea" or "time for

- 1 lunch", and there'd be a slow reaction with them, so that's what they'd do, they'd just give
2 them a whack over the head with a key to make them hurry up, or a kick or a punch.
- 3 **Q.** In your statement you've also talked about the phrase "the Kimberley cringe"; can you
4 explain what does that mean?
- 5 **A.** "The Kimberley cringe" was a phrase or a happening that these kids used to get into and it
6 was I think like they'd cover up themselves, to protect themselves from being hit, as such,
7 when somebody was going to come up and hit them or do anything to them, and it was
8 covering like this.
- 9 **Q.** So you're demonstrating they were protecting their bodies with their -- or their heads with
10 their arms?
- 11 **A.** Yeah, protecting their bodies with their arms.
- 12 **Q.** Now, Mr EI, you've mentioned just before that there was sexual abuse. Are you okay if
13 I ask you some questions about the sexual abuse at Kimberley?
- 14 **A.** Yes, you can go on.
- 15 **Q.** I think in your statement you've said that this started for you when you'd actually injured
16 your ankle and a nurse came to collect you to put a new dressing on your ankle; is that
17 correct?
- 18 **A.** That is correct, yes.
- 19 **Q.** When the nurse came to collect you, where did she take you?
- 20 **A.** She took me to an office area over the front of the Kimberley Hospital, which would be the
21 office area closest to the road coming into Kimberley.
- 22 **Q.** Kimberley was quite a large space, wasn't it, a significant area of land?
- 23 **A.** It was a big, big area of land, as such, yes.
- 24 **Q.** So she took you over to near the entrance to the Kimberley site. What did she do in relation
25 to your ankle?
- 26 **A.** When she came to get me she said that she'd come to check on my ankle, to see how it was
27 because I'd sprained it, it was bandaged -- this was late at night, she walked me across the
28 courtyard of Kimberley to an area over there which was, well, it may have been office
29 blocks or something like that, to have a look at my ankle.
- 30 **Q.** And did she re-bandage it?
- 31 **A.** She did re-bandage it eventually, yes.
- 32 **Q.** While she was doing that, what was she doing to you at the same time?
- 33 **A.** When she was bandaging it, she sort of bent over me and she rubbed her breasts up against
34 me and she replied that, oh, I shouldn't be doing that, I'm a naughty boy for doing that. She

1 also stated that as she came down a bit further that I shouldn't be looking down her top, as
2 such, she stated the same sort of thing that I was a naughty boy and I shouldn't be doing
3 that.

4 **Q.** Once she'd said this to you and done that, what happened after that?

5 **A.** We went back to the villa, as such, she walked me back to the villa and I went back to
6 sleep.

7 **Q.** So not long after this occasion with the ankle and the nurse re-bandaging your ankle, was
8 there another occasion when the nurse came over at night and collected you from your
9 bedroom?

10 **A.** Yes, there was several occasions. She came over again, she said she'd come to check on
11 my ankle again, went over to the front area where we went before. When we went in there,
12 there was a young girl on a bed, like an examination bed, she was partly dressed, in other
13 words she only had her underwear on.

14 **Q.** And this young girl, you said she was on a bed like, you said an examination bed, do you
15 mean like a doctor's bed or a hospital examination table?

16 **A.** Yeah, yeah, yeah, a doctor's bed or a, as such, it wasn't just a basic bed, it was like -- how
17 can I put it -- like, if you go to the doctor's and the doctor says to you to get up on the
18 examination table so he can examine you, it was very similar to that sort of thing.

19 **Q.** Right. And what was this girl wearing?

20 **A.** She was only in her underclothing.

21 **Q.** So when you were taken into this room, what was the next thing that happened?

22 **A.** I observed that there was other people in that room, there were a couple of men and a
23 couple of other nurses, I presumed they were nurses, they did actually have uniforms on.
24 One of the men was interfering with this young girl through her clothing, her private parts.

25 **Q.** One of the men was interfering with this girl, what was -- you said there were two men in
26 this room?

27 **A.** There were a couple of men there, yes.

28 **Q.** Was this man saying anything at that time?

29 **A.** At that time, no.

30 **Q.** You've said the nurses, the females there were wearing nurses uniforms. What about the
31 men, were they in staff uniforms or were they in casual clothing; can you remember?

32 **A.** They were in casual clothing.

33 **Q.** So this man was interfering with this girl, what did the people in the room, the adults make
34 you do?

- 1 A. I sort of had to stand there and sort of watch. After the incident I was made to give the girl
2 a wipe down around her legs and her private parts.
- 3 Q. Was that a staff member that made you do that?
- 4 A. That was the woman that, or the person that came over and got me.
- 5 Q. So after this occasion, what did you do, what was your coping mechanism?
- 6 A. I was actually shocked, I mean as a 13-year-old boy I thought this wasn't or shouldn't be
7 right, you know, I was meant to be in a safe haven, being a hospital for these kids, and th is
8 was happening.
- 9 Q. Did you run away from Kimberley?
- 10 A. I did run away from Kimberley, yes.
- 11 Q. Were you then returned with no consequences, you were just returned and nothing was
12 said?
- 13 A. Yes. Yeah, I was returned with no consequences, no punishments, nothing said, nobody
14 asked me why I ran away or where I'd been, as such, and I just went back into Kimberley
15 like a visitor in the sense of it.
- 16 Q. From your understanding was that a bit unusual? When people run away was there
17 normally some kind of consequence?
- 18 A. It was very, very unusual because when I'd run away from Taradale, the boys' home out at
19 Hokio Beach, there was consequences, yes, and there was nothing, there was absolutely no
20 consequences whatsoever.
- 21 Q. Once you were back at Kimberley, did this nurse come over to your bedroom again in the
22 night and take you back over to this administrative office?
- 23 A. Yes.
- 24 Q. Can you tell us what happened on this next occasion when you were taken over to this
25 office?
- 26 A. On the next occasion the same thing happened, there was a girl in there up on beds, this
27 time she was undressed, a person interfered with her private parts aga in, as such. We were
28 made to, well, I was made to clean up, as such, and after I'd cleaned up and that I was taken
29 back to the dorm where I was. On the way back the nurse stated that it was going to be my
30 turn next, which I didn't sort of understand in the sense of it, and I just went back to the
31 dorm and went off to sleep.
- 32 Q. And was there a next time, was there another occasion where the nurse came and collected
33 you?

- 1 A. There were several occasions. I was there for two and a half years and in saying that, in
2 that particular time it would have probably happened probably around 100 times or more.
- 3 Q. Once this nurse had said to you it will be your turn next and then you were taken back to
4 this room, on that occasion what did you see when you entered the room on that -- that
5 time?
- 6 A. There were two young Māori girls in the room, they were up on these beds, they had their
7 legs spread, they were, how would I put the words, describe it, tied to things that looked
8 like crutches so that they couldn't close their legs, there was a man in there and he stated
9 that these girls were his girls and he put instruments into their private parts.
- 10 Q. You've said --
- 11 A. Then, in saying that, then, in saying that, I was made to sort of go and take these things out
12 and interfere, or -- with their private parts.
- 13 Q. The people that forced you and made you to do this against your will, if you didn't do this,
14 were you punished?
- 15 A. I was punished, yes.
- 16 Q. What did they do?
- 17 A. My punishment was that --
- 18 Q. What did they do to you?
- 19 A. My punishment was that they'd tie a piece of string around my private parts, which
20 was -- then tied to a chair and I was made to stand there so I couldn't move, so if I did move
21 the string would pull on my private part and it would hurt.
- 22 Q. You've said just before that this happened maybe even 100 times. Did this happen
23 regularly throughout your time? Was it every week there were nights when you were taken
24 over to administrative block?
- 25 A. It was probably, it could have been once a week, once a fortnight, once every three weeks,
26 as such, but in saying that, it could have happened more because, as I said, I did run away
27 from the place and I spent quite a time out in the community, so it was very, very hard to
28 say, but for myself it would have been for one, two, three weeks, you know, there were
29 gaps in between.
- 30 Q. Right. But when you were collected to go to this room, was it always at night time?
- 31 A. It was always at night time.
- 32 Q. And was it always in this front area near the entrance to Kimberley, the sort of
33 administration area of the institution?
- 34 A. Yes.

