

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

Under The Inquiries Act 2013

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

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

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

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
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AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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

2 **[10.03 am]**

3 **COMMISSIONER GIBSON:** Nau mai piki mai ngā purapura ora, ngā tāngata katoa. Greetings,
4 welcome everybody here to the fourth day of the hearing. Ms Basire.

5 **MS BASIRE:** Thank you. Mr Allan, counsel for the Crown, just wants to address you on a
6 matter.

7 **MR ALLAN:** Morning Madam Chair, Commissioners. I just wanted to introduce to you
8 Mr Brian Coffey who's seated to my far left. He is the Director of the Office For Disability
9 Issues and he'll be in attendance during the day.

10 **COMMISSIONER GIBSON:** Kia ora Brian, kia ora everyone.

11 **MR EY**

12 **MS BASIRE:** The first witness this morning is Mr EY. Mr EY did want to be here in person
13 today to give his evidence. Unfortunately, due to Covid related reasons he's unable to make
14 it today. Fortunately, counsel had recorded part of his story in a prior run through of his
15 evidence, and so what we have done is we have compiled a video from portions of this and
16 his written statement.

17 As the recording was not planned to be his evidence, unfortunately his pepeha was
18 not voiced, so today it will be shown in written form only in the recording as it is not
19 appropriate for somebody else to voice it. I apologise for the sound quality of this
20 recording, it is not up to the normal standard, but it's what we could do in a very short time.
21 The recording is 37 minutes long and it will be followed by us doing a waiata in support of
22 Mr EY.

23 **[Video played]**

24 "Mr EY is of Moriori, Te Āti Awa, Rangitāne and Ngāi Tahu descent. [Ko
25 Taranaki te maunga, Ko Ngāti Te Whiti te Hapū, ko Te Āti Awa te iwi, ko Parihaka te
26 marae, ko Mr EY tāku ingoa].

27 His evidence relates to the experiences of his younger brother Jimmy. Jimmy was
28 disabled and admitted to Tokanui Hospital where he died two years later. This video shows
29 a silhouetted male witness from the shoulders up. His head occasionally moves as he talks
30 and he is wearing a cap. The face of the man is completely in shadow, so you cannot see
31 any of his features. Interspersed throughout this video are slides that feature written words
32 on a background. These are quotes from Mr EY's statement to the Royal Commission."

1 **SPEAKER: [Karakia timataka]** Tēnā koe, tēnā koutou katoa. Inoi tātou e te Atua. Āe. Mānawa
2 mai te mauri nuku, mānawa mai te mauri rangi. Ko te mauri te hau [kai a au] he mauri tipua
3 ka pakaru mai te pō. Tau mai te mauri. Hui e tāiki e. Kia ora.

4 **QUESTIONING BY MS BASIRE:** Mr EY, I understand that you were born in 1949; is that
5 correct?

6 A. Yes, that's right.

7 **Q.** Yeah, and you were born in Taranaki?

8 A. Yes.

9 **Q.** And you're currently 72 years old?

10 A. Yes.

11 **Q.** Your parents, you refer to them as mum and pops; is that right?

12 A. Yeah, yes.

13 **Q.** What is your iwi, Mr EY?

14 A. Well, I never knew, I never had any information right through when I was young and to
15 growing up where pop's whakapapa came from, I didn't realise he's actually from the South
16 Island, top end of the South Island, the Wairau River in Nelson, yeah, and he whakapapas
17 to the chiefs of the Wairau River at the time of the troubles that were going on down there,
18 and I mean I never ever knew any of that stuff.

19 **Q.** What about mum, Mr EY?

20 A. Well, I don't know, mum never shared any information about where she was at all until I
21 was watching the TV and I said "mum, look at those funny Morioris", and I was getting
22 cheeky about the Moriori, I said "look at that Moriori, mum, look at them" and she got the
23 newspaper and donged me on the head. "Don't you dare talk about your whānau like that,
24 your tūpuna like that." And I never knew, mum never shared that with us. Her father is
25 from the Chatham Islands, was from, is -[GRO-B]-. And I cried when mum told me,
26 explained that to me and I just quietly thought to myself gee mum, I wish I had known
27 when I was younger.

28 **Q.** I understand that the evidence that you want to give today is about your upbringing and
29 about your brother Jimmy. So mum and pops had four children, didn't they. So Jimmy was
30 about 13 months younger than you, is that right?

31 A. Yes, that would be about right, Miss, yeah, yes.

32 **Q.** Yeah. And this was a second family for your dad, wasn't it?

33 A. Yes.

34 **Q.** So your dad was a lot older than you, a lot older than your mum?

- 1 A. Yes, yes, he was, yeah.
- 2 Q. Yeah.
- 3 A. Very old.
- 4 Q. Yeah.
- 5 A. Much older.
- 6 Q. Yeah. And when you think back to your childhood, you've told us that pop didn't really
7 spend a lot of time with you kids, did he?
- 8 A. No.
- 9 Q. No, you've said that there was no in-depth conversations?
- 10 A. No.
- 11 Q. He would just sort of sit outside his house smoking his pipe?
- 12 A. Smoking his pipe, yes.
- 13 Q. Yeah.
- 14 A. And we were frightened to interchange with him or to talk with him or anything like that.
- 15 Q. And why was it that you were frightened of pops? What did pops do to you and the other
16 members of the family?
- 17 A. Because he bashed mum.
- 18 Q. Yeah.
- 19 A. And he bashed mum and I was -- the ones who suffered physically by pops was my mother
20 and me. And mum always screamed, because I was closest to the action, right up by the
21 action because I thought I'm not leaving mum and when the fighting the went down, and
22 that's when I had to be there to jump on mum to stop him from hitting her with a pipe or
23 anything like that, any weapon. And I took the -- yeah, I just covered her.
- 24 Q. Yeah, I'm really sorry to hear that. And I understand that he would often use weapons,
25 wouldn't he?
- 26 A. Yes, whatever he had in his hands.
- 27 "(Narrator) Pops was a very violent man towards mum and me. I used to get bad
28 knocks to the head from his boots, from pieces of four by two, you name it. I was punched
29 heavily in anger. The violence at home, what happened there broke us all."
- 30 Q. When you talked to us originally you had remembered a time where mum had got some
31 family photos taken of you?
- 32 A. That's right.
- 33 Q. And -- yeah, but she knew that dad wouldn't want her spending money on the family
34 photos, that was right, wasn't it?

- 1 A. That's right, yes.
- 2 Q. And that's what, that's what set off the worst incident, wasn't it?
- 3 A. Yeah, well, that was one of the worst hidings I've ever -- well, it struck me as -- it was
4 horrific, that time when pops spotted that letter because he tore up all mum's earlier photos
5 that mum got done from the photographer earlier and however, that's why mum said "don't
6 let pop know about this one", because -- and we said to mum "how are you going to deal
7 with how much it costs?" And the photographer fulla said to mum, well we'll make a down
8 payment, sort of easy down payment stuff like that.
- 9 Q. Right.
- 10 A. You know, we'll work out the costs and all that, and mum walked out and us kids were
11 looking and were like "that might be easy eh mum, but we've got to keep this from pops,
12 though, does pop know about this?" Oh gee, and I was a bit frightened, but then I said
13 okay.
- 14 "(Narrator) Mum was a very gentle person, she always rallied around with aroha
15 and connected to us all."
- 16 Q. You've told us that mum was a really gentle person, wasn't she?
- 17 A. Yeah.
- 18 Q. And she tried to protect you from all this, didn't she?
- 19 A. Yes.
- 20 Q. Yeah, yeah.
- 21 A. Mum was a very, very gentle person, lovely person, yeah.
- 22 Q. And she loved you kids and she didn't --
- 23 A. Yeah.
- 24 Q. -- she didn't want this happening, but she was in difficulties because she was a victim
25 herself, wasn't she?
- 26 A. Yes, that's right, yes.
- 27 Q. Yeah.
- 28 A. That's right, that's right Miss. And with these, with, got - because- if pops spots that letter.
29 And we didn't -- everyone forgot, even I forgot that she'd given -- I said "where's Jimmy?"
30 "He's gone to get the mail." "Oh". So I didn't think nothing much of it, but he wasn't
31 included in our secrecy sort of thing, you know what I mean?
- 32 Q. Yeah.

- 1 A. So he was happy to grab the mail for us. And what he did was that the letter from -[GRO-
2 B] -he- plonked it straight in front of pops sitting on the table. And oh gee, we were
3 horrified, and pops looked down and that was one of the heaviest hidings mum ever got.
- 4 Q. Yeah.
- 5 A. "(Narrator) Everything on the dinner table went flying, food and drinks. Jimmy either
6 jumped on top of mum to try and protect her, or fell off his stool. I remember he hit his
7 head pretty hard on the floor. Mum was being bashed, she was on the floor. Then her body
8 was covering Jimmy's, trying to protect him, all while she's being kicked. I could hear the
9 thuds of the kicks. She was screaming 'help, help'. I dived on top of her to try and protect
10 her from the blows. The dining room was in tatters, broken glass, plates, spilt food and
11 drink everywhere. Everyone was screaming. I don't know how anyone could have
12 survived that treatment, it really disturbed me. Poor Jimmy, he was caught in the eye of the
13 storm, completely oblivious."
- 14 He destroyed it all, destroyed all of our beautiful photos.
- 15 Q. Yeah.
- 16 A. He destroyed the last lot of photos.
- 17 Q. Yeah.
- 18 A. We had no photos when we were young because pops anger just destroyed them all because
19 he was conscious of the costs and all that.
- 20 Q. I just want to talk now about Jimmy.
- 21 A. Yes.
- 22 Q. So you said that Jimmy was 13 months younger than you. So you two were quite close,
23 weren't you?
- 24 A. Yeah, yes.
- 25 Q. And you were the only boys in the family so he was your brother?
- 26 A. Yes.
- 27 Q. Yeah?
- 28 A. Yeah, yeah.
- 29 Q. And you were the big brother?
- 30 A. Yeah.
- 31 Q. Yeah. And you were really close to him, weren't you?
- 32 A. Yeah, we'd go down by the river, I'd take him down by the river, we went down by the river
33 swimming and that stuff, you know?
- 34 Q. Yeah.

- 1 A. As kids, all together, all together, yes.
- 2 Q. But after a while you realised that there was something that was not quite right with Jimmy.
3 What can you remember observing of Jimmy that was different to you?
- 4 A. He was slow in his reaction to things, I guess, as well, because I'd always say Jimmy "are
5 you all right Jimmy, are you all right? Can you remember this and that?" And he'll sort
6 of -- he'll stall then he'll probably have a think about it, "yeah, yeah, yeah, I'm all right,
7 yeah." And then I sort of think mmm, okay, so just carried on. But there was a bit of --
- 8 Q. When he was little he could talk? Yeah.
- 9 A. Yeah.
- 10 Q. But his responses seemed a bit slow. Physically what did you notice about his body that
11 was different to yours?
- 12 A. He was able to walk around, we used to go walk along the railway line getting some
13 watercress and some coal, put the coal in the bag, and Jimmy was always there helping us
14 and having fun and that, doing the normal things. He might have been a bit slow but we
15 didn't notice that, you know, just helping each other, and just doing these things as best he
16 could at that time.
- 17 Q. Yeah.
- 18 A. Yeah.
- 19 Q. And did he start to have trouble with his legs?
- 20 A. Yes, I think so. Yeah, because he had a bit of a limp. I think if I can remember, he walked
21 slowly but we were all walking along the railway line anyhow, but Jimmy was happy just
22 plodding along as slow as he was, and we just helped him along as best we could.
- 23 Q. Yeah. I understand that for at least four years or so, Jimmy went to the same small school
24 that you did?
- 25 A. Yes.
- 26 Q. And so --
- 27 A. Yeah.
- 28 Q. So he went to school and he was talking and he could walk?
- 29 A. Yes.
- 30 Q. But he didn't have many friends at school, did he?
- 31 A. No.
- 32 Q. And that made you, that made you sad, didn't it? -

- 1 A. Yeah, I said to- [-GRO-B],-- we'll take turns to look after Jimmy, yeah, and have my turn
2 and you guys go and play, or whatever it was and I'll be Jimmy all the time, you know, we
3 used to alternate, you know.
- 4 Q. Yeah.
- 5 A. Yeah, but he was never, ever left alone, there was either one of us or two of us there with
6 him.
- 7 Q. Just a little question about school. This is something that you told us in your statement. At
8 home, did mum teach you some Māori? Did you speak Māori at home?
- 9 A. Mum was help us our Māori, teaching us this and that, haere mai and simple words. And
10 we carried it on until the nun came up and I got the strap for talking Māori. And I'd just say
11 "haere mai, haere mai, haere mai" to a friend or whatever it was, just simple, you know?
- 12 Q. Yeah.
- 13 A. Then the nun came out and said "I told you, no speaking Māori" and she whacked me hard.
- 14 Q. Yeah.
- 15 A. I didn't like that.
- 16 Q. Yeah. So you were disciplined because you dared to speak some Māori words at school,
17 yeah?
- 18 A. Yeah.
- 19 Q. And you went home and told mum that and then --
- 20 A. Yeah.
- 21 Q. -- mum stopped teaching you after that, didn't she?
- 22 A. Yeah, because -- mum didn't want me to get the, get that strap again for speaking Māori, so
23 she stopped altogether sort of thing.
- 24 Q. Yeah.
- 25 A. Make sure that, you know, I didn't like that, but however, it was one way of -- to keep me
26 safe from the nuns.
- 27 Q. Yeah, but that was sad, because then you didn't learn your language until a lot later in life,
28 that's right, isn't it?
- 29 A. That's right.
- 30 Q. Yeah.
- 31 A. That's right, yeah.
- 32 Q. Yeah.
- 33 A. And like so it was taken, taken completely away, just disappeared, like for our own safety,
34 I suppose, for my own safety.

1 "(Narrator) Jimmy's pathway to Tokanui."

- 2 **Q.** Because you were only a little bit older than him, you didn't really ask mum and dad what
3 was wrong with Jimmy, did you, and they didn't tell you?
- 4 **A.** No, they didn't, no. Nothing was shared in that sense.
- 5 **Q.** Yeah. Now as part of your journey with the Royal Commission, we've managed to get
6 some documents from Jimmy's time at Tokanui, and that was the first time you were able to
7 get the authorities to give you the documents. That's right, isn't it?
- 8 **A.** Yes, I think so, yes.
- 9 **Q.** Yeah, yeah. So what the documents show is that Jimmy, before he went into Tokanui, was
10 using a wheelchair. Can you remember him in the wheelchair?
- 11 **A.** Not before he went away, I'm pretty sure, I'm pretty sure not before he went away in the
12 car. I don't recall him having that wheelchair then at home, a wheelchair at home.
- 13 **Q.** And what we know from some of the records, I'll read out a home visit in 1962 from the
14 social worker, okay?
- 15 **A.** Yes, yes.
- 16 **Q.** So we know that when he went into Tokanui he was eight stone, okay, and --
- 17 **A.** Yes.
- 18 **Q.** -- there's a note here from the social worker that says Jimmy's heavy for your mum to lift
19 and pops wasn't able to lift him because he's much older than your mum. The social worker
20 thought that mum was feeling the strain of Jimmy's care because he had -- they recorded he
21 had no wheelchair because he'd grown out of the old one.
- 22 **A.** Yeah.
- 23 **Q.** And Jimmy spent a lot of time sitting on his bed playing with plasticine. Do you remember
24 Jimmy sitting on his bed playing with plasticine?
- 25 **A.** I remember that really clearly.
- 26 **Q.** Yeah.
- 27 **A.** We'd always make these war things, tanks and aeroplanes with plasticine.
- 28 **Q.** Yeah.
- 29 **A.** Do cars, do these cars things and that.
- 30 **Q.** So what we know from the records that we have been able to get, is that they thought when
31 Jimmy was admitted to Tokanui, that he was what they called an imbecile, that he was
32 mentally handicapped, and he had this physical, progressive physical atrophy of his limbs.
33 Today we would say that he's got a learning disability and he had a physical disability. But
34 he still had a real good quality of life when he lived with your family, didn't he?

- 1 A. Yes.
- 2 Q. Yeah.
- 3 A. Absolutely, yeah.
- 4 Q. Yeah. We know from the records also that the doctors that your mum was seeing thought
5 that Jimmy didn't have a lot of potential, but that was what they thought. But that's not the
6 Jimmy that you knew, was it?
- 7 A. No, that's for sure.
- 8 Q. Yeah.
- 9 A. Yeah.
- 10 Q. All you know is that one day Jimmy's taken out of your life. Can you remember that day,
11 the day that Jimmy was taken away from home?
- 12 A. It happened so quickly. One minute he's here and it's more or less on the day that a
13 decision is made suddenly, and then next minute before we can gather our thoughts and
14 that, and mum says that they're taking Jimmy up to a hospital somewhere. I don't recall
15 ever any preparedness, or why, or any reason, or a proper reason, or how long is he going to
16 be up there, or how long is he going to be away, or why does he need to go to this hospital
17 or whatever this place is. We didn't have any of that information. We just knew all was
18 said, they're taking Jimmy up to Tokanui, to a place called Tokanui. That's just more or
19 less, just bang and that's all. And then next minute he's gone, he's gone.
- 20 Q. Yeah. And do you feel that you had the opportunity to even say goodbye to him?
- 21 A. Yes, we said our goodbyes to Jimmy, but it was like so suddenly that the decision was
22 made.
- 23 "(Narrator) I'd ask mum 'how's Jimmy getting on?' But it seemed to me that we lost
24 contact with him for a year or at least I didn't know about any contact. I asked mum a lot if
25 we could visit. Then one day mum said 'we're going to visit Jimmy'."
- 26 Q. I understand that there was one time that you got to go and visit him, and I want you to tell
27 me everything you remember about that time that you went to visit him in Tokanui?
- 28 A. When they went inside and then they spent time inside and then they pulled Jimmy out into
29 the open, mum was pushing the wheelchair and I looked down and I thought God, look at
30 this, Jimmy's gone huge.
- 31 Q. Yeah.
- 32 A. He's blown out like a balloon.
- 33 Q. So his weight was really dramatically more than when you'd last seen him, wasn't it?

1 A. Exactly, exactly, I just couldn't believe it, and I thought hey look at this, look. And even as
2 mum was wheeling the chair out, mum had tears in her eyes, I could see she was sad and
3 that, and I was shocked with what have they done, you know, to our brother?

4 "(Narrator) He was squashed in, his stomach was bulging all over, it was huge, he
5 was about 20 stone. He would have been over three times the size he should have been.
6 He couldn't acknowledge us, he couldn't even say anything. He was sitting there in a state
7 of obvious anguish, in physical and mental pain."

8 Q. And so he didn't look like the Jimmy that you knew, did he?

9 A. No. He was -- he was just -- he was sitting there, he was in his wheelchair in a daze, in a
10 doze, what do you call it, he wasn't --

11 Q. He wasn't connecting with you the way he used to, was he?

12 A. No, no, not at all.

13 Q. And you thought he must have been on some sort of drugs because the way his head was
14 hanging and he was --

15 A. Yeah.

16 Q. -- he was making moaning noises?

17 A. Exactly, yes, exactly Miss. He couldn't speak to us, he couldn't speak. All he could do was
18 grown "aah, aah, aah, aah" and he's rocking in his wheelchair, and I spotted it. I thought
19 hang on a minute, I spotted what Jimmy seemed like -- it seems like he's trying to tilt in his
20 big wheelchair. I took the weight, put my hand underneath his leg and bang, just to have a
21 look. And when I pulled my hand out, my hand was covered in blood.

22 Q. Ooh.

23 A. My hand was covered in blood, I was holding on to his raw injuries underneath his bum,
24 underneath his leg there and in his weight, the weight was all on that. And I screamed,
25 I said "hey look at this, what have they done? What have they done?" Or what haven't they
26 done?

27 Q. Because what you were seeing was that Jimmy had just been sitting in urine and that his
28 whole backside was red raw, wasn't it?

29 A. That's right.

30 Q. Yeah.

31 A. Yes, and both his thighs and all around his bottom end raw, was absolutely raw, and to me
32 that looked like -- and then I screamed, I said "mum, mum, look at this, this is bullshit, this
33 is -- this is not right." I could see something's wrong here and that for Jimmy to be left in
34 this agony, agony.

- 1 **Q.** Yeah. And you knew what it was because you could smell it, couldn't you?
- 2 **A.** Yeah.
- 3 **Q.** Yeah.
- 4 **A.** Yeah. Yeah, the smell of it all too, and then of course with how he was -- he couldn't, he
5 couldn't, he couldn't cry to me really, but he'd just go "aah, aah, aah, aah, aah." I was
6 devastated, I was shocked.
- 7 **Q.** Yeah, and you think he couldn't tell people what pain he was in because he was so drugged
8 up, that's right?
- 9 **A.** Yes.
- 10 **Q.** Yeah. Because the Jimmy you knew could tell you things, couldn't he?
- 11 **A.** Exactly, he could tell us everything. If he was in pain, or see stuff that was, you know,
12 when I think about it the drugs that they -- yeah, he'd been drugged up to just sit there and
13 probably just sit in, yeah.
- 14 **Q.** Yeah.
- 15 **A.** "(Narrator) Mum came along and looked. She used her hands and lifted his skin up to see.
16 She looked on the other side of Jimmy's body too. There was no bringing the doctors and
17 nurses out and bringing Jimmy to a table to have a look, which is what I thought would
18 have happened. Mum did a kōrero with a nurse and I didn't know what was said."
- 19 And then I realised, Jimmy is lost to us.
- 20 **Q.** Yeah.
- 21 **A.** It wasn't his problem, and when we left there, when we left with Jimmy like that in his time
22 of need and his time of all that, how's he going to survive? How's he going to survive? It's
23 taken me a long, long time to get to this point for Jimmy and I haven't stopped. I haven't
24 stopped because they -- we -- I knew, I sensed that there's a problem here, but how can I -- I
25 was only young, only young anyhow, but I never gave up.
- 26 **Q.** Now I just want to talk about that day a little bit more, and I know it's painful talking about
27 that day.
- 28 **A.** "(Narrator) Pop said all right, that it was time to go. When we left Jimmy there was no
29 smile, no reaction from him. There was darkness in his eyes. In the car, we were still
30 crying, we were all saying 'mum tell pops to stop'."
- 31 **Q.** Even if mum had wanted to pick him up and take him home, pops wouldn't have let her,
32 would he?

1 A. No, he definitely wouldn't let mum. Mum was frightened of pops anyhow. She knew that
2 we were urging mum, come on mum, quietly, you know, come on mum, mum, talk to pops,
3 talk to pops before we leave. We want him to come back home. Nah. It's like -- yeah.

4 **Q.** Yeah.

5 A. And sure enough, we come back home and sure enough, 12 months later, mmm. A death.

6 "(Narrator) We desperately wanted Jimmy to come home, but when he did come
7 back to Taranaki it was in a box. It must have been around 12 months after our visit when
8 we got news Jimmy had died. I think mum must have been contacted by someone. She
9 said to me "Jimmy's passed away." On Jimmy's notice of death it said that he became
10 unwell on 10 July 1965 and developed broncho pneumonia. He passed away at 11.20 pm
11 on [-GRO-C] --July 1965. The documents say the primary cause of his death was broncho
12 pneumonia and with the second cause listed as progressive muscular atrophy."

13 **Q.** And you feel it was neglect, because --

14 A. Exactly.

15 **Q.** -- what you saw, Jimmy had been grossly neglected at Tokanui, hadn't he?

16 A. Exactly. Grossly ignored, totally. And his physical condition that for us, what we saw with
17 our eyes.

18 **Q.** That last time you saw him, you knew from the look in his eye that something was really
19 wrong.

20 A. Absolutely Miss.

21 **Q.** Yeah. And so looking at his records. At the time, we can see that he's admitted into
22 Tokanui in 1963, it was April 1963, and then he died in July 1965. So he was at Tokanui
23 just over two years and in that time, he only had the one visit from you.

