

ROYAL COMMISSION INTO ABUSE IN CARE PRELIMINARY HEARING**25 JUNE 2019****ADDRESS BY COMMISSIONERS****Opening (Chair Satyanand)**

[1] Tēnā koutou katoa. Ko Anand Satyanand ahau.

[2] E mihi ana ki ngā mana whenua o tēnei rohe, Ngāti Whatua kei Ōrākei, tēnā koutou. E mihi ana au ki ngā mana whenua huri noa o Tāmaki Makaurau, tēnā koutou katoa. E mihi ana ki ngā iwi me ngā hapū katoa o Aotearoa. Tēnā koutou katoa.

[3] Kia ora, Kia Orana, Fakalofa lahi atu, Taloha ni, Talofa lava, Malo e lelei, Ni sa bula Vinaka. Good morning everyone and greetings to you all.

[4] I would like to begin by acknowledging mana whenua groups of this area on whose land we hold our first hearing. Ngāti Whātua kei Ōrākei and all the mana whenua within Tāmaki Makaurau. Greetings also to all people across Aotearoa New Zealand who are present or who are watching the first public hearing of the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions.

[5] I acknowledge survivors, including those who have passed, and the families, whānau and supporters of survivors who are present or watching this hearing today.

Why was the Royal Commission established?

[6] The purpose of this preliminary hearing is to introduce the Commissioners, to set out progress the Commission has made to date, and to summarise the way we will go about our important work.

[7] For many years, there have been a growing number of calls for a comprehensive inquiry into the experience of children and vulnerable people being taken into care and the abuse they

experienced at the hands of those who were meant to be protecting them. Survivors, community leaders, academics, human rights campaigners and many others have long lobbied for a light to be shone on this shameful period of our history. Aotearoa New Zealand owes a great debt to those who have worked tirelessly to force us to confront this period of our history, particularly to survivors themselves, who have been at the forefront of efforts to establish this Inquiry.

[8] Over the last 30 to 40 years, many changes domestically and internationally have heightened the need to deal with this issue. The UN Convention Against Torture, the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the UN Declaration on the Rights of Indigenous Peoples all represent recognition of human rights protections for groups in society who have historically been marginalised, oppressed, and experienced human rights breaches. These international human rights instruments, and the symbolic and practical changes they have heralded, form part of the moral imperative to critically examine the history of care and abuse in care in Aotearoa New Zealand.

[9] The Confidential Forum for Former In-Patients of Psychiatric Hospitals, the Confidential Listening and Assistance Service, the Pua-te-ata-tu report and other significant work such as the Mason and Roper reports have all exposed these issues previously. From as early as the 1970s, groups such as the Auckland Committee on Racism and Discrimination ACORD were reporting on violence in residential homes in Auckland. The psychiatric survivor movement over many decades was also instrumental in the establishment of the Inquiry. Important scholarship, including Dr Elizabeth Stanley's book *The Road to Hell: State Violence against Children in Postwar New Zealand*, has also revealed the extent of abuse in institutions. The Human Rights Commission, iwi and Māori have also paved the way for this issue to gain the traction that it now has.

[10] What these previous inquiries reveal is the reality of abuse and neglect experienced by those in care. Yet there is much more work to do in terms of investigating the extent of abuse and neglect in the residential homes, for those adopted and taken into foster care, the targeting of Māori whānau, the inter-generational impact of abuse and neglect on Māori, the abuse of children in faith-based institutions, the ill-treatment of disabled people in care, as well as the systemic issues that allowed abuse to happen.

[11] On 1 February 2018 the Government announced the Royal Commission with draft terms of reference. From February to May 2018 I consulted on the draft terms of reference for the Inquiry.

As a result of that consultation, our final terms of reference includes both those people in the care of the state and faith based institutions. There is also now a reference to the Te Tiriti o Waitangi. This means we will give careful thought to how we engage and partner with Māori and iwi. We know that a large number of children taken into care were Māori and we recognise the importance of keeping our commitment to this engagement front of mind in all that we do.

[12] For us as Commissioners, a very significant part of our roles is to listen to survivors to hear about the abuse and neglect they experienced. In this way, survivors will inform the Commission about what happened, break the silence that has existed for many years, and hopefully assist in the recovery of those who have been abused. Another important part of our role is to determine: why people were taken into care, what abuse occurred and why, and the effects on survivors and families. Fundamentally we need to learn the lessons to apply now and in the future to ensure abuse does not occur again.

