

**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  
414 Khyber Pass Road  
AUCKLAND

**Date:** 20 July 2022

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**TRANSCRIPT OF PROCEEDINGS**

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**Hearing opens with waiata Whakataka Te Hau and karakia by Ngāti Whātua Ōrākei**

**[9.40 am]**

**KAUMATUA:** (Waiata Whakataka Te Hau). Tihei mauriora ki te whaiaio, ki te ao mārama, tēnei te toru atu ngā ringa ki a koe ihoa o ngā manawa. No ngā manaakitanga iuhea ki rungia a mātou i ēnei wiki, ēnei rā i tēnei wiki. Tena ka tuku ngā whakamoemiti, ngā whakawhetai ki a koe mō tēnei rā i runga i te ingoa tapu Ihu Karaiti, ake, ake, amine. E noho.

He aha te hau e wawara e wawara, hetu heraki, hetu heraki. Anana i a mai te pupu tarakehe ki uta i tiki natu e au te kotu, hoia te pou whakairo ka tū ki Waitematā, ka tū ki Waitematā. A iuku wairangi e, tihei mauriora.

Ka mihi tonu rā ki te runga rawa me wehi ki a ia o te rā ki a tuku ngā kupu hōnore ki te Kingi Tūheitia ki te whare ariki, he pouherenga waka, he pouherenga tāngata, he pouherenga whakaaro, nō reira, kahui ariki rirerire, paimārire.

I runga i tēnā kahuri ngā whakaaro koia rātou kāore taia tinana mai rātou, ki tua o te arai, ka mihi tonu, ka tangi tonu, ka mihi tonu, ka tangi tonu. Mākū tonu te whenua ki ngā roimata mō rātou kua wehe, te toku maha o rātou ngā rangatira, ngā teitei o te whenua.

Ko Matua Joe tēnā tetahi hoki o Whātua mākū tonu te roimata ki ngā kakahu taritari ki runga i te whānau pani. Tēnā ka mihi ki ai ia o te rā ngā mate katoa, kei runga i a mātou pokowhiwhi, o koutou pokowhiwhi.

Nā tēnā ka tangi te titi mai tāwhiti kua henga te tetahi anō, ko Ricky Houghton tēnā. Te tangi o te ngākau ki tana wehenga atu, me te kōrero mai o te kūmara ka hoki atu ia ki tona marae ki Muriwhenua, takoto ai.

Nō reira, koutou o Te Tai Tokerau ana te Hine koutou o tērā takiwā, ka tangi te ngākau mō koutou te wehenga atu o te rangatira rā. Nō reira, e te rangatira, haere, haere, haere, hoki atu.

A rātou ki a rātou a tātou ki a tātou, tēnei te tū Whātua ki te mihi atu ki a koutou kua tae mai. Me pēnei te kōrero, ko Tupuriri te tāngata e tū ki runga i a Takaparawhau, engari ko Tumtumuwhenua te whare. Ko hoki atu ki te rā ingoa Tumutumu ā tika ana ko tērā ingoa Tupuwhenua no koutou Te Tai Tokerau. Nō reira, ka mihi a Tumutumuwhenua ki a Tuputupuwhenua i to koutou taina mai, tēnā koe, tēnā koe te whaea koutou o Ngāti Hine, Tai Tokerau, nau mai haere mai, hoki mai.

Wai hoki ngā kōrero o nehe ki tērā rangatira mātou ko Tupuriri, i tana taenga mai ki Tāmaki a ka noho ia ki te maunga o Maungakiekie, ko tana pa ko Hikurangi, ka mea Hikurangi, ki a Hikurangi. Pai ake tērā Hikurangi. Te whitinga mai o te rā, āe, tika.

1 Nō reira, ka mihi tēnei kanohi o Ngāti Whātua ki a koutou kua tae mai otirā ki a koe  
2 i te purangi ra Tristram, Ngāti Porou, Ngāti Kahungunu tēnā koe. Koutou katoa ngā  
3 rangatira i te me kite te paepae kai awaha te tēpu tapu, tēpu mōhio whakatakato o koutou  
4 pekenga o koutou wheako, o koutou mātauranga ki a mōhio ai te hunga nei, ahuatanga i  
5 pangia te ao Māori otirā tātou nei iwi Māori.

6 Nō reira, ka mihi i runga i te ngākau whakaiti kua koutou, kua tae mai ki tēnei  
7 kaupapa, ko te kaupapa Ūhia te Māramatanga, koia nā te ingoa tēnei wāhanga tēnei  
8 Kōmihana, ka hoki ki tērā kōrero anō, nō ngā tupuna. Mate rongo, ka mōhio. Mate mōhio,  
9 ka mārāma. Ma te mārāma ka matau, ma te matau ka ora. Tērā te whaingā te whai i te ora  
10 or tēnei kaupapa. Nō reira, i runga i tēnā, rātou ki a rātou, tātou ... a tātou, tēnā koutou, tēnā  
11 koutou, tēnā tātou katoa.

12 (What is the wind that is blowing. He is reciting a very famous waiata from Ngāti  
13 Whātua. I extend my greetings to our Father in heaven. And I send out my words of  
14 acknowledgment to our King Tuheitia of the Kingitanga. So to our ariki whānau from the  
15 Kingitanga I greet them, paimārire. We remember those who have passed on. We still  
16 grieve for them and our land is filled with our tears for those who have passed on. Matua  
17 Joe was one of those, our esteemed elders who have passed on and we think of his whānau  
18 who are wearing the cloak of grief. And we carry that upon our shoulders, their grief as  
19 well.

20 And Ricky Houghton is another one who has also passed on. Our heart mourns for  
21 him who has passed on. And I hear that he will be returned to his home in Muriwhenua.  
22 So to you of Ngāti Hine, my heart cries that we have lost this esteemed leader. Chief,  
23 return, return to where you come from, to your beginnings.

24 So here I stand to greet all of you who have come here today. Tupuriri is the  
25 ancestor who stood upon Bastion, Takaparawhau. But Tumutumu is the whare, is the  
26 house. Tuputupuwhenua is the name that's from up north, but he became Tuputupuwhenua  
27 when he arrived here. I acknowledge you here today Ngāti Hine, welcome, come back,  
28 return home.

29 I'm going to speak about Tupuriri when he arrived in Auckland, he stayed at One  
30 Tree Hill and his pā was called Hikurangi, a different Hikurangi from where the sun rises.

31 So here I stand as a representative of Ngāti Whātua to greet you all, you too  
32 Tristram, Ngāti Porou, Ngāti Kahungunu. And I acknowledge all of you esteemed leaders  
33 on the panel, bringing your knowledges, your experiences and your specialties to the table,

1 and your knowledge of what's going on with us the Māori people. So on that I humbly  
2 greet you and acknowledge you.

3 So the name of this commission is Te Māramatanga. From learning comes  
4 understanding and from understanding grows knowledge and from knowledge we're able to  
5 use this to go forward and find the pathway forward. So with this I greet you all here  
6 today). (Waiata Te Aroha).

### 7 KAUPAPA MĀORI PANEL

8 **MR BAKER:** (Te reo Māori - here we are. My first greeting goes out to the place that is now lost  
9 to us. I greet all of you that have come to support the day. My heart goes to my mountain  
10 from home. Hikurangi is the mountain that never moves, but all its people who move  
11 around the country. Here we are upon the Tai of Kahu, Rangitoto and I'm thinking of all of  
12 those who have passed on.

13 We think of that who has passed on, to Ricky who has returned to Muriwhenua to  
14 where he's from. Acknowledging those upon the Kaipara who have passed. The Kaipara  
15 Sea cries and mourns as we do also on the submit of Hikurangi, we cry for those who have  
16 passed on, for those who have gone on to the great distance. Up here on One Tree Hill and  
17 here we have here beside us from Ngāti Hine.

18 I greet you all, I greet you my relation who settled us in here today. And you're  
19 talking about Tupuriri and acknowledge the size of Ngāti Whātua coming down from the  
20 Kaipara. I'm thinking about those whānau from Muriwhenua and Pāroa also coming from  
21 the Waiapu. That's us here today.

22 We as Māori have come here to support this kaupapa today for our whānau, for our  
23 families to do what we can see on the wall behind us, this is what we're here for today. It is  
24 a heavy and a very sad subject matter we're talking about today.

25 So I greet you and acknowledge you all. And I turn to this sister of mine from  
26 Ngāti Hine, tēnā koe, greetings to Moe. So we are here to find the way forward for our  
27 people. Kia ora koutou.

28 Welcome everybody, it's nice to see everyone. As you know, Baker's the flashiest  
29 Māori name on the East Coast, (te reo Māori - kia ora Julia, yours and my ancestor, we  
30 share the same ancestors). Tēnā tātou. We're going to sing a song. (Waiata - my gaze  
31 flies with the rays of the sun, is enlightenment for the world. To all of you here, my  
32 greetings fly. Welcome, welcome and I greet you all).

1 **COMMISSIONER GIBSON:** Tēnā koe Matua Wyllis. Nau mai piki mai haere mai. Welcome  
2 to the last day of the hearing on disability and mental health and Deaf, Ūhia te  
3 Māramatanga moving into the light.

4 Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand. It's about  
5 all of us, it's the responsibility of all of us and it's a promise of two peoples to take the best  
6 possible care of each other. And the Abuse in Care Inquiry, our terms of reference ensure  
7 that all that we do is underpinned by Te Tiriti.

8 Two of three priority population groups that we look at are Māori and disabled  
9 people, so it's fitting today that we finish our Inquiry by focusing on these groups, hearing  
10 from people's lived experience, people with expertise in the area.

11 I'll now hand over to Ronelle who's going to facilitate for the day. Kia ora, good  
12 morning.

13 **MR BAKER:** Good morning, tēnā koe, Commissioner Gibson, tēnā koe Commissioner Steenson.  
14 On behalf of the panel, we would like to extend our warm greetings to you this morning.  
15 Nō reira, tēnā tātou katoa, ka mihi nui atu ki a koutou, ko Ronelle Baker ahau, he uri no  
16 Ngāti Porou me Ngāpuhi tonu. No reira, tēnā koutou katoa. (I extend my warm greetings  
17 to you all. I'm a descendant of Ngāti Porou and Waikato-Tainui and Ngāpuhi. With this  
18 I greet you all).

19 It's my honour and privilege today to be the facilitator for our Māori panel and as  
20 Commissioner Gibson has stated, this is the final day of the hearing for Ūhia te  
21 Māramatanga, the disability, Deaf and mental health institutional care hearing.

22 Today we are joined by a Māori panel and in the room here I have my whanaunga  
23 (my relation), Gary Williams, we have Moe Milne, Ron Baker, Karen Pointon, and we're  
24 joined online by Dr Tristram Ingham. Kia ora Tristram, thank you for joining us virtually  
25 today.

26 I'm going to do my best to manage a smooth transition. This is obviously a kaupapa  
27 where we could spend much more than three hours discussing in-depth.

28 So I'd just like to open this forum by acknowledging the survivors who have already  
29 shared their stories throughout the hearing. This is not an easy process to take part in, we  
30 know there are many barriers to participation, and we are just a handful of people here  
31 today taking part in the Māori panel, and we know there are many voices missing from this  
32 process. So we have an important role to play, but we want to acknowledge our whānau  
33 who have already participated and those who cannot be here today.

1 To the panel, ngā mihi ki a koutou. I'd like to begin now by talking about the past.  
2 So in Te Ao Māori (the Māori world) we know that we look to the past to inform the future,  
3 so it is fitting that we begin with Te Ao Tawhito (the old world), the days gone by.

4 We know that disability is not a Māori concept, and that, precolonisation, the ways  
5 that whānau lived and worked together as a whakapapa-based collective were very different  
6 to the experiences of our whānau who were placed into State and faith-based care for a  
7 perceived medical or psychological or disability related reason.

8 So I'd like to begin the session first by coming to our pakeke (elders) and ask both  
9 Moe and Ron to share their perspectives from a Te Ao Māori world view around how  
10 whānau were viewed in Te Ao Tawhito. And I'd like you to draw on your experience of te  
11 reo me ona tikanga. Nō reira, I'll hand over to you Moe in the first instance.

12 **MS MILNE:** Kia ora mai anō tātou. Ka mihi ki a kourua Julia me Paul ngā Kaikōmihana mō te  
13 hui i tēnei rā. He tino mea nui tēnei kia noho mai mātou ki mua i a koutou kia rongō ai e  
14 koutou te ia o te reo Māori me te ia o te mauri o te wairua Māori.

15 (Hi everyone. I meet you both Julia and Paul, our Commissioners, for today's hui.  
16 This is really important that we can sit here before you so you may hear the flow of the  
17 Māori language and also feel our perspective).