- 1 **Q.** When you were taken to this room, were you sometimes asked to do different things, or
2 was it always the same?
- 3 **A.** It was basically the same sort of thing, clean up after them, things like that, make sure that
4 they were washed down clean, that anything that was dirty was put into a bin so it could be
5 removed.
- 6 **Q.** Were there -- you've described there were female staff and then there were these men that
7 didn't look like staff. Did the female staff ever do anything to you, or make you do
8 anything to them?
- 9 **A.** No, there was one there, I don't know who she actually was, but she used to sit there
10 semi-naked, in other words, she'd sit in her chair and she was just in her under wear, as
11 such, and she would watch and give a bit of a giggle now and again, but she never sort of
12 did anything in the way of touching anybody or anything like that. The one that came and
13 picked me up at night and took me back, as such, she was more, I think she may have been
14 the, well, how could I describe, the ring leader would be the easiest way to say it so that
15 people understand where I'm coming from. She was the boss, in other words.
- 16 **Q.** So the ring leader or the organiser of this?
- 17 **A.** Yes.
- 18 **Q.** Can you recall, did this ring leader, staff member ever talk to the men or can you recall
19 anything the men ever said?
- 20 **A.** Yes, you could hear conversations from time to time out in the corridor where they would
21 ask how much or what, you know, for something or other or could they get, you know, a
22 different girl or -- and also could they possibly arrange to take a girl home with them over
23 the weekends.
- 24 **Q.** When they said could they possibly take a girl home with them over the weekends, did you
25 ever hear them say where home was?
- 26 **A.** No.
- 27 **Q.** And was it your understanding there was discussion around payment?
- 28 **A.** Yes.
- 29 **Q.** How many children were involved in this? When you were required to go to this room,
30 how many children were involved?
- 31 **A.** There could have been hundreds, I don't -- honestly I do not know, but there could have
32 been hundreds.
- 33 **Q.** When you were in the room on the days that you were taken there, can you recall how
34 many children you saw strapped to the beds?

- 1 A. On some occasions there was one, normally two, as such. I could hear them saying about
2 other girls coming in, as such, but once I'd finished what I was made to do, I was removed
3 from that situation so I didn't know if others were still coming from other places.
- 4 Q. Were there ever any other children or boys who were required to come into this room the
5 way you were?
- 6 A. There was another boy, he came into the room, I don't know what villa he came from, he
7 would have been probably around my age, and he was always made to do the same sort of
8 things that I did.
- 9 Q. The girls that you saw on the beds, did you ever get to talk to them?
- 10 A. No, we were not allowed to talk to them at all. We didn't see these girls out in the area
11 walking around or anything like that during the day, so we had no contact with them,
12 but -- at night time.
- 13 Q. When this was happening in the evenings, did anyone call these girls by any names or
14 nicknames?
- 15 A. No, the only thing that was said was by this gentleman and he referred to the two Māori
16 girls as his girls.
- 17 Q. So I'm going to ask you some questions about these adults, so you've described two
18 gentlemen or two men. Were there any other men or was it always just the same two men
19 that came in?
- 20 A. No, there were other men that came in from time to time, as such, there was also a man, he
21 may have had his son with him, they came in on, I think it might have been two occasions,
22 and they also did the same sort of things that these other men did.
- 23 Q. So there was a man that brought his own son into this room and did the same, interfered
24 with these girls?
- 25 A. That is correct.
- 26 Q. In terms of ages of these men, the father and son, what would you guesstimate their ages to
27 be at that time?
- 28 A. Oh, the male man, he would have been probably in his 40s, 50s, he was sort of going a bit
29 grey. The boy could have been from 16 up.
- 30 Q. How do you know he was the son of this older man?
- 31 A. Because he took an interest in this boy, and the boy took an interest in him.
- 32 Q. So you said there were other men, but did any of them come quite regularly, were there
33 some that would regularly be in the group?

- 1 A. Yes, there was always the regular two there that would come in, and the regular one was
2 the one that turned around and says that the Māori girls were his girls, he was there all the
3 time, and on odd occasions you'd have somebody else come in, like I said, this man and his
4 son, or you may have had another person come in which probably may have come in two or
5 three times.
- 6 Q. You've said earlier that you sometimes ran away from Kimberley. Did you run away
7 during this time as well, try to run away from Kimberley?
- 8 A. Yes, yes, I ran away during all this time in the sense of it, because it was an escape for me
9 just to get away from the place and get out of it, I made -- I'd run away probably from
10 Kimberley for the length of time that I'd been there, probably 20 to 30 times.
- 11 Q. Right. On one occasion, instead of running away from this room, did you actually sort of
12 hide out in the visitor's carpark?
- 13 A. Yes, I did.
- 14 Q. What did you do when you were hiding out in that carpark?
- 15 A. I observed the area where we were taken, there were two cars parked there, one of them
16 looked like a Humber, or something or other, and I was a naughty boy and I went over there
17 and let the tyres down.
- 18 Q. Right. One time when you ran away from Kimberley with a friend, I think a police officer
19 ended up picking you both up and putting you in the Police cells near the -- at the
20 Palmerston North Police Station, can you recall that occasion?
- 21 A. Yes, me and a friend did run away from there and we were picked up heading towards
22 Palmerston and we were taken to Palmerston Police Station -- he was actually a police
23 officer -- and we were put in the Police cells in Palmerston.
- 24 Q. When you were being put in the Police cells in Palmerston, did you try and speak to the
25 Police and tell them what was happening?
- 26 A. We did.
- 27 Q. Can you recall whether the Police that you were working -- or dealing with at that point, did
28 they write anything down that you were saying?
- 29 A. No.
- 30 Q. And once they'd put you in the Police cells, did they then take you back the next day to
31 Kimberley?
- 32 A. We were taken back that night to Kimberley, not by the Police, not by the Police.
- 33 Q. Who took you back to Kimberley?
- 34 A. It would have been the Ministry of Social Development staff members.

- 1 **Q.** Right. I've actually finished asking you questions about Kimberley now, Mr EI. I'm going
2 to ask you about what happened after your time in Kimberley, you were then put into
3 another foster home?
- 4 **A.** That is correct.
- 5 **Q.** And you were put into a foster home in Feilding number one, I think?
- 6 **A.** Feilding number one is correct.
- 7 **Q.** And, then, not long after that, you were also put in a different, a foster home that you've
8 called Feilding number two?
- 9 **A.** That is correct.
- 10 **Q.** Just in terms of those two foster homes, were they both similar or were they quite different?
- 11 **A.** Very, very different.
- 12 **Q.** Can you tell us what was the main difference?
- 13 **A.** Number one foster home was a slave home; number two, I was accepted.
- 14 **Q.** And when you say accepted --
- 15 **A.** As a family member.
- 16 **Q.** As a family member.
- 17 **A.** I was accepted as a family in number two.
- 18 **Q.** So in that second foster home you felt like a member of the family?
- 19 **A.** Correct.
- 20 **Q.** Then after sometime at that foster home I think you were with some other children and got
21 caught stealing some items, so that's when you were then taken to Epuni; is that correct?
- 22 **A.** From number two I was, yes.
- 23 **Q.** So when you were taken to Epuni Boys' Home, can you tell us a little bit about your
24 experience there?
- 25 **A.** Epuni was reasonably good, I did actually settle in there reasonably good, as such, but
26 again, being in a boys' home, as such, I still felt very, very uncomfortable being there. I did
27 run away from there a couple of times, as such, but I got on all right with most of the boys.
- 28 **Q.** When you turned 18 and were released from State care, can you tell us about that day, what
29 happened literally on the day that you were released from State care?
- 30 **A.** I didn't know that I was going to be released, I woke up in the morning, got myself dressed
31 as usual, went and had breakfast, around 9 o'clock I was called into the office and I was
32 told that I was being released, they turned around and says to me, "There's all your
33 property, as such, here's \$10, there's the door", gave me a kick in the backside and told me,
34 "Here's a railway ticket, go and catch the train."