24 A. Yes.

25 "(Narrator) I think Jimmy would have been so lonely. We would have been his
26 only visitors in the whole time he was there."

27 He died alone.

28 **Q.** Yeah.

29 A. He was totally left alone. And that's the fact that when we left Tokanui and I saw the
30 darkness in Jimmy's eyes as we turned to leave. Nothing I can do boy. Waving goodbye.
31 But he couldn't wave because there was just no emotion, no movement, just darkness, yeah,
32 yeah.

1 "(Narrator) One thing I hold on to is that once during our visit I know that Jimmy
2 recognised us and there was a very slight smile on his face. It was a distant smile, but it
3 was there."

4 **Q.** And one of the things that you have found really hard, is that you tried to find out when you
5 were an adult what happened to your Jimmy.

6 **A.** Yeah.

7 **Q.** And every time you approached the agency or government department for help, nobody
8 was interested in helping you, were they?

9 **A.** They didn't want to hear about it or know about it.

10 **Q.** Yeah.

11 **A.** "(Narrator) Every time I have approached an agency or department for help, I have been
12 blocked. I have written so many letters. You can't just say there is no evidence that
13 someone existed. Whānau deserve answers. I tried requesting Jimmy's personal file
14 through the Waikato District Health Board, through Archives New Zealand, through a
15 historic claims process. At one point I had over six sessions with some health worker
16 sharing information and details to try and get some answers. I felt like I was being put
17 through the wringer. I was providing the same information over and over and then being
18 asked for it again. I got a really shocking letter from the Waikato District Health Board in
19 response to my request to them. I felt like I was treated in a really bad manner. The letter
20 was really depressing. But I didn't let it be."

21 **Q.** What you're wanting to tell the Commissioners is that roadblocks were put in the way to
22 you to find your brother's story and you don't think that should have happened, do you?

23 **A.** It should never have happened.

24 **Q.** Yeah.

25 **A.** It's like -the- State was part of that hush hush, effectively, I suppose, hush hush, keep that
26 information internal or whatever it is. I'm surmising now, but something was going on in
27 that vein, in that -- something was going on.

28 **Q.** And so that's part of the message that you want to give, is that Jimmy died in care and then
29 you feel that the State tried to stop you finding out what happened to him?

30 **A.** That's dead right. That is dead right Miss, yeah.

31 "(Narrator) It should not be this way for whānau trying to find out what happened to
32 their family member. My brother died in care. Jimmy didn't have a voice to express his
33 pain and suffering, so I must carry his voice from beyond the grave to ensure justice."

1 **Q.** Is there any other message that you want to send to the Government or to the
2 Commissioners about Jimmy's story?

3 **A.** It was abuse. It was direct abuse of his condition. He was abused in such a way and it
4 costed him his life because of what had happened, and the struggles that he had gone
5 through covers all these departments. Abuse in care, that's what it is.

6 **Q.** Yeah.

7 **A.** (Inaudible) And that's why I've been here for for this particular day, to say something, you
8 know, to share this.

9 "(Narrator) It was only when Jimmy was dead that pops finally made arrangements
10 to bring him back to -[GRO-B]. There was an argument about where he could be buried.
11 He's buried in -the -[GRO-B] --public cemetery, not in the family urupā. As we were
12 pops' second family, there was a stigma there. He didn't even get a headstone or a cross
13 marking his grave. His mana needs to be restored but I feel that this cannot happen until
14 his resting place is marked."

15 **MS BASIRE:** That brings us to the end of the pre-record.

16 **COMMISSIONER GIBSON:** Thank you, Ms Basire, and thank you Mr EY. I'll now hand over
17 to Commissioner Steenson to do a formal thanks. Or a waiata first is it?

18 **COMMISSIONER STEENSON:** I'll give a mihi first and then we'll waiata. Tēnā koe Matua.
19 Ngā mihi nui ki a koe tō kōrero nui i tēnei wā. Ka aroha. Tēnā koe, tēnā koe.

20 While we understand that you're not able to attend today, and may not be watching
21 live, nonetheless we must acknowledge you for speaking on behalf of your whānau and in
22 particular your brother Jimmy today. The experiences for tāngata whaikaha Māori must be
23 known and we're so grateful for you representing your whānau. You've carried his voice
24 from beyond the grave today and you've done an honour for your whānau. Nō reira, tēnei
25 te mihi, tēnei te mihi, tēnei te mihi ki a koe. Kia kaha, kia māia, kia manawanui. Tihei
26 mauri ora.

27 **[Waiata Patea Nei]**

28 **COMMISSIONER GIBSON:** We'll now take the morning tea break for 15 minutes.

29 **MS BASIRE:** Yes thanks, that's suitable.

30 **Adjournment from 10.46 am to 11.04 am**

31 **COMMISSIONER GIBSON:** Stand for karakia.

32 **MIKE:** Ka rere atu a tātou pūmaumaharatanga ki te tini whetū e Matariki ana ō tātou nā tūpuna.
33 Kia whakahokia e tuku iho ki a tātou te whānau e noho tahi ana. Hei arahia, hei manaakitia,
34 hei tū pakari ai tātou e ō rātou mana. Nei te kaupapa kei waenganui, taumaha. Koinā te

1 waiū, te waiora, te wairua, mai i te pō hoki atu ki te ao e hoki mai ki te pō. Nā te aroha nui
 2 o te Atua ēnei taonga katoa i paiherehere. Kia kotahi ai ngā tūmanako, kia kotahi ai ngā
 3 tūmanako, ka kotahi ai ngā whakaaro. Ka kotahi ai ngā moemoeā kia kotahi ai tērā. Nō
 4 reira e te whānau haumi e hui e tāiki e.

5 **COMMISSIONER GIBSON:** Ms Spelman.

6 **MS SPELMAN:** Tēnā koe te Heamana, otirā tēnā koutou nga Kaikōmihana. E te Matua nāu i
 7 whakatuwhera tō tātou nohoanga o tēnei wāhanga o te rā. Nō reira e mihi ana ki a koe ka
 8 tika, mihi hoki ki te hunga mate nā rātou i haere ki tua i te arai e mihi ana.

9 Ki te matua i tēnei ata, nāna i whiu ngā kupu o ērā momo wheako, e mihi ana ki a
 10 ia, otirā ki te hunga i ēnei rangi kua tata nei kua takoha ngā wheako ki ngā Kaikōmihana e
 11 mihi ana, e mihi ana.

12 Ki te whānau Neilson, tēnā koutou. Tēnā koutou Ngāti Porou, tēnā koutou Ngā
 13 Puhī. Tēnā koutou i tō kaha, i tō māia kia tae mai i te rangi nei ki tēnei kōmihana, tēnā
 14 koutou. E kī ana te kōrero 'kia whakatōmuri te haere whakamua'. Nō reira i runga i tērā
 15 whakaaro ka huri au ki te whare tēnā koutou, tēnā koutou, tēnā tātou katoa.

16 Commissioners, I just wanted to begin this morning by acknowledging Matua Mike
 17 for opening our session with karakia, acknowledging those who are not able to be here
 18 today who have passed on, and the witness who spoke this morning and those who have
 19 been heard in the most recent days.

20 Also, to Sidney, Cherene and Mike for coming today, despite the heaviness of the
 21 journey it's taken to get here, I acknowledge you all and I thank you for taking the time and
 22 the courage that it takes to be with us.

23 The whakatauki I mentioned, walking backwards into the future with our eyes fixed
 24 firmly on the past, is a whakatauki of course with much relevance for Māori within Te Ao
 25 Māori, where we hold on to that idea that it is only by looking to the past, by understanding
 26 that, by thinking of the lessons brought from our tūpuna that we can walk into a future that
 27 will be better for ngā mokopuna ka haere ake nei.

28 I'm just going to pass now over to the whānau so that you can introduce yourselves,
 29 and following that we'll turn to the video, but I want to start first with making time for you
 30 to come into the room and acknowledge yourself.

31 **QUESTIONING BY MS SPELMAN:** So Sidney, first of all, tēnā koe, good to see you in here.

32 **SIDNEY:** Kia ora.

1 **MS SPELMAN:** Do you want to introduce yourself, Sidney, and I'll just ask Mike to move that
2 microphone closer to you, and if you just speak into it a little bit closer, you might need to
3 roll your chair in towards it a little bit more.

4 **SIDNEY:** Kia ora e hoa, my name is Sidney Neilson. I'm Ngāti Porou, Ngāpuhi. Mum and dad
5 were born in Ruatoria, dad was born in Auckland, Kaikohe, and -- yeah.

6 **MS SPELMAN:** Tēnā koe Sidney, e mihi ana.
7 Cherene, could I turn to you.

8 **CHERENE:** Tēnā koutou katoa, 'titiro whakamuri' *look to our past*, 'kia mataara ki aiane' *be*
9 *vigilant in our present* 'e ora ai ngā uri whakaheke' *so future generations can thrive* just as
10 Julia had mentioned in her whakataukī e pa nei ki tēnei kaupapa taumaha kei a tātou.

11 Tēnā koutou katoa te kāhui manaaki. Ko Hirini te mātāmua o tō mātou whānau. Ko
12 ahau te māngai mōna. Ko Shareen taku ingoa.

13 Ko Mataatua, ko Horotua ōku waka. Ko Whakataha, ko Hikurangi ōku maunga. Ko
14 Waitangi, Ko Waiapū ōku awa. Ko Tauwhara, Ko Te Auau ōku marae. Ko Ngāti Rēhia,
15 Ngāti Hine, Ngāti Hineira, Te Whiu ōku hapū. Ko Ngā Puhi nui tonu, Ko Ngāti Porou ōku
16 iwi. Ko Hone Rameka rāua ko Tekau Whero ōku tūpuna ki te taku, ki te tana [taha] o taku
17 pāpā. Ko Taipara Nukunuku rāua ko Pirihira Nepia ōku tūpuna ki te taha o tōku mā..., kōkā.
18 Ko Neville Neilson rāua ko Pirihira Nukunuku ōku mātua.

19 Ko tō mātou nei tino tūmanako moana. Our greatest hope for today is that Sidney
20 can speak his truth, te kōrero i tana pono, to find his peace, ki a kite te rangimārie, and to
21 restore his mana, whakahoki a tona mana. Nō reira, tēnā koutou, tēnā koutou, tēnā koutou
22 katoa.

23 **MS SPELMAN:** Tēnā koe whaea.

24 **MIKE:** Tēnā no tātou te whānau, he purapura ahau no te Tairāwhiti, he maha ōku maunga, he
25 maha awa runga ngā taha o rātou nā ngā tūpuna. My name is Mikaere Whānga, I hail from
26 the East Coast, from Kawakawa Mai Tawhiti, which is Te Araroa on the East Cape down to
27 Gisborne and down through to Wairarapa. Nō reira, e mihi ana ki a koutou katoa.

28 **MS SPELMAN:** Tēnā koe, tēnā koutou. I understand there's the affirmation to be taken, so
29 perhaps we could do that before the video plays.

30 **SIDNEY FRANK NEILSON AND CHERENE NEILSON-HORNBLOW (Affirmed)**

31 **MS SPELMAN:** And if we could now play the video please.

32 **[Video played]**

- 1 **MS SPELMAN:** Kia ora anō. One last thing I know, Sidney and Cherene, that you've brought a
2 photo with you that's just sitting up on the tēpu there. I just wondered if you wanted to let
3 everyone know who's here in the room with us.
- 4 **SIDNEY:** That's my dad, that's my mother, me, and my three sisters.
- 5 **MS SPELMAN:** And Cherene's that little chubby baby at the front, is that right?
- 6 **SIDNEY:** Yeah.
- 7 **CHERENE:** Āe.
- 8 **SIDNEY:** Grumpy, too.
- 9 **MS SPELMAN:** So Sidney, that's a good place for us to start because we can see from that
10 picture that you are the mātāmua of the whānau, you were the first born son.
- 11 **SIDNEY:** Yeah.
- 12 **CHERENE:** Life before Porirua Hospital.
- 13 **MS SPELMAN:** Could you tell us, Sidney, a little bit what that was like growing up, so when you
14 were growing up as a child, how was that time for you?
- 15 **SIDNEY:** It was pretty awesome, had a good life, yeah. Was spoilt.
- 16 **MS SPELMAN:** I'll just ask you lean in a little bit closer to the microphone because we've got
17 someone here who's typing up everything, so just speak up a little bit louder if you can.
- 18 **SIDNEY:** Yeah, yeah.
- 19 **CHAIR:** And before we start, Jay Jay, would you like to put the photo up so everyone can see it,
20 see if we can prop it up there.
- 21 **CHERENE:** Thank you.
- 22 **MS SPELMAN:** So you were saying, Sidney, that when you were a youngster, growing up was
23 pretty awesome.
- 24 **SIDNEY:** Yeah, had a good life, had the best life, spunky number one in the universe. Yeah. No,
25 it's all good.
- 26 **MS SPELMAN:** And you were pretty busy as a kid, you did lots of sports and kapa haka; is that
27 right?
- 28 **SIDNEY:** Yeah, I played rugby for the bay, Tītahi Bay. I was the best player.
- 29 **MS SPELMAN:** What position did you play?
- 30 **SIDNEY:** I was top winger, had my old boots. And, yeah, kapa haka, I was brought up Ngāti
31 Pōneke Māori Club, I was the leader, top leader, won heaps of competitions, kapa haka,
32 concerts and all that, yeah.
- 33 **MS SPELMAN:** Did you travel with Ngāti Pōneke to perform at other places?

- 1 **SIDNEY:** Yeah, yeah toured around all around New Zealand, in the 50s, 60s, it was in our blood,
2 yeah.
- 3 **MS SPELMAN:** And is that -- because both of your mum and dad were both really involved with
4 that, weren't they?
- 5 **SIDNEY:** Yeah.
- 6 **MS SPELMAN:** So you had lots of sports and kapa haka.
- 7 **SIDNEY:** Rugby.
- 8 **MS SPELMAN:** How about school, what was school like for you when you were younger?
- 9 **SIDNEY:** Yeah, that was pretty good too, yeah. Going back in time eh.
- 10 **MS SPELMAN:** Yeah, it's going back a wee way.
- 11 **SIDNEY:** AD BC, yeah. No, it was all good, yeah. School, wasn't very brainy, but, yeah. Yeah,
12 and I didn't (inaudible) when I was a child until I was 12 (inaudible) Porirua.
- 13 **CHAIR:** I just think we better -- are you having trouble? Yes. See the lady over there,
14 she's -- we'll get the microphone sorted before we go on.
- 15 **MS SPELMAN:** And so that growing up you were telling us about, Sidney, that was when you
16 lived in Porirua; is that right?
- 17 **SIDNEY:** Yes, yes.
- 18 **MS SPELMAN:** But you've mentioned obviously you descend on your father's side Ngāpuhi, on
19 your mum's side Ngāti Porou?
- 20 **SIDNEY:** Yeah.
- 21 **MS SPELMAN:** What was your connection like with your whānau back home when you were
22 growing up in Porirua?
- 23 **SIDNEY:** Oh, it was good, had a good life, eh. Used to stay in Porirua Devon Place, units, me
24 and my family, mum and dad and that. And, yeah, had a good life there. When I was
25 resurrected in Porirua, AD BC, yeah. And I went to school there, went to school. Yeah,
26 been all around, been there done that, eh.
- 27 **MS SPELMAN:** Yeah. Cherene, could I just ask you about that time? Obviously you were the
28 younger one, so different memories. But for you, when your family was growing up in
29 Porirua, what were your links like still back home to the Coast and up north?
- 30 **CHERENE:** Both our parents were really strong in their tikanga and culture and took us back.
31 Every year we'd alternate and go back up to Tai Tokerau or Tairāwhiti, so we were really
32 connected, even though we were living in Pōneke, to whānau back in our papakāinga, so
33 we always had that connection. Memories before us back then was, you know, everything
34 was running, I guess, as they would. I mean given that both my parents were not used to

1 being in the urban environment, it was totally new for them, so going into urban was a
2 complete different lifestyle.

3 **MS SPELMAN:** And you've heard Sidney talk about, you know, how busy he was as a youngster
4 with sports and kapa haka and all of that. As his younger sister, what was your memory of
5 how he was when he was young?

6 **CHERENE:** Sidney was always, like, top of everything. So he was top at school, he was top
7 at -- I mean he led the kapa haka in Gisborne and actually won the trophy for the men's.
8 Sidney was really articulate, very creative, and we always looked up to Sidney because he
9 seemed to have a grasp of everything that was going on, whether it was school, whether it
10 was --

11 **SIDNEY:** Sport, rugby.

12 **CHERENE:** -- sport, he had his -- he was like -- really I think he was at the top of his -- where he
13 should be, you know, at his age group, prior to going into the hospital. So Sidney was at
14 his best back then. And that photo reminds me of what Sidney was like prior to hospital.

15 **MS SPELMAN:** Sidney and Cherene, I want to turn now to ask you about your teenage years, so
16 the period before you went into Porirua Hospital. Sidney, I'll start with you, what's your
17 memory of those times when you were a teenager before you went into the hospital? How
18 was that period of your life?

19 **SIDNEY:** Oh it was a good life, yeah, had the best eh. But everyone was good, yeah, my life
20 when I was young. Yeah, I was top of everything, yeah. Been there done that.

21 **MS SPELMAN:** Yeah. And Cherene, there's some mention in the statement about there being
22 quite a lot of expectation on Sidney given his role in the whānau, could you tell us a bit
23 about that?

24 **CHERENE:** Yeah, because Sidney is the tuakana of our whānau I felt that there was a lot more
25 pressure put on Sidney being the eldest and also first urban born, there was the pressure of
26 society life that was happening at that time. If you think about sort of early 50s or mid 50s
27 to 60s, there was a rush on for Māori to be working, because both my parents weren't
28 qualified, they came from an unqualified background where they had to work three or four
29 jobs in order to make ends meet.

30 So I guess as us growing up, we didn't have much material stuff, but we had a lot of
31 the things in between that don't include material stuff, which was aroha and manaakitanga
32 and whakawhanaungatanga. So we had all of that with us, which was really important.

1 **MS SPELMAN:** So could you tell us a little bit -- either or both of you, doing a good job as a tag
2 team -- about those first signs, Sidney, when you were starting to become unwell. Could
3 you tell us a bit about that, either or both of you?

4 **SIDNEY:** I knew myself when I was unwell, yeah. But the wrong thing that did was when they
5 put me in Porirua Hospital. Wasn't right eh. I always looked after myself, kept myself
6 clean.

7 **CHAIR:** Sorry, Ms Spelman, do you mind if Jay-Jay just goes and pulls the mic a bit closer.

8 **MS SPELMAN:** Sure. Almost touching but not quite. Do you want to just say that part again?

9 **CHERENE:** He's not normally that soft at speaking.

10 **COMMISSIONER STEENSON:** And what you're saying is so important, we need it nice and
11 clear, thank you.

12 **SIDNEY:** Yeah, kia ora.

13 **MS SPELMAN:** So you were just mentioning, Sidney, about you would know when you were
14 unwell at that time.

15 **SIDNEY:** Yeah.

16 **MS SPELMAN:** But what happened to you being put into the hospital you thought wasn't the
17 right thing?

18 **SIDNEY:** Wasn't the right thing, yeah. It's where they made a mistake and they will suffer for it.

19 **MS SPELMAN:** So I'm going to come, Sidney, to ask you a bit about your time in the hospital,
20 but just before that, Cherene, I wonder if you could tell us a bit about from the whānau
21 perspective how it was it was that Sidney came go to Porirua Hospital?

22 **CHERENE:** Sure. So I would have been probably about 10, most of my, I guess, what I observed
23 from my mother and my father was a lot of stress and a lot of things going on for Sidney.
24 And I think what we noticed, well what I noticed was my mother's emotional stress and
25 how she was trying to find ways in order to find solutions for Sidney. Because back then in
26 the 70s I guess mental health wasn't really well known for Māori whānau back then, and let
27 alone having a mental health related issue, so it was all totally foreign for us. We had no
28 idea back then what sort of system Sidney was going to end up in and how we, as a
29 whānau, became affected by his admission into the hospital.

30 **MS SPELMAN:** So Sidney was about 17 or 18 when he started becoming unwell?

31 **CHERENE:** Yeah.

32 **MS SPELMAN:** Is it right the whānau tried a few other things before it got to the point where --

33 **SIDNEY:** But I knew I was always well, you know.

34 **MS SPELMAN:** Yeah.

1 **CHERENE:** Sidney was about, roughly about 17, 18. My mother, who was a strong believer of
2 rongoā wai rākau, tohunga and she, at one stage, had both my father's side from Ngāpuhi
3 and Ngāti Porou tohunga come into the house and try to whakawātea that space and
4 whakapiripiri us. What happened was we had probably about two years of them trying to
5 find their own solutions, Māori related solutions. But I guess as time went by, Sidney
6 progressively become acute.

7 **MS SPELMAN:** And there was an incident with a car, the neighbour's car.

8 **CHERENE:** Yeah.

9 **MS SPELMAN:** What happened with that?

10 **SIDNEY:** Oh, I put some petrol in and blew it up, yeah.

11 **MS SPELMAN:** And that was the point when the Police got involved and then you went to the
12 hospital.

13 **SIDNEY:** Yeah.

14 **MS SPELMAN:** And you've mentioned, Cherene, something about when Sidney first went to the
15 hospital the whānau not really understanding what that would mean --

16 **SIDNEY:** No.

17 **MS SPELMAN:** -- in terms of how long he would ultimately be there.

18 **CHERENE:** Yeah, so when Sidney was first placed into Porirua Hospital, like even looking at
19 those photos that you showed at the beginning, just really felt creepy, you know, looking at
20 those photos, because it sort of like took me back into when he was admitted into those sort
21 of -- into that institution, so even just looking at those photos was horrible.

22 But for Sidney, he -- we had no understanding what was going on for him, we had
23 no -- it felt like no-one explained anything, that we were basically left to the mercy of the
24 psychiatrists and the nurses and whoever else was there, but we didn't seem to have
25 answers and Sidney was in a terrible state when we visited.

26 **MS SPELMAN:** Sidney, I'll come back to that, Cherene. Sidney, for you when you first went to
27 Porirua Hospital, I know we're going back quite a few years.

28 **SIDNEY:** Yeah.

29 **MS SPELMAN:** But can you share with us what that was like for you being there?

30 **SIDNEY:** It was horrible. Used to wake me up in the morning in bed and put my pyjamas on,
31 they put me into a single room and we used to have a cup of tea and toast in a room.
32 Would be about four or five of us, and we'd walk out and go sleep on the beds, there was
33 about six to eight beds. Then the doctors would come around, the psych doctors and
34 nurses, come around and they told me to lay on the bed and they gave me treatment, shock

1 treatment. I died four times, five times. I was trying to fight it, you know. I did fight it,
2 yeah. It was horrible eh, it was hell. Worse than prison.

3 **MS SPELMAN:** That ECT shock treatment you're talking about, did they give you any injections
4 or anything before you had that?

5 **SIDNEY:** Yeah, they gave me injection in the bottom every day, every two hours. The injection,
6 they gave me medication, and I used to thing -- go into the thing, into the kitchen, into the
7 thing, dining room, and all the patients would be in there, oh next minute they're all
8 fighting, killing each other, stabbing each other. This fulla had a knife, pulled his eye out,
9 all the patients got him but the staff couldn't do anything about it, so they just let them
10 fight. The Police couldn't do anything about it, the nurses, psych nurses, yeah. It was
11 horrible.

12 **MS SPELMAN:** Sounds like it was a lot of violence in there, Sidney.

13 **SIDNEY:** Yeah, yeah, killing each other.

14 **MS SPELMAN:** And Cherene, just from the whānau point of view when you would go to visit
15 Sidney, and obviously with your mother and father, what was that like when you first went
16 to see Sidney and saw what was happening there?

17 **CHERENE:** Yeah, can I just clarify for Sidney, back to the ECT question.

18 **MS SPELMAN:** Sure.