18 I just want to say just a little bit of history. I'm actually one of the Waitangi  
19 claimants for the rights of people of Māori with a disability to have a Māori life, just a little  
20 bit of background to that, and we're talking from our Māori point of view, it's actually  
21 really --curious for me to try and understand how people who don't have this experience  
22 can understand the story.

23 My tūpuna (ancestor) was Whe. Whe was the extremely strategic planner and  
24 thinker of Ngāti Hine and lots of our areas within where I live, including my house, are  
25 named for the exploits and the stories of Whe. Whe was the son of Hineamaru. Whe was  
26 the son of Hineamaru and he is depicted in the carvings as having been born from her  
27 armpit.

28 And our stories actually tell us that that's the first recording of caesarean birth  
29 within Ngāti Hine and in fact within Ngāpuhi nui tonu. Whe was born from caesarean  
30 section because he was so crippled that he was unable to walk and he was unable to, you  
31 know, have the life that other children had.

32 And so Hineamaru gifted him to the environment and the birds fed him and  
33 kaumatua took care of him, and Whe grew up to be the leader of Ngāti Hine; without

1 question nobody said he's a person with a disability, nobody said he's a person who can't  
2 walk to the next marae or to the next hui.

3 And there are many areas, and so I'll just tell you a little bit of the name of my house  
4 where I live, and we tell the stories so the stories are never got forgotten about our people.  
5 So my house, where I live is called Te Moemoeā. Te Moemoeā means the dream. The hill  
6 at the back of my house is the place where Whe sat to dream about the future for his people.  
7 And with that, once the dreaming had happened -- so my house is Te Moemoeā, so that my  
8 children and all the generations after will never forget that we came from this tūpuna.

9 Where our whānau land is is called Takenui. Takenui means the big business and  
10 we really are people of big business. So it was where --Whe brought all his advisors, all the  
11 people like Gary and all these advisors everywhere to give good information about how to  
12 start implementing the dream. And so that place is called Takenui and that's our bigger  
13 whānau place.

14 To remember all of this, our home is called Te Moemoeā, we have named a  
15 mokopuna Te Moemoeā so that he will name his children, or one of his children Te  
16 Moemoeā, so that we never forget and what we never forget. And we talk about, we don't  
17 actually run around and think whether we're PC or not, we say our tūpuna Whe was a  
18 kopakopa, his legs were so crippled that he couldn't walk and couldn't stretch them out. He  
19 was a kopakopa. One of our whānau name is Kopa.

20 And so it's not oh we shouldn't say that, or whatever, we actually proudly claim our  
21 tūpuna, and that's an example of a little bit -- and that's part of my claim to the Waitangi  
22 Tribunal, is about our right to have these experience and to come from this ancestry and to  
23 come from this. And if you come to Ngāti Hine, as our whanaunga here knows, we have  
24 people --we haven't yet learned how to be discriminatory about our people who have all the  
25 various different types of disabilities so ko tērā, tērā (that's that).

26 Both Ron and I -- Ron can talk more about the mental health stuff -- have been for  
27 many, many years working in mental health, in Māori mental health, in Māori Health, in  
28 actually trying to reinstate our right to actually have mana (authority and status) on our  
29 whenua.

30 And so what does that mean? It means actually recognising that we know what the  
31 solutions to the problems that have been caused by colonisation, by Christianising us, by all  
32 these other influences that have tried to shape us to look like not like us. Some of that's  
33 been successful because I certainly don't look like the picture of what people think when



1 they think about a Māori person, and that's okay. But we're changing. You should see my  
2 mokopuna (grandchildren), they're going to be able to influence a whole lot of things.

3 And so our stories, and we talk about our amount of time in mental health and the  
4 reclaiming of ourselves. And I'll just tell one story here, - I'm a storyteller by the way,  
5 I used to be a teacher as well, and I have 16 mokopuna, and I live in Matawaia- -- one of  
6 our stories, I do tell - the person at the moment who is chairing the -Nōku te ao (mine is the  
7 world), which is the Māori mental health consumer led movement; when we first came into  
8 a relationship, her greatest desire was to do a karanga, and she had never been brought up  
9 with te reo- Māori or Te Ao Māori. So we did some training, wrote it down, and then didn't  
10 get the confidence. And her first karanga was with her paper like that saying haere mai and  
11 that. This person is now the main kaikaranga at Waitangi Marae. And I honour her --Tui,  
12 this is --and I honour her work that she's done, by reclaiming being Māori she has actually  
13 now found her space of oranga (well-being) as well. so, ki a koe mō to mental health (up to  
14 you now to talk about mental health).

15 **MR BAKER:** Kia ora Moe, e mihi ana tēnei ki a koutou hoki nei o te tēpu, tēnā koutou. (I greet  
16 you all at the table over there). Moe and I have been nurses for over 40 years, I think  
17 you're longer than me eh?

18 **MS MILNE:** Yeah.

19 **MR BAKER:** 41; in this hauora (health) space. Kia ora Moe, they're wonderful stories of our  
20 tūpuna. One of the stories I used to tell Ronelle was about her tūpuna who came on from  
21 Tainui, tōna whaea nō tērā taha hoki nei o te waka Tainui (her mother is from Tainui), and  
22 it's about Karangahape. Hape was supposed to come on the waka Tainui but there was no  
23 room for him. Hape went to the whare wananga. Pai hoki ana te whakamārama ki ngā  
24 kaupapa mō Tangaroa. He knew all of the whakapapa and the kaupapa that belonged to  
25 Tangaroa (and the understandings and knowledge of Tangaroa, the sea). Hape came to  
26 Aotearoa, and he arrived here before Tainui, and he came on the whai, on the stingray, and  
27 he landed up around over here. And when Tainui came down the Tāmaki River and went  
28 across into the Manukau, Hape was standing on the hill back at the top of Hillsborough,  
29 karanga ake ki tona whānau e rere haere ki runga te waka i kī rā Karanga-a-Hape. (He  
30 called out to his relations coming in on the waka. The call of Hape).

31 Hape means to have a club foot, different foot. So he was a disabled person, if you  
32 want to put it in another way. It's part of the reasoning he was not excluded from going to  
33 learn the whare wananga or all the other things, but he got excluded because they taught  
34 something of him coming in the waka, but karanga-a-hape. Ka mau tonu hoki ēnā kōrero

1 kei runga te wāhi nei (those stories are entrenched in this place), which was tied closely to  
2 the waka Tainui. And I used to tell this story to Ronelle because that's part of her  
3 Tainuitanga (part of her Tainui connections).

4 And it's not about, it's been part of, we never excluded anybody. We thought they  
5 would have something which is different to the normal person. And in fact, part of what  
6 Moe's talking about, ngā waewae kopakopa (crippled legs).

7 If you look at tiki, that's the one reason I wore this, this manaia, if you look at the  
8 hei tiki, a tiki looks with a pēnā kē rā. Tiki was a taonga, and we used to prize that not for,  
9 not for not for the āhua o te tinana but he mea kei roto (not because of what it looked like  
10 but because of what it represented, what was inside). Often, they developed another  
11 taonga, another asset which was the taha wairua (spiritual side), the ability to be able to live  
12 and to contact Te Ao, the taiao (the environment) and be in touch with those with us and  
13 give some direction to the people. So it was a valued, it was a valued place, we placed our  
14 tūpuna; not one where we cast them aside, we added value to everybody who was born into  
15 the whānau.

16 And they often were the directors of care and directions of what the iwi, what the  
17 whānau was going to do. So we have a history which goes back thousands of years of us  
18 including our whānau in all things.

19 **MS MILNE:** I just want to comment, you see how it's difficult for us to talk about people who are  
20 different, or people who have a disability. We learn to do that in our professional life.  
21 That's what the systems actually do to us. But in our lives, in our real lives we actually  
22 don't talk about that.-- I think about the hunga turi who's part of our whānau as well, hunga  
23 kapo (those who are deaf and those who are blind) who's part of our whānau, but it's not  
24 until somebody asks us to do stuff like this that you then identify them as Turi, they  
25 actually stop being our whanaunga. And when I met my whanaunga here this morning the  
26 first thing is, how do we connect, not how do we be different, is how do we connect, so  
27 how do we have a relationship.

28 Sorry about that, but I have to add this other little story, yes, it's my Ao Māori point  
29 of view. So I just want to, --but we also know our Pākehā whakapapa (European links).  
30 And one of my Pākehā tūpuna, and we know how to do our whakapapa Pākehā, it's similar  
31 to our Māori whakapapa. But one of our Pākehā tūpuna was Constable Maxwell Walker  
32 who was sent to quell the uprising on Karangahape Road. Our history as well, we say that  
33 really sort of quietly.

1 **MR BAKER:** Tēnā kōrua (acknowledge you both). On that note, before we start sharing stories  
2 of Karangahape Road, we shall move to Gary. So I think a couple of points that I'm  
3 hearing coming through from your kōrero, in particular I like the word "value". So I think  
4 if we think about the timing of colonisation and the idea that people perhaps were not  
5 productive or contributing members of whānau or society, there's this concept of value  
6 that's coming through for me, but also in terms of whānau and whanaungatanga, that core  
7 value of what actually is important. And when we start labelling people and looking for  
8 difference, we are missing the point really.

9 So Gary, I'd like to come to you now and hear your view on this. What do you  
10 think your experience would have been if you were born in pre-colonial times and is there  
11 any whakaaro (thoughts) you'd like to share on this matter?

12 **MR WILLIAMS:** Tēnā koutou. (Gary's saying his mihi). Ngāti Porou is his iwi. I just want to  
13 give some context about why me sitting here today. So I grew up in Tokomaru Bay, I was  
14 fortunate to know people like (inaudible). We used to go to watch kapa haka, we used to  
15 spend lots of time at the marae. I was obviously part of the community there. But they  
16 knew that I was never going to be the halfback of the local rugby team, although I did have  
17 an opinion about everything that the halfback ought to do.

18 So my role was always going to be the seeker and the planner and making sure that  
19 stuff got done my way, because my way was always going to be the best way. You can  
20 imagine that my world changed when I was 13, when I was put in care through no fault of  
21 my own and no fault of my whānau, but it was the system's response to what the system  
22 needed to do to let the system validate its existence.

23 So going back to your question, Ronelle, if I had had been born precolonial times,  
24 my life would have been different. I wouldn't have been seen as different, I may have been  
25 seen as special, because that's how my ancestors would have treated me. But I was never  
26 going to be seen as different, I was never going to be sent away for 20 odd years to live in a  
27 system to help the system be the system. It would have been so much different for me and  
28 my children and my grandchildren.

29 **MS BAKER:** Tena koe Gary. I think we will expand on the system-wide issues later on when we  
30 start looking at future focus. But in terms of that interdependency that's set up, the system  
31 validating its own existence through the way it treats us is different and, you know, that's a  
32 really key point that we'll just hold that, bring that through to the kōrero later in the session.

33 And I'm how going to invite Karen to talk about tāngata Turi within their own  
34 whānau, hapū and iwi. And Karen, what do you think is important for the Royal

1 Commission to understand about the role of Turi whānau and how that changed with  
2 institutionalisation; so for example, when children were sent away to boarding school?

3 **MS POINTON:** If I could just ask that I'd like to start with my pepeha today and then answer  
4 your question if that's okay, Ronelle. First, I'd like to acknowledge the other panel  
5 members and I'm so blessed to have you involved today. I'll start with my pepeha.

6 Ko Karen Pointon (nee Nathan) tēnei (this is Karen Pointon (Nathan), ko  
7 Ngatokimatawahaorua te waka (canoe), ko Ruapekapeka te maunga (mountain), ko  
8 Waiomio te awa (Waiomio is the river), ko Taumarere to moana, ko Mohinui ko  
9 Maungarongo ngā marae (are the village), ko Ngāpuhi te iwi, ko Ngāti Hine, Te Uriroroi,  
10 Te Mahurehure ngā hapū. Kia ora everyone.

11 Now going back, Ronelle, to your initial question, sorry, could you repeat the  
12 question again for me?

13 **MS BAKER:** Kia ora Karen. So thinking about the role of Turi whānau, how do you think that  
14 changed when children were sort of sent away to boarding school, for example? Do you  
15 think that the way that whānau were viewed in the old days compared to later on when  
16 institutions were becoming more commonplace, how did things change?

17 **MS POINTON:** I think there were huge changes and massive impact for tāngata Turi. And I  
18 think the reason for that is that iwi, hapū, whānau, really they didn't understand the needs  
19 for those Deaf children, when they were institutionalised. They were institutionalised in  
20 the Deaf School. And it didn't mean that whānau didn't know how to support them, it was  
21 just the best option that they were told at the time to be institutionalised and sent to school.