[13] Ultimately this Inquiry was established due to the support of all New Zealanders, who know injustice when they see it. Almost everyone knows someone who has been directly or indirectly affected by abuse in care. To achieve the many tasks set for us, the Commission needs the ongoing support of the public. Put simply, the task is to transform how we as a nation care for our children and others who may be vulnerable to abuse. We need to ensure that our children and tamariki have the opportunity to live in a safe and loving family or whānau environment, where they are supported and encouraged to pursue their dreams and aspirations.

[14] I am joined on the Commission by my colleagues whom I now introduce. First on my far right, her Honour Judge Coral Shaw, then on my immediate right Ali'imua Sandra Alofiavae, on my left Dr Andrew Erueti, and on my far left Mr Paul Gibson.

[15] Each of my colleagues will speak about separate parts of our work as a Commission.

What is the Royal Commission? (Commissioner Shaw)

[16] Tēnā tatou katoa. My name is Coral Shaw. I will address the question of what the Royal Commission is.

[17] A Royal Commission is a public inquiry set up to inquire into and report on a matter of public importance. Of the types of inquiries possible under the Inquiries Act it is the highest form and has the name Royal because it is established under the Royal Prerogative, in addition to the powers conferred by the Inquiries Act 2013. This establishes both the importance of the Commission's work and its independence from ordinary government processes. When she announced the Commission in February 2018, Prime Minister Jacinda Ardern stated "we are sending the strongest possible signal about how seriously we see this issue by setting up a Royal Commission of Inquiry."

[18] The Royal Commission was finally established on 12 November 2018, following the consultation period described by the Chair, his report, and the subsequent finalisation of the terms of reference. Under the Terms of Reference the Inquiry was authorised to begin considering evidence from 3 January 2019.

[19] All Inquiries need to spend an initial period establishing policies and procedures to ensure the work is carried out appropriately. This Inquiry is larger and more complex than any other previous Inquiry in New Zealand. We have established our processes in a manner that is sensitive to the needs of individuals and their families, whānau, hapu, iwi, and their supporters. The way we work has to focus on victims and survivors, work in partnership with iwi and Māori and facilitate the meaningful participation of people with disabilities and mental illness. We are also required to ensure a fair and reasonable process for individuals and organisations associated with providing care while avoiding an overly legalistic approach.

[20] In developing our ways of working we have consulted widely. We have studied and met with members of other similar inquiries overseas to learn from their experiences. Importantly, we have consulted widely with interested parties including survivors here in Aotearoa New Zealand and have done our best to ensure that the procedures are clear, readily available and can be understood by the public and participants. This task is well under way but by no means is at an end. We remain open to constructive ideas about improving the way we work to ensure the rights

of all participants are protected. Of all the inquiries we have investigated, this Royal Commission is unique both in its diversity of Commissioners and its special recognition of the differential impact that abuse in care has had on particular groups of people in our society.

[21] The Royal Commission is to investigate the abuse and neglect of children, young people and vulnerable adults who were in the care of State and faith-based institutions in Aotearoa New Zealand between 1950 and 1999. We also have discretion to consider abuse and neglect that happened before 1950, or after 1999, including people who are still in care now, in order to inform our recommendations for the future. We have two strands of work: Looking back to establish what happened and why, and looking forward to review the current systems for preventing and responding to abuse. The principal question is how to ensure that what occurred in the past cannot happen again.

[22] Although the Confidential Forum for Former In-Patients of Psychiatric Hospitals and the Confidential Listening and Assistance Service gave survivors the opportunity to be heard confidentially, this Inquiry is different from these in several ways.

[23] First, the scope of our Inquiry is much broader – indeed it is the broadest Inquiry of its kind internationally. It is not limited to sexual abuse but covers all forms of abuse and neglect as well.

[24] State care is not just care in social welfare settings. It includes care in health and disability institutions such as psychiatric hospitals and health camps. Educational settings include early childhood, all state schools, special schools and teen parent units. Transitional and law enforcement settings encompass abuse in police and court cells and abuse that took place on the way to or out of State Care settings.

[25] Our remit in relation to faith-based institutions includes abuse in residential or non-residential care where a faith-based institution assumed responsibility for the care of an individual. It is not limited to one particular faith, religion or denomination.

[26] We will give appropriate recognition to those sections of society which have been disproportionately affected in such care. These include Māori, Pasifika, and those with disabilities or mental illness. Māori in particular are over-represented in this group.

[27] We are also required to consider structural, systemic and practical issues that caused or contributed to the abuse. This is an important aspect that will enable the Commission to make findings and recommendations about ways to prevent and respond to abuse in the future.