19 **CHERENE:** Sidney never had an anaesthetic while he was there. The injection he's talking about
20 is Modecate, which was a medication that they gave to treat the illness, on top of receiving
21 ECT without anything to -- a sedative or anything. So he had full -on ECT with nothing
22 included at the beginning.

23 **MS SPELMAN:** And that was every day that you had that ECT treatment?

24 **SIDNEY:** Yes, but not schizophrenia.

25 **CHERENE:** And in terms of being whānau, what we saw was Sidney was just drooling,-- we
26 couldn't even engage with Sidney. Sidney was not even in this planet, he was in another
27 planet. Every time we'd go and see him he was just dressed in pyjamas, he looked really
28 dishevelled and.

29 **SIDNEY:** Stressed out eh.

30 **CHERENE:** He even had bruises all over him, which when my mother asked why he was
31 bruised, she would never get an answer, we would never get answers to how he would look.
32 And the way he looked was different to how he was before going in. He was -- it was
33 quite -- yeah, it was horrific for us.

34 **CHAIR:** Ms Spelman, do you mind if I ask just a couple of questions there of Cherene.

1 You might not know the answer, but I understand from your evidence that your
2 parents signed some committal papers to let him -- to have Sidney go into the hospital, and
3 you say they would never have signed if they'd known how awful it would be to get out.
4 Do you know if they were ever asked to sign any consents, or if Sidney was ever asked for
5 his consent to the shock treatment?

6 **CHERENE:** I doubt very much if he was -- if my parents knew that he was even getting ECT.

7 Because I remember my mother asking the doctors, because Sidney would sort of like try to
8 explain what was going on but didn't actually know how to be able to explain the ECT
9 process.

10 **CHAIR:** Yes.

11 **CHERENE:** And I doubt very much if actually Sidney gave consent for that, because when my
12 mother found out he was getting ECT, she absolutely hit the roof and spoke to the doctors
13 and the nurses there, which of course we got no response.

14 **CHAIR:** Did the ECT continue after your mother spoke to them do you know?

15 **CHERENE:** I'm pretty sure it did still continue, but it wasn't as intense as what he was getting at
16 the beginning. Yeah, it was more sporadic, they put it out, sort of like spread it out a bit
17 more. But I understand that that ECT was only given to make him behave. It was for no
18 other reason other than to calm Sidney down, or to try to get Sidney to listen to what was
19 going on with the staff.

20 **CHAIR:** Are you saying that it was for punishment or just to keep him under --

21 **CHERENE:** Absolutely.

22 **CHAIR:** You think it was for punishment?

23 **CHERENE:** Absolutely punishment why he was getting it. I mean I cannot find any reason why
24 he would be prescribed that on a continuous basis and also afterwards, for what reason. If
25 we weren't given a reason, then why were they giving it to him? Absolutely it was for
26 punishment.

27 **CHAIR:** Thank you for that.

28 **MS SPELMAN:** Sidney, just on the topic of punishment, I just want to ask you about other things
29 that would be done by the staff to punish or control the patients that were at the hospital,
30 because I know you mentioned one thing about Manuka A and B and how people who were
31 behaving a certain way would get sent there. Could you tell us a bit about that?

32 **SIDNEY:** Patients up there, yeah, very abusive eh. Fighting each other in the wards, killing each
33 other. And I used to go to the funeral, tangis every day. They gave me treatment up there,
34 that's when I had a fight up there with the nurses, yeah. They put me in a little room and I

1 was in a small room and had no windows, windows were dark, and just one toilet. And
2 I heard them coming down the corridor, I knew something was going to happen. Yeah, six
3 male psych nurses, I knew they were coming down. So, I thought they're doing to kill me,
4 you know, they were. And I knew when they came down the corridors I wasted the whole
5 lot, about 10 or 12 of them. The door was about that thick, went boom, they all went down.
6 Then my [GRO-B] told me to come around, have a cup and tea and toast, settle
7 down. Yeah, and I wasted the whole lot, the whole 12 of them. And yeah, it was horrible
8 eh. No good.

9 **MS SPELMAN:** You mentioned, Sidney, there was quite a lot of other physical abuse from staff
10 towards patients.

11 **SIDNEY:** Yeah.

12 **MS SPELMAN:** Was that something that happened to you?

13 **SIDNEY:** Yeah, I used to get up in the morning, keep myself clean, have a shower and brush my
14 teeth and it was all good, yeah. But I just kept looking after myself, eh, wearing clean
15 clothes. I was the only doing that was doing that in the hospital. The rest of the patients,
16 you know, all smelled and (inaudible) and stink.

17 **CHERENE:** You didn't listen to the question that Julia's asking.

18 **SIDNEY:** Oh, yeah.

19 **MS SPELMAN:** Did you want to add something Cherene on that question?

20 **CHERENE:** Sorry, what was the question again? I just felt that he was going off track.

21 **SIDNEY:** Going off track.

22 **MS SPELMAN:** That's all right, you guys can have your sibling moment. So unfortunately
23 there's a lot of information in your experience, Sidney, about physical abuse, so I just
24 wanted to make sure if there was anything else that you wanted to share with the
25 Commission, you know, about different physical abuse that happened there, but you have
26 told us quite a bit already.

27 There is one aspect of it I would like to ask you a bit more about, which is that you
28 mention in the statement that a lot of the staff at Porirua Hospital were Pākehā and that
29 almost all of the patients were Māori or Pacific Island. How was it that the Pākehā staff
30 would treat, would treat you or treat the other Māori patients there?

31 **SIDNEY:** They'd treat us worse than the Pākehās, eh, yeah, most of the Māori were suffering out
32 there, yeah. I feel sorry for them too, yeah. And yeah, it's a hard life. I worked up there
33 for (inaudible) composting and I worked up there for about 10, 12 years, hard labour, slave
34 and all that.

1 **MS SPELMAN:** And so was that in terms of that -- the way they treated you, Sidney, was that
2 how they spoke to you?

3 **SIDNEY:** Yeah.

4 **MS SPELMAN:** And what they did to you?

5 **SIDNEY:** Yeah, I didn't take any notice of them, I just had to do it, yeah.

6 **MS SPELMAN:** And you did say that there were --

7 **SIDNEY:** Myself.

8 **MS SPELMAN:** -- that there were some Māori staff at the hospital, but that was not generally the
9 doctors and nurses, that was more the cleaners and the cooks and working in the laundry.

10 **SIDNEY:** Yeah, the Māori. There was a few Māori up there, yeah, I used to go to, was it Te
11 Whare Marie.

12 **MS SPELMAN:** Yeah, I'll come to that in a little bit. So one of the things, Sidney, is I'll just
13 remind us all, I won't mention any particular names of people as we're talking about who
14 was in the hospital.

15 But Cherene, you might want to add something here just on that, on Sidney's
16 experience of being obviously a young Māori man in Porirua Hospital with almost all of the
17 patients being similar, with Pākehā staff, except for those other Māori staff we've spoken
18 about; could you tell us a bit about that and your knowledge from your own whānau who
19 worked at the hospital?

20 **CHERENE:** So, as a whānau member, looking at Sidney's experience, we noticed that
21 Māori -- the Māori staff that were employed for Porirua Hospital were mainly cleaners,
22 cooks and staff that were behind the scenes. And actually they were the most helpful ones
23 out of that whole damn hospital, because I think the difference was, was that having
24 a -- having Pākehā staff try to work with our people, or work with Sidney, made it really
25 awkward, because they didn't understand how we behaved, what our thoughts are, what our
26 behaviours are like, didn't understand our culture, our language, just everything. I mean
27 you might as well have put Sidney in China, because that's the sort of help that he got,
28 which was totally not there, and it was just so dysfunctional.

29 When Sidney had Māori staff around him, he would act and be different. A lot
30 calmer, not so -- yeah, he just was -- you could tell that there was something, you know,
31 that it wasn't right. The systems weren't -- and the staff and the attitudes and behaviours
32 didn't actually match the majority of the Māori and Pacific people that were the patients
33 there.

34 **MS SPELMAN:** And what whānau members worked at the hospital at that time?

1 **CHERENE:** My father was the cook, my mother was the supervisor for laundry, and my brother-
2 in-law was also an assistant cook. And later I became interested, started in the kitchens and
3 then became a registered nurse in mental health.

4 **MS SPELMAN:** So for your parents, Cherene, what do you think it was like for them working at
5 the hospital when Sidney was there?

6 **CHERENE:** Devastated. I mean I just remember my parents having conversations at night. Of
7 course they'd never do that in front of us, but I could sense their devastation at not knowing
8 what was going on with Sidney's treatment, what was happening with just Sidney in
9 general. You know, you could sense that there was a lot of sadness and there was a lot of
10 arguments going on between both my parents, because of the stress of what was going on in
11 the hospital for Sidney, and us not having any clearer indication as to what was going on
12 for him whilst he was there.

13 **MS SPELMAN:** And at any point during Sidney's time in the hospital in those early years, did
14 they give an indication of how long he was going to stay there?

15 **CHERENE:** I remember my mother wanted to just get him out, my mother and father came to
16 some conclusion about trying to get him out because his state was just worsening, he wasn't
17 getting any better, and they felt that if they took him out and tried to do something, you
18 know, tried to care for him themselves it might be better for him, but I think at the end of
19 the day when my mother went in, well, unfortunately the Mental Health Act used to be
20 where once you were admitted you were in for life, you actually couldn't withdraw them
21 because he was under the old Mental Health Act. And then that changed in the 1990s, but
22 prior to that, we had a hell of a struggle trying to get him out.

23 **MS SPELMAN:** And Sidney, you mentioned just before Te Whare Marie, and that was obviously
24 something -- a big change when Te Whare Marie opened up. What can you remember
25 about that?

26 **SIDNEY:** Yeah, I used to do the pōwhiri, sit on the paepae and learn Māori te reo, a few action
27 songs and have a meeting. All the nurses that are Māori, Māori nurses. And after that have
28 a big feed, lunch and tea and that. It was pretty good Te Whare Marie.

29 **MS SPELMAN:** So that was a part of it that you actually enjoyed?

30 **SIDNEY:** Yeah, yeah, kapa haka.

31 **MS SPELMAN:** Cherene, how did Te Whare Marie come to be?

32 **CHERENE:** So it came about through, I guess, the cooks, the cleaners all getting together,
33 realising that the system at that stage was broken, nothing was happening, the Māori and
34 the Pacific Island clients looked totally out of their zone and spaced out, that the cooks and

1 cleaners took it upon themselves to start inviting people to a hall to give them -- familiarise
2 the Māori and the Pacific Island clients at that time in the early 90s and late 80s, to bring
3 them together to whanaungatanga with a boil--up.

4 As simple as it sounds, that boil-up, led to the bicultural services opening up
5 because it was through their actions of seeing the way that the Māori clients and the Pacific
6 Islanders all came together and united as one, I think it was a few years later after that that
7 the concept of Te Whare Marie came about, the bicultural service for Māori.

8 **MS SPELMAN:** And so that was actually started by Māori who were looking around seeing that
9 nothing else was working in the hospital?

10 **CHERENE:** Yeah, it grew from the frustration of parents, cooks, cleaners, or -- because most of
11 the people that worked up there had whānau in there. And so they were all talking, you
12 know, amongst themselves, and realised that they had to do something, because nothing
13 was working up there for them.

14 **MS SPELMAN:** And once Te Whare Marie got opened and Sidney's talked about how he got
15 involved, Sidney you were sitting on the paepae.

16 **SIDNEY:** Yeah, I was top of there too, yeah, I was top leader up there too, yeah.

17 **MS SPELMAN:** And how you really enjoyed that.

18 **SIDNEY:** Yeah.

19 **MS SPELMAN:** Was that something, Cherene, that the rest of the whānau noticed changes in
20 Sidney after that time?

21 **CHERENE:** Yeah, I mean he just changed to how we knew him when he was growing up,
22 because he became involved on the paepae, there was a group of them that had their own
23 musical band; and so they became involved with tangihana, pōwhiri, anything that was
24 related to what they could identify with. He just changed and blossomed, we just saw him
25 blossom.

26 **MS SPELMAN:** And so that was around 1992, so, Sidney, you'd been in the hospital for almost
27 20 years at that point before Te Whare Marie got started?

28 **SIDNEY:** Yeah.

29 **MS SPELMAN:** And Sidney, is it fair to say that before Te Whare Marie, there wasn't much else
30 during those 20 years that was helpful to you?

31 **SIDNEY:** No.

32 **MS SPELMAN:** So that brings us really to talking about the change when the hospital started
33 changing and moving towards deinstitutionalisation and moving into the community. So
34 Sidney, I'll start with you again. If I could talk to you a little bit about what that was like

1 for you, changing from having lived at the hospital for a really long time to going back into
2 the community, what can you remember about that time?

3 **SIDNEY:** It's good up there, but yeah, I just still keep working, go home and just come back and
4 just a normal thing, what anybody else would do eh, you know, yeah.

5 **MS SPELMAN:** So is it right, Sidney, that first of all you went to -- from a ward at the hospital to
6 a halfway house as the first step?

7 **SIDNEY:** Hart House, yeah. Go up there had lunch every day, breakfast, lunch and tea. It was all
8 cooked there and all that, yeah.

9 **MS SPELMAN:** And it sounds you had --

10 **SIDNEY:** I was in paradise, eh.

11 **MS SPELMAN:** Yeah?

12 **SIDNEY:** Yeah.

13 **MS SPELMAN:** A lot more freedom than what you were used to?

14 **SIDNEY:** Yeah, yeah, a lot more freedom, yeah.

15 **MS SPELMAN:** What were the parts about it that you loved?

16 **SIDNEY:** Yeah. Oh, food, the mana, it was all good eh, quite liked it up there, Hart House.

17 **MS SPELMAN:** You could go to bed when you wanted to?

18 **SIDNEY:** Yeah.

19 **MS SPELMAN:** Choose what you wanted to do?

20 **SIDNEY:** Yeah. Used to get on the old whacky backy now and again. Yeah, I've been Mr Asia,
21 alcoholic.

22 **MS SPELMAN:** Was there support for you, Sidney, at that time? It's obviously a big change
23 coming out of the hospital, what sort of support was there for you?

24 **SIDNEY:** Oh, I feel better eh, all right, yeah. It's good, yeah. Best life eh.

25 **MS SPELMAN:** Having your freedom.

26 **SIDNEY:** Paradise.

27 **MS SPELMAN:** And Cherene, again, from the whānau perspective, this is -- not quite sure if at
28 this point you were a nurse already in the timing, but what's your memory of that transition
29 period for Sidney when he came out of hospital.

30 **CHERENE:** Yeah, so I was doing my training at that stage to become a student nurse, and there
31 was actually no support there for Sidney when he was discharged from the hospital.
32 I remember my mother asking, you know, what was going to happen, because even that
33 seemed a bit clouded at the time.

1 When deinstitutionalisation came through, we didn't even though what that meant
2 and how would that look. All we knew was we had a cut off date that Sidney had to go.
3 Sidney had no skills, cooking, cleaning, anything, budgeting. And so we were like how is
4 he going to survive, if he's got noone there? I mean they'd taken away all those skills from
5 him, how is he going to survive if he goes out in the community with none of those skills
6 there? Noone could tell us an answer, and we didn't know how he was going to survive
7 once he went out into the community.

8 They put him into Hart House as a way to soften the approach for him to go into the
9 community, and yeah, I mean he talks about having freedom of, you know, having food
10 because he never used to eat, you know, he just had slops in there. And when he went out
11 into the community he could eat when he wanted to, he could turn on TV when he wanted
12 to, he could go to bed when he wanted to and wake up when he wanted to, not be
13 regimented into getting up. So yeah, at that stage there was actually no, hardly any support
14 at the time when he was released out.

15 **MS SPELMAN:** And so again, your whānau had to step in to be there for Sidney?

16 **CHERENE:** Yeah, we stepped in in just about every part, every decade where Sidney has gone
17 through and advocated fiercely to try and prevent, I guess, prevent him from falling over,
18 and we still do it today. Yeah.

19 **MS SPELMAN:** And I know you've mentioned, Cherene, that even with all of that support,
20 obviously a family of very strong advocates, that it's still been challenging and that makes
21 you think of others who came out the same time as Sidney who may not have had that
22 support?

23 **CHERENE:** Oh absolutely. So Sidney is one of many that didn't have the support, and still didn't
24 have the support and didn't know where to go to, so yeah, absolutely.

25 **MS SPELMAN:** And so Sidney now that you're living in the community, living your good life, as
26 you said --

27 **SIDNEY:** Yeah, I've been about 20 years now, 22 years.

28 **MS SPELMAN:** Yeah.

29 **SIDNEY:** Been in my flat about 22 years, Porirua.

30 **MS SPELMAN:** Thinking back on your time at the hospital, and this is probably a question for
31 both of you again; what do you think are some of the impacts of Sidney, your experience in
32 the hospital for those years that you're still working through now?

33 **SIDNEY:** Supposed to take my medication eh, you know, keep well all the time. Always well,
34 better not complaining eh, yeah.

1 **MS SPELMAN:** And I wonder, yeah, if either Cherene or Mike you might have something to add
2 of what that -- it's a big question I know, what the long--term impacts are of an experience
3 like what Sidney had.

4 **MIKE:** Sidney still has a lot of trouble working with around conflict resolution, doesn't
5 understand what that is. And a lot of times it's around a reaction process, not a response
6 process. That's sort of a kōrero that we work as whānau, but with that Sidney doesn't
7 understand that. We see Sidney how he is.

8 Sidney, I find working with Sidney, he's a bit of an enigma because all these 20
9 years the memories are very sharp, but you have to mirimiri the process to get a response of
10 what happened back then. He can talk about something that happened 19 years ago and
11 suddenly the next thing he's talking about something that happened 10 years back, as a one
12 story line. Then you've got to pick out, like, time, dates as to understand the process of
13 what's happened to him.

14 Cherene is right around about his - he's a very clean man, but that came from
15 something that was probably -self-taught while he was in the institution, it's almost to a
16 type of -military type- upbringing about being clean, precise. But he just has no knowledge
17 of budgeting. Money comes, money goes, he's got no concept of what that may look like,
18 but at least -- let's say a green card or something like that.

19 But that's always -- for the whānau that's always going to be a lifelong process to
20 help Sidney through that all the time. Working with Sidney, now to actually get the story
21 as to how we're speaking now, a couple of years back this wouldn't have been happening,
22 no way. It's like if we could imagine like reading, opening a local newspaper and looking
23 in the crossword section and we see a maze. So the kōrero around the maze is the process,
24 you're going to go down a path in terms of asking him questions, understanding his
25 institutionalisation in the hospital; you get to sort of like cut ends, dead ends, then you've
26 got to go back up that pathway and come down another pathway. So you've got to work
27 through these whole lot of layers, and each layer I need to be careful is to close the door
28 behind me if I enter a new one and the same process back out. A lot of the story he's told
29 you to a point, a lot of stories he's told me and it's like it's not worth, it's not even -- it's
30 disheartening. And then he says "I'm only going to tell you once and that's it, I'm going to
31 close that door."

32 So in supporting him it's around well Sidney, he's here in his space, I'm not going to
33 talk, you know, get him to talk about what he's told me. And that's sort of like hard to build
34 that up on trust, otherwise it wasn't going to happen.

1 And then understanding well, there is a way out, we're still working through that
2 way out of that maze. It may take a lot longer to be able to reach there. And that's only one
3 maze of many mazes in his life, being brought up there. Or living in that type of
4 environment.

5 We were talking, as you say, because he's easily led, so it's all good if you're asking
6 a certain question, I want an answer, but he says "oh no, it's all good girl, kei te pai", that's
7 Sidney. But it's actually looking at reading in between that. What we see, it's not what we
8 see, it's what's behind.

9 If we talk about this is a formal process, in Te Ao Māori understanding it's the
10 informal, the informal discussions, kōrero is the real formal for the way we see it. The
11 formalities is just, that's just a by -- that's just like a by-product or a pre and then get into
12 this. So if we're looking at the process of it, it's around understanding all what's informal
13 for Sidney.

14 **MS SPELMAN:** And that's ongoing mahi, those are ongoing kōrero.

15 **MIKE:** Yeah, that's always ongoing. The formal mahi's, "oh yeah, where do I sign, yeah, all good
16 girl, ka pai, sign." It was all good. But that's, you know, the formal door into what we get
17 into the informal, which is really the formal, the formality of why we're here.

18 **MS SPELMAN:** Kia ora. And Cherene, I'm not sure if you wanted to add anything there, I'm
19 conscious that, you know, an important part of what Matua Mike has just shared with us is
20 reminding everyone that these issues do carry on, this is not just a historical matter for
21 Sidney. But, you know, Sidney, I know that this can be upsetting for you to talk about,
22 which I suppose is a sign that you're still carrying a lot with you from those days.

23 **SIDNEY:** Yeah.

24 **MS SPELMAN:** Did you want to add anything on that?

25 **CHERENE:** I honestly forgot -- what was the question again?

26 **MS SPELMAN:** Sidney spoke I suppose about what happened he's been out of the hospital for
27 over 20 years now and Mike's just shared how there's a lot of work still going to deal with
28 those impacts, so I suppose from your perspective, as the little sister, what do you see as the
29 longer term impacts that Sidney is still experiencing?

30 **CHERENE:** Yeah, so like cousin Mike said, it's not what you can see, it's the underlying
31 and -- it's the things that are informal and the things that you can't see that is more effective
32 and more impactful for me, knowing Sidney. And I think also to add into that, was the
33 stereotyping and the stigmatisation that we endured as a whānau back in the 70s, 80s, and

1 then in the 90s, 20s, I didn't really give a damn what people thought because I thought,
2 well, if they can't understand it, then they weren't worth knowing.

3 So but it did impact me as a young girl because I remember getting teased all the
4 time, you know, at school, or by community or, you know, people that didn't understand
5 mental health, that yeah, it did affect -- it affected every one of us in our whānau, and it was
6 enduring and it's still continuing, the long--term effects of it. So yeah.

7 **MS SPELMAN:** And for you, Cherene, part of that looked like your career that you went on to do
8 and your study, could you tell us a bit about what pathway you took with your nursing and
9 your study?

10 **CHERENE:** Yeah, so I automatically became interested to become an advocate really for Māori
11 whānau or any whānau that were finding it difficult to navigate themselves through the
12 system, because I mean it was only yesterday that I had another whānau approach me with
13 the same issues that we dealt with 50 years ago, and I'm sitting there talking to a whānau
14 who had a 17-year-old going off the rails, and I'm like, oh gosh, you know, this is just too
15 much, the system is broken.

16 So, I mean, we're talking today, 2022, and I have a whānau come to me just the
17 other day saying how difficult it was for them to get their girl into mental health systems or
18 to try and even get some support. So nothing to me feels like it's changed.

19 **MS SPELMAN:** And you went on to do a master's dissertation on Sidney and his experience?

20 **CHERENE:** Yes, I wrote my dissertation on Sidney's experience 50 years being in the hospital
21 and what was going on socially, economically, tracing back the political times of life in the
22 70s right through to present day, and it gave me a sense of -- I'm just a really strong
23 advocate for any whānau that are experiencing not being able to navigate themselves
24 through systems and through staffing and -- because I know what it feels like when you
25 don't have -- it's just basic information, or knowledge of how to get through the system.

26 So yeah, Sidney inspired me to become who I am today and so today I'm working as
27 a private practitioner now in my own business. Yeah, and hopefully breaking all those
28 chains of what's been happening in the past.

29 **MS SPELMAN:** Kia ora whaea. The next section we were going to look at is the future and
30 changes. I'm just wondering if this might be a time for a short break, if you would like to
31 have a short break at all, Sidney, before we move on to the last section?

32 **SIDNEY:** Yeah, yeah.

33 **CHAIR:** That's a good idea.

34 **COMMISSIONER GIBSON:** Thank you, we'll break for five minutes?

1 **MS SPELMAN:** 10 perhaps?

2 **Adjournment from 12.07 pm to 12.26 pm**

3 **COMMISSIONER GIBSON:** Thank you, back to you Ms Spelman.