22 Prior to that, so there were no Māori at school to help them in those institutions. I'll  
23 explain more about that in one of your further questions.

24 **MS BAKER:** Kia ora Karen, thank you. I'm now going to invite Tristram, thank you Tristram for  
25 waiting patiently online. Tristram, leaders in the disability sector will have the opportunity  
26 to reflect on the experiences that have been shared by our whānau members throughout this  
27 hearing. In your view, what did Te Tiriti o Waitangi guarantee Māori in respect of care and  
28 treatment and to what extent do you think the Crown has met its obligations under Te Tiriti  
29 during the period 1950 to 1999, kei a koe (over to you).

30 **DR INGHAM:** Tēnā koe Rona. Tuatahi, te mihi mahuta ki te pae tupakirirangaranga.

31 Rangaranga ki te po, rangaranga ki te ao, rangaranga ki te tuakiri it tona tapu ki tona ihi,  
32 ki tona wehi, ki te whai ao, ki te ao mārama, tihei mauriora. Tena koutou katoa. Tuatahi,  
33 tēnei te mihi ki a kōrua. (First, I send my greetings that weaved us to the night and the

1 sacredness of us, may we rise above and come into the world of light. First I greet you  
2 both, the two Commissioners).

3 To both the Commissioners and to the Commission staff. Thank you to the karanga  
4 and kaikōrero for today's powhiri (our speaker for today's welcome, I acknowledge you),  
5 and thank you to those who are in attendance and to those who gave evidence as part of this  
6 hearing and to fellow panelists, kia ora.

7 Ko wai au? Ko Tākitimu te waka, ko Ngaruroro te awa, Ko Ngāti Kahungunu ki  
8 Heretaunga, Ngāti Porou ōku iwi. Ko Tristram Ingham ahau, nō reira, tēnā koutou katoa.  
9 (Who am I? Takitimu is my waka, Ngaruroro my river, Ngāti Kahungunu and Heretaunga  
10 and Ngāti Porou are my tribes, and I am Tristram, that is my name, and I greet you all).

11 Thank you very much for the opportunity to be here today and to share in this panel  
12 with you. I think the question is very important, what does Te Tiriti o Waitangi guarantee  
13 Māori in respect of care and treatment?

14 I think it's very clear that Te Tiriti o Waitangi guarantees existing tāngata whenua  
15 right to the well-being for all tāngata whaikaha Māori under all articles of the Treaty, Te  
16 Ritenga declaration and the intent of Te Tiriti o Waitangi.

17 Just for clarity, I use the term, or use the term "tāngata whaikaha Māori" today to  
18 represent an umbrella term for those Māori who, under a western colonial definition, might  
19 describe themselves as disabled, Deaf or experiencing mental health distress, but  
20 acknowledge also that this is not an historic term, nor is there a universal umbrella term for  
21 disability, because disability is not of Te Ao Māori in that sense, and I acknowledge the  
22 kōrero of the other panelists in addressing that.

23 So equally acceptable terms such as whānau hauā and impairment related terms may  
24 also be applied here as well. But I use the term "tāngata whaikaha Māori" to reflect the  
25 term of aspiration, future focus, and a sense of the fundamental tuakiri (identity), the inner  
26 strength, the qualities and purposes of the individuals and their whānau in striving for  
27 positive health and wellbeing pae ora (health standards) outcome. So I use that term  
28 deliberately.

29 The first article of the Treaty gives Māori and tāngata whaikaha Māori the right to  
30 tino rangatiratanga and mana motuhake, not only in a broad State-wide scale, but also self-  
31 determination over their own health and wellbeing. And that is a critical element. We have  
32 not had that right, that right has been removed from us in many cases.

33 The second article talks about effectively the right to self--organise and have  
34 authority over self--management, and that includes the right to authority-- over the

1 development, design, delivery, monitoring and evaluation of health, disability, social  
2 well-being services. Again, that right has been denied.

3 The third article refers to equity, equity with British subjects. And equity is  
4 something --equity in health and wellbeing, in disability outcomes, again, has not been  
5 achieved. And the Ritenga declaration, I guess this links to a point that whaea- Moe Milne  
6 has raised, also includes the right for tāngata whaikaha Māori to have their own faith, their  
7 own ways of doing things, the kaupapa Māori ways, the ways to self-identify, -self-  
8 organise- and to be Māori. And much of the State's actions in this space have removed that  
9 ability to identify and to be, to live Māori.

10 So I think evidence from this hearing, and in particular a lot of background evidence  
11 presented to the Waitangi Tribunal in the disability phase of the Wai 2575 health services  
12 and outcomes kaupapa inquiry, have demonstrated that the Crown has not met its obligations  
13 to tāngata whaikaha Māori.

14 This has not been a one-off or isolated incident. This has been a pervasive,  
15 long-standing, highly systematised, highly controlled approach over many decades,  
16 generations. And those approaches have specifically included the segregation and removal  
17 of tāngata whaikaha Māori from their whānau, assimilation of Māori through suppression  
18 of cultural practises, and attempts to systematically eliminate people who the Crown  
19 considered undesirables on the basis of policies underpinned by the eugenic ideologies.

20 And I don't say that lightly. Evidence has shown that these same government  
21 policies resulting in institutionalisation caused immeasurable damage, those lost from their  
22 whānau, those abused within Government owned and funded institutions. The Crown's  
23 approach overall to disability has been reductionist and ableist. It has often employed the  
24 same strategies of segregation, suppression and paternalism that characterise the Crown's  
25 approach and actions towards Māori in general.

26 However, as we may address later, tāngata whaikaha Māori have been further  
27 impacted due to the intersectionality of disability with colonisation, coloniality and racism.  
28 I think there has been abuse at multiple levels. The system has been abusive in not only its  
29 intent but its implementation, but it has in its implementation created an environment where  
30 power imbalance is the norm, and those situations are rife for abuse to occur at an  
31 interpersonal level as well. Kia ora.

32 **MS BAKER:** Tēnā koe Tristram, whakaae ki tērā (do we agree with that)?

33 **MS MILNE:** Āe.

1 **MS BAKER:** Āe, so you got a unanimous tautoko (unanimous support) here from your fellow  
2 panellists, Tristram, tēnā koe.

3 Gary, can I draw on your personal experience. In terms of what you talked about in  
4 your opening statement, you know, being separated from your whānau for 20 years of your  
5 life, tell us about what the impact was for you personally of being separated from your  
6 whānau, your whenua and culture. Did you ever have any involvement in the decision  
7 making around what was happening to you?

8 **MR WILLIAMS:** Thank you. I found it quite difficult because that's an easy no, because of  
9 (inaudible) that your whānau know what's best for you in those kinds of things. So, they  
10 were encouraged and influenced, they probably regret today because I got isolated, I was  
11 shifted. Matt Whiting was talking about Pukeora yesterday. I was there at the same time as  
12 him. So, you know, my parents visited me once, because it was a 400K drive, it was such a  
13 long way away.

14 When I went into that institution I lost language skills, I had to learn to be Pākehā  
15 because that was the only way the system would acknowledge my existence. I had to  
16 assume the label of somebody with cerebral palsy because apparently that's how they like  
17 to refer to people like me. I am an academic, I like nerdy stuff. I could have been a brain  
18 surgeon (inaudible) but, you know, I was not given the tools to succeed outside of an  
19 institution because the people who were in charge probably (inaudible) worked to their  
20 highest capacities, and for someone like me the highest capacity was not going to do it for  
21 them.

22 So, I lost the learnings that I could have continued because of all this separatist,  
23 racist stuff that goes on within a system that requires people to present in a particular way,  
24 because the system likes conformity and I'm not sure that I can do conformity.

25 Most people think that I can't do conformity but it really, it really sets me off.  
26 I didn't intend to (inaudible). Fortunately, the detour that I took has led me here. So, in my  
27 working life I've been influential and stuff like the disability convention, the disability  
28 strategy. We talk about EGL. If you have a good look at that document, you can see that  
29 they've got my fingerprints all over them.

30 And (inaudible) my teacher, I want to be I-- want to create a foundation that we can  
31 build on with this Commission. I'm hopeful that the recommendations will build on the  
32 foundations I've got, so it's naive to think it's going to solve everything, but there's going to  
33 be some useful tools in the toolkit that other people can use.

1 **MS BAKER:** Kia ora Gary, thank you. I have had a reminder to slow down. I think it's probably  
2 a reminder for me and I apologise to the interpreters that I have been speaking a bit too  
3 quickly, so I shall slow down.

4 And I will now come to Karen again. So, Karen, to what extent was Māori culture  
5 or knowledge included in Deaf Education during the timeframe we're looking at, which is  
6 1950 to 1999?

7 **MS POINTON:** It's a really good question, Ronelle. So, 1950 to roughly, let's say, 1990s there  
8 was nothing, nothing at all. There was nothing in the school curriculum, there was nothing  
9 taught about Māori culture, Te Ao Māori, te reo, nothing. But from 1992 we had a Māori  
10 hearing worker at the Deaf School, and if you can imagine how amazing for Māori Deaf  
11 and Pacific Island students, they were just absolutely engaged having a Māori teacher. And  
12 getting involved with that teacher, that had a huge impact on and-- the culture changed.

13 From 1992 onwards to 2017, things really sort of decreased in that area. And that  
14 impact now is, you know, we really need to employ more Māori staff, so that they can  
15 create that connection with the Māori Deaf students. And with their whānau and their iwi  
16 and their hapū so that everyone can be more included. So, with Māori teachers to support  
17 that connection.

18 There is one Māori staff currently. It is not enough. I really believe that the  
19 Government needs to commit to that, that they need to commit to employing more Māori  
20 staff, so that they can introduce and influence Te Ao Māori, te reo, and Māori in general to  
21 create that partnership. That is the goal, that is essential. But from now, from historically,  
22 there just has not been enough.

23 **MS BAKER:** Kia ora, thank you Karen. I guess just following on from that question, what do  
24 you think the impact is if our children who are being educated in Deaf schools, for  
25 example, if they don't have the connection to their Māori cultural identity or te reo Māori,  
26 what do you think the impact of that is?

27 **MS POINTON:** I really feel for those Māori Deaf students, it's essential for them to have access  
28 to Te Ao Māori in school and it's just not there, so that they then can be involved with their  
29 whānau and their iwi and hapū. And the problem is, there are massive barriers for these  
30 children and that's because there are no trilingual interpreters to help them to access and  
31 absorb their own culture.

32 So Deaf School, you know, there's none there, they have a policy about it, but in  
33 practice, it's just not happening. It's really critical for these students to -be able to immerse



1 themselves and have that benefit to achieve their own goals and to- become more connected  
2 with their Māori culture and their Māori world.

3 **MS BAKER:** Kia ora, thank you. We'll talk a little bit more about your vision for the future of  
4 Deaf Education in our later segment of the hearing. Tēnā koe Karen.

5 I'm now going to come back to Ron and Moe as we talk about the impact of  
6 historical abuse on Māori iwi and hapū. Ron and Moe, both of you have dedicated your  
7 career to improving models of care and to integrating more culturally appropriate  
8 approaches, particularly within Māori mental health services. You've both been involved in  
9 deinstitutionalisation processes and the closure that took place of physical premises and of  
10 the psychiatric and psychopaedic hospitals where a lot of the abuse took place.

11 Moe, I'd like to come to you and ask you in your experience working in these  
12 institutions, what was it like for Māori within these institutions? Do you think racial  
13 discrimination was a factor when the abuse occurred?

14 **MS MILNE:** I just want to make a comment, I really want to make a comment first. The status  
15 that we're in as Māori right now right now is not our fault. I really want to make that point,  
16 because often when we come to these hearings there's actually an assumption and- kia ora-,  
17 Tristram, for that analysis, -there's really an assumption that we've got to actually fix- this  
18 up.

19 And I'm really, really quite convinced that racism is actually a problem that wasn't  
20 created by Māori. And therefore when we're having these conversations and because we  
21 can tell you, we can tell you all the stories that we did behind closed doors and after hours  
22 where, because we were so aroha for our people in these institutions as workers now, as  
23 mental health workers, as people who are working in this whole area of disability, we  
24 probably would have got the sack if people knew what we were doing as Māori kaimahi  
25 (Māori workers) to honour the mana or the whakapapa that people came into our care with.  
26 Because we are the people who know about people being locked up forever, you know, and  
27 we'd wait until everybody's gone and then we'll go and open the door and give them a cup  
28 of tea, type of thing, because we couldn't. We were the ones who took after everybody had  
29 gone the big pots of kai in so that we could have boil up with the "mad" people, or with all  
30 those patients who nobody knew where they belonged.

