

**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: 11 July 2022

TRANSCRIPT OF PROCEEDINGS

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

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

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

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

7 A. Allison, please.

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

11 **ALLISON JOY CAMPBELL (Affirmed)**

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

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

15 A. Allison Joy Campbell.

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

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

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

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

28 **Q.** With the papers?

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

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

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

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

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

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

9 A. Yes.

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

12 A. Mmm-hmm.

13 Q. What was your motivation for doing this?

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

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

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

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

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

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

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

4 **A.** Mmm.

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

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

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

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

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

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

24 **Q.** Right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 A. Mmm.

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

16 A. Mmm.

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

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

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

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

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

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

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

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

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

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

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

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

27 **A.** Yeah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 **Q.** Right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 **A.** Yes, yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

6 **Q.** Right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 **A.** Yes.

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

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

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

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

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

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

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

21 Thank you, no more questions from me.

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

23 **A.** Hi.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 A. Absolutely, absolutely, mmm.

17 Q. All right. Thank you for that.

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

23 A. Mmm.

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

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

27 Q. Yes, physically isolated?

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

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

3 **Q.** Yes.

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

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

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

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

13 **A.** Yes.

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

22 **A.** Thank you.

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

25 **A.** Thank you.

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

29 **A.** Thank you.

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

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

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

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

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

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

3 I encourage them to stand and move forward.

4 **CHAIR:** Please do.

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

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

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

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