4 **MS SPELMAN:** Kia ora anō, Sidney. I just wanted to ask you briefly about redress, because
5 I know you've mentioned in your statement that you've never really spoken about your
6 experience at the hospital and you haven't sought redress or anything like that yet. But you
7 do have a dream I think that you're hoping to fulfil one day about a certain car. Could you
8 tell us a bit about that?

9 **SIDNEY:** Yes, my dream is to get a red Trans Am left-hand drive, big V8 Chevy motor, big tyres,
10 a red one, a spunky Trans Am, so that's my dream.

11 **MS SPELMAN:** Cherene and Mike, I know you've heard about this Trans Am a number of times
12 and it's representative of a bigger whakaaro behind it, I guess. What's your thoughts on
13 that?

14 **MIKE:** Kia ora whānau. In my time working with Sidney in terms of a tohu for wellness, so we
15 have a -- taking it in a metaphoric way, his dream was always to drive away in this Trans
16 Am from the hospital as his getaway. He's held that for many years and I thought okay, is
17 this fact or is this fiction? And part of it is fact, that one time prior even going into the -- at
18 some time going into Porirua Hospital, we visited the place where this red Trans Am at a
19 car dealers, so we went there and the car dealer said, "Bro, I sold that car many, many years
20 ago." And I didn't -- I wasn't with him, I was just sort of part way and then he came back to
21 me, he says, "Mike, they sold my Trans Am."

22 In terms of looking at the wellness, it's still there, it's just a part of a redress in terms
23 of his freedom, his independence, is owning one of these cars and just, you know, drive into
24 the sunset.

25 **MS SPELMAN:** Kia ora. Cherene, I wanted to ask you now about your thoughts about the
26 future, because I know in the statement you've put a lot of detail about changes and what
27 needs to be done in terms of at a system level. So I'm just looking from 8.1 in the statement
28 onwards. Could you tell us a bit about your thoughts for what the future should hold and
29 what needs to be done?

30 **CHERENE:** Yeah, I think that systemically if we are looking at systems, the systems are broken,
31 I mean, it's clear, it's evident, it happened back then and it's happening today. They need to
32 change drastically. It's not just about the systems, it's about the people that are in those
33 systems and the people that are actually working at a professional level to be providing
34 services for the people that need these services.

1 I think the way forward for it would be to provide services that would be Māori for
2 Māori, both in the way in which it's provided, the system, and also I think the way in which
3 we work with each other. I mean, a good example of that is working with Māori on Māori,
4 we totally get the whole cultural tikanga, the whole well-being thing, and where we come
5 from, and most of it is based around trauma, intergenerational trauma as well.

6 So I think there needs to be a whole reboot on systems, the people that are working
7 in those systems, the way in which we provide those services. I mean, I don't even like to
8 say "services" because even that's conditioned, that's got conditions on it. I think the way
9 forward would be around healing, would be healing for the people.

10 **CHAIR:** Could I just ask a question about this?

11 Chere, thank you for those important observations. Could I just drill down a bit
12 more on -- and I hear what you're saying about the change of systems. But you also say
13 about the people and the change of the people in there, and I wonder, so we really
14 understand what you're getting at here, what is it about the current people, and you're not to
15 name people, obviously, but what are you observing about the behaviour of people in these
16 systems that you believe should be changed?

17 **CHERENE:** It's racist, it's a place that as a professional I don't even feel safe working in. It's
18 tiered to disadvantage Māori professionals.

19 **CHAIR:** So the hierarchies are racist as well, is that what you're saying?

20 **CHERENE:** It has to start somewhere and it starts from the top down. If you got someone, if
21 you've got a system that's running well, who's leading that system? It has to start from the
22 top and come downwards, it's not starting at the bottom, it's starting at the top.

23 I've worked in those systems for 28 years and I can't even stomach those systems
24 anymore, I've had enough of it because it's just too traumatising to engage with the
25 dysfunction.

26 **CHAIR:** Is that traumatising as a Māori practitioner, for you as a Māori practitioner you find that
27 traumatising, is that right?

28 **CHERENE:** I find it traumatising working with our people who are coming in with relatively
29 easy solutions and actually they're getting compounded and complex diagnosis, medication,
30 the run-around, they're just getting a whole heap of things that they can't even relate to.

31 **CHAIR:** We've heard the term "overmedicalisation" quite a bit over the last few days, is that what
32 you're talking about?

33 **CHERENE:** Overmedicalisation, overprescribed, over -- current theories or models don't even
34 suit our people. They're just totally on a different planet.

1 **CHAIR:** Thank you for that.

2 **MS SPELMAN:** Cherene, thank you. That is coming close to the end of the questions that I was
3 going to ask you, and I know that obviously you're happy to have questions after that from
4 Commissioners, if there are any further questions, so both Cherene and Mike are happy to
5 take questions from Commissioners.

6 But Sidney, just before I finish up this part, I just wanted to give you a chance if you
7 had any final words or anything else that you wanted to say?

8 **SIDNEY:** First is yeah, you have to look after yourself, want to be independent, God bless. All
9 right?

10 **MS SPELMAN:** Tēnā koe. I want to thank you again, Sidney, for coming today.

11 **SIDNEY:** That's all right.

12 **MS SPELMAN:** E te tokatūmoana ahakoa ngā ngaru e piki ana, e heke ana, kei konei koe e tū,
13 otirā ki a kōrua ngā pou o te whānau i tō tautoko ki a ia.

14 So I just wanted to acknowledge you, how you've stood strong through the year,
15 Sidney, despite all the things that you've been through and of course to your wonderful
16 whānau who are here supporting you today.

17 **SIDNEY:** Not a problem.

18 **MS SPELMAN:** I will pass over to our Commissioners who may have some further questions for
19 Mike and Cherene, tēnā koutou.

20 **COMMISSIONER GIBSON:** Kia ora, Ms Spelman, we're going to ask some questions and if
21 you're not feeling up to it, Sidney, you're not obliged to answer anything or anything like
22 that.

23 Commissioner Steenson, do you have any questions?

24 **COMMISSIONER STEENSON:** I just have one question, tēnā koutou, ngā mihi nui i tō kōrero.
25 Cherene, I just wanted to clarify, so your views on changes, the current changes to
26 the health system are -- won't do the job, or what are your views on it?

27 **CHERENE:** Bearing in mind that those changes have only just commenced, I haven't actually
28 seen anything that's going to be happening at the moment, so my views on it is that we
29 desperately need help out there for Māori and Pacific. I can't comment on what's
30 happening with the Māori Health Authority because, as you know, that's just newly
31 commissioned, a newly established service. So yeah, I'm waiting to see what it is, what
32 solutions are going to come as a result of setting up a separate service.

1 **COMMISSIONER STEENSON:** I'm just trying to get, understand a bit clearer for me if we're
2 talking about the same people and your issue is around some of the people and whether
3 that's been addressed through those changes. But I take your point, it remains to be seen.

4 **CHERENE:** Mmm.

5 **COMMISSIONER STEENSON:** Thank you. Tēnā koe.

6 **CHERENE:** Kia ora.

7 **COMMISSIONER GIBSON:** Commissioner Shaw, any questions?

8 **CHAIR:** Yes, just building a little on what I've already asked you. I think, you know, we can
9 pussy foot around some these things but I think we need to name them and put them out
10 there so there's no misunderstanding what you're talking about. One of the things that's
11 stated in the statement, Sidney's statement and yours as well, there needs to be Māori equity
12 and equality in leadership and job positions and that, I think you talked about, by Māori for
13 Māori approach.

14 In your view, and in your current experience, is there Māori equity and equality in
15 leadership and job positions in the mental health system at this time?

16 **CHERENE:** No, there isn't any equity and there is no equality. When Māori staff apply to go into
17 leadership positions, the positions are always by condition and when you do get to those
18 positions then those positions become just like every other mainstream position. So it's
19 really hard to actually practise in a way that's going to be culturally safe, and also culturally
20 productive for the whānau or for whoever's coming through the system.

21 **CHAIR:** Because the systems are still inherently Pākehā?

22 **CHERENE:** Absolutely, yeah.

23 **CHAIR:** So even if you put brown faces in there --

24 **CHERENE:** Yeah.

25 **CHAIR:** -- it's not going to -- that of itself is not going to change: Is that what you're saying?

26 **CHERENE:** Pretty much, because the systems are built on the policies, the legislation, all of
27 those systems are built on Pākehā knowledge. What I'm saying is that those systems need
28 to be more mātauranga. And the way in which we address looking at mental health, we
29 need to include rongoā Māori, taonga pūoro, mirimiri, romiromi, therapy that our tūpuna,
30 ngā taonga tuku iho o ngā tūpuna, used many years ago before colonisation.

31 So we were doing all this prior to that, and that is the sort of stuff that works for us,
32 that's what I've got here for us, in order to bring us back down into this, to be able to
33 address what's going on. Because I think that if we use our own medicines, or if we use our
34 own source of well-being that's going to make us feel better, then we can't go wrong.

1 **CHAIR:** To what extent is there a spiritual dimension in what you're talking about?

2 **CHERENE:** For me as a practitioner, 100%. Because if I don't have that communication with my
3 tūpuna, then it's a waste of time.

4 **CHAIR:** And in the use -- and in the treatment of Māori who have mental illness, spiritual aspect?

5 **CHERENE:** Amazing responses, like just unexplained, it's not medicalised, just beautiful
6 responses to working with other Māori whānau or people. They're just out of it, some
7 beautiful responses.

8 **CHAIR:** Because there are no hard lines, are there, between the spiritual and the physical and the
9 emotional?

10 **CHERENE:** No, because they all combine, the spiritual, the physical, mental, that combines into
11 joining the heart, the mind, the body, so it's treated as one, there's no judgment, there's no
12 condition, it's them just sitting there telling me their story, and then working through the
13 connection between above, with them, and where they need to go forward, mmm, it's
14 stunning.

15 **CHAIR:** Yeah. And so vital.

16 **CHERENE:** Absolutely.

17 **CHAIR:** Just on that line, thank you very much for providing us with a copy of your 2004
18 master's dissertation. I read it with great interest and it's grounded in Sidney's experience,
19 but also in mātauranga Māori and you've give us a very good example of how that Māori
20 lens is so vital to the way Māori are treated in the mental health system. So thank you very
21 much for that.

22 **CHERENE:** Kia ora.

23 **CHAIR:** And its lovely illustrations, it's a lovely thing to have read. I think that's the only
24 questions, those are the only questions I have, I'll put you back to Paul. Thank you.

25 **COMMISSIONER GIBSON:** A couple of questions from me. Building on the mātauranga
26 Māori aspects, I'm aware there's been some attempts to collaborate in various places,
27 tohunga, matakite, a range of practices have been used in the -- within the traditional setting
28 and it's -- and generally from what I've heard, those from a Pākehā world view have been
29 sceptical but won over by the results of what they've been -- of what they have seen.

30 Is our new system, our new change structures, and I know it's only just coming into
31 fruition, ready to accept a broader range and support a broader range and do what's
32 necessary to ensure the growth, the uptake of a range of mātauranga practices? Is there
33 anything else that needs to change, funding or otherwise, to make that range of practices
34 blossom more in a new system?

1 **CHERENE:** Yeah, I'd like to see, you know, the Government come to the party, Ardern and her
 2 Health Minister Andrew Little, Peni Henare, I'd like to see them actually them come to the
 3 coal face of where people are practising healing, so that they can get a sense of where and
 4 how we're doing things, because actually it's a different place to a clinical setting, and
 5 cousin Mike also does it with Māori male, but yeah, it's a whole different place and
 6 mātauranga Māori is the way forward for Māori, but I also have a lot of requests from
 7 Pākehā who don't want to go into mainstream systems because they want to try something
 8 different, or they're already on that alternative pathway. And the response equally has been
 9 just absolutely beautiful working with Pākehā clients as well.

10 **COMMISSIONER GIBSON:** Thank you.

11 Sidney, when you talked about getting out of Porirua you had mana, that seemed to
 12 be a big part of -- that was your healing. Do you think other people who have experienced
 13 things like you can have that same sense of mana?

14 **MIKE:** Kia ora matua. I understand the question but Sidney understands the question in a
 15 different language, in a different metaphor. He's talked about the mana, the mana is also
 16 around, cousin, around that independence, his own -- gaining his own mana back and
 17 wanting that mana for also, you know, to the ones, his mum and dad, the mana of about
 18 being here, even though in spirit, but being here seeing the result, the outcome.

19 The mana of all those, he talks about a lot of his friends who have gone through
 20 Porirua Hospital that he's never going to see again, their mana that was never returned to
 21 them. And the mana now is around, as you talked about before, my independence, I'm
 22 going to leave here in a red Trans Am, I'm going to drive away from this courtroom in my
 23 mind, in my wairua, which is my, in a way, that is my mana, that red Trans Am is only but
 24 one symbol of what they may look like.

25 He has many other mana as you're talking about and it's around my own voice, my
 26 own voice has been missing for all this time, no-one's listened to me, and losing that is, he
 27 talked about so soul -destroying and being here, as I say, this is like a -- we call it Taumata,
 28 Taumata is you come up to certain levels to that peak that I can be able to talk to you all
 29 whānau sitting here and you can hear me. I'm only going to get that once in life. But
 30 I want you to carry on for when I go home back into my own whare, and begin and start
 31 that from there again.

32 Our sister talks about the help in the community. Yes, there is a big -- it's a huge
 33 gap in support for mental health, in terms of what is needed. In my sort of position I've
 34 transitioned in way, I was clinical at one time and then I'm looking towards what's

1 therapeutical, in there so I try and sit myself in his head space and what we can work, me
2 get out and him carrying on, to understand what's going on.

3 We have what we call murua. Murua is to forgive the past, not so much around
4 who or what they done to me, but what I've lived through, and how can I change that for the
5 future.

6 The mamae of this is also that, you know, our brother here, he probably could never
7 ever have a relationship with a woman, he can never have a family, and there's a lot of
8 mana in that that's been taken away. He has no, he has no children, he has no future in
9 terms of carrying Sidney. And for him, you know, we talk about this, but he can't talk it.
10 That's -- the mana is: Give me back my mana, I still haven't got that back, I'm struggling
11 with it, help me.

12 And the support networks is around then how do we as practitioners actually get
13 engaged and be in there. You know, not go through a system of referrals which are three
14 months down the track before he even gets there. It's too late.

15 But that's not only us for Māori, but it's for us all as practitioners within the health
16 structure and health systems. I don't know what that's going to look like. But at least we
17 can sort of start from a point and say that we can always work up again.

18 **COMMISSIONER GIBSON:** Kia ora, thank you, matua Mike, thank you. It's up to me to
19 finally thank you. It was a privilege when I first heard your kōrero a couple of years ago,
20 Sidney, Cherene, and it's a privilege to learn some more. Can I acknowledge all the people
21 that stand behind you, that support you here today and from the past and past lives. Those
22 people who are at Porirua which -- who died there and remain there, your own tūpuna.

23 Can I acknowledge where you come from, Ngāpuhi, the kaitiaki, the guardians of
24 Te Tiriti, the founding document of Aotearoa and the document which underpins our
25 Inquiry and how you've built on top of that. And can I acknowledge the staunchness in
26 your Te Ao Māori, your mātauranga, the unmovingness of Hikurangi which you bring here
27 today. We welcome the uncompromisingness and the way you see going forward to be
28 Te Ao Māori by Māori for Māori led.

29 I also want to acknowledge the Trans Am, the way out to speed away from what has
30 happened in the past and I hope that there will be that Trans Am in whatever form it takes,
31 that new kind of waka to take to us a different tomorrow. We are learning from the past
32 and we hope to take what you have said and create a new tomorrow from it.

33 Thank you, again, for the wisdom that you've shared with us, all three of you,
34 kia ora. Thank you. And if you'd like to close with a karakia, waiata Matua Mike?

1 **MIKE:** Āe. Tēnā tātou anō te whānau. Tēnā te kāhui o te manaakitanga, hei tautoko i tēnei
 2 kaupapa i tēnei wā. Te whānau i noho tahī, ngā kaititiro, ngā mātāwaka, nō ngā waka
 3 rererangi, ahakoa nō hea, ahakoa nō wai, te mea nui, kei runga ahau ināianei, te
 4 mamaetanga o tēnei kaupapa, te mamae o rātou mā, ko wehe atu ki te po. Ahakoa kāore e
 5 rātou e konei i rātou katoa i te tinana, ka rongō ahau te mamaetanga i te wairua. Mō ngā wā
 6 roa, tēnei taumahatanga o nehe i ō tātou nei whare tūroro ahakoa he whare, nō reira E te
 7 Atua noho mai ki a mātou taha, wātea mai, wātea mai, whakahuaki te kaupapa, whakahaere
 8 atu te mamaetanga, te pōuri, taiparinui te hauora, te whakaaro hau, te whakaaro aroha, hei
 9 manaakitia ā tātou nei, reanga mō āpōpō arā ko ngā a tātou nei tamariki, ko te mea nui
 10 rawa. Me tīmata tātou ināianei tonu, nō reira e te Atua, haumi e, hui e, tāiki e.

11 **[Waiata Maku Ra Pea]**

12 Tēnā koutou, tēnā koutou, tēnā koutou katoa, kia ora.

13 **MS SPELMAN:** Commissioner, I understand the next session will be starting at 2 o'clock so
 14 we're a little early for the lunch break.

15 **CHAIR:** That's fine.

16 **COMMISSIONER GIBSON:** Kia ora, thank you, we'll break for lunch.

17 **Lunch adjournment from 12.55 pm to 2.04 pm**

18 **COMMISSIONER GIBSON:** Ms Cuthill.

19 **MS CUTHILL:** Ahiahi mārie, Commissioners and Madam Chair. We have Catherine Hickey
 20 with us by video link from Waitohi at the top of Te Waipounamu which you can see in the
 21 artwork by Catherine behind her. She desperately wanted to be here kanohi ki te kanohi
 22 but that wasn't possible at the last minute.

23 She's happy to take the affirmation, Madam Chair.

24 **CHAIR:** Thank you very much, Ms Cuthill.

25 Welcome to the Commission, it's your first appearance here I understand?

26 **MS CUTHILL:** Thank you, Madam Chair.

27 **CHAIR:** Hello Catherine -- do you mind if I call you Catherine?

28 A. No, that's fine, thank you. Kia ora.

29 Q. Kia ora, and welcome to the Commission. Here's your affirmation.

30 **CATHERINE MARGARET HICKEY (Affirmed)**

31 **MS CUTHILL:** Could you give us your full name.

32 A. Catherine Margaret Hickey.

33 Q. And you're here to tell us the story about your brother Paul Hickey. And you've provided --

34 A. That's correct.

1 **Q.** -- a written statement to the Commission. And in that statement you say that Paul's time in
2 State care and ultimately his death in State care is at the centre of the story of your family.
3 And this story mostly concerns his care while he was at Porirua Hospital in his late teens
4 from 1975 to 1980.

5 At paragraph seven of your written statement, you've given a summary of what
6 Paul's time in State care has meant for your family. Would you like to read that paragraph
7 for us?

8 **A.** Certainly. "Paul's experiences took an unspeakable toll on our whānau, and on my mother
9 in particular who remained heartbroken for the rest of her life. Paul was stolen from us and
10 there's no other way to describe it. Our whānau dissolved because of what happened to
11 Paul, and all of us have felt the impact continuing over the ensuing 40 years since his
12 death."

13 **Q.** Can you tell us about Paul's early life and your family background?

14 **A.** Certainly. Well, as mentioned, we grew up in GR0-B, born in GR0-B, and then we
15 moved to Tairāwhiti when we were quite young, we lived out on my grandparents' farm for
16 some time in Tolaga Bay, but Paul was the youngest of four children, three older sisters, he
17 was an incredibly inquisitive, adventurous outgoing little guy, he'd always have his rugby
18 ball with him wherever he went, he was always outside in his gumboots and little stubbie
19 shorts racing around the place but exploring his world.

20 And, you know, we adored him, even though he obviously with having three older
21 sisters was extremely cheeky and he would do things like hide our dolls and, you know,
22 pull off their heads and do everything he could, I guess, in a sense to annoy us, but he did it
23 in a way that, you know, we embraced as well at the same time.

24 And my father had a good job, we loved being on the farm, we learned to ride
25 horses and for us that early childhood was, you know, really fulfilling.

26 **Q.** And you're the third child in your family, aren't you?

27 **A.** That's correct, yes.

28 **Q.** And you're 18 months older than Paul was, so --

29 **A.** That's right.

30 **Q.** -- you were pretty close to your baby brother in age and --

31 **A.** Very, very close.

32 **Q.** -- relationship?

33 **A.** Uh-huh, absolutely.

- 1 **Q.** And what you've described is a close and very loving family unit?
- 2 **A.** Yes, and living with, you know, being on the farm, even though we had our own home, you
3 know, my grandparents were there in total support as well for, you know, my mother who
4 was working on the farm while my father worked in town. So it was an extended whānau
5 concept really.
- 6 **Q.** And you have iwi links to Tainui that you've discovered later in life, haven't you?
- 7 **A.** That's correct, yes, through my maternal grandmother.
- 8 **Q.** And you were raised Irish Catholic?
- 9 **A.** Yes, very staunch Irish, very staunch Catholic.
- 10 **Q.** Something happened to Paul when he was six that changed the whole course of that family
11 unit's life. Are you able to tell us about that incident?
- 12 **A.** Certainly. Just before his seventh birthday Paul went to a friend's house to play for the day,
13 he was more used to riding horses than he was used to riding a push bike, but they hopped
14 on bikes nonetheless. He had no helmet and unfortunately the bike he was riding had no
15 brakes. They came down quite a steep hill onto a main highway and Paul was hit by a
16 passing truck. He was obviously rushed into hospital, we passed that ambulance on our
17 way to meet him and he spent quite a lot of time in a coma in that hospital. As I've
18 mentioned, my parents were told to expect the worst, they didn't think his survival was very
19 likely.
- 20 He was given his last rites, and so -- being, you know, very much following that
21 Catholic faith there was a Priest at his bedside who administered the last rites and gave him
22 the name Norbitt and, you know, the process around that was to get used to the fact that
23 probably we weren't going to be bringing Paul home again.
- 24 But Paul had other ideas and he came through that coma, came out of the coma. He
25 was unfortunately left as a hemiplegic, so he was paralysed down his left side and he had a
26 severe brain skull injury. So he had an organic brain injury, but the side of his skull was
27 broken and smashed, crushed beyond repair at the time, so that left a large indentation in
28 his skull.
- 29 He was in very short time able to speak again, to walk and talk, he was incredibly
30 strong, he was a miracle child in lots of ways, because they'd never anticipated that his
31 survival would be even likely to occur.
- 32 So he was definitely our little taonga and our little miracle boy to get to that stage
33 where he was not going to have a normal life again, but he was able to cognitively function
34 and he was so determined, that same determination he had as a young child just came

1 through straight away. He wanted to climb trees again, he wanted to do all the things that
 2 he'd done as a young boy. He was still a little boy, he was still only just coming up to
 3 seven. And, you know, of course as a whānau we felt it really important that we support
 4 him in every way possible that we could and eventually he came home.

5 We were ecstatic, you know, I think for my mother, I cannot even imagine their
 6 anguish, for my parents, I cannot even imagine the anguish that they had but then they felt
 7 that they'd been given a second chance with him.

8 **Q.** And from that time for the next five or six years he was in mainstream schooling, wasn't he,
 9 because he was --

10 **A.** Yes, so what happened was it was only, you know, within a few months, once he'd got, you
 11 know, the concept of physiotherapy, I mean, all those things were just -- the medical staff
 12 were phenomenal and giving him the support he needed to get those functions back in
 13 place. You know, they couldn't have gone far enough, they came and did home visits, you
 14 know, the physiotherapy, therapists -- and the speech therapists, it was quite incredible.