31 We can kind of do that, but the thing that's actually really worrying for me when we  
32 start engaging in these kind of things, --I did a presentation in Sydney one year in the  
33 mental health conference, and my question was, why don't they get it? The issue has  
34 always been almost like our burden, and my question is, why don't they get it? What do we

1 need to do? Because those people who were in those institutions, they were  
2 deinstitutionalised, they were actually literally sent out on the street and left.

3 I live up north, well, I lived -went back up north, I worked in Carrington for a while;  
4 when they deinstitutionalised Carrington,- they sent all these people home, all these people  
5 back to their whānau. And guess what? Whānau didn't know who those people were.  
6 Those people did not know who their whānau were, because they were plucked out of their  
7 whānau, put into these institutions for crimes such as wanting to go and get a job in  
8 Wellington, type of thing, and they were deemed to be mentally unstable, vagrancy, all  
9 those sorts of old-fashioned terms were being put on people.

10 The other thing that constant -- and we're still involved right now, in the way in  
11 which people are diagnosed and incarcerated; because the system incarcerated, all the ways  
12 in which the assessments are done don't take account of ngā mea Māori (Māori ways). So,  
13 they come into our gambit and we, as the Māori workers, then spent an awful lot of time  
14 trying to almost apologise for the system, and I'm just thinking about what you were saying  
15 Gary, getting lost, -we're almost like apologising or doing, you know, if nothing else fails,  
16 me aroha, aroha ki te -tāngata (always show love and care). The only tool in the end that  
17 we had in our toolbox was aroha, because everybody else had the power, everybody else  
18 had the power of the pen and everybody else made the decisions about what happened to  
19 those people.

20 You know, I'll say it even though I don't know if I'm supposed to or not, that  
21 apology that came from our college last week, you know, to the people out of Lake Alice,  
22 you know, we actually looked after those people, and we said this is not right. But we also  
23 were powerless in the situation to actually make the changes, but we didn't give up. And  
24 one of the things that we have to actually really celebrate is that we didn't, even though you  
25 were lost for 20 years, Gary, you're still here, and we're still tumeke (you're still amazing).

26 And I don't even think it's resilience, but it's actually a passionate hope for the future  
27 that what we do is actually going to have some benefit for our mokopuna, actually our  
28 mokopunas' mokopuna. That's our planning, that's the way we're thinking. I'm an uri of  
29 Kawiti. Kawiti was deemed to be a rebel, Kawiti signed the Treaty of Waitangi. So our  
30 whānau and our hapū are responsible for keeping the conversations about Te Tiriti o  
31 Waitangi alive because that's our great, great, great grandfather type of thing.

32 And he actually said you need to keep continuously planning for five generations  
33 hence. And today, we're contributing to hopefully conscientising the powers of, whether  
34 it's government or legislation or policy or whatever, we're hopefully conscientising that that

1           there needs to be a change, that Māori as tāngata whenua have actually been given a raw  
2           deal and that we do have places to play and a role to play in all our own oranga  
3           (well-being) and it took us, -everybody said what a great idea, deinstitutionalisation. Then  
4           we had people who really, -really we- had people in Auckland down Queen Street, and then  
5           everybody was frightened of them because they're all mad people, all those mental health  
6           people have been let out. And so- we were going to pick them up, get blankets, all those  
7           sorts of things.

8                        So, deinstitutionalisation, what a great idea, get everybody out of the looney bins;  
9           where to? Because they weren't given back properly to their whānau and whānau didn't  
10          know they were there. And we've had to also be guilty of letting whānau know, because we  
11          also do know of people who were taken into care and their whānau didn't know what  
12          happened to them. They went and they'd disappear for 20 years without the whānau  
13          knowing where they'd been taken to. Deinstitutionalisation really brought those kind of  
14          traumas up. Yeah, that's a whole issue on its own.

15       **MR BAKER:** Kia ora Moe. I just wonder, I've got a question for you, Karen. In 1992 I was part  
16          of -- the Kelston Deaf School went on pōwhiri at Hoani Waititi. Were you part of that?

17       **MS POINTON:** No, I wasn't there at the time, I think Carol was there.

18       **MR BAKER:** It's one of the things which sticks in my mind, that we went on - they came and got  
19          me because I was the speaker for the school. And what sticks in my mind is the waiata  
20          tautoko, when we sang Wairua Tapu. The only personal singing was me; the rest was done  
21          a ringa-. And it's one of the most stunning things that sticks in my mind about how we  
22          involve our people with ourselves. It's not something, --it's an inclusive thing, it's not  
23          something that, --they were part of our whānau so we were just saying hello, we were  
24          coming together as part of that time. So kia ora rā.

25       **MS POINTON:** Kia ora.

26       **MR BAKER:** And I go back to that often when I'm talking about those sorts of things, because I  
27          can tell you lots of different stories too. But I want to make three comments.

28                        One, the first one is about the law. From 1950 to 1972 anybody could be admitted  
29          into a psychiatric or psychopaedic hospital, and you stayed there, and the law said "at the  
30          pleasure of the medical superintendent"; not if you got well, not if you got cured, but at the  
31          pleasure of the medical superintendent.

32                        And I'll tell you how many people got discharged from those places; none. And like  
33          Moe was saying, they just gathered all these people up from Māori villages on the Kaipara,

1           around Auckland, all these rural places, even back home and they took them all into places  
2           such as Kingseat up here and Mangere Hospital.

3   **MS MILNE:** That's right, tautoko.

4   **MR BAKER:** All those places down -what's that one, that- Kimbolton or something, they had a  
5           big one down the middle --

6   **MR WILLIAMS:** Alice --

7   **MS MILNE:** Alice Springs.

8   **MR BAKER:** Yeah, Alice Springs and all those places in the South Island.

9   **MS MILNE:** Lake Alice, sorry, Lake Alice

10   **MR BAKER:** And they just admitted them, and once you got in, you were at the pleasure, --the  
11           medical superintendent was bigger than God. At least God would help you get well. And  
12           things changed when we had those big strikes in 1972 and they changed the law.

13   **MS MILNE:** Also, when they changed the law, just let me tell you, and this was all this big thing  
14           about --that was the 70s, and then in the early 80s they did all this economic development.  
15           And you know what happened at that time, we were then-- had this massive like 180%  
16           increase in Māori incarcerated and mental health institution, well, can't call them mental  
17           health institution because they weren't around health, they were about illness. And there  
18           was a big increase up to 93. And then there was another big increase in the early 2000,  
19           2004 area.

20   **MR BAKER:** Yeah.

21   **MS MILNE:** Yeah, and you know, I don't know if this is in the Commission remit, but the way in  
22           which policies and decisions are made are not actually considered what the impact on  
23           Māori with mental illness actually is.

24   **MR BAKER:** Yeah, my other point is this. In 1990 I became the manager for the kaupapa Māori  
25           health services in Auckland. One of the major reasons for deinstitutionalisation was  
26           money. Carrington Hospital, for every dollar that went into Carrington Hospital 65 cents  
27           went to the bricks and mortar, went into the building, which only left 35 cents going into  
28           care. And there was no likelihood that it was going to increase or decrease. So it became a  
29           big millstone around the DHB's neck.

30           The easiest thing to do to remove their \$60,000 or \$70,000 deficit in 1990 was to  
31           sell the property. And that's what they did, they sold it to --Unitech.

32   **MS MILNE:** Looneytech (laughter).

33   **MR BAKER:** To Looneytech, which by real means, the 500 acres should have gone back to Ngāti  
34           Whātua because it had changed the things. At that time Ngāti Whātua, the rūnanga said

1 they would include it in the general application or under the Waitangi Tribunal for the  
2 whole of Auckland, but it never happened, but that's another story.

3 So they closed Oakley and Carrington Hospital. They had 30 people left out of the  
4 closure, like Moe was saying, our people were all sent back either to other places around  
5 the country, or were sent home, or to boarding places or other places around the whole  
6 country. They were left with 30 people for which they put into one ward, closed the door,  
7 and walked away and left them there.

8 Of those 30 people, 23 of them were Māori, the others were all Pacific Island  
9 descent. The staff refused to look after them. So the medical superintendent of the DHB,  
10 plus the chief nurse had to go and look after them, Anne Murphy, and what's his name, Les  
11 Honeyman at that time. They were the two people who had to go and develop some care.

12 As part of that we got Whare Paia because they couldn't find ways of looking after  
13 these people who had been incarcerated for so long and had nowhere else to go, so they  
14 developed Whare Paia and from that Titewhai Harawira came down --they came back to us  
15 as a people, for example, because they had nowhere else to go. And under the union rules,  
16 no other nursing or medical care was going to be delivered to them. They had full-time  
17 care at that time, they just closed the door and left them there.

18 For my sins, I was the last manager of Whare Paia and we closed that as part of the  
19 vacant possession to Looneytech, of that whole site. And we developed a service as part of  
20 that, I'll talk a bit more about that as well. But that also sticks in my mind about how the  
21 system eventually deals with us, that it looks after us, incarcerates us and then --

22 **MS MILNE:** Can I make a little comment on that as well. So when Whare Paia, --Whare Paia  
23 was a necessary part of Māori mental health development. But when it was closed  
24 down -- and this is where you get all the anomalies eh -- it was deemed, because it was too  
25 violent, or things that were not right happened at Whare Paia and they were deemed to be  
26 violent.

27 Nobody looks at the other system and the violence that's deemed or delivered on our  
28 people in institutions or in services. But Whare Paia, everybody went it can't be right, this  
29 is a Māori institution and they're violent, therefore we've got to close it down, you know,  
30 and they don't close down other institutions who have violated our people for a long time.

31 **MR BAKER:** Yeah, and my third point is this: One of the young fullas they had that came to  
32 Whare Paia came from the closure of Kingseat. This young fulla, they had difficulty, like  
33 Moe was saying, handling him. So they used to get three male nurses and they would hold

1 him against the fence and they would wash him outside with a hose because he became too  
2 difficult for them to handle.

3 When they closed down Kingseat they sent him to Whare Paia. Our way of looking  
4 after him, I thought it was one of the innovative things, and we did it all the time that I was  
5 there too, it took us three years. But whoever happened, --we tied one of those cords for a  
6 gown, you know the dressing gown cords, we tied it around his waist; and every time he  
7 got agitated or he got out of control, whoever was nearest to him would grab him, take the  
8 cord around his waist and wrap his arm around yours. And we would drag him outside and  
9 there's a hill just outside Whare Paia and we would run him up the hill, whoever was  
10 nearest, they would keep running up the hill until we ran the energy out of him. That's  
11 what we did, we did that for three years.

12 Every time, slowly but surely, he came inside and sat down at the table and was able  
13 to eventually eat with us, talk with us. But that's what we did. You reuse the energy in  
14 another way so that we could talk to him. And I continued the same things when I became  
15 manager there as well. It took us 18 months before [ GRO-C ],- he sat down, and became  
16 a more communicative and vital person of our whānau at Whare Paia and Manawanui as  
17 part of that. But those are things that we did, were about people, were about people. So  
18 that's -- I've got, like Moe, we can talk about those forever.

19 But my last point is this: It's about our reo. It's about our reo. We have inherited  
20 some translated things from history. All of our discussions we had about the reo, about the  
21 land, about the whenua and belonging to it were recorded in longhand by somebody in the  
22 court. We're not lucky enough to have a (indicates stenographer) who can do it  
23 wonderfully now. But they all recorded it by longhand.

24 When we went back sometimes looking for some relationship, or some meaning to  
25 the land and whenua, we could see that sometimes the way they had written it had, instead  
26 of making one word -- sorry, making three words they made it into one. Karangahape is  
27 another example. It should be karanga-a-hape, it's three words. Karangahape tells you  
28 something else, but karanga-a-hape, that's another one.

29 Waitematā is another one, it's five words; te wai o Te Mata, the waters that belong  
30 to Te Mata. He named a lot of places around Auckland. I grew up here, they don't talk  
31 about the things when I was growing up here. For example, -tēnā koe Ngāti  
32 Whātua, --when they were putting that whare together up at Ōrākei, all the Māori in  
33 Auckland went, including my dad and whānau, all our whānau, we all went; we were all

1 part of it. When they put Te Puea together over at Onehunga, we all went. All the Māoris  
2 in Auckland, we all went.

3 So I don't hear them today talking about how they used to talk back then. They  
4 would talk about te wai o Te Mata, and I don't see them doing similar things, but you know,  
5 I do understand things change, but I don't hear the same whakapapa and the same links  
6 sometimes about those places.

7 But I do remember te Wai o Te Mata, five words, it's not one. The waters that  
8 belong to Te Mata. Te Mata named a lot of those places. When he died, ka mate te koroua,  
9 they put him on top of Rangitoto, kei runga tērā wāhi tiaki anō hoki nei te rerenga hoki nei  
10 o tōna moana (guardian of the sea that flows below).