[28] Second, our Inquiry has a number of statutory powers available to it, including the ability to require people and agencies to provide us with information and documents, and to compel witnesses to appear at a hearing to answer questions. In the terms of reference the Government has stated its expectation that agencies and institutions will co-operate with the Inquiry, ensure it is able to undertake its work independently, protect witnesses from disciplinary action or other disadvantage or prejudice of any kind, and ensure that those who engage with the Inquiry have appropriate supports in place. We will not hesitate to use our powers when required.

[29] Third, while we aim to listen to as many survivors as possible in the Private Sessions which will be discussed by Commissioner Alofivae shortly, much of our work will take place in full view of all New Zealanders who wish to watch. This will be principally through public hearings where we will examine issues and themes to establish accountability and transparency.

[30] These hearings will be described in more detail by Commissioner Erueti and by Counsel Assisting, Mr Simon Mount QC, who is the Commissioner's lawyer.

[31] In summary this Inquiry is bigger, broader and has more powers than any other inquiry undertaken in Aotearoa New Zealand about the abuse of children and vulnerable adults. It has the capacity to make recommendations that, if implemented, will transform the way we care for such people in the future.

[32] To further unpack the Terms of Reference, the Commissioners have agreed on eight pou or strategic pillars that hold up the wide ranging mahi we will complete. These pou are voice, circumstances of going into care, nature and extent of abuse, impact of abuse, systemic factors, redress and rehabilitation, transforming how we care, and te Tiriti of Waitangi. Of these, I will refer to two in more detail.

[33] The first pou is "Voice". The voices of all those who choose to participate in the private sessions, or who participate in public hearings are front and centre in all we do. We cannot make any findings, reach conclusions or make recommendations without hearing the voices of those

who have the lived experience of state or faith-based care, as well as of those who worked in and oversaw the institutions both at an operational and governance level. We commit to all those people that we will listen to their voices impartially and with sensitivity.

[34] The other pou I want to refer to is Te Tiriti o Waitangi. The Terms of Reference state explicitly that the Inquiry will be underpinned by Te Tiriti o Waitangi and its principles. We are required to partner with with Māori in accordance with Te Tiriti o Waitangi. To this end, the Royal Commission has established a Māori partnership directorate, developed a Te Tiriti o Waitangi policy and we have commenced active engagement with Māori Survivors.

[35] The Commissioners have adopted the values of fairness and balance, independence and determination, transparency and aroha to ensure that we remain survivor focused in these engagements.

[36] We will prepare at least two reports. The first interim report is required to be delivered before the end of 2020 and will cover what we have learned so far, the main themes, and the number of affected people so that we can estimate the resources and time needed to complete the work. We can make interim recommendations.

[37] Our final report to the Governor-General is to be delivered before January 2023. It will include recommendations to the Government and faith-based institutions about:

- (a) Changes to laws, rules and ways of working;
- (b) What needs to happen to prevent and respond to abuse and neglect in the future;
- (c) What needs to be done to support people who have been abused or neglected (redress, rehabilitation and compensation processes);
- (d) How to address the harm caused; and
- (e) Apologies.

[38] It is important to clarify that the Royal Commission is not a prosecutor. We are unable to find anyone guilty of any crime. However, we can make referrals to the appropriate agencies and

we already have a special referral process established with the New Zealand Police for those who would like us to refer allegations that amount to criminal offences for investigation.

[39] For the life of this Inquiry, we commit to ensuring that the Royal Commission will operate independently, impartially and fairly in its examination of the historical abuse of children, young persons and vulnerable adults in State care and in the care of faith-based institutions. This is not only a requirement of the Inquiries Act 2013 and Clause 5 of the Terms of Reference but goes to the heart of our independent role as Royal Commissioners.

How will the Royal Commission do its work? (Commissioner Alofivae)

[40] Tēnā koutou katoa. Talofa lava. My name is Ali'imua Sandra Alofivae.

[41] I will talk about how the Royal Commission will undertake its work.

[42] To complete this important work, the Commission will use four main methods to meet the requirements in the Terms of Reference. The Commission settled on these methods after a review of other similar international inquiries, and engagement with survivors and interested parties.

[43] These four methods are:

- (a) Private sessions;
- (b) Public hearings and roundtables;
- (c) Research and policy; and
- (d) Outreach and community engagement.

[44] I will discuss the private sessions in some detail.

Private Sessions

[45] Private sessions are a very important part of the Commission's work. The purpose of private sessions is for survivors to share their experience; to talk about their accounts of what happened in a way that allows them to feel heard, acknowledged, and believed. It is an opportunity for survivors to speak their truth. Many survivors have described this as a cathartic process that has been important to the healing journey.