- 1 **Q.** How did you feel about that?
- 2 **A.** I was absolutely shocked, I was gob-smacked. I thought, well, you know, here I am being
3 released just shoved out into the community with a \$10 note and having to wait around for,
4 I don't know how long, to catch a train back to Dannevirke.
- 5 **Q.** Yeah. I'm going to ask you some questions about the impact that your time in State care
6 has had on your life, because in your statement you've said that you had your heart torn
7 from you because you'd gone from one place thinking you were safe into another place
8 thinking you were safe and then on to another place. Can you tell us about the impact that
9 State care has had on your life?
- 10 **A.** It's had a terrible impact, because these things should never have happened.
- 11 **Q.** I think in your statement, Mr EI, you've said that the state robbed you of your childhood?
- 12 **A.** That is correct.
- 13 **Q.** Would you like to take a moment?
- 14 **A.** They took away everything, they took away my childhood, they took away my education,
15 and when I was released, in the sense of it, I never trusted anybody. You know, as an
16 18-year-old, I never really socialised, you know, in the sense of it, I found it very, very hard
17 to settle back into society because I never had the help there.
- 18 **Q.** Mmm. Mr EI, I'm going to ask you some questions about redress, just take you through
19 some of the processes that you've had to go through in order to try and seek redress. Is it
20 correct that you've filed or you did file for redress from the Ministry of Social Development
21 and that process took approximately four years to be completed?
- 22 **A.** That is correct, that is correct.
- 23 **Q.** And you did receive some financial pay-out and you received a letter of apology?
- 24 **A.** I did, yes.
- 25 **Q.** How would you describe that letter of apology, were you satisfied?
- 26 **A.** No, absolutely not.
- 27 **Q.** Then this year, I think in April or March of 2022, did you file a claim for redress from the
28 Ministry of Health?
- 29 **A.** I have.
- 30 **Q.** And -- so you filed that with the Ministry of Health, what have they told you so far about
31 how long it might be before they will get to your claim?
- 32 **A.** Probably another three years.
- 33 **Q.** And in terms of the Ministry of Education, have you also filed a claim for redress with the
34 Ministry?

- 1 A. Yes.
- 2 Q. And you filed that I think also around about April this year. What have they said to you
3 about how long it might take for the claim to be processed?
- 4 A. Around the three-year mark.
- 5 Q. Have you also been through an ACC sensitive claim process?
- 6 A. I did, I did file an ACC sensitive claim, yes.
- 7 Q. The first counsellor you received as part of that was not acceptable?
- 8 A. She was not acceptable, no. She was more interested in somebody else that was actually in
9 the waiting room. Every time I tried to say something to her I was shut down by her saying
10 that she'd already read my files, as such. The interview was meant to be for an hour, it was
11 only about 15 minutes. When she said, "Oh, I've got all the information I needed", as such,
12 I got up to go out the door, she stopped me and said, "Oh, one last question, do you drink or
13 smoke?" And I said, "No." She said, "That's all."
- 14 Q. Right.
- 15 A. And called the next person in.
- 16 Q. So she filed that assessment and then ACC declined your claim for a sensitive claim?
- 17 A. That is correct.
- 18 Q. But then did you appeal that decision and seek out a different counsellor?
- 19 A. I did.
- 20 Q. And as a result of having a much better experience with a different counsellor, did ACC
21 then accept your claim and you got a small pay-out from ACC?
- 22 A. I did.
- 23 Q. Mr EI, in your statement you've made some points around looking forward and how best to
24 move forward. Would you like to talk to the Commissioners about those in terms of the
25 point you've made around selecting foster parents. What's your view on that?
- 26 A. Yes. I think the State needs to look at the foster parents and the age of the child going to
27 these foster parents. When I went to these foster homes, as such, the foster parents were in
28 their 60s, or thereabouts, so they were really to me unsuitable to be taking on a child of
29 around the age of 15 plus. Now, if these foster parents were a younger age, in the sense of
30 it, they could have spent a lot more time with the likes of us and our needs and the fact they
31 could have helped us with homework, taken us places, as such, you know. The number one
32 foster home in Feilding, I never went anywhere, I was a slave to it. And I never got a
33 helping hand with homework or anything like that.

1 other people who have seen or witnessed anything similar to come forward and share as
2 well. So I really appreciate how hard it is, thank you so much.

3 **CHAIR:** I'm just going to ask Commissioner Steenson and then for her to thank you.

4 **COMMISSIONER STEENSON:** Tēnā koe, Mr EI. I have one question for you. It's just
5 around -- in your statement you talked about the injustice of how ACC works when you
6 went through that process, how they could have done more for you. Can you just -- are you
7 able to expand on what the injustice was? Thank you.

8 A. Yeah, I can probably expand on it a wee bit, I've just got to sort of think about it. Okay.
9 Now, with ACC, when I put my claim through to them and everything else I told them
10 about my experience in State care, Kimberley Hospital, what took place and everything like
11 that. They took that into consideration. Now, when I had my first interview, as such, she
12 had my files there, as such, but like I said, she wasn't interested in me as a person because
13 she kept on coming back saying she'd already seen my files.

14 Now, on my second interview this person took more time, as such, she went through
15 bits and pieces and talked about bits and pieces with me.

16 But in saying that, they weren't -- how could I put it -- based around my experience
17 in State care. So, in other words, they weren't concerned about my past history of being in
18 Kimberley Hospital being sexually abused, everything like that, they were more interested
19 in my person now, my health now, what can I cope with, you know, like can I stand at the
20 sink and do the dishes, and things like that. So it was based around my after of Kimberley.

21 **Q.** Okay, that's great, thank you for that answer. I just want to thank you so much for your
22 statement today and talking about what you've been through. We recognise that speaking
23 about these experiences is not easy, it's even more difficult to speak about it publicly, so
24 thank you so much for your bravery and we're truly grateful, you've been speaking your
25 truth today and helped us to understand what it was like for you as a child, being sent to
26 some horrific places like Kimberley and Epuni and the abuse that went on there. So once
27 again, Mr EI, thank you so much for speaking out. Tēnā koe.

28 A. It's a pleasure meeting you.

29 **CHAIR:** Thank you. You're now free to go and have whatever liquid refreshments you feel like.
30 We, for our part, will probably go and have a cup of tea because we're still working, but
31 thank you so much.

32 A. Well, you have -- all of you have a good day, thank you very much for taking the time to
33 listen to my -- to listen to me.

34 **Q.** Thank you. Good bye.

1 A. Good bye.

2 **CHAIR:** We'll take 15 minutes, we'll come back at quarter to four, thank you.

3 **Adjournment from 3.30 pm to 3.49 pm**

4 **CHAIR:** Yes, Ms Thomas.

5 **MS THOMAS:** Thank you, Madam Chair. We now have our next witness, Allison Campbell.

6 **CHAIR:** Good afternoon, how would you like us to address you?

7 A. Allison, please.

8 **Q.** Thank you, Allison. Welcome to the Royal Commission. Welcome to the witness box,
9 which is not a happy place to be, but thank you so much for coming, we really appreciate it.
10 Before we start, would you mind taking the affirmation.

11 **ALLISON JOY CAMPBELL (Affirmed)**

12 **CHAIR:** Thank you very much. I will leave you with Ms Thomas.

13 **QUESTIONING BY MS THOMAS:** Good afternoon, Allison. Can you please tell us your full
14 name?

15 A. Allison Joy Campbell.

16 **Q.** I'm going to be asking you some questions today about your involvement as a social worker
17 for IHC, but before I move on to that topic, I just would like to ask you what was your first
18 role working with children with learning disabilities in Lower Hutt, I think?

19 A. Yes, I -- we lived in Lower Hutt and I had an introduction to a school for multiply
20 handicapped children and I worked there as a volunteer and that was -- but my first one was
21 when one of my younger brothers married a widow with four children and the eldest one
22 had Down's Syndrome and she became part of our family but then, later on, I worked at that
23 school and I had a real interest in working with people with disabilities.

24 **Q.** At that time and throughout the next decades of your life, did you do some study to get
25 some papers as a social worker?

26 A. Yes, I did, I did from Massey in Dunedin and I think one from Christchurch University.
27 But I was never a fully qualified social worker.

28 **Q.** With the papers?

29 A. But I -- my life experience gave me a lot of help.

30 **Q.** In 1980 did the IHC in Whanganui advertise for a position for a social worker?

31 A. Yes, a social worker, and I applied and I was appointed.

32 **Q.** And when you first arrived in that role and had a look at the IHC hostel there, what was
33 your impression about the size of the hostel and --

1 A. Well, it was built for about 40 people, I think, and there were 70 people in the hostel. What
2 was the rumpus room or the games room had been turned into a -- it was four wings and
3 then they turned that into a kind of a dormitory and on the same parcel of land there was
4 four five-bed homes and the staff quarters that the staff initially, when it was built, were
5 living in, but they weren't living in, so there was 10 people in there. So there was all these
6 people and it really was an institution in itself.

7 Q. So it was supposed to be a community environment, not an institution, but it had the
8 hallmarks of an institution?

9 A. Yes.

10 Q. Part of your role working for the IHC at this time was to re-settle people out of institutions
11 into the community?