15 So it didn't take long before they felt that he could go back to the school that he was
 16 originally at, which he did, and those children and the school really embraced him. You
 17 know, they saw him as a little bit of a miracle, like we had really, a little bit of an anomaly
 18 too, the children were curious about him but they didn't look down on him, you know, they
 19 were like all told that this little boy had achieved what no-one else could possibly imagine
 20 he was going to come through. And things would happen, like -- I remember the Police
 21 car, Police coming out and he went for a ride in the Police car and that was in the
 22 newspaper, you know, that this little boy had survived this horrific accident and the Police
 23 were there to, you know, take him for a ride in the car and just boost his spirits and our
 24 spirits too.

25 **Q.** Can I --

26 **A.** So schooling for him in that first, yeah, initially schooling was, you know, not so bad but
 27 then we had to move into town, my father's job changed, and we moved into town and then
 28 he changed schools and went to school in town and then that's when it all changed for him.

29 **Q.** Can I move you to when he's had to go into GR0-B out of mainstream schooling. It
 30 happened when he was around 13. Could you talk to us about how he ended up at

31 GR0-B firstly, and then what his time in GR0-B was like?

32 **A.** Sure. Well, he moved school and then of course with that came considerable bullying. So
 33 the children would imitate how he walked. He was having petit mal seizures two or three

1 times a day, they would be completely random, you never, you know, you never knew, you
2 couldn't predict when they were going to happen. Sometimes it would mean that he would
3 almost black out with the seizure.

4 So in terms of trying to have mainstream schooling, the children in his class and
5 around him were seeing what was going on there, and they would imitate that. When we
6 moved into town my father was working, my mother was working, and Paul had to walk to
7 school later on, it wasn't initial, but later on he walked to school. And he would have rocks
8 hurled at him by older children and sometimes come home covered in blood and then us
9 girls were at home before mum got home and we'd try and clean him up so that mum didn't
10 have to see him that way.

11 My parents -- should I mention that now, that my parents separated?

12 **Q.** We can talk about that now if you'd like, the impact on your parents?

13 **A.** Yeah, because he didn't go into the GR0-B rehabilitation centre until we moved to
14 Hawke's Bay, to Heretaunga, so we'd been in Tairāwhiti. My father started to distance
15 himself from our family. He was finding other ways to, I guess, in a sense drown his own
16 sorrows and not - did- not have the ability to cope with Paul's injuries and seeing his son as
17 now paralysed and with a head injury, his boy wasn't going to play rugby like he dreamed
18 about for his son. And he stayed more and more away from home. So my mother was left
19 there to fend for us. That was financially as well, my father wasn't providing for us
20 financially in the end either.

21 And so that whole fabric and that whole network of having the stability, that stable
22 life that we'd known all disintegrated around us.

23 My parents eventually separated and that took a huge toll on us all but especially
24 Paul who was very much in need of that father figure, very much in need of that male role
25 model to help him in his time of need as well.

26 So, you know, that whole circumstance was particularly tough on Paul.

27 It was some years later that we moved to Heretaunga. My mother had met a new
28 person in her life who was a wonderful man as well, for her, really good for her. But with
29 the move to Heretaunga they did try and place him back in mainstream schooling straight
30 away, but that was even more disastrous because, you know, those children had no, you
31 know, they had no concept of who this person was and all they were seeing was this, you
32 know, tragic individual in their eyes.

1 The suggestion was made that Paul go into the GR0-B rehabilitation centre. That
2 was probably one of the worst outcomes for him in terms of the fact that he was extremely
3 bright, Paul was above average intelligence. Sure, he was disadvantaged in the fact that his
4 mobility was compromised, and that he was disabled. But in terms of his own
5 psychological needs, he needed to have stimulation.

6 **Q.** And after --

7 **A.** He needed to have -- sorry.

8 **Q.** Sorry.

9 **A.** That's all right.

10 **Q.** And after age 13 he had no more formal education or testing?

11 **A.** No.

12 **Q.** Or opportunity to obtain any qualifications of any kind?

13 **A.** No. No, no, that was not an option for him.

14 **Q.** His time in the rehabilitation centre, which, I understand the name has been redacted, didn't
15 end well for him, did it, and one of the reasons he struggled, as I understand it, is because
16 he was intellectually fully capable, had no cognitive impairments and was placed with
17 adults who did have those limitations who struggled at times to manage their own
18 behaviours and there were no other young teenagers like him?

19 **A.** No. So there was no-one he could relate to while he was there, apart from, you know, the
20 staff obviously. Just keeping in mind, too, that Paul was very, well, he wouldn't like you to
21 say it, but delicate, you know, with his paralysis and his head injury. He was quite delicate,
22 so it didn't take much to knock him over, for instance, or if he was -- someone was, you
23 know, aggressive towards him, and even just pushed into him, that would knock him to the
24 ground, because he didn't have the ability to stabilise himself. And often he'd get hurt when
25 that happened, and so being in an environment with adults predominantly who were
26 unaware of their own strength, he was even more vulnerable around them.

27 **CHAIR:** Could I just -- sorry to interrupt, sorry, Catherine, sorry to interrupt.

28 **A.** No, that's fine, no, please.

29 **Q.** Was the GR0-B training centre residential or non-residential?

30 **A.** It did both, for Paul it was non-residential.

31 **Q.** So he came home at the end of each day?

32 **A.** He did, he did.

33 **Q.** Thank you.

1 A. Yes.

2 **QUESTIONING BY MS CUTHILL CONTINUED:** Can I move you, Catherine, to 1975 when
3 at age 15 Paul's time in that centre ends and that's because of an incident where he's been
4 threatened by one of the adult people living at the centre and he's responded in kind.

5 A. Yes, so what transpires is that Paul had been physically and psychologically bullied by one
6 of the other students there and it got to the point where he couldn't take any more and so
7 he'd threatened that particular person with a weapon and said that he was going to kill him
8 if he didn't leave him alone. For Paul I knew that this was his only way of feeling that he
9 had any kind of self-defence.

10 I know he knew that it was not right because he was intelligent enough to know
11 that, but I feel that he was just backed into such a corner that he just needed to take the
12 action in his own hands. And of course he was, you know, he was disarmed and I believe
13 the Police were called, but there was no prosecution by the Police.

14 However, it was decided that Paul needed to have a psychiatric assessment.

15 **Q.** Up until that point in Paul's life for age 15, what do you think now should have been the
16 way he was treated, the report -- the treatment that he received, what do you think he
17 needed and should have received?

18 A. Well, I definitely feel that his, you know, he was a quite -- an isolated case, I guess, in a lot
19 of sense, there's a lot of people I know that -- with organic brain injury, you know, that
20 they're not, you know, they lose -- he was intelligent, he'd always been intelligent, he didn't
21 lose that intelligence with his injury, he lost the physical ability, but he didn't lose his
22 mental capacity. He needed to have more physiotherapy, I think that that would have
23 helped him immensely just to get his own courage and his own mana, his own self--esteem
24 back as well, you know, to have kept that going, that wasn't -- they stopped that pretty
25 much when he got back into school life. And I really would have thought that the ideal
26 scenario was even if he'd been able to have some home schooling just to keep that school,
27 you know, that formal education aspect going for him.

28 **Q.** But what happened for Paul was markedly different than that, wasn't it, it was a process --

29 A. Definitely.

30 **Q.** -- that happened through the GP as a result of that incident with the weapon and ultimately
31 led to him being institutionalised and a ward of the State in 1975 when he was 15. Are you
32 able to talk to us about that process around the GP and the ward of State?

33 A. Sure. So, as I said, Paul was placed into the -- well, they did a psychiatric assessment of
34 Paul. Just keep it in mind that Paul had had no issues at home and this was his first incident

1 of any violence, showing any violent tendencies I guess, or any kind of, you know,
2 pushback or conflict in any way, of any way, shape or form. It was almost like immediate,
3 bang, straight into a psychiatric assessment.

4 The clinical psychologist who saw him and our family GP worked together and he
5 went into the Hastings psychiatric unit for that assessment. The decision was made to
6 commit Paul because they felt that he was very -- there was a lot of paranoia there. He'd
7 become really quite frightened about what was happening to him in terms of the bullying
8 and of course he just didn't know how to deal with it or cope with it. So, you know, they
9 saw that as paranoia on his part.

10 Yeah, so with that committal it left my mother broken-hearted. I know that she
11 tried the best to stop that procedure happening and hoping that there could be some
12 alternative. It seemed very drastic, it seemed very extreme to think that, you know, never
13 before had he had any issues before, it wasn't like he had a long list of issues like this.

14 So they took extreme action, in our view, and placed him in the Porirua Psychiatric
15 Hospital.

16 **Q.** And your mother resisted that process and in fact didn't agree to it, did she, and --

17 **A.** She did not.

18 **Q.** -- as a result --

19 **A.** No.

20 **Q.** -- because there was no consent, Paul was made a ward of the State so that he could be
21 committed?

22 **A.** That's correct, yes.

23 **Q.** You know about Paul's experiences in Porirua Hospital through his letters to you and his
24 phone calls to you and his letters and phone calls to your mother which you've talked to her
25 about before her death. Are you able to talk to us about your understanding of what life
26 was like for Paul there?

27 **A.** When Paul first was placed in Porirua he was virtually stripped. He had nice, long 70s hair,
28 he loved his long hair. The reason he loved his long hair mostly was because it covered up
29 a fair bit of the indentation in his skull, which you could see if his hair was short. So he
30 was particularly conscious of that.

31 **Q.** Shall we show the Commissioners a picture of what he looked like before he went into
32 care?

33 **A.** Certainly.

34 **Q.** That's exhibit 002.

1 So this is Paul at 15 just before he was committed, is that -- that's correct?

2 A. That's correct.

3 Q. And we have another picture of him that's exhibit 003, and that's taken in 1977 and he's
4 been in Porirua for two years and it's showing he's lost that beloved 70s hairstyle and,
5 arguably, a bit of that attitude that he was showing as a teenager.

6 He was stripped of not just his hair but other things that were his freedoms and his
7 belongings, as I understand it. Are you able to tell us about some of that?

8 A. Sure. So he was very, very keen on a watch, he always liked to have a watch with him and
9 wear a watch and he had a really good watch. I know that he'd saved up for that with his
10 pocket money and it was a Seiko watch that he used to polish all the time. He liked to have
11 a transistor radio and he took a transistor radio into the hospital with him because he liked
12 to listen to music, he was right into 70s music, and he was almost a little bit of a hippie in
13 his own way, he had his own little hippie thing going on, and he liked to dance to the music
14 and listen to it at night time and that was -- it really kind of soothed him, you know, as well.

15 But he on one of his phone calls had mentioned that the staff had taken those things
16 off him and they'd gone and -- they'd put them in -- they said that they'd put them in the
17 staff room in a box, in a metal box, and when they went to find them again they were gone,
18 there was no -- they couldn't find them. I know that Paul wrote a letter to the
19 superintendent himself asking him what they would do about this and how they could
20 compensate him for the fact that it was obvious that his things had been taken.

21 The value he put on them was \$200, which I thought was rather beautiful, that he
22 could say to them, "This is how much you owe me, please pay me back." I believe that
23 initially after a lot of toing and froing they gave him back \$99.

24 Q. But those things meant a lot more to him than money, didn't they, they were the symbols of
25 his identity --

26 A. Oh, yes.

27 Q. -- in a place where he had nothing?

28 A. That's right, and they were the things that he relied on to give him a little bit of comfort.

29 Q. You have some knowledge through Paul and through your mother about the medication and
30 the treatment regime that Paul had at Porirua. And as I understand from reading your
31 witness statement, your mother was a nurse, so was aware of some of the ins and outs of the
32 medication and that gave her great concern and, in particular, you were concerned about
33 Paraldehyde injections?

34 A. Mmm-hmm.

- 1 **Q.** And ECT treatment?
- 2 **A.** That's right.
- 3 **Q.** Can you talk to me about that?
- 4 **A.** Well, I think, if I recall, and my mother had actually spoken about the use of ECT and a
5 hope that Paul would not have that because of his brain injury and his paralysis because she
6 was so concerned of the effects it might have on him. However, he mentioned to her in
7 quite great detail the fact that he was administered Paraldehyde and had to undergo ECT on
8 a number of occasions.
- 9 The other incredibly concerning thing was the over-medication that Paul was
10 having. Sometimes twice the adult recommended dose for an adult was being given to a
11 young boy, and we're talking, you know, really strong tranquillisers as well as the
12 Paraldehyde and a whole plethora of other medication, I'm not sure if I can mention all that,
13 but on a daily basis, it wasn't just like every now and then, it was on a daily basis.
- 14 **Q.** And that medication was often administered anally as a way to make it absorb faster?
- 15 **A.** The Paraldehyde was, yes.
- 16 **Q.** And also to make it easier when a patient was refusing to take medication by other
17 methods?
- 18 **A.** Exactly, yes.
- 19 **Q.** In your -- if I can take you back to your mention of ECT therapy or treatment, you've
20 written about this in your statement at paragraph 33. Would you like to read that to us, or I
21 can read it for you if you'd prefer?
- 22 **A.** Let me find that, that's fine.
- 23 **Q.** It's on page 5 of your written statement.
- 24 **A.** Yeah, I'm -- 33 there. So, "mum saw Paul with black eyes and evidence that he was
25 regularly beaten up. He had unrelenting physical injuries. He told her that the staff would
26 round up the patients and hose them down with cold hoses. His radio was stolen, he could
27 no longer listen to his beloved music. His watch was stolen too along with any money that
28 he had."
- 29 Do you want me to carry on to 34?
- 30 **Q.** Paragraph 32, which is the paragraph that begins "ECT was administered", because that's
31 where you describe your understanding of what ECT was used for and your understanding
32 is it wasn't simply treatment, it was also punishment?
- 33 **A.** Yes, I might get you to read that, if you don't mind, Hannah, thank you.

1 **Q.** At paragraph 33 you say, "ECT was administered if a patient expressed signs of depression,
2 defiance or a 'bad attitude' generally, if they protested about their treatment or simply a
3 standard rehabilitative process. ECT was not just for treatment but also a punishment for
4 certain behaviour. It was impossible for us to question what was seen as justifiable and
5 necessary, and my mother had no rights in regards to determining Paul's treatment. There
6 was no communication to us before Paul had ECT or Paraldehyde injections."

7 You've mentioned previously that your mother was particularly concerned about
8 Paul having ECT because of his brain and skull injury, and am I correct that you could see
9 movement under the skin on Paul's head, it was exposed?

10 **A.** That's correct, it was, yes.

11 **Q.** Paul was telling you and your mother about what happened to him, on the phone and in
12 letters, but they were often restricted, weren't they?

13 **A.** They were.

14 **Q.** You've attached as an exhibit to your written statement one of the letters that you still have
15 from Paul, and that's exhibit 004, if we can bring that up.

16 That's a letter that Paul wrote to you, Cathy, on 20 February 1977, and in this letter,
17 and we've highlighted it on the screen, he discloses to you abuse by staff members. Would
18 you like to read that part or would you like me to read it for you?

19 **A.** I'm fine, I'll read that part, no problem.

20 "Things haven't gone all that well in the ward lately. I don't want to upset you
21 Cathy, but the staff do terrible things to me. I don't want to go for a shower anymore
22 because I can't protect myself. I can't tell you what they do. I've told mum, so I hope she
23 can help me. And I didn't fall out of my bed like they said when mum came last time, I was
24 hit badly. I hope I can come home as I'm scared and I miss everyone. I have to go now,
25 love Paul."

26 **Q.** When he talks about his fears of showering, that's because he's paralysed on one side so
27 physically he's vulnerable and can't defend himself?

28 **A.** Exactly.

29 **Q.** And that's defending himself against other patients as well as staff members, as he's
30 disclosed?

31 **A.** Yes.

32 **Q.** You've talked about in your written statement the attempts that your mother made to bring
33 this to the superintendent's attention and you've said basically she hit a brick wall at every
34 turn, and never received any adequate reply.

1 A. That's right.

2 Q. And there were times that your mother was denied a visit to see Paul but on one occasion
3 you say she forced a visit and she saw him badly beaten?

4 A. That's the -- what he's referring to about falling out of bed, yeah.

5 Q. It's taken some time for you to obtain Paul's medical records and there's one document from
6 those medical records that's been disclosed that we can discuss today and that's a letter that
7 was written by a psychiatric medical officer on 6 December 1979. And we have that to
8 come up on the screen.

9 Would you like me to read what that medical officer has written in a formal letter
10 about Paul who at that time was aged 19 or would you like to read it, Catherine?

11 A. I'm fine, thanks, Hannah, I can do it, read that. You only want me to read what's on the
12 screen?

13 CHAIR: Just before you do, could you just orient us in terms of date and when this was written
14 and by whom, you might not be able to reveal the name, but the position of the person who
15 wrote it.

16 MS CUTHILL: So it's the psychiatric medical officer at a hospital that isn't named, it's GR0-B.

17 CHAIR: Yes.

18 MS CUTHILL: It's 6 December 1979.

19 CHAIR: Thank you.

20 QUESTIONING BY MS CUTHILL CONTINUED: It's those last two paragraphs on page 1
21 and then the top of page 2 that have been brought up on the screen, Catherine.

22 A. Okay. So:

23 "I didn't forget the limitations of a personal point of view but I want to present mine.
24 Thus, so far as I can be humane, I wish him better luck in his mutilation. Since the only
25 real relief I can see for him is in his death, I think the evidence suggests that Paul's mind
26 works along the same lines. But professionally I cannot proceed in line with such a view in
27 any way that would involve my colleagues or this hospital, and I am certain that the same
28 would apply in your hospital. The ethical position for me as an individual would seem to
29 be a matter of opinion, but I think it would be a brave or ill-advised or foolish person who
30 attempted to justify on..."

31 Q. And then it continues at the top of page 2, "...ethical grounds what I, at present..."

32 A. "...present, see as a humane response."

- 1 **Q.** So the official on-record opinion of people involved in Paul's care was he would be better
2 off dead?
- 3 **A.** That's right, what's what he's saying, isn't it?
- 4 **Q.** And less than a year after this letter, while Paul was still in the care of Porirua Hospital, he
5 took his own life?
- 6 **A.** That's correct.
- 7 **Q.** As you know, there are some restrictions on what we can talk about, but are you able to tell
8 us what you know of those days and what happened?
- 9 **A.** For Paul I felt that the idea of that communication that I've just read out there was the hope
10 of getting Paul back home into -- initially re-established in the unit where that psychiatrist
11 was, and then looking at the bigger picture where he could actually have some
12 independence, but having the support from home at the same time which was just the big
13 catalyst for that push to get him out of Porirua.
- 14 So my mother was advocating for that and Paul was aware of that. So when the
15 rejection came back, I think that that was a turning point for Paul and the catalyst for the
16 reason why he couldn't take any more and felt the best outcome for himself was to take his
17 own life. Because he felt that he was never going to be allowed to go home, couldn't have
18 his whānau around him anymore, and he was living in a very dark and frightening place
19 and he wanted to be out of that.
- 20 So he went AWOL, as they put it. He'd been missing for a few days when the
21 Police arrived at Porirua Hospital to say that they'd found a body on Colonial Hill, which
22 was part of the grounds at the time, and they needed someone to come and identify that
23 body, which is what one of the staff did.
- 24 So Paul had taken his own life, he'd been there on his own for quite a few days and
25 was eventually found. The hospital hadn't notified my whānau to let them know that he
26 was missing, so it wasn't until once they'd identified his body that they were rung and then
27 my father had to go down. My father had been out of the picture for many years, but
28 because my mother couldn't identify Paul, dad did that. He came down to Wellington, he
29 came down from where he was living at the time, and formally identified Paul's body and
30 then Paul was taken home to us, brought home to us.
- 31 **Q.** And you were pregnant with your first child at the time of Paul's death?
- 32 **A.** That's correct.
- 33 **Q.** And Paul was your beloved baby brother?
- 34 **A.** Yes.

- 1 **CHAIR:** Do you mind if I ask a question that you may not know the answer to, it's not in your
2 brief, if you don't know then please say so.
- 3 A. Sure.
- 4 **Q.** It seems that the trigger for this was the rejection of his wish to go home or to be
5 independent or at least out of Porirua Hospital, is that right?
- 6 A. That's right, yes.
- 7 **Q.** Do you know anything about --
- 8 A. I believe so, Coral.
- 9 **Q.** You just believe so. So do you know anything about the way in which -- who applied, who
10 raised the fact that he could -- was it your mother's advocacy or was it Paul's?
- 11 A. Yes, initially, my mother's advocacy, you know, and talking to Paul about, you know,
12 "Let's try and get you home", giving that hope that he needed when he was so down --
- 13 **Q.** Yes.
- 14 A. -- and desperate and trying to, you know, help get him through each day, because there
15 were so many terrible things happening to him.
- 16 **Q.** Yes.
- 17 A. And so that letter was -- then she advocated to the hospital and said, "Look, you know, can
18 you please at least try another avenue for him?"
- 19 **Q.** And so how was it rejected, from the records, is it possible to work out why they didn't
20 think it was a good idea?
- 21 A. Well, there was -- yes, from the records, yes. Yes, from the records it was made very clear
22 that there was no place for Paul and that the belief was by that psychiatric medical officer
23 that Paul would be better off in a large institution.
- 24 **Q.** Right. Good. Thanks for filling in that small gap, thanks very much, Catherine.
- 25 A. No, that's fine.
- 26 **QUESTIONING BY MS CUTHILL CONTINUED:** I know it's difficult in the time that we
27 have to talk about the impact of Paul's time in care and his death on you and your whānau.
28 There are some compelling parts I think in your written evidence where you talk about it.
29 Perhaps if you could read paragraphs 58 and 59 to give us a small idea of what this has
30 meant for you, or I can read that for you, Catherine.
- 31 A. That would be great, thanks Hannah.
- 32 **Q.** "There is never a day that I do not think of Paul. Mum shed a tear for Paul every day until
33 she died. She was broken by what happened. We always felt we could have and should

1 have done more for him, but the institutions around Paul made that impossible. His abusers
2 were protected by the State, despite our complaints, and his torture continued.

3 I just want to hold Paul close and say 'it will be all right, Paul, we will take you
4 home now.' There is never a day our family does not grieve for Paul. We live with the
5 guilt, the anger, the disbelief and the immense sadness of what has happened."

6 A. Thank you.

7 Q. Catherine, can I move you on now to what you think needs to be done by the State as a
8 response to this experience?

9 A. Well, first and foremost, I think there needs to be some accountability. I feel very strongly
10 about that, you know, that there are people living today still who know what transpired,
11 who maybe perpetuated some of that torture, and need to be made fully aware that it's not
12 okay, that it's not acceptable, and aware of the pain that they've caused so many families
13 and individuals, so many helpless people who had no concept of what was going to happen
14 to them when they were institutionalised.

15 Q. You talk in your written statement about accountability being criminal prosecution in some
16 instances and also monetary compensation. And I know you've struggled with that concept
17 of a sum of money to replace someone's life, but can you talk to us about why you think
18 monetary compensation is important?

19 A. Well, I suppose in a sense it's a way forward, is to think that sure, they're actually saying
20 that yes, this wasn't right, this should never have happened. There are things that I feel
21 passionate about, the fact that it's still happening and if there's any small thing that I can do
22 to make someone else's life a little bit better in the same situation then certainly that
23 concept of a monetary compensation might help achieve that.

24 Q.

[GRO-B]

25 A. --

1 **Q.** The final part of your written statement I wanted to talk to you about, Catherine, is the 42
2 years now that your mother and then you have spent trying to get redress, because you've
3 continued to encounter the brick walls that your mother did with the superintendent at every
4 turn and with every agency or Government department, haven't you?

5 **A.** Yes, I have. Initially we made the attempts to contact Sonja Cooper Law, which we did,
6 and we went through the process of what had happened for Paul, but unfortunately because
7 of the fact that Paul had died, we were unable to pursue that because he wasn't there to
8 represent himself. That's what we were told at the time. So that was another door closed,
9 really.