11 So, our language, and consequently we've also become, we-- don't use our language  
12 now to tell us about what's happening. We've defaulted to a medical way of things, and our  
13 language tells us quite clearly about what's going on with us. It's a picture language. Do  
14 I talk about that later or shall I talk about it now?

15 **MS BAKER:** We're coming up to a short break, if you can keep it brief, three minutes.

16 **MR BAKER:** Two minutes; let's talk about the word pōrangī. It should be two words, pō rangī.  
17 And it means the things you do during the day you're doing at night, the things you do at  
18 night you do in the day, so your world is upside down, okay? That's what happens, people  
19 are sleeping during the day and they're busy at night and they're upsetting everybody else,  
20 but your world upside down.

21 Ka huri ake nei to kaupapa ātaahuatanga (inaudible) waenganui i tō rā... So it's pō  
22 rangī, so that's what it means, upside down, --so you're busy. People take that to be mania.  
23 But what our tūpuna did was keep things normal. You still had to go and dig the kai, you  
24 still had to go and rukuhia mō ngā kai... do other things, so doing normal things helped to  
25 keep somebody online.

26 We understood that you can't keep going for 100 miles an hour all the time, so they  
27 kept them involved. And we had this little rongoā (medicine, elixir) - every iwi had rongoā  
28 that they used, okay? And it's important to understand that; important. For example, if you  
29 wanted to use the Kauri, you should come to Ngāpuhi. The Kauri doesn't grow in Ngāti  
30 Porou, the Kauri doesn't grow down in Tūhoe or Waikato, only grows from here north. So  
31 if you want to know a karakia about the Kauri and what it does, you need to come to  
32 Ngāpuhi. Don't come down to us. We'll tell you about Pohutukawa, we'll tell you about  
33 the Puriri, we'll tell you about the Te Ao Moana (to do with the ocean) and other things.  
34 But the Kauri belongs... Te Kauri belongs ki runga i a koutou...

1           So each iwi had a different part of the rongoā which went with it. So you need to  
2 understand some of those things; the karakia, the mihi and whakatau, all those things went  
3 with that. So we would go and see some things and sort sometime to give ourselves some  
4 rest in that period as well. And that's what we did. But people were still involved in life.

5           That's the main -- crucial. We didn't put them on a horse in the middle of Auckland  
6 and take them on a day's ride out to Carrington, chuck them there at the pleasure of the  
7 medical superintendent and then went back again. So we all had these ways of looking  
8 after ourselves, mahi pōrangi.

9           The other one, just one more; and it's the things my mother used to say, she used to  
10 take these little snippets. Tino rorirori anō hoki tēnā. You know just something's out of  
11 kilter with them, rorirori ana ... haere ana kia tīkina te tangata (inaudible) ki te kaukau (go  
12 and take it in the kitchen), bit upset about that, go and get them and put them in the kitchen.  
13 Just little things, how we might deal with situations of life, how things were upsetting  
14 things, but it was again --

15 **MS MILNE:** That balance.

16 **MR BAKER:** -- kept involved eh.

17 **MS MILNE:** Yeah. Before we stop for the break, Ronelle, I really want to just mention, because  
18 psychopaedic nursing was part of what I did, that the area for the disabled, intellectually  
19 disabled children in the day was one of the areas where tino tūkinō (abuse was rampant),  
20 and those kids were put into those institutions and then they got this bit of legislation that  
21 said nobody could actually go and get them or touch them. So at the deinstitutionalisation  
22 stage there were a lot of those kids with intellectual disability that got lost to their whānau,  
23 they just got lost, and that's another big area.

24           And I think that they're going to - I don't know if you guys are talking about it at  
25 some stage later on, but the whole kaupapa of kids with disabilities, intellectual disability,  
26 and even now we still can't get it right. But that was the area where quite a lot of -tūkinō  
27 (abuse) happened because they couldn't talk, they were physically disabled, they're  
28 mentally disabled and they're intellectually disabled. And people don't talk a lot about  
29 them, but I think that's a group, -they made a big institution at Carrington, down by the  
30 forensic services that were supposed to be for 30 adults with intellectual disability who  
31 possibly were violent and- check out the Māori numbers in there even now, and that  
32 institution is now up to about 100.

33 **MR BAKER:** Yeah.



1 **MS MILNE:** So I just want to make sure we don't forget about that group of people as well.

2 Kia ora.

3 **MS BAKER:** Kia ora, tēnā kōrua, thank you. Nō reira, tēnā tātou katoa. We are now going to  
4 move to a short break, we will return to the livestreaming event, I'll call it at 11.30, so we  
5 will take just over 20 minutes, whānau.

6 So if you would like to rejoin us on the livestreaming event at 11.30 am, we will be  
7 reconvening and talking about intersectionality. And we will begin with Tristram talking  
8 about intersectionality, and then at the closing portion of our session, we will be talking  
9 about what the future might look like and how we can build on the whakaaro that has been  
10 shared today. Thank you everyone for your time, we will now adjourn.

11 **COMMISSIONER GIBSON:** Kia ora, thank you Ronelle. And just a message from our Chair,  
12 Commissioner Shaw, who is unwell today; she battled until the end of the day yesterday but  
13 is watching from home at the moment. Kia ora, thank you.

14 **Adjournment from 11.08 am to 11.37 am**

15 **COMMISSIONER GIBSON:** Kia ora, everyone, welcome back. Just a reminder for those who  
16 are not socially distanced to wear masks. And there are some people who are exempt from  
17 wearing masks and some people are vulnerable so keep that in mind.

18 Kia ora, back to you, Ronelle.

19 **MS BAKER:** Tēnā koe, Commissioner Gibson, thank you for reconvening us after our break and  
20 nau mai haere mai ano, welcome back to the people who are joining us on the livestream.  
21 For those of you who don't you know, my name is Ronelle Baker, and I am facilitating the  
22 panel and I am privileged now to start this part of the session off with a conversation about  
23 a concept that we call intersectionality.

24 So, I'd like to first invite you, Tristram, to talk to us a bit more, you talked earlier  
25 about the evidence, about inequities for Māori and we know that evidence shows Māori  
26 have higher rates of disability, are more likely to experience mental distress than  
27 non--Māori. If we consider the factors that may lead to an increased risk of abuse, how  
28 important do you think it is for the Royal Commission to interrogate the intersection  
29 between racism and ableism?

30 **DR INGHAM:** Tēnā koe, Tristram Ingham speaking here again. I guess in answering that pātai,  
31 I guess I would -- I just want to focus on the component of your question, considering  
32 factors that may lead to an increased risk of abuse. To me, I think the evidence that this  
33 hearing has heard and even reinforced today, we need to question a couple of fundamental  
34 aspects.

1           We talk about abuse as though it was an aberration from the norm. We talk about  
2 abuse as though it was an individual or a misuse of a system as it was designed. I put the  
3 hypothesis, actually, that the system as a whole has performed as designed, as intended.  
4 The system itself was set up to be a form of abuse, and it may have been put in the guise of  
5 care as a hospital, as a therapeutic service, but the system itself was the abuse.

6           I think the other thing that we talk about is care. I would put the hypothesis to you,  
7 we've taken an assumption of good intent throughout this Inquiry where  
8 we've -and- through Wai 2575 as well, where we assume the fundamental intent was care  
9 and therapeutics.

10           I think the evidence that you will have heard through this tribunal calls us to require  
11 to refocus that hypothesis, that if the system, its primary purpose was not care but  
12 detention, incarceration, how then would the system have looked, have acted and responded  
13 to the factors that we've seen.

14           And I think we heard kōrero from Ron and Moe earlier in the session about how  
15 there were superintendents who were, I think the quote was, "like Gods" in the sense.  
16 There was often no therapeutic intent being conveyed in these institutions. And you can  
17 tell that by looking at how often therapeutic interventions or even engagements were being  
18 made. Sometimes people only had clinical input on an annual basis. And I guess the  
19 question if you were taking a view of what would be the pastoral care, or habeas corpus  
20 requirements of a detention facility, they would not be too dissimilar.

21           So, I guess that's -the first thing to say is that this whole inquiry needs to focus on  
22 the fact is that there are forms of oppression and there are tools of oppression that the State  
23 has used, continues to use, and it's really important that we identify those as a system,- and  
24 we recognise the roots of that. Abuse will always occur in a system where there are  
25 imbalances of power, both creating those systems, maintaining those systems, and within  
26 those systems.

27           So, I think intersectionality and the concept of that is an important analytical tool  
28 for the Commission to understand the multiplicative impacts that occur as a result of forms  
29 of oppression, not just one form of oppression, but actually multiple. There are oppressions  
30 such as colonialism, imperialism, racism, ableism, patriarchy, classism, xenophobia,  
31 homophobia, transphobia, and religious discrimination, all impacting simultaneously on  
32 this population and there are power bases for each of these that serve to try and protect the  
33 status quo.

1           Now, I guess intersectionality can be shown in multiple ways. One example would  
2 be around data monitoring. There are almost no statistics and certainly no systematic  
3 administrative statistics that collect disability status and ethnicity in a way that allows them  
4 to identify both. There are cross-sectional- surveys of one or other, but -so, Statistics  
5 New Zealand, for example, in their survey Te- Kupenga, it is done five years' offset, that's  
6 the Māori survey, it's done five years' offset from the disability survey, ostensibly under a  
7 cost cutting- measure. That means there is never a simultaneous assessment of the Māori  
8 view and the disability view. That's an example of how intersectional disadvantage can be  
9 baked into a system.

10           When you think about what really impacts pae ora, health and well-being of  
11 whānau, it is a life course event. There are multiple points in the chain at which  
12 disadvantage and where oppression in its multiple forms can occur.

13           Camara Jones, in her research on inequity, speaks about three broad areas in which  
14 inequity can occur within health and disability systems.

15           Firstly, inequity can occur in inequitable access to the determinants of health,  
16 whether that be education, housing, employment, justice. Inequitable access to and through  
17 health and disability care. So getting into the system, having access to preventative care  
18 and care close to home.

19           The third aspect is a differential quality of care received. And that is perpetuated, in  
20 particular, by culturally unsafe models imposed on tāngata whaikaha Māori and Māori  
21 experiences of institutional racism and explicit and implicit racism within services.

22           So I want to say that I presented those three levels there, but they are not linear, they  
23 are not one leads to another. They are cyclical and compounding. So I think that's a really  
24 critical element to consider, that if an institution that has --the role of State care does not  
25 empower whānau, community and individuals to be in any way self-reliant or -self-  
26 sustaining-, it breeds a dependence, and that dependence becomes like a positive feedback  
27 loop that requires further State intervention, further State dependence and therefore a  
28 greater risk of being subject to conformity, as we've heard, with State requirements, and  
29 dependence on actors within the system.

30           There was very little opportunity within institutional care frameworks for people to  
31 be better off at the end of that care experience than they were beforehand. To come out  
32 with skills, vocational opportunities, that have been educated, to have gained experience in  
33 tikanga, te reo, these things were not part of a therapeutic process. These were primarily  
34 facilities of detention and isolation.

1           And I have to say that those institutions, despite previous reports and Royal  
2 Commissions, have not gone. Those institutions are still there today, very much in power.  
3 The bricks and mortar may have gone, as we've heard described, but the institutions, ie the  
4 power structures still exist today.

5           And one thing that I've really seen is that the system, these power structures, are  
6 uniquely responsive to changing the rhetoric, changing the guise, changing the way  
7 that-- they appear to be responsive while fundamentally not changing the differential in  
8 power dynamic control.

9           You can see, when you just look at, just take some off the cuff examples. The fact  
10 that Te Tiriti o Waitangi and the Waitangi Tribunal is nonbinding on the Crown and the  
11 fact that there are no recognised and resourced tāngata whaikaha Māori nationally  
12 mandated groups to speak for, on behalf of tāngata whaikaha Māori. There is no  
13 mechanism within either the UNCRPD or UNDRIP for the intersectionality of tāngata  
14 whaikaha Māori.

15           The only mention of indigenous people in the UN Convention on the Rights of  
16 Persons with a Disability is in preamble P and in the UN Declaration on the Rights of  
17 Indigenous Peoples, disability is barely mentioned at all.

18           So even in our international covenants there is very little protection for that  
19 intersectional space.

20           I'll leave my comments there, but I think -- what I think is really important to  
21 recognise again in summary is that these systems in my view have operated as they were  
22 intended, that the oppression, I've seen nothing, even to the present hour of the present day,  
23 that gives me any confidence that the power basis has shifted or that there is a genuine  
24 willingness to partner with tāngata whaikaha Māori communities, tāngata whaiora  
25 communities to actually lead the development or change in this space. Kia ora.