12 A. Mmm-hmm.

13 Q. What was your motivation for doing this?

14 A. Well, I believe that people should live in the community, I don't think anyone should be
15 living in an institution unless it was absolutely necessary, and I also felt that they needed to
16 be part of the community and had a right to be in the community, they were citizens of
17 New Zealand.

18 Q. When you were visiting these institutions, as part of your work, can you describe the
19 different types of staff you met while you were there?

20 A. There were some good staff, there were some wonderful staff. Over the years I met lots of
21 wonderful staff, but -- there were some good staff, there were some that were just doing
22 their job and some that were, I think evil.

23 Q. You've said that you were concerned that the IHC hostel or the IHC setting was similar to
24 an institutional environment. What do you mean by that?

25 A. Well, at the hostel, for instance, everything was done for and to them. It wasn't -- there was
26 no autonomy, there was no -- they didn't have any choice about anything. The clothes were
27 bought for -- by one woman for everybody, and she would go down and buy a whole bunch
28 of pyjamas, all the same, the same shorts, the same tops and they had no choice, they
29 looked like -- the men looked like a rugby team, and there was no choice about getting a
30 haircut, they all went through -- male and female through the same -- at the workshop and
31 they went in one door, come out the other, they all looked exactly the same, they had no
32 choice about what they ate, they had no choice about where they slept or who they had for
33 staff looking after them, and who they were sharing their bedding situation, bedroom or
34 wherever they were sleeping, there was no choice at all.

1 And some of them were -- there was a lot of anger, a lot of them were angry and
2 upset because they knew that there was a better way I think, mmm.

3 **Q.** When you say some of the people were angry, are you referring to the residents?

4 **A.** Mmm.

5 **Q.** In terms of the staff, did they ask the residents to call them certain names?

6 **A.** Yes, when I first arrived there I was new and they all came rushing to see me, and they
7 called me "Mum", and I said, "Hey, I'm not your mother, you know, you can call me
8 Allison or you can call me Mrs Campbell, but you cannot call me "Mum" because there's
9 only three people in the world allowed to do that", and then I found out that that was -- the
10 staff were encouraging them to call them "mum" and "dad" and that kept them in a child
11 model, and a lot of the clients were older than the staff that they were calling mum or dad,
12 and it just seemed wrong. And so I started saying to them, you know, if they call you by
13 your Christian name you are allowed to call them by their Christian name, and when they
14 started doing that, the staff were really quite angry about it.

15 **Q.** Were they angry at you for --

16 **A.** Yes, but that didn't matter, that was water off a duck's back.

17 **Q.** Just along that theme, you became quite well-known for helping the residents understand
18 their rights. How did the other staff react to that when you encouraged people to know
19 what was their right?

20 **A.** Well, one man told me that they had no problem with the residents until I came along and
21 told them their rights, and another one said that she thought this particular person didn't
22 realise that he now still had an intellectual disability or he was intellectually handicapped,
23 she said, and they didn't see anything wrong with that.

24 **Q.** Right.

25 **A.** And it was really important that they did know their rights, because nobody had told them
26 that they had any autonomy.

27 **Q.** One of the people that I think you taught and encouraged to know his own rights was
28 Robert Martin, who's now Sir Robert Martin?

29 **A.** Yeah. When I first met him, he was -- and he knows I say this, so I have got his
30 permission, he was violent and he was angry and it took me some time to realise why he
31 was that way. And it took me a long time to actually gain his confidence and I had a
32 break-through when he said to me, "I've got some things that don't belong to me", and we
33 went and had a look and they were books from the library, a whole set of rugby gear,
34 Marist rugby gear, 15 jerseys, 15 pairs of socks, and 15 shorts, and a lot of those little discs,

1 45s I think they were called, from the music shop. And so I went through the process of
2 talking to the people and Robert took them back. And I knew then that I had his
3 confidence, he told me.

4 And they quickly knew that my office was somewhere where they could come and
5 talk to me and they knew that I didn't tell anyone else unless I had their permission to do so.
6 And that -- they wanted to learn, they wanted to become people rather than the way they'd
7 been treated before.

8 **Q.** So in order to help and train and educate around rights so that these people could, as you
9 said, become people, in their --

10 **A.** Well, I quickly realised it was a really, really big job and I couldn't do it all myself, so I had
11 friends that were tutors and I -- the first time we had a meeting was in my living room and
12 it was just me and a group of -- Robert and his friends, and we had what was the People
13 First first meeting ever, and then I realised that I couldn't do it, they needed to learn the
14 democratic process, and how things were changed and how to go about change. And so I
15 had these tutors come in. We had -- the collegiate school had a lodge out in the country and
16 it was always free at the weekends, and so we would -- we were able to get that and go out
17 there and spend weekends doing covert training sessions, which worked.

18 **Q.** As a result of this training, what did Sir Robert and his friends do, what was one of the first
19 things he tackled?

20 **A.** The first thing they did was -- the buses at that time, they had a fleet of minibuses, and they
21 all had the IHC logo and the logo was a man with a hole in his head, which I thought was
22 ridiculous and they thought was really insulting. And so they wanted me to get that logo
23 off it. I said no, no, you need to do that yourself. And the first time they went and spoke to
24 Mr Armstrong who was the -- as some of them used to call him, Daddy Armstrong, they
25 came back to my office really quickly and said, "No, he said no." And I said, "Well, are
26 you going to put up with that?" So we had some training sessions on that, on how to have a
27 robust negotiation and the second time they went they were away for ages and I was
28 beginning to get a bit worried, and then they came back and they said that he said that they
29 had a compromise that they were going to get a new fleet of buses in six weeks and they
30 wouldn't have the man with the hole in the head on it.

31 So that gave them their sense of power that they could make changes and they went
32 on to do bigger and brighter things.

33 **Q.** So from that good first start did Sir Robert and his friends also campaign to be paid for
34 some of the labour that they were giving to the IHC?

1 A. Yes, yes, that's right. They had a lot of areas where they worked, they did a lot of work, a
2 lot of manual work, and they were very good at it too, and they -- but they didn't get paid.
3 So I used to say to them, "I get paid here but you don't", and so they started negotiating for
4 that, and they only got a small amount for a start but it was some money and they des erved
5 to get paid for the work that they did. Because it was quite a good income coming into the
6 branch because there was a sewing room, big sewing room, and they made all the gowns
7 and masks and nappies and -- for the hospital, and shrouds, and there was a laundry where
8 they did washing for people and for businesses, and all sorts of things like that.

9 And there was a farm where they -- a lot of the men worked. And they worked jolly
10 hard, you know, it was a full farm, so they worked really hard.

11 Q. I'm going to ask you some questions now about -- in your statement you framed it as
12 medical abuse, this is from 2.14 in your statement onwards. You've said that many of
13 the -- sorry, have you found that page?

14 A. Mmm.

15 Q. Many of the IHC residents did not have autonomy or education about their rights.

16 A. Mmm.

17 Q. What did this situation put these people in or put them in at greater risk of in terms of
18 medical situation?

19 A. Well, they had -- sorry, I've lost my way here.

20 Q. In terms of medical choices were they fully informed in advance?

21 A. No, they weren't, and there were some dreadful things happening. I came -- it was about a
22 month after I started that I came -- the doctor used to come and everybody saw the doctor at
23 Alma Gardens where there was a workshop, and that's where my office was, and there was
24 a bathroom opposite my office and it had been turned into -- because the building we were
25 in was an old orphanage and there was a bathroom there, that was the doctor's clinic. And
26 the staff in the homes would send up the files in the morning and there'd be a big stack of
27 files and the doctor would come and see each of the people. That changed very quickly
28 afterwards, I have to say, because it was an awful system, and -- even the doctor didn't like
29 it.

30 And I came in this day and there was all these girls and women walking up the steps
31 and standing on the stairs half -- with half their clothing, underclothing off, and holding
32 their shoes and that in their hands, and their underwear, and I said, "What on earth are you
33 doing?" And they said, "We're waiting for the prick." And I said, "What do you mean?"
34 And they said, "We have a prick every now and again." And so I went in and I said to the

1 doctor, "What's going on?" And he said, "They have the Depo Provera injection to stop
2 them menstruating", and I said, "Whose idea was that?" And he said, "It's IHC's policy."
3 And there was about 30 women and girls. When I say girls, some of them were 12 years
4 old from the special school that was next door. And they had no idea why they were
5 having that.