10 I took this on for my mother and for Paul because Paul was the bravest person I ever
11 knew, and I felt that I needed to step up my game. It may have been some way, I feel, to
12 acknowledge what he'd been through, and to also give a little something back for him,
13 because I wasn't able to be there for him in lots of opportunities and times that I just could
14 not get to be with him throughout his ordeal.

15 So it was my way of expressing, my way of saying, "Paul, I'm going to get you
16 there, I'm going to do what I can for you", and for my mother because she had, you know,
17 had to experience so much pain as well.

18 So then we wrote to the Minister of Health and also to Wellington Hospital, yeah.
19 And then also I approached the Commission in 2018 when the Royal Commission decided
20 to investigate State abuse.

21 **Q.** So the Royal Commission in this hearing today is the first time that you and Paul have
22 really had a voice in more than 40 years?

23 **A.** That's correct, yeah, it is actually.

24 **Q.** And until this process, outside of your immediate family, you'd only told about two people
25 about all of this?

26 **A.** That's right. It's just been too painful. It's been still very raw and very real and yeah -- also
27 too, you know, feeling very much aware of the perceived stigma and stereotyping that
28 people tended to have. I think the clinicians had that as well, that, you know, that we were
29 an unfortunate family, that we were -- my parents were separated so therefore, you know,
30 it's not surprising that the child is in a psychiatric hospital. There was all that as well going
31 on. So I suppose I've shut that up, I've shut that close, I've kept that close to my chest, my
32 heart, for fear of having the same reaction, I guess, to this.

1 And, you know, I've found that, you know, looking through Paul's medical notes
2 that's exactly what happened. It was very clear, black and white, that they were
3 discriminated against because they were separated.

4 **Q.** And in many senses it was a self-fulfilling prophesy what happened to Paul, because of the
5 attitudes of those who were charged with his care?

6 **A.** The attitude was horrific and abhorrent without a doubt. Inhumane I would -- inhumane,
7 totally inhumane, arrogant, and arrogant, as if they were, you know, higher beings of some
8 sort and that there was no value placed on Paul's life at all. He meant nothing.

9 **Q.** At the very end of your statement, Catherine, you've given us a whakatauki that makes you
10 reflect on Paul. Are you able to share that with us and the meaning, please?

11 **A.** Sure. So my whakatauki is: Kua hinga te tōtara i te waonui a Tāne. "Paul, a Tōtara has
12 fallen in Tāne's great forest". So that's my brother. He was a Tōtara in Tāne's forest and,
13 yeah, he fell in that forest.

14 **Q.** Ngā mihi nui, ngā mihi maioha, thank you, Catherine. There may be some questions from
15 the Commissioners.

16 **COMMISSIONER GIBSON:** Thank you, Ms Cuthill, thank you, Catherine. Is it okay
17 if -- you're okay for questions?

18 **A.** Certainly. I'll do my best anyway, Paul.

19 **Q.** Thanks. Feel free if you don't feel up to it.

20 When Paul, the Totara, was made a State ward, what were the positions of the
21 individuals in the organisations involved at that point?

22 **A.** Okay. So the positions were the Medical Officer of Health -- sorry, I'll go back to that, beg
23 your pardon. Our local doctor, our family GP, and the psychiatric medical officer.

24 **Q.** And anybody from Social Welfare?

25 **A.** No, no.

26 **Q.** They all kind of conspired against what were the family wishes and Paul's wishes,
27 I assume, at the time?

28 **A.** Absolutely, they did. I'd just like to mention, if I can, that the psychiatric medical officer
29 was the one who wrote about Paul being better off dead.

30 **Q.** I was actually wanting to ask you about the attitude of medical professionals, people like
31 himself. What can we do today, to what extent do you think they still exist, to what extent
32 should we influence, can we influence a change?

33 **A.** I think the best thing is to be inclusive and holistic and actually to include the family, the
34 feelings of the family, actually not rest on their own laurels and assume that they know

1 everything, that they've got, you know, they've got the power that -- they're very powerful
2 people, and I think they know that a lot of the time, or they were, at that time, extremely
3 powerful. You didn't question what they said, and I think in my mother's time, you know,
4 age bracket, age group, they were always taught your doctor's always right, these people are
5 always right, you don't question them. And that was their attitude.

6 That's something that I hope, and I really hope that that's changed now so that it
7 means that they can be more inclusive and you can actually voice your opinion and look for
8 alternative solutions for the best outcome holistically in the long run.

9 **Q.** Do you know if Paul was given electric shocks modified with some anaesthetic or without
10 modified?

11 **A.** He was given Nurtec, Nurtec prior to some of the shock treatment, that I found on his
12 medical record, prior to the Paraldehyde. So Nurtec and then Paraldehyde.

13 **Q.** So would that have --

14 **A.** Nurtec is a hypnotic, so it has a calming effect on you, yes. So in a sense, yeah, a
15 tranquilliser, yeah.

16 **Q.** Do you know what years while he was at Porirua, did this continue throughout his time
17 there up until, did the ECT continue --

18 **A.** I believe so. Yeah. He was having it from '76, I believe, 1976 until he took his own life.

19 **Q.** Was there any -- I'm guessing there would have been some change in his status at age 18 no
20 longer being a State ward. Was anything discussed from the hospital to the family at that
21 point in time?

22 **A.** I don't believe, well--, there could have, --there were some,-- no, there were some
23 assessments, there were some assessments done, two assessments that I am aware of. The
24 final assessment saying that -- oh, even before, prior to the 1979 one, the 1978 assessment
25 said that he -- can I just quickly have a look at this for you? Just give me a moment.

26 **Q.** Yes.

27 **A.** When was it? Just bear with me for a moment. "Manifested no indications of psychosis".
28 He did have a pre-occupation with morbid subjects, but had learned not to disturb other
29 people with those. But because of the fact that he hadn't quite grasped the concept of not
30 becoming angry when spoken to or victimised by the staff or other patients it felt that he
31 best remain committed.

32 **Q.** Under what circumstances do you think family and whānau of those who were abused and
33 died in care should receive some kind of redress?

1 A. What circumstances do I see? I know everything is a case--by--case basis, but I think it's
 2 probably just,-- it's a no-brainer really, isn't it? I mean, this is extreme, this is to the
 3 extreme, this is unacceptable, it's -just - it should never have happened. You know, Paul
 4 was on suicide watch because he'd become so depressed, yet he was able to go AWOL, as
 5 they so kindly put it, and take his own life and not be found until the Police found him.
 6 And someone obviously had found him prior to that, I -don't, - that's very vague, we didn't
 7 get a Police report, there was no Police report, so you know, I'm really not
 8 sure, -but,-- yeah.

9 Sorry, I'm vague on that response as well, it's just something that I just -- yeah, I'm
 10 still struggling with that myself.

11 Q. That's fine. A final question and it partly relates to -- I haven't - thank you for sharing the
 12 details of Paul's story and your family -whānau's story, and Paul's was a story I grew up
 13 with knowing, the broad outline, but never this kind of detail, and it's one of the stories
 14 which I've carried to this point knowing that there are many people in these kind of
 15 situations that we need to hear from and have the inquiry from. I've also been to GR0-B
 16 and it tells the cold medical story.

17 Is there a place for GR0-B similar places which are run by, driven by the families
 18 of those that didn't survive, by survivors themselves, to actually tell their story, tell the
 19 stories of people like Paul, or do you think there's no place for a GR0-B at all on a site
 20 like GR0-B?

21 A. Personally no, I'm not for that whole concept myself. I can see the merits of what you're
 22 saying where they're acknowledging what took place. I think, you know, maybe if it's not
 23 actually physically at GR0-B itself, because that place is a hell-hole nightmare, and I
 24 think it conjures up too many bad and ill feeling for so many people. But in a more neutral
 25 environment, possibly, that concept might work and might be a good healing, a way for
 26 healing. But it needs to certainly have a - not- in a clinical sort of situation like that.

27 Q. Thanks, Catherine, I'm going to ask Commissioner Steenson if she has any questions.

28 A. Thank you, Paul.

29 **COMMISSIONER STEENSON:** Tēnā koe, Catherine.

30 A. Tēnā koe.

1 **Q.** Thank you for your statement so far, it's been important, and particularly emphasising how
2 hope, tūmanako, is such an important aspect for a person. My question is -- questions are
3 related to Commissioner Paul's questions. Because your mother didn't consent to actually
4 commit your brother, the doctor, in your statement, overrode that, and had to him place him
5 in State care, which removed all the family rights as you've quite well stated.

6 I'm just wondering, you've talked about how the doctor should have listened to the
7 family and been more inclusive. But I also want to know what alternative action could
8 have been taken, in your view. Obviously, your mother, her preference was to keep the
9 family together and keep Paul at home. How do you think --

10 **A.** That's right.

11 **Q.** -- better action could have been taken?

12 **A.** Well, I certainly feel that -- all right, Paul went into the Hastings psychiatric unit to be
13 assessed. I think he could have possibly had a little bit more time there for everyone to get
14 used to the fact that there was an issue for Paul and then look at the remedial way of going
15 around that then without, you know, like I say, it was very clear-cut right from the
16 beginning, they were going to make that decision, they'd made their mind up that this boy
17 had threatened someone with a knife, a pocket knife, and so, therefore, in their eyes that
18 was attempted murder, and that he had to be -- pay the price for that because it wasn't going
19 to go through the Police, it was going to go to the other extreme. I think their measures
20 were way too extreme to start with.

21 **Q.** Disproportionate to what he'd done, mmm?

22 **A.** I know that -- and Paul, like I said, had not had any issues at home, he hadn't had any issues
23 other than this before. So surely there was a way of just getting him some -- maybe even a
24 social worker, someone just to talk to him, you know, about giving him a purpose, giving
25 him hope, that whole word of "hope", right from the start, there was no hope. He knew
26 that.

27 **Q.** So more assessment and more support at home would have made a difference; is that
28 correct?

29 **A.** A huge difference, an enormous difference without a doubt.

30 **Q.** Thank you. My second question, Catherine, is around your family did seek legal advice on
31 the possible avenues for historical claims for the family, for loved ones who have suffered
32 from abuse but then passed away. I'm just wondering, can you tell us why that's so
33 important to your family, to be able to have that kind of claim?

1 A. Well, it's the acknowledgment I suppose, I think that's what's important. I had not looked
2 at -- I hadn't thought of it in any terms -- in terms of a monetary redress at all, that's never
3 been in the equation, that was never in the equation for the family either, for our whānau, it
4 was actually more accountability, that was our biggest thing, we wanted accountability.

5 Q. Right, and --

6 A. We felt that -- and at that time, in 2002, there were still people alive who had been very
7 much a part of that whole regime in Porirua psychiatric hospital, they needed to be held
8 accountable and that is what we were aiming for and that was what our whole agenda and
9 our whole motive was.

10 Q. Ngā mihi nui ki a koe, that's all my questions.

11 A. Thank you.

12 **COMMISSIONER GIBSON:** Commissioner Shaw, any questions and a final thanks?

13 **CHAIR:** Catherine, I've asked you a few questions already, but in looking through the medical
14 records, was there ever any evidence of psychiatric illness? I mean, we know that Paul was
15 physically disabled by reason of the accident.

16 A. Yes.

17 Q. But was there ever any -- you said at one stage there was no psychosis, it said no
18 psychosis?

19 A. No, that's what they were saying, yes. The word "paranoia" came into the scripts, and the
20 fact that Paul had been self-harming as well. So those were two of the major things that
21 showed up.

22 Q. And are you able to say when they showed up relative to when he actually went into
23 hospital? Did he go in with those conditions or did they develop in the hospital?

24 A. So the first assessment that he had was saying that due to his paranoia, that's his first
25 psychiatric assessment in the unit.

26 Q. That was after the bullying, was it, the bullying that --

27 A. That was after the bullying, that's correct, yes, and that's when they suggested a major
28 tranquilliser.

29 Q. And if you can say, when did the self-harming start?

30 A. It started in the hospital, so he'd carried out some self-harm.

31 Q. Was that all the way through or just at certain, like, towards --

32 A. There were isolated incidents, it was not all the way through. It was isolated incidents. So
33 depending on what was happening to him --

34 Q. Yes.

- 1 A. -- how he reacted to what was happening to him.
- 2 Q. Yes.
- 3 A. Sometimes that would be if my mother had asked to have him home on leave and then that
4 was revoked, a few times that was revoked for no apparent reason, and then Paul would,
5 you know, hurt himself.
- 6 Q. So a reaction to rejection of being able to go home or do things he wanted to do?
- 7 A. Yes, and that appeared to be a common theme through --
- 8 Q. So if I put it bluntly to you, it sounds to me, as an amateur, that the self-mutilation/self-
9 harming was caused by decisions made by the hospital, would that be right?
- 10 A. Absolutely. I would certainly suggest that too, yes.
- 11 Q. And then it was used as an excuse for him not to be released?
- 12 A. Absolutely, yeah.
- 13 Q. The irony is not lost on me, I can assure you.
- 14 A. No, I can see that.
- 15 Q. Catherine, in your statement -- you've said a lot, and I want to assure you that we have your
16 full statement and we've read all of it, and hear the profound messages that you have
17 conveyed to us. I'd just like to read for the public your description of the battle that you
18 and your mother have fought so bravely over all the years, it's about tenacity.
- 19 "The process as it exists relies on tenacity and there are many intellectually or
20 physically disabled survivors and their whānau that are not able to continue through to the
21 end. I have had to invest so much into getting to this point and I worry that nothing will
22 come of it."
- 23 You are not the first person who we have engaged with in this Commission to say
24 that same thing, and there's two aspects of it. You have demonstrated the extraordinary
25 tenacity that you and your mother have had through your love for Paul. You have not
26 wavered and you've kept going and that is a common feature of friends and families of
27 people who have been abused.
- 28 The second thing is their desperate hope that something will change and you
29 express that very well -- and the fear that it won't. We in the Commission can't promise
30 that things will change. What we can promise is that we're doing everything we possibly
31 can that voices like yours, speaking for Paul, voices of survivors, will be presented to them
32 in such a way that they cannot be ignored. And that our recommendations will reflect all of
33 those voices as much as we can so that change is almost inevitable.

1 But what we do need is the tenacity of people like yourself to continue once this
2 Commission is over. We still need the voices, the champions for the cause.

3 So I hope that you don't lose hope, I hope you see that this is a stage in your
4 extraordinary fight for justice, and I hope that you -- and I just want to thank you for
5 making this huge contribution to what we have learned that will help us piece together the
6 story so we can tell it well and can recommend significant change.

7 So grateful thanks to you, Catherine, I hope you can go away and have a cup of tea,
8 or whatever makes you feel better now, as a result of this. We appreciate it's been a long
9 and hard battle.

10 A. Ngā mihi, thank you very much.

11 Q. Ngā mihi ki a koe.

12 A. Ngā mihi to you, thank you.

13 **COMMISSIONER GIBSON:** Ngā mihi, thank you, Catherine.

14 A. Thank you.

15 **COMMISSIONER GIBSON:** Ms Cuthill, now time for afternoon tea? 15 minutes, is that all
16 right?

17 **Adjournment from 3.24 pm to 3.40 pm**

18 **COMMISSIONER GIBSON:** Ms Clark.

19 **MS CLARK:** Good afternoon, Commissioners and Madam Chair, my name is Ms Clark and just
20 before I introduce our next survivor witness we're going to play a short video about
21 Kingseat Hospital.

22 **CHAIR:** I think our sound's gone.

23 **[Technical difficulties]**

24 **Adjournment from 3.44 pm to 3.54 pm**

25 **COMMISSIONER GIBSON:** Ms Clark.

26 **MS CLARK:** Just before I introduce our next witness Alison Pascoe, we're going to watch a
27 video, a scene setting video about Kingseat Hospital and Carrington Hospital.

28 **[Video played]**

29 **ALISON PASCOE**

30 **MS CLARK:** Thank you, our next witness is survivor Alison Pascoe, and Alison's pre-recorded
31 evidence is a video which is just over an hour long. Alison is appearing today via video
32 link from her home and she is supported by Gemma Claire, who is a support person from
33 PASAT (Personal Advocacy and Safeguarding Adults Trust), and she's also supported
34 today by Rose Melis, who is from the Royal Commission.

1 Alison Pascoe was born in 1942 and when she was three years old she got
2 chickenpox which led to swelling on her brain. She was sent to Lillian Smith's Sunshine
3 Health Farm a number of times and then at eight years old, as a child, she was committed
4 by her family to Kingseat Hospital.

5 At about 12 years old she was transferred to Carrington Hospital and Alison spent
6 more than four decades in the psychiatric institutions.

7 It is important to her to note to the Royal Commission that Alison has never had a
8 mental illness.

9 So Alison, if you can see me and hear me okay now, we're now going to watch your
10 video.

11 A. Yes. Can you tell them that I've never had an intellectual disability either.

12 Q. That's right, so Alison has never had a mental illness, nor has she had an intellectual
13 disability.

14 A. I'm a medical case because of what happened to me, my body has been absolutely, very
15 badly damaged with drugs, ECT and ill-treatment by nursing staff and other patients.

16 Q. Thank you, Alison. Are you okay if we watch your video now and then we'll talk to you
17 again?

18 A. That's fine by me.

19 **COMMISSIONER GIBSON:** It's great to have you here talking to us today, Alison. We
20 welcome you here and we look forward to your video. Thank you.

21 **[Video played]**

22 Q. "So we're here today on 19 May 2022 pre-recording Alison Pascoe's evidence for the Royal
23 Commission for the hearing in July.

24 Do you solemnly, sincerely and truly declare and affirm that the evidence you give
25 to the Royal Commission today will be the truth?

26 A. And nothing but the truth but help me God, yes.

27 Q. Thank you. Can you tell us what happened when you were eight years old?

28 A. My father took me to Kingseat through a pack of lies.

29 Q. And how long did you spend at Kingseat?

30 A. Five years and I hated every minute of it, it was horrible.

31 Q. Where did you go after Kingseat?

32 A. I went to Auckland Mental Hospital, that was on 10 May, fifth month 1955.

33 Q. Have you ever actually had a mental illness?

34 A. No, certainly not.

- 1 **Q.** Do you know why you were committed to Kingseat when you were a child?
- 2 **A.** Because of the behaviour problems that I developed after the severe form of chickenpox.
- 3 **Q.** Can you tell us about the violence from your father?
- 4 **A.** My father used to kick me up the rear end, he used to bash me until I was senseless, knock
5 me out, he used the buckle end of the strap to hit me over the face, cut my face open, hit me
6 over the ears and I'd be, --hit me so severely I couldn't hear right for a week, and get a piece
7 of wood and hit me over the head and cut my head open.
- 8 I'd be black and blue, I'd be so badly injured I couldn't even walk, because he went
9 into such a state he didn't know what he was doing, he was like a lunatic. Sort of insanity
10 took over.
- 11 "(Narrator) After having chickenpox which led to swelling on her brain Alison was
12 sent to Lillian Smith's Sunshine Health Farm. She later went back to Lillian's for short
13 stays when she was a teenager, when she needed a break from Carrington Hospital."
- 14 **Q.** What was Lillian Smith's Sunshine Health Farm?
- 15 **A.** It was a holiday place for undernourished children.
- 16 **Q.** How old were you when you went there?
- 17 **A.** About four, I suppose.
- 18 **Q.** How many kids were in there?
- 19 **A.** About 300, might have been more.
- 20 **Q.** Can you tell us about some of the work that you did at Lillian's?
- 21 **A.** Had to work outside in the stifling hot sun with a hoe with a long wooden handle, and the
22 ground would be absolutely rock hard.
- 23 **Q.** What were you wearing when you used to work at Lillian's?
- 24 **A.** Nothing.
- 25 **Q.** And why was that?
- 26 **A.** She didn't believe in clothes, she believed in sunshine and fresh air.
- 27 **Q.** Can you tell us about the time that you had a bath outside?
- 28 **A.** She had hot water in it and she poured disinfectant into it, Jeyes Fluid, and she put two little
29 boys in it and made me get in with them and she ducked our heads under the water for a
30 few minutes, I thought I was going to drown so I pulled the plug out like that and let the
31 water drain out, saved their lives as well as my own. I felt proud of what I'd done.
- 32 **Q.** How old were you?
- 33 **A.** I was about six I suppose.

1 "(Narrator) On one occasion Lillian Smith's stepdaughter pushed her into a ditch
2 and assaulted her. Mr McRobbie, a neighbour from a nearby farm, intervened."

3 **Q.** Can you also tell us about the time with Lillian's stepdaughter?

4 **A.** I had a row with her or something and she dragged me off the property across a loose
5 gravel road to this ditch, it was about 6 feet deep, and it was full of filthy water draining off
6 from the cow paddock, you know, manure and urine and that, it was disgusting, and it smelt
7 terrible, and she took bread off me with butter on it and molasses and threw it into the dirty
8 water. Mr McRobbie saw her, and he said -- GR0-B - "What the hell do you think you're
9 doing?" He said, "You let go of her or else I'll call the Police." She let go like a shot-

10 She kicked me in the back, must have been about 12 times, nonstop. When I got
11 back to the farm I could hardly walk. She said to -me, - I was told to apologise -for - to- her
12 for giving me the hiding, to thank her for it.

13 **Q.** Who said that to you?

14 **A.** I think it was Lillian Smith, and I said, "No, I won't." I said, "I don't like abuse, I condemn
15 it." I said, "No, I won't and you can't make me." And that's what helped give me serious
16 back problems because of what that bitch did to me kicking me in the back. That's
17 dangerous, you know?

18 **Q.** Did you get medical help after that?

19 **A.** No. She didn't believe in doctors. She wouldn't go to them.

20 "(Narrator) When Alison was eight years old her parents picked her up from Lillian
21 Smith's Sunshine Health Farm and took her home. They told her she was going to boarding
22 school."

23 My father came and picked me up on the Thursday, took me home to Mt Albert and
24 I saw mum packing these clothes in the dining room and I had a look at them and I said,
25 "Those are my clothes, where am I going?" She said, "You're going to Aunty Pat's for a
26 week's holiday." Then Dad said on the day, "You're going to a girl's boarding school for
27 your education." They just said that to trick me to get me into Kingseat. It was just a dirty
28 trick.

29 **Q.** What happened when you arrived at Kingseat?

30 **A.** I tried to run away, and Dad held me between his legs, both his legs, in the medical
31 superintendent's office while they were signing the documents of committal. I saw a lot of
32 signatures on them.

33 **Q.** Once he had signed those committal papers, where did they take you?

- 1 A. F27.
- 2 Q. And what was F27?
- 3 A. Women's ward, women's ward, it was a locked ward, it was horrible. They wouldn't let me
4 go to school like the other children went.
- 5 Q. Was there any education at Kingseat?
- 6 A. [Shakes head].
- 7 Q. How old were the other patients around you?
- 8 A. Adults, married women with children, some of them are grandmothers, they were young,
9 some of them were young, not all of them. There was a mixture, but there was no teenagers
10 there. Just a boring place, there was nothing to do. I used to get upset and they'd drag me
11 by the hair of the head down the corridor and throw me into a locked room.
- 12 Q. Did you --
- 13 A. And leave me there for the day.
- 14 Q. Did your parents visit you much while you were there?
- 15 A. Once a fortnight.
- 16 Q. How did you feel --
- 17 A. First of all they were coming once a week and the medical superintendent Dr Crawshaw
18 told them to come once a fortnight, because coming once a week was too much,-- it wasn't
19 too much, I just loved to see them -and every time they came- I pestered the life out of them
20 to get me out of that place and take me home. Dad said, "They won't let you come home
21 until you're better." I said, "There's nothing mentally wrong with me, Dad." He said,
22 "They'll tell us when you're ready." I said, "They'll never tell you." And that's the way they
23 worked in those places.
- 24 I think that's terrible. I was placed under the Lunatic Act. I'm no lunatic.
- 25 Q. What kind of medication were you on at Kingseat?
- 26 A. Paraldehyde, Largactil, (inaudible).
- 27 Q. When they gave you those drugs what effect did it have?
- 28 A. Knocked me right out.
- 29 Q. Do you know why they were medicating you?
- 30 A. No.
- 31 "(Narrator) As a child at Kingseat Hospital, Alison was often put into seclusion
32 rooms."
- 33 Q. How old were you when you were first put into seclusion?
- 34 A. Eight.