26 **MS BAKER:** Kia ora, Tristram, thank you. Before we come to you, Karen, I'd just like to  
27 actually invite the panel to comment on the whakaaro that Tristram has just shared. Gary,  
28 I'm hearing some things that are consistent with what you talked about earlier in terms of  
29 the system maintaining itself and justifying its own existence through the maintenance of  
30 keeping people institutionalised. In hearing Tristram's kōrero, is there anything further  
31 you'd like to add?

32 **MR WILLIAMS:** I want to go back to Ron about language, because I know that we talk about  
33 the Care and Protection system, but I think that's a misnomer. It's never been about care,  
34 and it's never been about protection of the people, or the people it's supposed to serve, it's

1 about care of keeping a system going, so that the system can feed itself with people who  
2 might not benefit from any interaction with (inaudible). Yes, I agree with everything that  
3 Tristram says. He says it in a very eloquent way, you know, because I would have trouble  
4 explaining in a couple of short sentences.

5 **MS BAKER:** Moe and Ron, what are your thoughts having heard that? Would you agree there's  
6 not a lot of therapeutic intent in the system, that it was sort of set up under the guise of  
7 being therapeutic but actually didn't benefit people?

8 **MS MILNE:** Yeah, I just want to say, Tristram, that one of the things that I ponder right now is,  
9 and we started this with people saying that, you know, we adhere to the principles of Te  
10 Tiriti o Waitangi, and there are two parts of Te Tiriti o Waitangi that are never, ever  
11 discussed with their full intent. The first one is the statement of intent which actually  
12 clearly describes what the relationship is and what the relationships of mana are. And it  
13 didn't say or describe anything other than the Crown and the hapū or Nu Tireni, that's the  
14 first part.

15 The second part, which I actually totally agree with what both these guys are saying,  
16 is that at the moment in Health and Disability services, everybody's talking about equity,  
17 everybody's got an equity statement. And I go, "Excuse me, people, you said we're going  
18 to operate under the auspices of Te Tiriti o Waitangi." Article 3 in Te Tiriti o Waitangi is  
19 about equity.

20 So, if we're going to be, so- I get fearful, when we're having these kind of  
21 conversations- that we just put another layer and another layer and another layer of non-  
22 action on something, so we've got a Treaty of Waitangi statement, but we don't actually  
23 enact- the equity part of the Treaty of Waitangi. We've got a Treaty of Waitangi statement  
24 and we don't talk about what the relationships or the power of the partnerships are of Te  
25 Tiriti o Waitangi. So just tautoko i ngā korero (support what's been said).

26 **MR BAKER:** Yeah, you're right.

27 Kia ora, Tristram, tautoko ana i tō korero (support what's been said). I've just got  
28 two things I want to say. One, I remember the big fights we had in the Ministry of Health  
29 with George Salmond when he was the Director General of Mental Health, and we  
30 managed to get the Treaty of Waitangi included in the health contracts. What a hell of a  
31 fight we had. And the only reason we managed to do that, because Paratene Ngata, Mason  
32 Durie and that fulla Raukiri(?) from Taranaki were part of the Public Health structure down  
33 there, and the overall person, that was John Macleod.

1           John McLeod became the Chief Medical Officer of Auckland, but he was the major  
2 influence, he was the Chief Medical Officer, part of that Public Health group, and we  
3 managed by sheer force of scraps and hui and all sorts of things over two or three years to  
4 get the Treaty included in the health contracts. That's way back in 1985, 6, somewhere  
5 around that time.

6           We had these huge, big rows in Wellington. We got them included in the mental  
7 health contracts and then John McLeod shifted to include a statement into the health  
8 contracts, and they were renewed then.

9           And it is from that we've managed slowly but surely to include more and more of  
10 the Treaty. It never -- it was never enough. It was never enough. But we then came to,  
11 rather than fighting in a place where we couldn't get a major result, we came down to  
12 another strata and we started to fight more and more often at the care level, where we had  
13 more people in and more control over what we could do and how we could do it.

14           We got lots of casualties from that as a result, but it comes back, --two lessons we  
15 learned from the Māori Battalion. I--f you want to do something different, re-organise what  
16 you've got. That's what you can control, that's what you can develop. That's what our  
17 fathers and uncles and grandfathers did, when had --when they lost, they re-organised  
18 themselves to go to different problems and present different problems they did it  
19 themselves. Then they impacted that on the system, and that's what we did; with such  
20 things like Waioara, Whare Paia, Manawanui, Rapuora down in Kingseat and all of those  
21 things, and Whare Marie, and we developed -- we came to a place, a space which we had  
22 more control over, and we could do more things with and left the other battle for another  
23 time. But it's never gone away.

24           But you're right, Tristram, the system is impacted upon itself. And it did the same  
25 thing. Instead of delivering care, it became risk averse, and developed a whole risk side of  
26 things, became culturally averse, and the only culture they developed was about care.  
27 When Moe and I trained in our nursing things we had a DSM 3, they've now got a DSM 5,  
28 which has got another 300 more pages of diseases which you and I, all of a sudden,  
29 contracted. Another 300 pages. Where did that come from? That came from somebody's  
30 brains from somewhere else. But you and I now suffer from another 300 pages of disease  
31 from that DSM 5, which we never had before, we never had before.

32           So that whole system impacts upon itself, becomes culturally averse and then  
33 becomes more clinically responsive, and then, like just what Tristram was talking about,  
34 and then making itself responsible for us, and such things as appointing an equity manager.

1           What the hell's that? Who the hell knows? It'd be much more important if they appointed a  
2           Ngāti Porou person in Tainui or a Ngāti Porou somewhere else. That would be good, eh?  
3           We've got some in there, we have got some in there.

4   **MS BAKER:** Kia ora, thank you, we won't follow through with that recommendation, I don't  
5           think they'll be appointing Ngāti Porou specific roles any time soon in other hapū, but thank  
6           you.

7   **MR BAKER:** Can I tell one of my jokes?

8   **MS BAKER:** No time for jokes, we're going to move through to Karen, thank you, panelists.

9           Karen, we'd like to hear your views on racism and abuse. Specifically, do you think  
10          that a Māori Deaf person is at higher risk of abuse than a Deaf person who's non--Māori,  
11          for example?

12 **MS POINTON:** Firstly, I'd just like to acknowledge Tristram, and I agree with you. I think that  
13          what you've said about this comes into what I'm about to say about abuse, that it's the  
14          system. The system of inequity really.

15          And that's based on whether it's misogyny or whether it's racism, all of those things  
16          come into inequity. And different class systems, whether you are poor or wealthy, all of  
17          these things flow into abuse.

18          Also, the other things linked to discrimination and oppression, is the  
19          intersectionality for the individual. And I think intersectionality really helps you if you  
20          understand that concept, that helps you understand those individuals, and how that  
21          oppression has been impacted on them. That discrimination happens and it's come from the  
22          system and created by the barriers that the system has created. And tāngata Turi definitely  
23          have experienced that.

24          So tāngata Turi have definitely experienced racist abuse. Because they've been  
25          within a Pākehā system. And why do I say that? I say this because -- let me give you an  
26          example. So there's different protocols and policies from different Government  
27          departments. They don't understand about tāngata Turi and how that connects in with the  
28          system and so they have a unique kind of discrimination and set of barriers that occurs for  
29          them like, for example, sign language interpreters that speak te reo, that are raised speaking  
30          te reo, that are Māori, and so that Māori Deaf can be included in education to express  
31          themselves equally. And that's not the same for Pākehā Deaf. You know, so there is an  
32          inequality there and there is an experience which is less.

33          And, of course, as I said before, there's not enough Māori teachers, there's not  
34          enough Māori staff, so tāngata Turi students don't have that bond and that ability to connect

1 with those staff, you know, and to create that situation which creates more equity. And this  
2 is still happening, in my view. My colleagues who are Māori, their view also is that it's still  
3 there, this abuse is there, still.

4 We need to change this attitude; we need to change this culture. We need to have a  
5 positive for our Māori Deaf students and create situations where they can be included in  
6 their schooling system without feeling that cultural oppression. Because the system  
7 controls this inequality, and all of those things that I've said creates that oppression and  
8 discrimination. And this is the proof, it's shown, it's happening still now, and it has been  
9 going on forever, and it is still there today, that racism.

10 And the pathway of tāngata Turi I feel is not progressing forward because of this.  
11 We need to make sure Te Ao Māori is the centre of this with Māori staff so that our tāngata  
12 Turi students can connect.

13 **MS BAKER:** Tēnā koe, Karen, thank you so much. I mean, we're obviously starting to talk about  
14 our vision for the future and how are we going to change things. Tristram, you've talked a  
15 lot about the entrenched power imbalances and while there's some glossing and shifting of  
16 narrative that some of those inherent power imbalances still exist, a lack of understanding  
17 and acknowledgment of Te Tiriti in practice and how we're actually, -I guess when we talk  
18 about partnership, you make an assumption that the partners come to the table with equal  
19 resourcing and power, and we know that's not the case, because of the systemic, -long-  
20 term- cyclical oppression of Māori.

21 So I'm going to first come to Ron. So you've been involved in setting up services  
22 that have reflected mātauranga Māori, offered a more holistic model of care, some of those  
23 services were funded within a DHB structure. In your view, what are the critical success  
24 factors for achieving this kind of service? What suggestions do you have?

25 **MR BAKER:** I've got four. The first one is, yes, I've been lucky enough in my work journey to  
26 be part of, I think five, five kaupapa Māori services from the start. And for each one they  
27 were not a job I applied for. Someone from that iwi came to see me and asked me to be  
28 part of it, starting with whaiora in Tokanui when the kaumātua from Maniapoto came to see  
29 me to be part of the first of these kaupapa Māori services.

30 When I came to Auckland, the kaumātua from Ngāti Whātua came to see me. For  
31 my sins, I was the second person appointed to the forensic services in Auckland, after  
32 David Chaplain(?), one week after David Chaplain, I was appointed, part of the way the  
33 cultural services are in Mason Clinic as part of the plans that -- I was the second person



1 appointed to the forensic. I was there for seven weeks, the kaumatua came to see me and  
2 I became the last manager of Whare Paia, and then developed from that Manawanui.

3 Rua Cooper from Tainui came to see me as well and I went down to Kingseat for a  
4 month and a half and put the cultural services in place down there. And also, the kaumatua  
5 from home -when I became the manager of the community services in Gisborne, and  
6 also- back home in Mahia. Because I just happened to be around the area.

7 But all of these services I've been part of I was asked by the iwi to come and be part  
8 of it. They're not jobs I applied for.

9 The second thing is that that places a different responsibility on you, it's that you  
10 then are not part of developing the services for -- it's part of developing the services for  
11 your people, for the future, and for the (inaudible) that you're in, which requires then a  
12 different way of looking at things.

13 How do you provide a service? Well, let's take here in Auckland, and we were the  
14 luckiest people on earth at that time, e mihi ana tēnei ki a koe i tō whanaunga John McLeod  
15 (who I acknowledge your relation, John McLeod).

16 **MS MILNE:** Yeah.

17 **MR BAKER:** We had the most senior public health medical person in the country, was here, in  
18 part of Auckland DHB. The Ministry, or the Ministry of Health would not do nothing  
19 unless they spoke to him, he was the most senior person, John McLeod, and nō Ngāti Hine  
20 hoki nei tēnei koroua (and he's from Ngāti Hine), and when he died things changed quite  
21 drastically.

22 But the second part of the kaupapa is that you have to get control of the service, you  
23 have to understand the business that you're in, and often people don't understand the  
24 business we're in. What's the business of mental health? Kaupapa Māori. What's the  
25 business? The business is about having control of people coming into the service, getting  
26 some care, and then going back to the whānau, so it's like a cycle.

27 What's the part that gives you control of people entering? It's the legal one. It  
28 requires you to have access under the law to be a gazetted place of entry. If you are not a  
29 gazetted place of entry, you have to go to the main hospital. You come through the  
30 admission ward and when they've finished mucking around with you and putting you under  
31 the Act and all sorts of things then they come over here to you. So you need to get hold of  
32 the port of entry.

33 Manawanui was the only other place in the country that became a gazetted entry  
34 place for people under the Mental Health Act or under any Act in the country and required

1 people like John McLeod and the board to agree to get that done. Because it requires an  
2 Act of Parliament to do that, a supplementary part of the Ministry has to approve all those  
3 sorts of things.

4 So we managed to do that. So that gave us absolute control of entry, we could then  
5 give a diagnosis or say what's wrong with our whānau and deliver some cultural care to  
6 that, which is what we did. And we were lucky enough at Manawanui that we had,  
7 I thought he was the best kaumatua in Ngāti Whātua, (inaudible) at the time, after te  
8 matenga hoki nei o Henry Sutherland (after Henare Sutherland passed) who in his time was  
9 the, I thought the biggest -- the number one kaumatua in Ngāti Whātua as well. That -- it  
10 became linked to the kaupapa and to the tikanga that belonged here in Auckland. That was  
11 a part of care of delivery.