6 And I was really concerned because it was reasonably new and -- in 1980, and there
7 was really not a lot of literature about what the long-term effects would be on people. And
8 so I set about talking to each of the women and girls and their families about this
9 and -- because they didn't have a clue what was going on. And so -- it ended up there was
10 about four or five of them, women, that decided they would still have it and they were old
11 enough to make that decision, none of the children had it, and so I was really relieved when
12 that happened. And the parents, I spoke to all the parent and they understood my concerns.
13 They'd been advised that it was the best thing for them.

14 The only reason was that they wouldn't menstruate so they wouldn't have to learn
15 how to -- nobody would have to help them with that and they wouldn't get pregnant.

16 **Q.** So when you gave them, these women and girls more information and you spoke with the
17 parents, a significant number, almost all of them chose not to have this contraceptive
18 injection. As a result of that, what was -- the staff at the special school, what did they say
19 to you?

20 **A.** They were very, very angry. They came over and said that I should go over there every
21 time one of them was menstruating and I would clean them up. And I said, "No, they need
22 to be trained, they should be trained in the homes and they should be trained at school and
23 it's a perfectly normal part of a woman's life", and they -- and in fact that was true, because
24 there was never any issue after that.

25 But the staff didn't like the idea of me changing things.

26 **Q.** And at that time can you recall a situation where a 28-year-old woman --

27 **A.** Yeah.

28 **Q.** You had to have a conversation with her just before she got married, what was that about?

29 **A.** Well, there was a couple, she was about 28 and he was in his 30s and they had fallen in
30 love and they wanted to get married, and there was no reason why they shouldn't get
31 married, and so I went to see the parents of the girl, the boy's mother wasn't -- didn't care
32 whether he got married or not, but I went to see the parents and they were a bit upset at the
33 idea of that. They had three daughters and this one was the eldest one and the other two
34 were married, but then they decided why not, you know, it would be good if she had a -- so

1 I got back to my office and then they rang me and said, "Mrs Campbell, you need to tell
2 them, the couple that they're never going to have children", and I said, "Why ever not?
3 I mean they might choose to have." "No, no, she had had a hysterectomy when she was 12
4 years old." And it was the GP at the time, she was living at home, and the GP at the time
5 advised the mother to "have her fixed". And they told her she had her appendix out. So
6 I actually had to say to them that this was so. And in the end it didn't matter because they
7 had no intention of having children anyway, they much preferred to have an animal, a cat,
8 so...

9 And later on, IHC brought in a policy that they were totally against that and they
10 would even take cases against people that were planning to do it, so they stopped the
11 process. It was a time of change when it was -- and it was about time things did change.

12 **Q.** You've also talked about a lack of sex education in the IHC.

13 **A.** When they were in Kimberley they were pretty much kept apart and they didn't know much
14 about -- nobody ever spoke to them about the fact -- in fact, often parents were told by
15 doctors that should have known better that their children were never going to mature that
16 way, they were going to be children for life, and when they did start to show an interest in
17 sexual urges, they -- the parents thought they were deviant, you know, and the -- but at
18 Kimberley they were kept apart, and so we had to start teaching them about -- and I found a
19 programme in America about adult sex education and I got that and we started working
20 with them on that. But it was difficult, it was difficult because normally one grows up and
21 the family, well, they see their mother and father and their mother and father hopefully tell
22 them about what's happening to their bodies as they change and, you know, and that didn't
23 happen for these people.

24 **Q.** In your role as the social worker going into the psychiatric and psychopaedic institutions to
25 then try and help people into a community home, did you observe neglect or abuse while
26 you went into these institutions?

27 **A.** Oh, yes. Yes, it was a shock when I first -- well, when I first went to Kimberley it wasn't
28 really a shock because they knew I was coming and I think they were all very nice and
29 I saw -- I didn't like what I saw, I saw adults out there aimlessly playing with, they were
30 kicking a ball around, saw a lot of people sitting in a room going like this, [**rocking**] and
31 there was nothing there. And I was interested in the 1964 that was shown this morning,
32 they all had bicycles, they all had lovely little clothes on. I never saw any of that when I
33 was there. And I think that was really a put-up job.

1 And I -- but after the first time I went there I never went -- I never announced that I
2 was going, I never let them know and I would just arrive and soon enough, it was almost
3 like I was part of the wallpaper, they didn't hide anything from me. And I saw some
4 dreadful things. And, of course, I was people out at Kimberley that were telling me about
5 things too. And people that came out at different ages, different stages, would tell the same
6 story about abuse, about sexual abuse, about being hit. I only once saw somebody hit when
7 I was there, but I -- the person didn't flinch, didn't -- I think he was used to being hit, and
8 I couldn't see any reason why he was hit, because I was there and they were just, he was
9 sitting there quietly and the guy came along and went like that, and cuffed him on the side
10 of the head, and there seemed to be no reason for it.

11 **Q.** And the individual man, his reaction was he accepted that?

12 **A.** Absolutely, absolutely, he just carried on, he was...

13 **Q.** When you were going into the institutions and seeing some of the abuse or neglect, did you
14 deliberately take your bosses from IHC in with you?

15 **A.** I did, I took two of them because, you know, when they first started their new -- they were
16 new people starting, and they kept saying, you know, "Why do you keep going down there
17 every week, you know, why do you go to Lake Alice?" And so I took them to Kimberley,
18 and I'd go late in the day and at 4 o'clock the truck would come around with the food on big
19 silver trays on an open deck truck and there was one unit where there was people that were
20 quite small and during the day they were laid on a mattress on the floor and there would be
21 three at one end and three at the other, and at meal time they were put in like wheelchairs,
22 not wheelchairs but high-chair things, and there was four of them for each staff member
23 and the staff member would have a bowl and four teaspoons and feed the people out of the
24 same bowl. And the first time one of my bosses, when we went out he said to me as we
25 were walking out, "Allison, you'll have to drive home." And I turned and I said, "Why?"
26 And he said -- and he was crying, he had tears running down his face and so it worked.

27 And then the second one, he actually vomited, he drove out the gate and then pulled
28 the car up and got out and vomited, and he said, "I don't know how you stand going there."
29 But there was a job to do. I didn't like what I saw, but it was really important that other
30 people saw what I saw.

31 **Q.** As you were trying to help families place their loved ones or family members out of these
32 institutions, were you asked for some help by a grandmother of a child who was at
33 Tokanui?

1 A. Yes, she showed me, she was a woman in Whanganui, a businesswoman, she showed me a
2 photo of her granddaughter in a kind of a big cot like a cage that this girl was in, and she
3 was -- I think she was about 20 when she came out, and she was in the cage all the time and
4 it was in the centre of a ward, it looked like a ward, and she was in there. And the
5 grandmother said that she was there all the time, the staff said she was there because she bit
6 people and she was violent. When she came to us she couldn't walk, she sort of crawled
7 along the ground, but later with some support and help we got her never to walk alone but
8 to be upright.

9 She's still alive, and to my knowledge she's never bitten or hit a person since she
10 came out, she was a -- it was just -- she must have done it when she was quite young and
11 they decided she was going to be like that all her life. But I never went to Tokanui but
12 I only saw the photo and I saw the grandmother's distress. The grandmother was really,
13 really keen to get her out.

14 **Q.** From your observations in the institutions, did you see examples of over-medication?

15 A. Oh, yes. When they came out, the first thing that I did was get a medical, get the doctor
16 and we had -- we had a doctor at the hospital and a doctor, GP, that were very, they'd
17 worked with people with intellectual disability ever since the IHC had started in
18 Whanganui, and they knew what -- so we got them a medication review and there were
19 some people that were on three, you know, medications, they were on Tegretol and Dilantin
20 and Epilim and they were on a cocktail of medication, and they were different people when
21 they were finally taken off. And some of them didn't need any medication at all, they lived
22 without medication after that and lived a different kind of life.

23 Some of them were like little zombies when they came out, they were so heavily
24 medicated, it was -- I can't understand why they did that. I think it was just to keep them
25 quiet or shut them up or -- and instead of, if something didn't work, instead of trying
26 something else they just added something else, and so a lot of them were very, very highly
27 medicated. And it was a very abusive thing.

28 **Q.** In terms of the psychological abuse, in your statement you've made an observation there
29 about New Zealanders' attitudes at the time that you worked for IHC. What were they?
30 How would you describe the attitudes of New Zealanders?

31 A. I think New Zealanders should be ashamed, we should be ashamed as a nation. For
32 instance they look down on people, they felt that they were subnormal, and they were
33 certainly treated like animals. And if animals had been treated that way they would have

1 been charged and nobody was charged for the things that happened to people in the
2 institutions. Well, nobody to my knowledge.