- 1 **Q.** Can you tell us what the seclusion rooms were like?
- 2 **A.** They just had wooden floors, just stared at four walls, cream-coloured walls and white-
- 3 coloured walls, and there was a shutter locked over the window. Staff had the key to open
- 4 it.
- 5 **Q.** How long would you be put in seclusion?
- 6 **A.** A day. Sometimes longer.
- 7 **Q.** How often were you in there?
- 8 **A.** Quite often because I played up. Some of the staff were picking on me, just because I
- 9 threw it back they locked me up. GR0-B --tried to suffocate me twice, once in
- 10 bedclothes sitting on my face to suffocate me, the second time she tried to suffocate me on
- 11 a horsehair mattress, another time she dragged me to the bath with no clothes on and had a
- 12 bath full of water and she dumped me in it, she got two staff nurses to help her dump me in
- 13 it and pushed me down under and nearly drowned me.
- 14 She was doing this a bit too often and one Sunday my parents came and Dad caught
- 15 her in the act and just let her have it, her and the staff nurses, two of them. And Dad said
- 16 just to my mother, "Would you go up to the main building to see if Dr Crawshaw and
- 17 Matron Alison is on", the head matron, and the superintendent. She walked up there and
- 18 sure enough they were on duty, which is good, Mum told them what her and Dad had
- 19 witnessed. They came down like a shot in the hospital car, black car - GR0-B - ---and the
- 20 two staff nurses got chucked out that very Sunday afternoon.
- 21 I was glad to see the back of them, they were nasty. They really wanted to kill me.
- 22 I used to bang on the door, kick it, urinate on the floor, poo on the floor, rub it all over the
- 23 walls.
- 24 **Q.** How did you feel when you were in there?
- 25 **A.** I hated it. I used to get really upset and demand to be taken out, "Let me out, let me out, let
- 26 me out, please let me out of here." GR0-B -- used to come in with my meals and she
- 27 used to throw them in my face, throw them in my face, same with breakfast, dinner, and
- 28 tea, and walk out.
- 29 "(Narrator) One of the reasons Alison was put into seclusion was for looking after
- 30 stray kittens at Kingseat."
- 31 **Q.** What were you doing with the kittens?
- 32 **A.** Looking after them, feeding them.

- 1 Q. Where had they come from?
- 2 A. One of the patients dumped them at villa 14, three of them, and I took them upstairs in a
3 box to my bedroom and put them in a warm area to look after them.
- 4 Q. Did the staff like that?
- 5 A. No.
- 6 Q. What did the staff do?
- 7 A. GR0-B -- take me to villa 21 for three weeks, they would. Which I thought was
8 ridiculously stupid.
- 9 Q. So how long were you in seclusion for that time?
- 10 A. Quite a while, not all that long.
- 11 Q. When you were in a seclusion room at Kingseat, what kind of clothing were you wearing?
- 12 A. Stitched dresses, naked, nothing on.
- 13 "(Narrator) Alison was often physically abused at Kingseat by staff members."
- 14 GR0-B -- used to get me by the hair of the head and pull it out and she'd bash my
15 head into the wall. She'd kick me, she'd get the nurses to strip me naked and hold me
16 upside down, hit me with shoes in the seclusion room, the shoes, take them off their own
17 feet and hit me.
- 18 Q. How often were you physically assaulted at Kingseat?
- 19 A. On a regular basis.
- 20 Q. Who used to physically assault you?
- 21 A. GR0-B -- those two staff nurses - GR0-B - -- it was their surname -- GR0-B.
- 22 Q. What were they known as?
- 23 A. They were horrible. They used to put me in a headlock and - GR0-B - -- tried to choke
24 me to death one day with her hands, and she tried to make me eat my own faeces, she tried
25 to make me drink my own urine. That's not normal when you're working in a job like that,
26 is it? She was cuckoo up here, the patients hated her, the other patients wanted to clean her
27 up with a damn good hiding because they told me, one of them did. Do you blame them?
28 It was a criminal offence, the staff committed a lot of criminal offences against patients,
29 and even murder in those places.
- 30 I saw patients murdered with overdoses of drugs, ill-treatment. And serious
31 physical illnesses that they weren't believed when they told the staff, like the doctors or the
32 nurses, they just shrugged it off, shrugged it off their shoulders, that was just an

1 imagination on the patients' side, and it wasn't, I saw these occurrences, daily and it really
2 upset me.

3 I could never forgive them, I could never forgive what they did. I want to see them
4 brought to justice and severely punished for it.

5 **Q.** What about the time with the dirty toilet brush?

6 **A.** I've never forgotten that. She said, "I'll teach you to swear at me" and she scrubbed my
7 mouth out with this toilet brush as hard as she could and it had human faeces on it, that
8 came from a toilet, and disinfectant Jeyes Fluid and then she got the cake of soap and
9 rubbed it all in my mouth, and I got a septic mouth and I couldn't eat for over a month. It
10 was terrible. So painful.

11 And I've even had staff push my head down the toilet, an unflushed toilet with
12 human faeces in it and pushed my head and face into the toilet and then flush the toilet in
13 my face.

14 **Q.** Was there anyone who you could talk to about what was happening?

15 **A.** No, no.

16 **Q.** Was there anyone you trusted?

17 **A.** No. Wouldn't have been believed anyway. So I just didn't bother. I tried to tell Mum and
18 Dad and they just wouldn't believe me. They said, "This is a hospital, that doesn't go on."

19 "(Narrator) Staff didn't like that Alison was looking after pet cats at Kingseat.
20 Alison fought them when they came one day to take her cats and drown them."

21 **Q.** Did - GR0-B - -- talk to you about you having cats?

22 **A.** She didn't like it.

23 **Q.** What did she say to you?

24 **A.** "I'm going to get rid of them." I said, "Not on my watch you're not, you bitch," I says.
25 I says, "You'll get the hiding of your life if you touch my cats, you bloody rotten spiteful
26 cow."

27 **Q.** What happened to those cats?

28 **A.** Well, they came by surprise one day, these male staff, and they had potato sacks and they
29 had some pillow slips and they put the mother cat in it with the kittens, she had about eight,
30 I think, all like herself smokey grey, and the cat just got her paw and went like that with the
31 pillow slip to escape and the male nurse grabbed her and the other one grabbed the kittens
32 and I booted the two male staff up the backside with my foot and I pushed them, I pushed

1 them over and smacked them in the face. I could smack them and I said, "I'll bite you to go
2 with it."

3 **Q.** What did they do to the cats?

4 **A.** They were out to drown them.

5 **Q.** Can you explain what happened when they drowned them?

6 **A.** I said to the mother cat, "You just clear off down to the bush" and the kittens went, they
7 just tore off for their lives, I had two sets of smoky grey cats, the second,-- the third cat I
8 had was the same colour, she didn't escape, they got her.

9 **Q.** What did they do to her?

10 **A.** Threw her into a potato sack, and she was crying, fighting for her life, and her six kittens to
11 go with it, and they tied the sack up and took them down to the creek and drowned them.
12 The cats didn't deserve it.

13 **Q.** How did you feel?

14 **A.** I was very angry, I wanted to kill them, I wanted to kill them, the staff for doing it.

15 "(Narrator) Alison witnessed discrimination including racism at Kingseat. She
16 confronted the staff about it when she was about nine or 10 years old."

17 They didn't like people with disabilities, they didn't like Islanders or Māoris, or
18 other races, they were very racist. I went for them over that. I know what I did.

19 **Q.** What did you do?

20 **A.** I went and got some poo out of the toilet and some toilet paper around rubbed it in their
21 faces, the nursing staff's faces, and I said, "Just take that," I said, "I think you're just shits
22 yourselves throwing racism at these patients here." I said, "They can't help the colour of
23 their skin. They can't help being brown," I said, "They can't help being who they are, what
24 right have you got to treat them the way you are?" And I just let them have it with this poo
25 out of the toilet.

26 **Q.** What kinds of things had they been saying?

27 **A.** Eh?

28 **Q.** What kinds of things had they been saying?

29 **A.** Oh, calling them black so and so, coconuts, that sort of thing. They thought it was funny,
30 I didn't. I up and smacked one of the nurses across the face as hard as I could bloody well
31 smack her. I think I gave her a blood nose.

32 "(Narrator) When she was 11 or 12 years old a male patient sexually assaulted
33 Alison."

1 I went down to the bush to pick some flowers for my room, for a vase I had, and
2 this guy with khaki overalls, and he had a red pullover on, a winey colour, I haven't
3 forgotten what he did, it was horrible. It was really horrible.

4 **Q.** What did he do?

5 **A.** He pulled down my underwear and undid his trousers and took his penis out and sexually
6 assaulted me. I hate talking about it, it was really horrible. It was frightening, I was scared
7 out of my life. He had a pocket knife, he was a huge guy, bigger than me. It took me five
8 hours to be able to tell somebody.

9 **Q.** Who did you tell?

10 **A.** GR0-B-- and then I told Matron Alison and she was very supportive over it.

11 **Q.** What did Matron Alison say to you?

12 **A.** She made arrangements for the guy to be brought up to 21 with his fellow patients from his
13 villa and I pointed him out to them and he owned up to doing it.

14 **Q.** Were the Police there?

15 **A.** No.

16 **Q.** Did anyone call the Police?

17 **A.** No.

18 **Q.** Did you want the Police to come?

19 **A.** Yes. But in those days patients had no rights.

20 **Q.** When that happened did anybody contact your parents?

21 **A.** I had to tell them when they came to visit me.

22 **Q.** How much longer afterwards was that?

23 **A.** About a week. They said, "We can't believe it." I said, "If you don't believe me, you ask
24 Matron Alison, she'll tell you." I got transferred to Auckland Mental Hospital a month or
25 two later.

26 "(Narrator) After the male patient sexually assaulted her, Alison was transferred to
27 Carrington Hospital (Auckland Mental Hospital) at the age of 12 years old."

28 **Q.** Can you tell us about the day that you arrived at Carrington?

29 **A.** Sister Coffey, she's Matron Coffey, she used to be Sister Coffey and in charge of F145, F27
30 at Kingseat, and she said, "Do you remember me, Alison?" I said, "Yes, you're Sister
31 Coffey." And she said, "What a wonderful memory you've got." She said, "I'm working
32 here as matron." I said, "It's good to see you again", and she was very pleased.

1 My mother really liked Matron Coffey, she really liked her. I liked her too, she was
2 nice. They weren't all bad in that place.

3 **Q.** Was Auckland Mental Hospital any better than Kingseat?

4 **A.** No.

5 **Q.** Did you ever think that you were going to get out?

6 **A.** I used to think I'd never get out.

7 **Q.** At Carrington did you have jobs to do on the ward?

8 **A.** Yes, I used to like it too.

9 **Q.** What kinds of things did you do?

10 **A.** Tidying up the linen room, putting the linen away, making beds, using the vacuum cleaner,
11 dusting, that sort of thing. I was allowed to go to a shop but I had to get permission, I had
12 to tell the staff where I was going. First of all I had to sign a notebook.

13 **Q.** Can you tell us about going to the IHC school when you were about 15?

14 **A.** It was a nice school, the teachers were great.

15 **Q.** What kind of things did you learn at that school?

16 **A.** I learned to tell the time, I learned to read, write. I learned to socialise, I made some great
17 friends there. There was about 70 of us that went to the school, just looked like an old-
18 fashioned family home on the outside, it was a lovely place.

19 **Q.** How did you feel about going to school?

20 **A.** I used to love it, because I'd get away from Carrington, and away from arguments and that
21 and people the fighting, which I didn't like.

22 **Q.** When you were at Carrington, how much contact did you have with your parents?

23 **A.** They used to write me letters.

24 **Q.** Did you write them letters?

25 **A.** Yeah, they said they weren't getting them, some of them.

26 **Q.** Why do you think that was?

27 **A.** I don't know. Mum used to tell me off. I said, "Don't take it out on me, I said they're
28 probably" -- I said, "They read them here," and I said, "if they don't like what you put,
29 they'll screw them up and throw them in the rubbish bin," which they did. If you wrote a
30 letter you weren't allowed to seal the flap on the envelope, you had to tuck it inside and put
31 it in the red post box in the ward and the matron would come around every morning at half
32 past seven to collect the mail from this box in the ward, and anything they didn't like what
33 you put, they'd throw it in the rubbish bin, you never saw it.

34 **Q.** When you were at Carrington, what kind of injections were you getting?

- 1 A. Fluphenazine, I was on them for 14 years.
- 2 Q. What other types of injections?
- 3 A. Largactil.
- 4 Q. What did these drugs do to you?
- 5 A. Made me very, very sick, nearly died.
- 6 Q. Did they explain why they were administering these injections?
- 7 A. No.
- 8 Q. How often were they injecting you?
- 9 A. As often as they thought fit.
- 10 Q. Could you go out into the sun when you were on this medication?
- 11 A. Not Largactil you couldn't.
- 12 Q. What other types of side effects did those drugs have?
- 13 A. Terrible. You'd be very, very restless, you'd stare up to the ceiling.
- 14 Q. How did they used to inject you?
- 15 A. In the buttocks, and in the arms, with blunt needles, I had sore arms for months afterwards.
- 16 Q. Did they explain why they were injecting you?
- 17 A. No. They were very fond of dishing these drugs out for punishment, because I felt too ill to
- 18 go down to the dining room for tea one night after injections. On that particular night
- 19 I took this massive epileptic seizure and nearly died. What do you think of that? And I'd
- 20 just been taken out of seclusion with a very badly injured left hip after being thrown in the
- 21 door frame by -- GR0-B --, it was just a sheer temper all because I told her I wanted to
- 22 come off Largactil because it was just making me sick, and she went into this awful rage
- 23 and she yelled her head off as loud as she could yell at me and she rushed, --and she broke
- 24 the bones in my left foot, broke them in my ankle, see.
- 25 "(Narrator) One of the staff members who used to abuse Alison said she could have
- 26 killed her with a lethal injection."
- 27 She threatened me up in the day room in front of other patients, she said, "Alison
- 28 Pascoe, I can quite easily arrange for your death," she said, "all I need to do is go down to
- 29 the office, get on the phone and ring up for reinforcements and we'll give you a lethal
- 30 injection to end your life." I said, "Don't even think about it," I said, "That's a wicked evil
- 31 thing to do and you can't get away with murdering another person."
- 32 Q. Do you remember the first time that you received shock treatment?
- 33 A. [Nods].

- 1 **Q.** Can you tell us about that?
- 2 **A.** It's horrible.
- 3 **Q.** What happened?
- 4 **A.** GR0-B-- came out and said, "We're going to give you have some shock treatment." It
5 was drug--related depression, and I didn't have any say over refusing it because I was
6 committed, and they're trying to make out I'm a schizophrenic, I'm not. It was horrible, it
7 caused pain all over my whole body, couldn't remember anybody, didn't know where I was,
8 it was awful, it did me more harm than any good. My father went for them over that.
- 9 **Q.** How often did you receive ECT at Carrington?
- 10 **A.** Several weeks, I think. They stopped giving it to me in the finish. I said, "I don't want any
11 more, I don't want any more, it's horrible." When I woke up I found myself sitting in a
12 chair being presented with sandwiches, toasted cheese sandwiches and a nice cup of tea.
13 I said, "I haven't had shock treatment." They said, "Yes, you have." I lifted up my sleeve
14 and there was a plaster over the injection site. I had,-- they said, "You've had it." I said,
15 "Have I?" They said, "Yes."
- 16 **Q.** What did it feel like in the weeks after you'd had shock treatment?
- 17 **A.** It was horrible, I had dreadful chronic pain all over my whole body, I couldn't remember
18 anything for a week, didn't know where I was, didn't know who I was. It was terrible.
- 19 **Q.** Did any of the staff at Carrington talk about a potential lobotomy being performed on you?
- 20 **A.** They mentioned it to my father to sign some papers, and he said, "I'm not signing those
21 papers, you can go to bloody hell."
- 22 **Q.** Do you know why they wanted to give you have a lobotomy?
- 23 **A.** No, I don't. They used to give it to other patients and some of them were made from bad to
24 worse, some of them were made complete vegetables. They did more harm than good, they
25 didn't need it, they were eventually made to stop performing lobotomies on patients. That
26 was back in the late 60s, I think, or early 70s.
- 27 **Q.** Now, I know that you wanted to talk today about what happened with the knitting needle
28 when you were hallucinating?
- 29 **A.** Yes.
- 30 **Q.** So how old were you when the incident happened with the knitting needle?
- 31 **A.** 57.
- 32 **Q.** What happened?

1 A. After a hysterectomy I went and got a knitting needle out of someone else's drawer and I
2 went and tore at it (inaudible), they found out that I had caused a severe rupture, severe
3 perforation, the problem was behind the bowel, (inaudible) the large bowel, swelling on the
4 left side of the abdomen, vaginal bleeding, a very serious infection, blood in the urine, they
5 found out I had an ovarian cyst, they wouldn't do anything about it. They refused to send
6 me back to National Women's and the specialist came out and examined me and found
7 severe damage and said I was to be readmitted back to National Women's for him to
8 operate on me. They squashed his arrangements, and he was very angry about it and I've
9 been suffering from that day, --from that day to this, 40-something, 42 years on, nothing's
10 ever been done about it. And I got a breast condition with lumps- and I was just left to
11 suffer in absolute agony, excruciating pain. I think it's terrible.

12 Q. Mmm.

13 A. And the bosses at Carrington said they weren't going to send me back to National Women's,
14 they said they weren't going to send me back, they said it wasn't worth it, I knew what I was
15 doing, they weren't going to bother.

16 Q. So how did it come about that you did that with the knitting needle?

17 A. I was hallucinating on drugs, I was hallucinating on fluphenazine, antidepressant and
18 antipsychotic drugs, I heard one of them say, "Oh well, she knows what she did to her
19 operation, she wants to kill herself, it's her problem not ours."

20 Q. What kind of medical treatment did you need when that happened?

21 A. Mmm?

22 Q. What kind of medical treatment did you need when that happened with the knitting needle?

23 A. I needed to be re-operated on to fix up the damage.

24 Q. Did you ever have those operations?

25 A. No, no, I did not.

26 Q. So when you were at Carrington you would sometimes go home to visit your parents; is
27 that right?

28 A. They'd come and get me.

29 Q. How often was that?

30 A. Quite often.

31 Q. Can you tell us about the time that you had broken ribs?

32 A. That was Christmas 1955, my father smashed me in the rib cage and broke my ribs as well,
33 and he picked up one of mum's shoes, shook it in my face and he said, "I'll smash your

- 1 bloody face in for you." I said, "Oh no you won't, I don't deserve it." He shook the shoe in
2 my face, he has it by the toe and he said "I'll smash your so-and-so he face in for you."
- 3 **Q.** About how old were you?
- 4 **A.** 13.
- 5 **Q.** Was your mum there as well?
- 6 **A.** She told him to cut it out, after he'd punched me. She went for him over that, and he just
7 realised what he'd done, he couldn't apologise enough. Mum said, "It's too late to be sorry,
8 you've hurt her, she's bringing up blood." I said to them after five days, "I want to go back
9 to the hospital, I don't want to stay here for 10 days, you're too violent, I want to go back."
- 10 **Q.** Did you go back to Carrington?
- 11 **A.** Yes, I did.
- 12 **Q.** Did you talk to anyone about --
- 13 **A.** I told the staff.
- 14 **Q.** What did they say to you?
- 15 **A.** See the doctor, and the doctor had a look at me and sent me straight for an x-ray, found out
16 I had three broken ribs.
- 17 **Q.** Did you tell the doctor how it had happened?
- 18 **A.** Yes, I did.
- 19 **Q.** What did the doctor say?
- 20 **A.** "We're putting a stop to them taking you home because they're doing this sort of thing to
21 you." The doctor said, "There's evidence of physical abuse at your home." So they told the
22 social worker and they went out and warned them about it.
- 23 **Q.** Did anyone call the Police?
- 24 **A.** No.
- 25 **Q.** Did you have broken ribs?
- 26 **A.** Yes.
- 27 **Q.** Did you want the Police to get involved?
- 28 **A.** Yes, I did. They should have been prosecuted, they should have been arrested, and charged
29 and taken to court over it.
- 30 **Q.** And why do you think they weren't?
- 31 **A.** I don't know, because in those days, as I've mentioned before, patients had no rights.
- 32 **Q.** I'm going to ask you about being in seclusion at Carrington.
- 33 **A.** It's horrible.
- 34 **Q.** How often were you put in seclusion?

- 1 A. Quite a lot.
- 2 Q. And what does "quite a lot" mean?
- 3 A. Frequently. All because I didn't want to take medication because I'd stick up for myself
4 being blamed for things I didn't do.
- 5 Q. How many seclusion rooms were there at Carrington?
- 6 A. A lot.
- 7 Q. How many times do you think you were put --
- 8 A. Hundreds of times. They used to lock me up for talking about getting my physical health
9 fixed up, they'd lock me up for that. They'd leave instructions at the seclusion room that I
10 was to be stripped, that the shutter was to be locked over the window and the door was to
11 be locked and I was to be put in there with nothing.
- 12 Q. How would you go to the bathroom?
- 13 A. I had to do it on the floor.
- 14 Q. How did the staff react to that?
- 15 A. They'd come in and smack me over the face. And kick me about, physically take to me.
- 16 Q. Can you tell us what Park House was?
- 17 A. It was a horrible place, they had bars on all the windows upstairs and down, like a real
18 prison.
- 19 Q. What did they use Park House for?
- 20 A. If patients went across the road to use the telephone or post letters, they'd have staff posted
21 up there at lunchtime like they had the Gestapo during the Second World War watching the
22 Jews, it was that sort of set up. You'd be put to Park House for that. Because these were
23 nurse spies and they used to take all the information back - GR0-B - --and she'd be the
24 one that would dish out the punishment for the patient to the ward --charge nurse on the
25 ward.
- 26 Q. When you were in seclusion at Carrington how long would you be in there for?
- 27 A. Up to three days to a week, for writing letters to Parliament, to the MPs, to report the abuse
28 and neglect.
- 29 Q. What would you do when you were in a seclusion room?
- 30 A. Played up. Ripped up the stitched blankets, the mattress and banged on the door, called
31 them for everything, and they made sure I wasn't going to get any meals, they'd just bring a
32 jug of cold water in and they'd just come in every half an hour to give me injections to keep

1 me knocked out. They did that for a week. They brought in some meals, one day and they
2 weren't even fit for human (inaudible) so I just got the lot and threw them on the wall.

3 I wanted to get rid of myself, so I didn't have to put up with any more stuff in there
4 because I knew it was so unjust and cruel and I didn't deserve it and I shouldn't have been
5 treated like that.

6 **Q.** When you were in seclusion, could you have a shower?

7 **A.** No.

8 **Q.** Could you brush your teeth?

9 **A.** No.

10 **Q.** What kind of medication were you on when you were in seclusion?

11 **A.** Largactil, Serenace, Paraldehyde.

12 **Q.** Who would give you have that medication?

13 **A.** Staff would force it on to you, with injections, hyperdermic syringes, and they used to make
14 sure that they got the blunt needle and got the needle and blunt it by sharpening it into
15 the, --bending it like a fish-hook into the door frame of the room and, -- like that.

16 **Q.** What did it feel like to be injected with a blunt needle?

17 **A.** It was terrible, they'd get me on the bone.

18 **Q.** Would they say anything to you when they were doing that?

19 **A.** No. I think they verbally abused me and smacked me over the face.

20 **Q.** Did they tell you why they were injecting you?

21 **A.** To keep me quiet, to shut me up. You know what they used to say? "The pain's all in your
22 head." I said, "It's not."

23 "(Narrator) When Alison was about 13 years old she was blamed for the death of an
24 older patient at Carrington. Staff put her in a straitjacket and she was put into seclusion."