[46] In a private session, survivors are able to share their experience directly with a Commissioner. It is up to each survivor to decide how much or how little of their experience they wish to share. It is important that the survivor feels in control of the session and the information flow. A session facilitator is also present to take notes. The sessions are confidential and take place in a supportive environment.

[47] Prior to the private session taking place, the Commission engages with each survivor on the phone, often multiple times, to ensure that their participation and wellbeing needs will be met. An information pack is sent out in advance which contains details about the Inquiry, the private session process, and the people who will be involved on the day.

[48] So far we have heard from over 70 survivors in the private sessions. We want to thank those who have come to us and shared their lived experiences. We recognise that coming to the sessions can require a great deal of strength and courage and we are grateful to those who have already attended or are planning to do so. Our priority with these sessions is the safety of survivors. We are using a trauma informed process to ensure that those who share their experience do so in a safe environment.

[49] Information shared in private sessions will be anonymised and used in reports and to determine themes and subjects for investigations and public hearings. We have also received valuable feedback to take on board for future sessions.

[50] We expect that thousands of people will be seen through the private sessions. Listening to survivors, families, and whānau will enable us to identify what happened in care, and to understand the different experience of those affected by this Inquiry, including adults vulnerable to human rights abuse, children, Māori, Pasifika, women, youth, disabled people and our LGBTQI community. These sessions will also enable us to seek survivor input around what needs to change to transform the structures, systems, policies and other settings that have enabled abuse to occur.

[51] We also need information to help us reach recommendations to improve social outcomes, to prevent and stop abuse occurring in care settings, and to honour the wishes of survivors that this not happen to their tamariki and mokopuna.

[52] Survivors will also have the option of providing a written account of their experiences. We hope that this will make engaging with the Inquiry more accessible, and mean that we get to hear from many thousands more survivors and witnesses from Aotearoa New Zealand and overseas.

[53] To ensure survivors and whānau have choices about how to share their experience of abuse, options will be available for how they engage with the Royal Commission. The Commission is open to being responsive to other appropriate settings identified by survivors including private

sessions on marae. The intention of the Commission in our private sessions is to reach as many survivors and especially those who may be considered to be in our hard to reach communities as far as it is possible and practicable. The Commission has recently entered into a Memorandum of Understanding with the Department of Corrections to enable Commissioners to hear from prisoners, men and women, while they are in custody. A confidential 0800 phone number has been set up to enable inmates to directly contact the Royal Commission.

[54] So far, we have close to 800 people registered to share their experience at a private session. This includes those wanting to share on behalf of family or whānau members who have passed. It is the courage of survivors in speaking out that enables us to do this work. We understand your hesitancy – and applaud your courage. Your individual story, combined with many other stories, gives us the power to make strong and lasting recommendations. Without you we cannot achieve the task of fundamentally transforming care in Aotearoa New Zealand.

Public hearings and roundtables (Commissioner Erueti)

[55] E nga iwi e huihui nei ki te manaaki i te Karanga o te ra ka nui te mihi atu ki a koutou katoa. Me mihi hoki ki nga mate. Haere atu koutou ki te kaihanganga. Ki te Tia O te Arai. No reira e nga mate haere haere ki te Po. E nga rangatira. E nga tohunga kua tae mai ki the tautoko tenei kaupapa. Tena koutou.

[56] Ko Anaru Erueti toku ingoa. Ko Ngati Ruanui toku iwi. Tena koutou katoa.

[57] I will be discussing the next two ways we will do our work: public hearings and roundtables, and research and policy.

[58] Public hearings will be held following an investigation into a particular topic or theme. At a public hearing, witnesses will give evidence on oath and may be asked questions by the Commission's lawyers and the Commissioners. Witnesses may include survivors who wish to give evidence, alleged perpetrators, and institutional representatives. The Commissioner's lawyer Simon Mount QC will outline the processes for giving evidence at public hearings in more detail shortly.

[59] An important part of public hearings is for witnesses to give evidence publicly and for that to be known to Aotearoa New Zealand. Public hearings are also an important way to hold institutions to account for what has happened in care. They provide an opportunity to publicly examine law, policy, practices and standards. Whether they have done their job of keeping those in care safe. Whether families, and hapū and iwi have participated in the setting of standards of care. Fundamentally, along with the private sessions, the public hearings allow us to gather the information and evidence we need to address the 8 pou.

[60] Following public hearings, the Commission will be able to make findings about what happened with a focus on systemic issues and failures. Where appropriate, we may issue short reports or case studies following a public hearing which will set out the evidence we received and our findings.