3 And it was just -- it was mind blowing. When I complained to people about, and
4 I never ever complained to Sydney Pugmire at Lake Alice or Bennett at Kimberley,
5 because if I had complained to them they would have stopped me from going, and I had
6 good contact people there that felt the same as I did that they wanted people out and that's
7 why they tried to work from the inside, and they helped me enormously.

8 But if -- I complained to my superiors and some people didn't believe me, other
9 people I think didn't want to believe, and there was some that really didn't care.

10 **Q.** Right.

11 **A.** And so -- a lot of people didn't care. And I've been told so many times, "Don't worry about
12 it, you know, these things happen." These things shouldn't have happened.

13 **Q.** Was there an occasion where you and a good friend of yours, this man was presenting at a
14 conference and he spoke about Kimberley. Can you tell us about that occasion, what he
15 said?

16 **A.** Well, it was a conference called "Towards 2000" and I was asked to speak at the
17 conference, do a workshop on moving -- living in an institution as opposed to living out in
18 the community, or the other way around. And I said no, because I'd never lived in an
19 institution, I'd only lived in the community, but I would ask some people if they would do
20 it. And we did this and we practised for about six months, it was four men that did it,
21 Robert was one, and they all sat on the stage and I just introduced them and I sat to the side
22 of the stage and one of my friends was telling the story about them putting porridge
23 in -- putting soap powder in his porridge and making him eat it at Kimberley and he had
24 that story corroborated by other people that said yes, it happened, it didn't happen to them it
25 happened to him. And so I was watching this day and I noticed these three women made a,
26 put their heads together and started chatting about two rows back, and I thought, oh, that
27 was interesting. So when we finished I said to the guys, "Go and get a coffee" and I just
28 followed these women and when they stopped to get something I said, "Excuse me, I notice
29 you made -- you've had a reaction when my friend talked about the soap powder in the
30 porridge", and two of them said, "Yes, yes, we did, we did." They were junior nurses at the
31 time, trainee nurses I think they called themselves, and they worked at Kimberley and they
32 saw that happening and it was -- they said they were disgusted but they were too junior to
33 do anything about it. They were too frightened to do things about it, yeah.

1 And I think there was a lot of that too. There was a lot of people that worked there
2 that didn't like what was happening, but they felt impotent, that they couldn't do anything.

3 **Q.** Have you also discussed a memory of yours from Lake Alice when you were in Lake Alice
4 trying to help people move into the community and a staff member came and asked you to
5 come and look at something? Can you tell us about that?

6 **A.** Well, I could hear the screaming, and she came around the corner and said, "Come, come,
7 quick. Come, come, quick." And originally, I thought she was asking me to come and help
8 her. When we got around the corner there was a door with a big glass pane in the top and
9 another glass pane at the side, and there was a whole lot of people watching and there was
10 in the room -- they'd made a place for me to come and have a look, and there was a woman
11 lying on the floor naked being hosed down and she was screaming and they were watching
12 and it was like -- it was like an entertainment. And I just felt really ill, it was awful.

13 And they asked, invited me because they could see no wrong. It was -- it was really
14 upsetting.

15 **Q.** In terms of the management of both Kimberley and Lake Alice, in your opinion, what were
16 Dr Pugmire and Dr Bennett most concerned with?

17 **A.** They were most concerned with keeping people locked up, I think, keeping their jobs.
18 Because I'm quite sure they wouldn't have got jobs anywhere else. They were both strange
19 people to put in charge of an institution at all. But quite -- I just thought they were slightly
20 mad, to be honest.

21 **Q.** And were there people from Kimberley that were sent on a "holiday" to Lake Alice?

22 **A.** Quite often. There was one man that -- he was one of the -- he was sent down to Blenheim
23 or Nelson, wherever, when he was born, just when he was a little baby. He was born out of
24 wedlock and it was a shame on the family, sort of thing, and he was sent down there, and he
25 was one of the first three that went into Kimberley when Kimberley opened, but then none
26 of his siblings knew that he existed. The parents married but none of the siblings knew and
27 an old aunty told them before she died that they had a brother and the sister came to me and
28 said that could I find him, and I started to trace him and I found him in Lake Alice, and he'd
29 been sent there about 10 years before for a holiday. It was a long holiday.

30 Lake Alice was a dreadful place for our people to be, because they were abused by
31 the staff as well as the fellow inmates, and it was a terrible, terrible situation. But anyway,
32 I did get him out in the end, and he was about 78 -- 76, 78, and he lived for about five or six
33 years afterwards, which was good.

1 He had a wonderful life with his sister and his niece. He lived in one of the homes,
2 he lived in the hostel, actually, at that time, but he had a really good relationship with his
3 sister and his niece.

4 **Q.** Have you got another story in your statement about another person who was in Kimberley
5 and the impact of getting him out of Kimberley, this is at paragraph 3.8 on page 14 of your
6 statement.

7 **A.** Yes, yes.

8 **Q.** Would you like to tell us about this person? You're welcome to either tell us or to read out
9 these paragraphs, 3.8 to 3.10?

10 **A.** Well, there was -- yes. I had a list of everybody that came from our area, but I brought
11 other people out from other areas too, and repatriated them back to wherever they came
12 from. Because Whanganui had the first regional hostel, and so we had people that we
13 brought out from New Plymouth, Gisborne, and right down through Wellington. But this
14 man was there and he was non-verbal, he was in a wheelchair and he was fed through a
15 nasal tube, and he had really complicated health issues because of the nasal tube, he was in
16 a wheelchair but he also had this big pole on the side with the tube because it was there all
17 the time.

18 His parents -- when I first talked about him coming out, Dr Bennett said he wouldn't
19 live outside the institution, but his parents wanted him to come out because they were very
20 elderly, they were very devoted parents and they used to go and visit him frequently but
21 they'd got to the stage where they couldn't drive and Kimberley was a long way away, so
22 they wanted him to come out and they wanted him to come out even if he didn't live very
23 long, if he had the opportunity to come.

24 So I talked to a surgeon that I knew and he said -- and I told him about this man,
25 and he said, "No, there's no reason why he can't come out, we can do something, you know,
26 we could do it, like he could be fed through a tube in his stomach, and he could then have
27 more freedom to do things." And he had some dreams. He wanted to go to rugby, he
28 wanted to go to concerts and things like that. And he wanted to go to school.

29 And he was -- so the surgeon rang Dr Bennett and then he rang me and he said Dr
30 Bennett said, "No, he's going to be" -- he said, "I can tell you that I could do something for
31 that man." So he said, "Get him out." And so we got the parents' consent and he came out.
32 He had this procedure done, and his health improved. He went to school for a year and he
33 got School C maths.

1 We got him an electronic -- I had a tutor for him too, and then we got an electronic
2 picture thing so he could communicate, and he had a buzzer and we had codes for how
3 many times he pushed the buzzer for quick answers, and we -- he went to rugby matches,
4 he went to concerts, he had friends that come from Kimberley that were in other places, one
5 in Rotorua, one in Palmerston and we were able to arrange for them to be brought to him,
6 and stay the night or stay a weekend with staff, and so he had a really lovely life out there,
7 and he marched on Parliament, when we marched to close Kimberley, and I was very proud
8 to push him there, you know, it was a great experience. And so he lived for quite a number
9 of years after he got out of Kimberley. So Dr Bennett didn't know everything.

10 **Q.** Can you tell us some of the personal impacts these experiences have had on you?

11 **A.** I've made a lot of friends, I've had a lot of -- I'm very proud of the people that I've worked
12 with and I've had great gifts given to me by those people. They love, and they're generous,
13 they're kind, not all of them, they can be rascallions too, but they're just really decent
14 people and I've always felt really, really sad that they -- so much of their life was taken
15 away from them. I come from a loving family and I don't think anyone has a right to take
16 anyone away from their family and to take away their identity. And that was the saddest
17 thing.

18 The good thing is that a lot of people now have got a better life. But some of the
19 places that they are living in now are getting to be like mini-institutions again. So society
20 in New Zealand must guard against that, because it's no place for any child or young person
21 to be in a situation where they're not treated as other people are treated, you know. And
22 there's situations around the country where people have been locked in for seven months in
23 a row. Now, none of us have been locked in during Covid for seven months, but certainly
24 people with disabilities have been. And that's wrong.