25 This little old lady, she used to go through these phases of tipping buckets of water
26 on the floor, tipping the bucket up, tipping it over, letting all the water run all over the
27 dining room floor and this old lady happened to be walking past and she slipped. I didn't
28 do it. I told them I didn't do it. They said, "Well, we don't believe you." And I said to
29 them, "I don't care what you believe, I didn't do it." They locked me up in ward 8, first of
30 all. They put me in a straitjacket, the next day they gave me a bath and marched me
31 upstairs to Park House.

32 **Q.** How long did they lock you up for?

33 **A.** I was in that locked ward for about four months I think, for something I did not do.

34 **Q.** How did you go to the bathroom?

1 A. It was on the floor. I used to get out of the straitjackets, I used to get out of them.

2 Q. How did you get out of them?

3 A. The hinge on the shutter was about that wide, and sticking out, and I just, my arms were
4 like that and I went up and I just pulled the thing down on my arm, down like that, pushed
5 my arm slowly up the top of the neck of the straitjacket and undid the top leather bootlace
6 and I pulled the jacket up and got the second one undone and I managed to get the thing
7 right over my head and I took it off, I screwed it up and I urinated all over it.

8 One Saturday I was calling staff for everything, and there was patients' relatives in
9 the ward visiting and they complained. And one of the staff came along and said, "You can
10 come out now, Alison Pascoe, you can get down to the bottom courtyard where the rest of
11 the lunatics are." I said, "Don't you call us lunatics, we're the not lunatics, we're people like
12 you are."

13 "(Narrator) In 1964 Alison was put into seclusion in the incontinence dormitory."

14 Q. Could you use the bathroom while you were in there?

15 A. No, they had a couple of commodes in there, but no toilet paper.

16 Q. So were there piles of faeces at night time in the incontinence dormitory?

17 A. In the commodes there were, but in the downstairs dormitory in F3 they were all piled up
18 outside the toilet door, and urine.

19 Q. So tell us why was this all piled up outside the toilet door?

20 A. Because they couldn't get in there, the door was locked and the staff wouldn't open it.

21 Q. Why weren't the staff opening it?

22 A. Because patients would go in there and block up the toilets, get the toilet rolls and shove
23 them down the toilets and block up the toilets and flood the place out.

24 Q. How did the staff react to the big piles of faeces outside?

25 A. They thought it was disgusting but I thought to myself, "You won't provide proper toilet
26 facilities so what do you expect the patients to do? It's not their fault," I said to them. And
27 they didn't like my views.

28 Q. Was there any physical violence in that dormitory?

29 A. Of course there was, of course there was. I used to see staff hitting patients over the head
30 with a service key and cutting their heads open because they had urinated everywhere and
31 pooped their beds. One nurse took her shoes off and smacked a patient all over, so I up and
32 physically attacked her, her and her colleague, and they came off second best. I threw them
33 on the floor.

34 Q. How often were you physically assaulted over the decades you were there?

- 1 A. Often.
- 2 Q. Who would assault you?
- 3 A. Nursing staff. I was thrown into door frames by nursing staff, they used to wind other
4 patients up to take to me and I was left with life-threatening injuries and nearly died, nearly
5 died with an overdose of drugs given to me for punishment.
- 6 I ended up with broken bones and head cut -- I very nearly died on them, taking
7 epileptic seizures where the doctors had to come up and wanted to know what was going
8 on, they had to resuscitate me, or else I would have died.
- 9 "(Narrator) One of the staff members at Carrington took photos of patients'
10 genitals."
- 11 It was just one person that was doing it, the ward charge of 9.
- 12 Q. And what was that person doing?
- 13 A. Taking photographs of men's private parts and thought it was a joke and showing it around
14 everybody in the lounge. I was there when she was doing it and one of the other nurses
15 reported GR0-B -- to-- the medical superintendent and she was warned with the sack if
16 she didn't rip up the photographs immediately and get rid of them.
- 17 Q. Who had taken the photographs?
- 18 A. GR0-B.
- 19 Q. Who was she showing them to?
- 20 A. The patients in the lounge.
- 21 Q. Did you see them?
- 22 A. Yes. I thought it was disgusting.
- 23 Q. Was she saying anything when she was showing the photos around?
- 24 A. She might have, I don't know. She was reported, a couple of the other staff reported her to
25 Doctor - GR0-B - -- went up to ward 9 one day and entered the office and
26 told - GR0-B - -- to get off, there was eyelashes raised, gave her a terrible telling off,
27 because she had that sort of mind, to be dirty minded. She used to say filthy things to me
28 about my body. That's not right.
- 29 Q. What would she say to you about your body?
- 30 A. She said sexual things. I don't like to discuss it really, it was filthy.
- 31 Q. Yeah, that's okay.

1 A. It was filthy. I used to tell her off and told her to stop being so disgusting, that it wasn't
2 true. She used to say it to me in a room full of patients at the nine o'clock morning
3 meeting. I don't think she was right in the mind, some of the other patients said she wasn't
4 right in the mind. I don't think she was. She was obsessed with it.

5 "(Narrator) In 1987 one of the nurses at Carrington told Alison to sit an official
6 visitor's knee."

7 Q. And what happened that day?

8 A. She said, "If you're a good girl, Alison, you'll be sitting on - GR0-B - -- knee." And
9 I went into the lounge, into the staff room and he was sitting there, he told me to sit on his
10 lap, he forced me onto his lap, and he grabbed hold of me, and he said, "I want to play
11 around with you." I said, "No, you don't, I'm not letting you do that to me," I says, "You
12 get your hands off me", and I rushed out. I was, - I was frightened, I was bloody
13 scared- and I slammed the staff room door in his face. I didn't say anything to the staff
14 nurse.

15 Q. Did anyone else see that happen?

16 A. No.

17 Q. Did you feel that there was anyone who you could tell --

18 A. No.

19 Q. -- who would help you?

20 A. I wouldn't have been believed, I would have been accused of being a troublemaker and liar.

21 Q. Was this person supposed to be an advocate visiting Carrington?

22 A. It was the official visitor appointed by the Auckland Hospital Board.

23 Q. What was he supposed to be doing that day?

24 A. He was there to protect patients' rights and welfare of patient care.

25 Q. Did he return to Carrington after he did that to you?

26 A. Mmm?

27 Q. Did he return to Carrington at any point after that?

28 A. Yes, he could come and go when he wanted to.

29 Q. Did you see him again?

30 A. Yes.

31 Q. How did you feel about that?

1 A. I didn't like it, I just sort of backed away. I didn't want anything to do with him, because
2 I needed -- after the first episode -- you can't trust people like that. He was always very
3 smartly dressed. Very smartly dressed.

4 "(Narrator) In the late 1980s Alison was again sexually assaulted by another
5 patient."

6 He took me down to the veggie shed, took my underwear down, pushed me
7 backwards and started playing around with me with Vaseline lotion. He said, "I'm a doctor
8 and I've come to examine you," and I said, "You get your dirty filthy hands off me, you're
9 not trying that, anything on me, thank you." I got away from him, I pushed him away and
10 took off back to the ward. I told - GR0-B - --and - GR0-B - -- who I trusted.

11 Q. Did they do anything?

12 A. Not that I know of, I don't know.

13 Q. What did you want to happen?

14 A. I wanted to see the Police brought in.

15 Q. Did you used to write letters to people?

16 A. Yeah, I used to write to Parliament.

17 Q. Who else did you write to?

18 A. I wrote to the Mayor of Auckland, I wrote to the Minister of Health, Director-General of
19 Mental Health, Director of Mental Health, I used to write to MPs. I was getting
20 correspondence back, I got letters from the Ombudsman, I used to write to them and they
21 used to send a representative from their office to see me.

22 Q. Did you ever get punished for writing those letters?

23 A. [Nods].

24 Q. Who punished you?

25 A. The staff in the ward.

26 Q. What did they do?

27 A. Locked me up. But the Police never bothered to come around, they came around once in a
28 blue moon. Only time they ever came around was when the staff went on strike for a
29 month, so we'd have the Army looking after us. The Linton military camp.

30 Q. What was it like having the Army there?

31 A. Lovely, they treated us like human beings, but there were a few psychiatric staff that
32 remained on-site and they were the good ones.

1 "(Narrator) In 1988 Alison met a patient advocate who helped her get released from
2 committal."

3 **Q.** Who is Rod Davies?

4 **A.** He's my advocate friend and has been since late 1980s. He was a patient advocate at
5 Carrington.

6 **Q.** And how did you get to know him?

7 **A.** I saw him one day and had a talk with him, he told me who he was and took me up to his
8 office, we had a talk there, he went in the ward, sneaked around and found out for himself
9 what I was saying was all true. He knew it was all true anyway.

10 **Q.** When you were at Carrington did you have access to your own medical records?

11 **A.** No.

12 **Q.** Why was that?

13 **A.** I don't know, they wouldn't let you see them.

14 **Q.** Could Rod get access to your medical records?

15 **A.** He might have, --oh yes, he did in the end, it was on that documentary with Mike Wellesley
16 Smith.

17 **Q.** Did Rod talk to the doctors on your behalf?

18 **A.** Yes.

19 **Q.** What did he talk to the doctors about?

20 **A.** He told them I didn't need to be medicated, I wasn't mentally ill.

21 **Q.** What did the doctors think about that?

22 **A.** Didn't take much notice I don't think. He had to consult the District Inspector, which was
23 Paul Treadwell, and he managed to get me off medication and off compulsory treatment
24 and off committal. Because they found out I shouldn't have been under it, I was being
25 falsely detained under false medical,-- just abuse of power really by the doctors.

26 **Q.** What year were you released from committal?

27 **A.** Altogether it was, I was released from committal altogether in, - it- was on and off until
28 after 1995. I'm free of it now for good.

29 "(Narrator) While she was at Carrington, Alison also had short stays at boarding
30 houses and rest homes. She was also sent to boarding houses and rest homes once she was
31 released from committal."

32 **Q.** Was there violence in those places as well?

33 **A.** Yes.

34 **Q.** What types of violence?

- 1 A. Physical. Physical.
- 2 Q. Was there sexual assault as well?
- 3 A. Some of them, yes.
- 4 Q. Did anyone ever call the Police?
- 5 A. No.
- 6 Q. Did anyone at Carrington tell you why they were sending you to these places?
- 7 A. No, no.
- 8 Q. Do you know why they were sending you there?
- 9 A. No, I don't.
- 10 Q. The people who were running the boarding houses and the rest homes that you were sent to,
11 do you think they were equipped to deal with someone who was coming from your
12 background, having lived --
- 13 A. No, I don't actually, I think they were very ignorant, I think they were very backward, they
14 weren't used to somebody like me who was different to everybody else. They weren't
15 equipped. They didn't believe in human rights, they didn't believe in patients' rights.
- 16 Q. Can you tell us about what happened when you were taken off committal?
- 17 A. Well, I was not protected, I wasn't protected when I was under it. I was just left to rot.
- 18 Q. So after committal, did you live at rest homes generally?
- 19 A. **[Nods]**.
- 20 Q. What was that like?
- 21 A. Horrible. I couldn't get what I wanted, I was refused, denied.
- 22 Q. Did you have any say in where you lived when committal ended?
- 23 A. **[Shakes head]**. I was still being abused like a committed patient, by the owners of these
24 bloody rest homes and boarding houses, it was mostly rest homes.
- 25 "(Narrator) After being released from committal, Alison was told that her funding
26 would be cut. Several people advocated for her, and the Government resumed her
27 funding."
- 28 Q. Did you know, -- do you know why the Government wanted to withdraw funding?
- 29 A. No.
- 30 Q. And did they withdraw funding in the end?
- 31 A. Dr Valerie McGinn, she specialises in neuropsychology, she's from the University of
32 Auckland from the Department of neuropsychology, she wrote a letter and - because the
33 Government said, people in the Ministry of Health said, she can afford to pay for her own
34 care, she's a Pascoe, she's loaded, that sort of rubbish, and Julie put them right and they had

1 a change of heart because Valerie McGinn said that if they didn't cough up with the
2 funding- she was going to report them to Helen Clark the Prime Minister. As soon as they
3 were threatened they coughed up, just like that.

4 **Q.** So where you are now, you have your own home?

5 **A.** I pay board, I don't own it, I pay \$250 a week to be here. That's not bad. It's pretty good
6 going, isn't it? The house is the property of Spectrum Care, it's not my property, I just rent
7 it.

8 **Q.** How do you feel about having your own home?

9 **A.** It's much better than being with a lot of other people and being told what to do and being
10 told what you can't do and that. That is what goes on in residential homes. Do as I say,
11 sort of thing, you can't do as you like. That's not right, you don't treat people like that. You
12 know what I mean, filling people up with pills, it's not a normal life, it's institutional abuse,
13 it should be stopped. Needs to be stopped.

14 **Q.** Can you tell us about making a claim with Sonja Cooper?

15 **A.** I read about it in the newspapers, I got in touch with Keith Reid and he fixed everything up.

16 The next thing the lawyers came around to see me at - GR0-B - -- that was May or June
17 2005, it took seven years to resolve the case.

18 **Q.** What do you think about the fact that it took seven years?

19 **A.** It's a long time. I don't know why it took that long, she was having a lot of problems I think
20 with the Government officials, Crown Law and that, Ministry of Health.

21 **Q.** Did you eventually get compensation?

22 **A.** Yes, I did.

23 **Q.** And what was the compensation for?

24 **A.** For what had happened. For the abuse and neglect I had suffered.

25 **Q.** How much was that compensation?

26 **A.** About 20,000. Better than nothing. I was told I got more than anybody else because my
27 case was one of the worst they'd ever dealt with.

28 "(Narrator) Alison is now 80 years old and has many physical conditions as a result
29 of the abuse and neglect she experienced in psychiatric wards."

30 I have arthritis of the spine.

31 **Q.** What caused that?

32 **A.** Through being kicked around and that.

33 **Q.** What other conditions do you have now?

- 1 A. Sjogren's Syndrome.
- 2 Q. What's Sjogren's Syndrome?
- 3 A. It's an autoimmune disease.
- 4 Q. Do you have physical injuries still from the violence?
- 5 A. Yes, I'll never get over that until I get properly medically treated, surgically treated.
- 6 Q. What kind of physical injuries do you still have?
- 7 A. Inflammation of the bowel, knitting needle damage which they refused to fix up years ago,
8 suffered like that for over 40 years, tardive dyskinesia, caused through the drugs. Tardive
9 dyskinesia is uncontrollable Parkinson-like movements caused through drugs. I've got
10 fibromyalgia, Sjogren's Syndrome, osteoporosis, fibromyalgia, chronic fatigue, exhaustion,
11 emphysema, bronchitis, I've got asbestos exposure on the lungs, pleurisy, I've been exposed
12 to patients with TB in Carrington. Nothing's ever been done about it.
- 13 "(Narrator) Alison has several recommendations for the future."
- 14 I just want to say I've never been a criminal, I've never broken the law, I didn't
15 deserve what I had done to me, and I just want my name cleared I was ever in those places,
16 and I want all this mental health labelling on files destroyed. I want the files deleted,
17 meaning I want them put through a shredder and got rid of to stop discrimination
18 from, -- I want to see seclusion rooms abolished, seclusion room policy abolished, drugs
19 used as punishment abolished and new laws brought in to make it a criminal offence to treat
20 patients like that, that is seclusion and chemical straitjacket drug therapy as punishment.
- 21 Q. And --
- 22 A. And I want to see the staff that carried these sort of atrocities out severely punished and
23 fired from their jobs, I mean fired from their jobs first and severely punished through the
24 courts and the Police, and even sentenced to a lengthy prison sentence. I do.
- 25 Q. What do the public need to know about?
- 26 A. They need to know exactly what happened, they need to be told the truth.
- 27 Q. And how do you think that education should happen? Do you think it should happen in
28 schools, for example?
- 29 A. Yes, I think it should happen in public hospitals when they lecture nurses in their training.
30 You know what I mean?
- 31 Q. What are the important things for people to understand?
- 32 A. Mental illness is nothing to be ashamed of, it should be treated as a physical illness, like a
33 physical illness, people don't deserve or need to be punished with drugs or locked up in
34 locked wards or seclusion rooms or given ECT, I'm against that sort of practices. I want to

1 see patients get their full rights and to be treated like normal people. And I think we need a
2 Commissioner to oversee it from someone like the Royal Commission as well as the Police
3 Commission, people you can trust, people that are reliable and will do something about it as
4 they promise.

5 **Q.** Are there people who you would like to see in charge of that?

6 **A.** Yes.

7 **Q.** Who are they?

8 **A.** Judge Coral Shaw, Anand Satyanand, he's a former High Court Judge, ombudsman and
9 barrister and solicitor. I know Anand Satyanand personally. I'd like to see Judge Carolyn
10 Henwood appointed too. Her and Coral Shaw. And I'd like to see Andrew the
11 Commissioner appointed too.

12 **Q.** Would you like to choose the people who work in your house?

13 **A.** I think it's very important.

14 **Q.** Now, what I wanted to ask next was what do you think should happen to the people who
15 abused you who are still alive?

16 **A.** I think they should be made to account in a court of law, I think they should be prosecuted
17 and brought before the courts and severely punished with a lengthy prison sentence.

18 **Q.** You also wanted to talk about discrimination today.

19 **A.** That's right.

20 **Q.** And your thoughts on discrimination.

21 **A.** I think discrimination is very destructive and dangerous. It should not be used against
22 people with disabilities, it's medical discrimination to be denied medical attention for any
23 physical conditions, be denied freedom of speech, denied their rights, all that needs to stop.
24 I wanted you to put people with disabilities should not be ignored over physical conditions,
25 it's dangerous not to believe what they say and label them as it's all in the mind when it is
26 not. I just want a protection agency put into place to protect us and phone numbers
27 established of who we can ring up if we're being abused or neglected by the medical
28 profession -- that goes in public hospitals, GP private practices, medical specialist private
29 practices, these sorts of homes, that sort of thing, you know?

30 **Q.** You can say --

31 **A.** I feel very angry and very frustrated it's still going on, like it has been for decades."

32 **MS CLARK:** Alison, can you see me standing up again in the hearing room?

33 **A.** Yes.

1 **Q.** Is it okay now that we've watched your video if I pass you over to the Commissioners to
2 say something to you?

3 **A.** Yes.

4 **COMMISSIONER GIBSON:** Thanks, Alison.

5 Commissioner Shaw, do you have any questions?

6 **A.** What I've had to say about abuse, I want it stopped as soon as possible and the right people,
7 as I've mentioned, the names to be appointed who we can trust and rely on who are very
8 good people and have their hearts in the right place and who are very sympathetic towards
9 us, who know what happened is all true and I want to see changes for the better which it
10 will happen, I'm very optimistic about this.

11 **CHAIR:** Thank you, Alison, this is Coral Shaw here. I just want to say that the evidence you've
12 given today really will help us do our work and hopefully will make it much safer for
13 people in the future, and it's because of your bravery in coming forward, so thank you. I'm
14 just going to pass you over now to Paul Gibson who you might recognise.

15 **COMMISSIONER GIBSON:** Yes, Alison, it's great to hear from you. I think Commissioner
16 Shaw might have another job ahead of her by the sounds of it.

17 Commissioner Steenson, do you have any questions?

18 **COMMISSIONER STEENSON:** Hello, Alison, it's Commissioner Steenson, Julia here. Thank
19 you so much for your evidence today. I don't have any questions, I just wanted to thank
20 you, you've given us some really great recommendations to go away with.

21 **A.** And everything I've said is all correct and the truth and it's been a great pleasure working
22 alongside you wonderful, wonderful people.

23 **Q.** Thank you so much. I'll pass you back now to Commissioner Gibson.

24 **COMMISSIONER GIBSON:** Thank you, Alison, it's been great to work alongside you right
25 from the start of our Inquiry, I think you made a video in which many people have seen and
26 you've impacted on many people over the period of this Inquiry and over the period of your
27 life as well.

28 A question I have, seclusion should be completely abolished, you experienced much
29 seclusion for punishment, for other reasons. What do you think, what would you like to tell
30 staff working in these places now about what they could do different rather than seclusion?
31 What should change about seclusion?

32 **A.** I don't believe in locking people up, it doesn't solve the problem, it's just to ignore them and
33 the problems that go with them. I believe in taking them aside and speaking to them
34 civilly, with respect, and ask them what the problem is and solve it that way, ask them

- 1 what's upsetting them, who's responsible and all that, and I believe in saying to them "I'll
2 see what I can do to help, I may be able to do something about this."
- 3 **Q.** Did many people ever ask -- talk to you about what was happening, take you inside, have a
4 casual conversation, ask what was going on, what the problem was?
- 5 **A.** No, they couldn't be bothered, they just locked me up and told me where to get off and say
6 to me, "if you keep on performing like that you will stay in here all the longer" or "if you're
7 not careful" they'd say, "you'll be in here forever", that sort of thing.
- 8 **Q.** You've made videos and I think a lot of -- you've talked about education in schools, in
9 public hospitals. Should doctors, nurses, staff working in facilities such as those that
10 you've been in be listening and hearing and learning from your experience?
- 11 **A.** Beg your pardon?
- 12 **Q.** You've made videos, --would you like doctors and nurses and others working in the health
13 system to be hearing your experience and learning from it?
- 14 **A.** Definitely, because it must never, ever happen again, and every day is different and we're
15 learning new things all the time to better ourselves, through education and that.
- 16 **Q.** Yeah, thanks Alison, it's up to me to thank you and I think through education, through
17 teaching others you're helping others better themselves. Many have learned a lot from you
18 over the years. It's been such a long history of so much abuse, I want to acknowledge that,
19 over so many years, that this went on for and took so long to, - for- you to be out in the
20 community.
- 21 I hope some better form of redress comes to you than what has in the past, and the
22 Inquiry really appreciates the time we've had with you, the cooperation we've had with you
23 and the learnings we've got from you over the years.
- 24 So thank you so much, Alison.
- 25 **A.** And another thing I wanted to point out, I want the Police to see my documentary too and
26 I want to see education provided to them on what I went through as an example of how
27 dangerous abuse and neglect is, it's an education session and sort of make better police
28 officers in the way they deal with people with disabilities in a crisis of any kind.
- 29 **Q.** I think you use the word discrimination, it happens in health settings, in Police settings, to
30 people with mental health conditions and disabilities and to people who are perceived to
31 have mental health conditions and disabilities; would that be fair?
- 32 **A.** Beg your pardon?
- 33 **Q.** People are discriminated against with disabilities, with mental health conditions and people
34 who others think have disabilities and mental health conditions?

1 A. Yes, I would agree with that, I've seen too much of it in public hospitals and A&E wards
2 that I've been in and ordinary general wards at public hospitals and what I saw shocked me.
3 So the reason why I say this is because I want it stopped. There's no place for
4 discrimination and cruelty dished out to innocent people like that particular group of
5 people.

6 Q. Through the courage of you coming forward and sharing your story and teaching for us, I
7 think we do have a shot, we do have a hope of making those practices stop, of
8 discrimination stopping. So can I say a final thanks, Alison, really appreciate what you've
9 shared with us. Thank you.

10 A. It's been a great pleasure working alongside all you wonderful people, you're doing great
11 work and I know a lot of good is going to come out of this and I know a miracle's going to
12 happen very shortly because I'm very optimistic, and I'm this sort of person that believes in
13 being positive about good things happening and telling the truth about everything.

14 Q. The pleasure and the privilege to hear your truth is all ours, so thank you, Alison. And
15 thank you, everybody.

16 A. Thank you, thank you.

17 **COMMISSIONER GIBSON:** Ms Clark.

18 **MS CLARK:** Thank you, Alison, so we'll ask Rose to cut the livestream now and I'll talk to you
19 shortly.

20 **COMMISSIONER GIBSON:** Thank you, everybody, for the day. Kaikarokia.

21 **Waiata He Hōnore and karakia mutunga by Ngāti Whātua Ōrākei**

22 **Hearing adjourned at 5.14 pm to Friday, 15 July 2022 at 10 am**