12 If you took a -- we did everything in our whare tūpuna. If you came to one of our  
13 clinical review meetings -- we had them twice a week -- there would be 100 people in the  
14 room, and everybody had a say. Pēna mai hoki tō tātou nei kaupapa waihotia tō tātou nei  
15 tūpuna ki a tātou haere koe ki rō whare, tū mai he hui i reira, tū mai te korero. (That's how  
16 it is, our ancestors left it for us to organise those. If you came into the house everyone had  
17 a say).

18 Everybody who came had a say. So it was not about isolating that the doctor, the  
19 tākuta (doctor) only had one say, his say, everybody else had a say too. But it came down  
20 to the the kaumātua pēnā nei e takoto pai hoki nei te kōrero te kaupapa mō tātou kia awhi,  
21 mai tautoko mai tēnā. (The elders would lay down what the issue was). And when we  
22 admitted somebody under the Mental Health Act, we admitted the whole whānau. So not  
23 only did you come, you came with your whānau too, and we admitted three, four, five  
24 people. Sometimes we had 10. Everybody came, noho mai ki rō te whare (they all came to  
25 sit inside the house).

26 And we had other places as part of that too. We had a respite for women, we had a  
27 Kōhanga Reo, 30 kids, if you brought the kids, they all went to the Kōhanga Reo as well.  
28 We had a Kōhanga Reo, all part of this whole community part, and the residential things, so  
29 it became a whole service entirety in itself.

30 We got to a stage where we really didn't need the DHB, we had our own funding,  
31 and that's part of understanding the business, is a cultural thing.

32 The other thing is one is to understand the business of management. And we don't  
33 have enough people that do that as well. I was lucky enough that I went and did  
34 some -- you couldn't become a charge nurse or any nurse above a staff nurse in our time

1 unless you went and did an advanced diploma in nursing, I've got an advanced diploma and  
2 other nursing stuff as well, which gave you more ways of looking at managing and  
3 structure, not only staff but pūtea and how to develop it and how to organise that.

4 As part of the devolving, the deinstitutionalisation stuff, every hospital like  
5 Kingsseat, and Tokanui and where you were down in Ngawhatu, they were regional places.  
6 So for example if you got unwell in Kaitaia they brought you from Kaitaia to Carrington.  
7 One of the wards was part of that. West Auckland, central Auckland, all those things.

8 When they closed them, I demanded the cultural, the Māori budget from each one.  
9 And I came with -- and they said, "How much is that?" I said, "It is 5% of the total  
10 budget." So they gave it to me, and I spent it, all on staff. Because we were -- people don't  
11 understand the business. If you're a gazetted place, you're also tied by law under the -- to  
12 the DHB or to the governing body for them to provide you care and enough staff to deliver  
13 care. It's a -- it's in the health constitution stuff. So once we became gazetted I had all  
14 these other (inaudible) to pay.

15 So we just went from \$800,000 to a \$2.9 million in a matter of about eight weeks.  
16 Wonderful. In ten weeks, I'd spent the lot, all on staff.

17 So it's about how you conceptually use these things and how you understand the  
18 systems of that. We don't have enough people that know that at this point in time, we're  
19 putting too many green people in the places of (inaudible). But that grew the system until  
20 eventually we did not need the DHB at all because all our staff was all in one part.

21 And for my sins, every time I become a manager or a CEO, people want to sack me.  
22 No-one's had the sack as many times as me, I'm a registered nurse, I've had the sack six  
23 times, five of them when I was the manager at Manawanui. Every time they want to  
24 change something, I'm in the road. I had a \$40,000 kai budget. How many services here  
25 have got a kai budget of \$40,000? In 1992 that was a huge budget. 40 grand. Fed  
26 everybody, fed all our things. We had, like I said, 100 people, if you come to one of our  
27 celebrations, you might get 250 people. We'd feed them all.

28 Huge structure, huge amounts of growth and development. Anyway. When Service  
29 changes, they want to do something else, I'm in the road, so I knew I was in the road, and  
30 when John McLeod died, that was -- it gave them an access which they never had before.  
31 So kia ora, that was just one of them.

32 But it's about understanding the business you're in, understanding the kaupapa, and  
33 the way that cultural systems and functions work, and sometimes you only find that out  
34 when you sit on the paepae (where the orators sit), if you go to a hui, you need some

1 experience about how to structure those things, and understand that and how to understand  
2 and how to be responsible to the whānau and to the iwi that you're there, you're accountable  
3 for these things.

4 If something happens in the Service the person responsible is you, the one at the  
5 top, not the one in the middle, the one at the top. You either did not provide enough  
6 programmes for them to get enough skill to deliver the care or you did not provide enough  
7 resources. So the person who carries the can is you, the one at the top. That's happened to  
8 me four times, and I've lost somebody to suicide and stuff.

9 **MS BAKER:** Kia ora, Ron, I apologise for jumping in there, we're just running short of time, and  
10 I want to allow our panelists some time to talk about the future.

11 So, Moe, just briefly, can we come to you to talk about what kind of delivery  
12 models are needed for the future and the workforce needed to deliver, and then we'll come  
13 to Gary.

14 **MS MILNE:** And what Ron's just described is absolutely the model that happens all the time, as  
15 soon as we become successful in delivering a service and certainly out of Manawanui, and  
16 what he doesn't describe, because some of that is actually, we think it's ordinary. The  
17 tāngata whai (inaudible) rā and their whānau were part of the development of the service,  
18 and because they were -- and so when you go to Manawanui to the whare hui, often the  
19 people who are doing the -- taking care of the pōwhiri and all that sort of thing are also the  
20 users of the service. So some of that was built in.

21 The thing that needs to be -- when we're talking about the future and what are the  
22 solutions for the future, is that there have been several, several Māori models and I do still  
23 have a little bit of awangawanga or concern about what's happening now with the new kind  
24 of Health and Disability systems in that they say, "You can't do this, you can't do that, you  
25 can't do that," but who has power and control at the end? Actually, it's not us, even at the  
26 higher echelons of things.

27 So one of the ways to make the changes, all the things happen, is that there has to be  
28 a commitment, a commitment -- hang on, I want to go back because I want to talk about  
29 abuse in it's -- just to have a little description of this in around -- this Commission is about,  
30 you know, looking at abuse in care and what care is that, which care, and as Gary  
31 challenged, is that the right word anyway. Because there are two types of abuse that  
32 actually happen to us, and the first one, let's talk about the systemic abuse. The systemic  
33 abuse then enables personal abuse to happen. The systemic abuse allows for abuse that is  
34 deliberate and so that you have people who have been incarcerated, and I'm talking the

1 whole gambit of whaikaha now, whether you're mental, emotional, all the different types of  
2 disabilities, because somebody else has been deliberate about saying, "This group of people  
3 don't fit our systems."

4 About three or four years ago, I actually wrote the intersectoral policy or tried to  
5 write the intersectoral policy on addressing abuse and I named colonisation, and I named  
6 racism as an abuse of people, this was primarily to look at women's safety from abuse. And  
7 cross-party political parties took it out, it didn't go anywhere, that policy didn't even survive  
8 a second or third kind of iteration, because the Crown will not actually accept their role in  
9 being deliberate, i.e., using colonising systemic abuse, on us as a people, that's the first part.

10 Because what then has to happen is then they need to be recognised that having  
11 systemic abusive policies and kaupapa allows personal abuse to happen, because then it's  
12 actually your fault, it's actually your fault if you get taken away because you didn't behave  
13 yourself and conform to the system.

14 And so to make the changes, or what needs to happen to get us past this part of our  
15 histories, is that there has to be an absolute Government commitment or Crown  
16 commitment and willingness to the long term. We plan and we do all this stuff that we do  
17 because we can see our grandchildren's grandchildren being the next group of people that  
18 take control of what's happening. We're planning like that. We have to start getting  
19 commitments for long term so that we don't ever -- you see, Manawanui at the moment, we  
20 still use it, Manawanui, we still use it and it's not to the extent that it was planned. And all  
21 these other little things that we're doing.

22 So that's the big picture stuff. There has to be an absolute willingness to the  
23 ongoing commitment to making changes, but also to the ongoing ability of Māori to  
24 provide the solutions for Māori issues. And that requires resource, that requires extra  
25 training, and that requires people to get out of the road when they don't understand what it  
26 is you're doing, because we understand what we're doing. And I think, you know, because  
27 again, I'm one of the people -- I go around the motu (whole of the nation, country), I go and  
28 train brain researchers, I go and train nurses, I train anybody who wants to know what  
29 cultural best practice is and I go around the motu doing this.

30 And the change is minimal and that is to persuade individuals that the systemic  
31 change is dependent on the individual change, I'm a bit Gandhi-like in that respect, but to  
32 actually persuade people that you have to take a stance, and one of the -- I was talking to a  
33 lady out there while I was having a cup of tea, the other thing, we talked about deliberate  
34 abuse, but we actually don't often talk about abuse by omission, by nobody taking action,

1 by nobody saying, "That's not okay to have our people disenfranchised or taken away from  
2 their families."

3 So I can give you good pictures of great training programmes that we write, but  
4 actually we all have to take some, not responsibility, but make a stand against the constant  
5 systemic abuse of us as a people in our land. So kia ora.

6 **MS BAKER:** Kia ora --

7 **MR BAKER:** Can I just add one little piece to that, please? Just one piece, thank you. When we  
8 closed -- when they closed down Tokanui they invited all the different iwi from over home  
9 all the way to Taranaki, haere mai ki te whakawātea te whare. We did all those things, and  
10 then we got to the back and at the back of Tokanui there is this big urupā (graveyard), with  
11 all these unmarked graves in them, and a lot of them come from koutou ngā iwi whaikaha  
12 (disability people) and there was unmarked, unknown, and also there were -- some of the  
13 products were some -- results of some inappropriate relationships had by some people who  
14 could not speak for themselves. And the results of that were --

15 **MS MILNE:** (Inaudible).

16 **MR BAKER:** Yeah, some born -- some kids were born -- in Auckland, over here in Carrington,  
17 they took them and buried them in the Avondale cemetery. The original part of this was  
18 called the Whau Mental Institution, which is based around our people living on the Whau  
19 River, which is just the big one on the other side. They had a little park at the side and  
20 anybody who had someone who died in that was taken and buried there, in the  
21 Avondale -- they call it in the Avondale cemetery now, at the back there.

22 But there's a lot of people who were part of that abuse that happened in care and  
23 they took them, nothing was happened, everything was swept under the table, or at the  
24 pleasure of the medical superintendent, back then they were closer -- they were more than  
25 God. And it wasn't until we got a few more investigations that some of these things came  
26 out.

27 The last one, I just want to say that those two young fullas from Ngāti Whātua who  
28 died as a result and they closed down Oakley, one of them, they came and saw me because  
29 they kept one of the hearts, the heart -- because it was enlarged, more enlarged than the  
30 other, and they did some research on it. And wasn't until John thing came up from  
31 Taranaki and did his inquiry, five days in, that they brought up the heart that they had taken  
32 and kept by themselves as a result of they wanted to do some more investigations in a  
33 laboratory about the effects of the medication, the effects of all this on this person. And  
34 then they brought the heart over to Whare Paia and asked me to take it back.

1           How do you take something back to an iwi when they've already had a tangi? Take  
2 bits and pieces of the body back? Tough stuff to do. You couldn't find anybody at the  
3 DHB for a week after that. Māku hoki e whakahoki atu ināianei tērā ki runga hoki o  
4 Orākei, tangi ai, tangi ai. (It was for me to return that back, return it to these people of  
5 Ōrākei). But they asked a Māori face to represent them to a Māori face for part of the  
6 intrusions and part of the things that they've done as part of -- as they saw the real care(?).

7           And that's been an ongoing thing and the only reason we've done it, and I know  
8 Moe's done some -- the only reason we've done it. Tō tātou nei aroha ki tō tātou nei  
9 whānau... (we do it for our love for our family, for our people). That's the only reason  
10 we've done it. They're not that easy things to do. But our system is full of such events.

11 **MS BAKER:** Kia ora, thank you. That is a reminder of the depth of pain and the long-term  
12 impact for whānau, hapū and iwi. I am aware it is 12.30. I just want to do a check in with  
13 our Commissioners, we are nearing lunch, I think in terms of our panel we'd be Hape to  
14 continue for another 15 minutes just to allow Gary, Tristram and yourselves to -- and Karen  
15 to make any closing remarks. Would that be okay on your part?

16 **COMMISSIONER GIBSON:** Yes, I think we'll try and keep it tight to the 15.