25 So there's a lot of work still to be done.

26 **Q.** Just on that topic of the continuing issues that you see need to be addressed at IHC, are
27 there some examples around reporting of complaints that you would like to comment on?

28 **A.** I think people are -- the IHC -- often things have abused the system and abused people, but
29 IHC have not taken Police action because it would hurt their credibility in the public, their
30 image. The image they should be portraying is one of service to people with intellectual
31 disability. And it is a disservice when they don't take action against people that do wrong
32 things to people within their service. Because that means that the IHC is more important
33 than the people they serve, and that's wrong.

1 And also now, we have an IHC that has an enormous property company and the
2 IHC was developed by parents for service for people with intellectual disability and later on
3 it became a tripartite organisation with the parents, the professional staff and the people
4 themselves all having a say in it. And it doesn't seem to be that way anymore. Property
5 seems to be more important than people.

6 **Q.** Right.

7 **A.** And that's a tragedy really.

8 **Q.** What is your opinion about advocacy moving forward?

9 **A.** I think advocacy is the most important thing. I think everybody that lives in care, no matter
10 why they're in care, needs to have an advocate, somebody that's watching for what the
11 carers are doing. And it doesn't have to be a government body, it needs to be an individual
12 that really cares about that person, and -- because I always had somebody watching over
13 what I was doing and in later times I watched over what was happening to two people that
14 were taken out of IHC. IHC originally was a cradle to the grave organisation but it
15 certainly isn't now, and sometimes if they're getting a bit too hard to look after or assumed
16 to have that, then they're put into another institution like a rest home or something, and I
17 had -- I'd become the advocate when I retired for -- an agent for two people and -- but I had
18 the advocacy trust watching what I was doing and I think everybody that is an advocate
19 also needs to be responsible to something else, to somebody else. And I think that's really,
20 really important for elderly people and for anybody with a disability.

21 **Q.** What are your thoughts on society's attitudes currently?

22 **A.** I think we've got a long way to go. I think there's still a hard core that believe that people
23 with learning disabilities are down there rather than up here, and I think that they don't look
24 down on people with a broken leg, but they look down at people with learning disabilities.
25 And I have to say that I know -- most people that I know that are able people have, and
26 these are my friends with learning disabilities, a lot of them have got a skill that nobody
27 else has, you know.

28 One of the stories I had, I had a list from everybody of what they really wanted to
29 do and there was a group of women that knitted and knitted very nicely, but they also
30 wanted to spin, learn to spin and knit their own wool. So I got a person, a staff member
31 that I knew was a spinner, to spin, to show them, to teach them, and once a year the
32 Whanganui spinners and weavers used to have an exhibition and all the people would put
33 their work in and some of it would be chosen to go in the exhibition. And the person that
34 I got to teach these women, there was five women, three of them got their work chosen for

1 the exhibition, but the teacher didn't, and she came in and she said to me, "I'm really upset,
2 I'm really upset," she said, "Three of them have got their work in the exhibition, I haven't
3 got mine in." I said, "You should be so proud, you must be a wonderful teacher." So she
4 sort of bucked up a little bit about that.

5 But, you know, Robert Martin could be a Mastermind winner in rugby, he could tell
6 you who played in 1932 and who was half back and what the score was. He's got an
7 encyclopaedic knowledge of rugby. So everyone has something that they're good at. And
8 so a lot of them taught me things to do. And so it's -- everybody's different and everybody's
9 an individual but in my eyes everybody's equal.

10 **Q.** Just to conclude your evidence today, do you have your final paragraph of your statement,
11 4.6, in front of you? It's on page 17.

12 **A.** The pages are all muddled up now. Yes.

13 **Q.** Would you like to read that final paragraph to the Commission?

14 **A.** "For 30 years I've prayed for something to happen to change -- for change to occur. I've
15 found the Royal Commission process to be cathartic and I feel that people are being treated
16 with dignity and respect. However, it still feels like it's happening 30 years too late and
17 people need an apology. They need a personal apology. They want a piece of paper that
18 says, 'You were a victim, it wasn't your fault!'"

19 **Q.** Thank you, Allison.

20 I'll just see if the Commissioners may have any questions for you?

21 **CHAIR:** I feel we might. Are you up to that?

22 **A.** Yes.

23 **Q.** Good, thank you. I'll start with Commissioner Gibson.

24 **COMMISSIONER GIBSON:** Thank you, Allison, it's a privilege for us to have you here, you're
25 a hero to the disability rights movement. What does it take to be a good ally?

26 **A.** It takes a belief to be in humanity, to believe that people are equal and to stand up for
27 people's rights. I grew up being told by my family, my parents that all people were equal
28 and then when I find that people aren't equal, I get a little bit disturbed about that. I believe
29 that everybody that I've worked with is equal to me and I kept telling them that. And when
30 somebody said to me one day, "I think I'm becoming a person", I said -- it was Robert, and
31 I said, "You've always been a person", and he said, "No, I haven't." And when he left my
32 office I cried, because he was -- and I often wonder, not just Robert, I mean Robert's
33 proved, you know, that he should never have been in an institution. But there's a lot of
34 others that have gone and done things that are quite wonderful and I wonder if they'd had

1 the family life and the education that I had, where would they be today? You know, we
2 would have had a much stronger society. And it's not just New Zealand, it's all over the
3 world, that these people, they have gifts to give to everybody.

4 **Q.** We've heard some criticism from yourself and from other witnesses today about some of
5 the bigger providers now that they're quite institutional. In your view what does the future
6 of support services look like, so it's not so institutional?

7 **A.** Once again, people need to have a say in what's happening for them and to them. And
8 that's not happening again, that's -- there need to be choices about who they live with, who
9 their carers are, they need to be there when the people are being interviewed for jobs.
10 I always had people with me when I was interviewing, people would -- the clients with me
11 when I was interviewing for jobs, because they know, they've got intuition about the people
12 that are right and the people that are not right. And they need to have a choice about where
13 they live and who they live with. They need to have a choice about going to a school, not
14 going to, like, something -- the special schools were -- some of them were not well
15 disposed to the normal learning. They were -- it was almost like a place to be controlled, to
16 be looked after, to be -- spend six months practising for the Christmas play, that sort of
17 thing, you know, it was sort of -- these -- all the people I know that, unless they're severely
18 disabled, are able to learn and able to make decisions for themselves with support.

19 **Q.** I just note one of the key things in the journey was about covert training camps, that sounds
20 a good transformational idea, perhaps you could run a few more of those in your retirement.

21 Thank you, no more questions from me.

22 **COMMISSIONER STEENSON:** Tēnā koe, thank you.

23 **A.** Hi.

24 **Q.** Just a couple of questions from me. I just wanted to understand a little bit more around,
25 you talked about when IHC started that the parents were involved and those with learning
26 disabilities were involved, but now they're decision-makers. So what you're saying is the
27 decision-makers now in governance and in the senior executive don't include their voices?

28 **A.** Well, I have a strong feeling and some knowledge of the fact that a lot of parents
29 throughout New Zealand are very dissatisfied with what's happening, and I'm still involved
30 with IHC and I get invited to the association meetings and there's a lot of discontent about
31 how the things are run now compared with -- there was a time when we were making real
32 progress but that seems to have stopped and, you know, people sit in their ivory towers and
33 they don't go out and meet the people, they don't -- I would say that 30 years ago everybody

1 knew the CEO, all the people, all the service users knew who he was. Nobody knows who
2 he is today.

3 **Q.** Okay, thank you. And then my other question was around, it sounds like you've made a lot
4 of complaints about various institutions and even behaviour within the IHC to the IHC,
5 and -- without seeing anything done. In your witness statement you talk about that quite a
6 bit. What would you expect to see?

7 **A.** I'd expect to see -- I'd expect to see people being given the same rights as I have as a New
8 Zealander. Be respected and consulted and taken note of, not just consulted and not doing
9 anything about it.

10 **Q.** So like a proper investigation done into a complaint?

11 **A.** Mmm, absolutely, absolutely.

12 **Q.** Okay, thank you, that was all my questions.

13 **CHAIR:** And I'm the lucky last, Allison. Just a few questions. You spoke of Dr Pugmire and
14 Bennett and you said that you would have never complained to them because they would
15 have stopped you from going into the institutions. And you also referred to them in your
16 brief as well.

17 Can we just open that up a little bit more. What do you think was going on there
18 that meant that even you, a courageous woman, wasn't going to take them on?

19 **A.** Well, I know they would have stopped me because they wouldn't -- I don't think they would
20 have listened to me. Dr Pugmire, he said to me one day that, I don't think -- I have no
21 confidence in either of those men I'm afraid. Dr Pugmire said to me one day that this
22 gentleman was growing old at the same rate as the rest of us, and I went, "Yes, that's true."
23 He said, "I knew you would agree with me." But he said some weird things, and he did
24 some strange things, and I don't think they moved too much out of their offices. They
25 couldn't possibly have because they would have seen some of the things that were
26 happening.

27 **Q.** That's what I'm really heading towards. Do you think they knew what was going on in the
28 institutions that they were officially in charge of?

29 **A.** If they knew what was going on they were evil. But -- I'd like to think that they didn't
30 know what was going on, because it was a really bad situation. There was good staff there
31 but there was a lot of staff that just stayed there because, you know, it was a job.

32 **Q.** So they either didn't know what was going on, or they tolerated what was going on?

33 **A.** They must have tolerated some of it, they must have known some of it, but maybe they
34 didn't care.

- 1 Q. That's a third option, isn't it?
- 2 A. Mmm.
- 3 Q. Moving from them, of the people who you've dealt with, and this might be difficult and I
4 don't know if anyone's prepared you for this question, how many were Māori that you
5 knew?
- 6 A. Oh, it was really funny, I could tell you a little story, I took a group up to a conference in
7 Tauranga, I think it was, and we stopped at Taupō because we've had friends there and I --
- 8 Q. This is a group of residents?
- 9 A. Yes, a group of residents -- to a People First thing, and we stopped there and some of them
10 wanted to go to the toilet and they didn't want to go to a public toilet and so I said, "Look,
11 I've got friends, we'll go there and they'll give us a cup of tea and you can go to the toilet."
12 And so we did that, and the next time I saw my friends they said, "What percentage of
13 people in IHC are Māori?" And I said, "I don't think we've got any." They said, "Allison,
14 you had three with you when you came through there", but I just saw them as people and --
- 15 Q. That's right.
- 16 A. -- but not a high percentage. I couldn't give you a percentage, but not a high percentage.
17 But we did have quite a few.
- 18 Q. I think we can call you officially colour-blind.
- 19 A. Yeah.
- 20 Q. I was really interested in your evidence when you took people from IHC into the
21 institutions and they were horrified, sometimes with a physical effect?
- 22 A. Mmm.
- 23 Q. But I was interested that they said to you, "We don't know how you can stand going there."
- 24 A. Mmm.
- 25 Q. Did they ever say, "We don't know how those people can stand living there"?
- 26 A. No, but they encouraged me then, they would encourage me to carry on with my work, yes.
- 27 Q. Right. So they did see --
- 28 A. Yes.
- 29 Q. -- the wrong that needed to be righted?
- 30 A. Yes, that's right, yeah. They were very supportive of me then, of what I was doing.
- 31 Q. I'm nearly at the end but a couple of important questions. An earlier witness, and I don't
32 know if you heard her, had some ideas about the role of the state in the way in which
33 people with disabilities should be cared for. And her view was that there is at this moment,
34 and I'm paraphrasing here, but her view is that she felt that the private institutions, the

1 private organisations that are now providing care needed to have some better frameworks,
2 and she spoke of three particular areas: In the training and training standards of staff who
3 are carers in these private institutions; in the development of their career path, which is
4 linked to that but making sure they were treated as professionals with ability to grow up
5 through a career path; and thirdly, that the Government provide oversight, monitoring,
6 auditing of the functions. I'd be really interested to know what your views are about that.

7 A. My view, immediate view, is that the structure of training and development is really, really
8 important. But I will say that Kimberley, Tokanui, Lake Alice, Porirua, were all run by the
9 Government.

10 Q. Yeah. So we have a trust issue here, do we?

11 A. Yes, because it depends, I mean, the Government's got to change their attitude too. And the
12 Government are the people, really. But I heard that and I heard her say she trusts the
13 Government. I'm not sure that I -- their track record has not been great as far as people with
14 disability is concerned.

15 Q. Yes. So there'd have to be a major sea change in attitude?

16 A. Absolutely, absolutely, mmm.

17 Q. All right. Thank you for that.

18 The last question is something that I hope that you can share with us and I know it
19 will be shared wisdom through Sir Robert Martin. I know this is a big issue with him and
20 it's important that we are able to hear your views. He talks about citizenship and I just
21 want -- you said you wanted to move people out of these institutions into the community as
22 citizens of New Zealand.

23 A. Mmm.

24 Q. So the implication there is that while they were in the institutions they weren't citizens?

25 A. No, no, they weren't, they had no rights or responsibilities either, they just were -- they
26 were shut away really, you know, they were shut -- look at the places where they were...

27 Q. Yes, physically isolated?

28 A. Yeah, very, very difficult. I had the privilege of meeting Mrs Anion who was one of the
29 founding members of IHC, and her son was born in the same year and same month as me,
30 1940, and she told me that when they first -- Mr Anion was a professional man, and when
31 they first started growing an organisation, that then there was quite a few -- they were
32 offered at a peppercorn rent a place on The Terrace in Wellington as a headquarters and the
33 Government said they couldn't do that -- of the day -- couldn't do that because they didn't

1 want people from overseas to know we had people with intellectual disability, and that was
2 1940-something, 1947 I think, around about then. And I mean that's --

3 **Q.** Yes.

4 **A.** They didn't want people from other countries to know that --

5 **Q.** To know that they existed even?

6 **A.** Yeah. So we've come a long way from there, because at least the Government understands
7 that there is people, but they're still -- they're still not seen as -- you know, look at some of
8 the evidence today, some of the things that they -- there has to be a change in society. I
9 think we have to have more people believing that we are equal. It's not only disabilities, it's
10 race, it's everything, you know? And I think it's -- we used to think we had a really good
11 society, but we're really -- we were very complacent.

12 **Q.** And we allowed this to happen, didn't we?

13 **A.** Yes.

14 **Q.** Yeah. Allison, it's my lucky job to be allocated the right to thank you and I do so -- it's a
15 great privilege to have heard you and that was never more sheeted home than when Ms
16 Thomas asked you what the impacts of all of this was on you, and you managed to squeeze
17 out one impact on you and that was that you were privileged to have lots of friends who
18 you learned out of this. The rest of your evidence about the impacts on you had nothing to
19 do with you whatsoever. It was all about the people who you were with, who you, I like to
20 say served, but worked alongside who supported and made friends, and that is a testimony
21 to your attitude towards these very serious human beings --

22 **A.** Thank you.

23 **Q.** -- with skills and talents, as you've said, who have been so long living in the darkness and
24 you've helped them into light and I salute you for that.

25 **A.** Thank you.

26 **Q.** And as Paul said, you are obviously a hero to the disability community. For that we thank
27 you and we thank you so much for the very valuable evidence that you've given to us today.
28 You've made a huge contribution to our work. So many thanks.

29 **A.** Thank you.

30 **Q.** And you're now allowed out.

31 **A.** It was well worth it, it was my pleasure. Thank you.

32 **CHAIR:** So that brings us to the end of our evidence for the day?

33 **MS THOMAS:** It does, to the end, I think we are hoping to have a waiata where we will be using
34 sign language as well as singing to sing this.

1 **CHAIR:** Excellent, we have our kaikarakia who I see has arrived.

2 **MS THOMAS:** The legal investigation team have been learning this in sign language so

3 I encourage them to stand and move forward.

4 **CHAIR:** Please do.

5 **KAUMATUA:** Tuatahi, ka mihi rā ki a koutou ngā kaimahi i ngā purapura ora, i ngā kōrero kua
6 kōrerohia nei i te rā nei. Ka hikitia, ka hikitia, hikihikitia ngā kōrero kia kore e hoki
7 whakamuri mai.

8 Just to acknowledge those who have stood today and all of us who have been part of
9 the kōrero that has been laid and to lift that kōrero to a place where all can see and it cannot
10 be hidden again. Nō reira i runga i tēnā ka mihi, ka mihi, ka mihi me te karakia. Ka tuku te
11 karakia. Let us pray. **[Karakia]**

12 By listening we know, by knowing we begin to understand, by beginning to
13 understand, we can make a response, by making a response, there is potential for life. In
14 that process, let the light shine on in the darkness, and let there be a way forward. Tuturu o
15 whiti whakamaua kia tina, tina, hui e, tāiki e. He waiata. **[Waiata Te Aroha]**

16 **Hearing adjourned at 5.06 pm to Tuesday, 12 July 2022 at 10 am**