17 **MS BAKER:** Thank you, Commissioner Gibson, appreciate that. Gary, we'd like to now invite  
18 you, you talked about having your fingerprints on Enabling Good Lives. Tell us more  
19 about your vision for the future.

20 **MR WILLIAMS:** So what I think it's going to be 2024 before any recommendations get  
21 implemented, so we've got under one and a half years to get this right. So I'd like to think  
22 that we wouldn't reinvent systems that don't work. I think that we need to get smarter  
23 people at the table to talk about what will work, because we -often - we enter into  
24 discussions in good faith that the people we are talking want the same kinds of outcomes  
25 that we want, but often we talk at cross, we talk at -cross-purposes- and what we said we've  
26 agreed to is not what's been agreed to after.

27           So I would like to see survivors be at the table to talk about, in more detail, about  
28 what good outcomes could be for us, because our voices are often the last voices that get  
29 heard and our voices often are discredited by people who think they don't have an  
30 experience. That's what I'd like to see, because I don't want to talk about the care system  
31 anymore, because I'm not sure that it ever was a care system and I'm not sure if it can be a  
32 care system.

33           So let's get the language right so that we all know what we're talking about and what  
34 we want to achieve.

1 **MS BAKER:** Kia Ora, Gary. So getting the language right, having survivors at the table, talking  
2 in detail about the outcomes they want to see, and having the power over shaping those.

3 **MR WILLIAMS:** So that we won't be disappointed for another decade.

4 **MS BAKER:** Let's not do this for another decade. Ae, ki a koe. (I agree with you).

5 I am going to come to Karen then to Tristram then to our Commissioners. So  
6 Karen, tell us about your recommendations for the future for Deaf Education.

7 **MS POINTON:** I've talked with my other colleagues about recommendations for Deaf Education.  
8 I think we really need to review the curriculum. Also, we need to include Te Ao Māori and  
9 te reo Māori and also in a practical way. So the policy says that they will deliver, you  
10 know, Māori in a practical way, but that's just hearsay. We need to make sure that this is  
11 happening, so from the Ministry of Health, the Ministry of Education, Ministry of Social  
12 Development, yeah, and also the legal system, that this is really being acknowledged.

13 So this recommendation is to make sure that we have access to the Crown for  
14 funding, to the Tribunal and the Commission to create opportunities for all of us, all of us  
15 tāngata Turi to have the resources available for us, so resources like -- so that we can access  
16 education and in an ongoing basis, and that we can create this ongoing relationship, and  
17 partnership and with trilingual interpreters. And the teachers that have the skills, that know  
18 sign language well, we don't have that at the moment.

19 We really need to reinforce the Sign Language Act of 2006, that it's as a priority in  
20 schools. And we need to make that commitment and obligation to make sure that those  
21 recommendations are, that they're actually doing it and it's not lip service.

22 So the Sign Language Act 2006 was put forward for the legal department that in  
23 legal settings it must follow the Act, so the recommendation would be that this include  
24 Deaf Education as well. So this needs to improve and this needs to change, and we just  
25 need to provide more Māori staff and the opportunities for Māori Deaf staff to be involved  
26 as role models for our tāngata Turi students.

27 That's the recommendation that I'd like to strongly put forward to Government, to  
28 make sure that they realise it's about resourcing. Thank you. Kia ora.

29 **MS BAKER:** Thank you. We now turn to you, Tristram, for your final remarks before we head to  
30 the Commissioners.

31 **DR INGHAM:** Kia ora. I have much more to say than this session will actually allow. I guess I  
32 reflect on the opportunities that this session has given and to say that those alone are not  
33 adequate to address these issues. I think in terms of reflecting on the future, we need firstly  
34 an improved service oversight monitoring and safeguarding processes. None of the



1 existing processes for service oversight monitoring and safeguarding are sufficiently robust,  
2 all-encompassing, or with sufficient teeth to provide timely and appropriate safeguarding  
3 for tāngata whaikaha Māori.

4 I think that is going to require a legislative review, not only of the Human Rights  
5 Act but other things such as the Code of Consumers Rights and other legislation as well,  
6 legislation that would actually enshrine Te Tiriti o Waitangi in a domesticated way, that  
7 would actually domesticate the obligations of the UNCRPD and UNDRIP, neither of which  
8 are binding currently.

9 I think a critical element of the service oversight monitoring and safeguarding  
10 processes is they need to be embedded in tikanga, designed, implemented, monitored and  
11 evaluated by tāngata whaikaha Māori and our whānau, to meet the diverse aspirations for  
12 well-being, and balance both individual and collective rights.

13 Secondly, I think that in any kind of process of restorative justice, one has to go  
14 back to the root causes of inequities and address those. There needs to be (inaudible), if  
15 you like, structural and process measures implemented that focus on providing an  
16 opportunity for equitable outcomes, including those in Care and Protection, Youth Justice  
17 residences, and prisons where whānau are currently being held.

18 Thirdly, I think it's really important that there is timely public monitoring and  
19 reporting of disaggregated data, high quality disaggregated data that includes ethnicity and  
20 disability data in ways that are responsive to the epistemological aspirations of mātauranga  
21 Māori of tāngata whaikaha Māori. That data needs to be disseminated by accessible modes  
22 and formats, it needs to be available to tāngata whaikaha Māori and their communities and  
23 it needs to include Māori data sovereignty principles -- actually, that data needs to be  
24 owned and governed by Māori with lived experience of disability.

25 Fourthly, and I think the most importantly, it is going to require a fundamental  
26 transfer of power to provide equity sustainable resources to tāngata whaikaha Māori. Like  
27 whaea Karen just said, we need to guarantee mana motuhake in the development and  
28 maintenance of both leadership, capacity and capability, mechanisms for effective  
29 monitoring and evaluation and redressing, and to ensure that Government actually delivers  
30 on obligations under Te Tiriti o Waitangi, as determined by tāngata whaikaha Māori  
31 themselves rather than Government determining the nature of those obligations, how they'll  
32 be honoured and in what way.

33 I think these are sort of high-level critical things, but when I reflect on current  
34 processes, I know this Commission is reflecting on historic processes, but I see the same

1 things repeating contemporaneously. You know, yes, we have this Commission of Inquiry,  
2 and we have Wai 2575 going through the process. Their findings will not be timely, and  
3 they will not be binding in a way that actually will inform the generational transformation  
4 of the system that is currently proceeding without their recommendations.

5 There are currently -- I think one of the panelists spoke to coming to the table as  
6 equal partners, coming to the table resourced. There are proposals, there are policy  
7 developments, there are consultations going out today, this week, this month, that are  
8 offering not only hours or days to engage and to have input into policies that are being  
9 developed now.

10 Tāngata whaikaha Māori communities have not had any kind of systematic  
11 investment that allow us to get into sort of a collective mind frame, into a position to  
12 actually respond meaningfully, and I think investment in those mechanisms are a critical  
13 underpinning of being actually able to engage in a genuine way.

14 **MS BAKER:** Kia ora, Tristram, thank you very much. I now would invite the Commissioners to  
15 make a few closing reflections. I know that Commissioner Steenson, you wanted to ask  
16 some questions potentially, but I'm sorry we are lacking in time. We will need to be able to  
17 hand the rākau back to Ron to close with karakia and then I'd like to invite us to also  
18 collectively sing Te Aroha just to close the session, or just to whakatau the Māori. So I'll  
19 just hand over to you shortly.

20 **COMMISSIONER STEENSON:** Tēnā koe, I will still probably ask those questions, but thank  
21 you. Tēnā koutou katoa. He taura waka e motu, he taura tangata e kore e motu. Nā reira he  
22 taura tēnei nō Ngāti Whatua, he taura tēnei nō Tainui, he taura tēnei nō Ngāti Hine. He  
23 taura anō hoki tēnei nō Ngāti Porou. He taura kua whiria kua tau ko Julia Stenson taku  
24 ingoa. Tēnā koutou katoa. (I greet you all, the rope of a canoe can be severed but that of  
25 people cannot. My rope is from Ngāti Whātua and Tainui and Ngāti Hine. I am also  
26 connected to Ngāti Porou. And my rope has been plaited and here I am today, Julia  
27 Steenson, I greet you all).

28 Just quickly, if I reduce it to one pātai (question), and I also want to extend an  
29 invitation to just respond to Dr Ingham's wero about not having enough time, just invite the  
30 panel to, if they have thoughts, we're absolutely open to receiving more submissions if any  
31 of the panel members would like to do that in writing, or by a wānanga we can absolutely  
32 organise that for you. So that was the first thing.

33 My pātai is, and I did have a few so I'm just deciding which one here. Before I do  
34 that, actually, I want to also acknowledge and say tēnā koe, matua Ronald, for your kōrero

1 acknowledging my tūpuna o Ngāti Whātua today. (Thank you for acknowledging my  
2 ancestors from Ngāti Whātua, matua Ron).

3 My pātai is for Karen. You talk about currently there's only one Māori staff  
4 teaching. I think I've decided to choose this because it's somewhat representative across all  
5 manner of areas currently still in the disability areas.

6 I wanted to understand or know your thoughts on why that is, why is there only one  
7 Māori teaching staff?

8 **MS POINTON:** If I can just ask permission, I would like to hand over to my mate Carol, she is  
9 the staff member. So if that's okay to hand over to my mate Carol here, mana wahine, here  
10 we go.

11 **COMMISSIONER STEENSON:** We have her here.

12 **CAROL:** Kia ora, everyone, kia ora to the panel, kia ora to the Commissioners. There is a few  
13 Māori staff at Ko Taku Reo, say, maybe at the moment there's some -- most of the staff are  
14 Pākehā, and the majority of the students at school are Māori. Yeah, so it's not a balance.

15 **COMMISSIONER STEENSON:** I guess my question was understanding why that's the case.  
16 Do you have any insight? No?

17 **CAROL:** One thing that I would say is on the interview panel all the interviewers are Pākehā, so  
18 I've challenged that to say, "Where's the Māori Deaf on the interview panel?" And that has  
19 been put aside, so that would be my challenge. Yeah. So managing, controlling that  
20 situation, so yeah, that would be one thing would I say.

21 **COMMISSIONER STEENSON:** Tēnā koe, ngā mihi. Well, it's really just then for me to say  
22 thank you for the rich kōrero today that you've all provided. Yeah, there's a wealth of  
23 information there for us and some of it we are -- we've heard resoundingly throughout the  
24 last couple of weeks and you have certainly helped put that into a Te Ao Māori context for  
25 us. So, kei ngā kōuru nui te whakaruru nei i ngā tupu e puāwai ana. Tēnā koutou, otirā tēnā  
26 tātou katoa

27 **DR INGHAM:** Kia ora. I thank both the Commissioners and those in attendance today for  
28 listening. I would really like to take you up on that invitation to wānanga further on this  
29 kōrero. I think the pātai that you raised just then, whaea, was really telling. I think that that  
30 phenomenon extends all the way across all aspects of healthcare governance, and  
31 governance in a lot of areas where there may be a token Māori representation, but that  
32 representation is not often supported or substantive or in genuine partnership. And I think  
33 the broad experiences of many Māori that have held governance roles reflect systemic bias  
34 and discrimination against them being able to have their voices heard and do a good job in

1 representing the needs and aspirations of tāngata whaikaha Māori communities. So thank  
2 you for that question. Kia ora.

3 **MS BAKER:** Tēnā kōrua, Commissioner Gibson.

4 **COMMISSIONER GIBSON:** No pātai, just an acknowledgment of all the experience, the  
5 wisdom which has been brought by the panel today, stretching back generations, thank you,  
6 it's going to aid us in terms of our recommendations, and we look forward to any more  
7 engagement in the future, kia ora.

8 **MS BAKER:** Kia ora, thank you, tēnā koe. I'd like to thank all of the panelists and all of the  
9 people who have joined us on the livestream and in the room today for our public hearing.  
10 And we now move to close the session. Ron, we will be -- do we sing first or karakia first,  
11 kei a koe?

12 **MR BAKER:** We'll have a song first.

13 **MS BAKER:** Have a song? Okay, whānau, let us close or whakakapi our session with singing Te  
14 Aroha and then we will close with karakia.

15 **MR BAKER:** Kia ora tātou. It would be good if we had another opportunity, I know it's a rushed  
16 time mō tēnei tō tātou nei hui, so there might have another time, we might have some time  
17 together, it might be useful. So I started talking about wairua tapu and so maybe tō tātou  
18 nei waiata hei whakakapi nei i tō tātou nei hui. (Waiata Wairua Tapu). (Karakia).

19 **COMMISSIONER GIBSON:** Tēnā koe, thank you matua, we will now break for lunch and  
20 return at 1.45.

21 **Lunch adjournment from 12.54 pm to 1.56 pm**