[61] Our first substantive public hearing will be held in October/November 2019. This will be a contextual hearing. We plan to look at the different types of institutional care provided, the

experiences of survivors in these institutions, the redress schemes established, among other matters. The intention is to use this contextual hearing to introduce the themes that the Commission plans to focus on in 2020 during the lead up to our first interim report. At these and future hearings, we will consider the following questions:

- (a) Why people were taken into care – including if there was bias, discrimination or bad decision-making by agencies.
- (b) What abuse and neglect occurred - what took place and to what extent?
- (c) Why it happened – what made it possible for abuse and neglect to happen to people?
- (d) What effects this had – on the person abused, their family/whānau and others. This includes long-term effects and effects on future generations.
- (e) What was learned – what changes were made over the years in response to abuse and neglect, including to laws, rules, and efforts to monitor places where care is provided?
- (f) How well the systems are working now – including current redress and rehabilitation processes.
- (g) How things can be done better in the future.

[62] From time to time, we will also hold roundtable meetings with interested parties on particular topics to ensure we are hearing from a broad range of perspectives, to inform our focus for investigations and to test findings and recommendations. For example, a roundtable that is directed at informing the Royal Commission of the past and current work undertaken by other inquiries which are related to and could inform our work.

Research and Policy

[63] An important part of the way we will work is through our research and policy programme. One of the key purposes of research is to complement and support the investigations and gathering of evidence for public hearings.

[64] We will also publish research reports on various themes throughout the life of the Inquiry. We will critically analyse previous reports on these topics and add to the body of knowledge where there are identified gaps. Again, this research plan will be guided by the 8 pou. We need, for example, to identify the reasons why children were brought into care. There is clear evidence of large numbers of Māori children being taken into care during the post-war years. For example, Māori children filled up many of the residential homes in the 1980s. Today Māori children now make up over 60 per cent of children in care. We need to understand through research the factors that have led to this over-representation of Māori in care, including the effects of urbanisation and suburbanisation of Māori whānau. Looking back will help us understand the past and inform the path forward.

[65] We also need to gather research on the nature and pervasiveness of abuse, including sexual abuse. We need to consider closely the types of redress schemes established by both the state and by faith-based institutions.

[66] This requires research that is ethically robust, compelling and of the highest quality. Research reports where relevant will need to be peer reviewed and subjected to ethical standards and review. We will also, where relevant, conduct a kaupapa Māori approach to research.

Outreach and Community Engagement (Commissioner Gibson)

[67] Tēnā tatou katoa. Ko Paul Gibson au.

[68] I am going to be discussing our fourth method of working which is outreach and community engagement. This is critical to our work, particularly in connecting with communities of people often considered hard to reach or who have been forgotten. We are developing innovative ways to connect with gangs, homeless people, people in prisons, disabled people and in particular people with learning disabilities, people who have experienced mental distress, and people from harder to reach faith-based communities. We are anticipating engaging through whānau meetings, community meetings and hui.

[69] Our commitment to te Tiriti principles means we will give careful thought to how we engage and partner with Māori. Engaging with Māori is a focus for the Commission and our Māori partnership directorate are developing ways to work meaningfully with Māori, including with iwi and hapū.

[70] We also recognise the large number of disabled children, disabled adults, and people who experienced mental health trauma and went into care settings such as psychopaedic hospitals, community disability support services, psychiatric hospitals and other mental illness care, and special schools. Many of these were Māori.

[71] The relative invisibility of these groups of people, and the invisibility of the abuse and neglect they experienced needs to be shown in the full light of day.

[72] The Survivor Advisory Group is mandated in our terms of reference. They have begun to feed into our work programme, provide critical challenge, and be an important voice throughout the Inquiry. This group is made up of 20 members, reflecting the diversity of women and men, Māori, Pasifika, and disabled people. They have experienced abuse in child welfare, health and disability, education, police and youth justice, and faith-based institutions.

[73] Each of the Commissioners would like to acknowledge all members of the Survivor Advisory Group and thank them for their ongoing commitment to the work of the Royal Commission.

[74] The diverse experience, wisdom, and welcome challenge they bring has begun to inform our decisions. They are serving the various communities of survivors well. They are proving they will be critical in ensuring survivors feel safe, gain a sense of justice, and contribute to transforming how we care in the future. They will meet at least four times a year and will have input into different parts of the Commission's work programme.

[75] Another way of engaging is through our ambassadors. They are focused on targeting hard to reach communities to ensure those voices are heard. The voice of survivors is integral to our work. We are gaining fresh perspectives about the practical challenges involved in reaching all survivors, particularly those in traditionally hard to reach communities.

[76] There is much more to do, but for the Commission continual engagement with interested parties is an ongoing process throughout the life of the Inquiry. What will be critical to this is the continuing engagement with Māori.

[77] While the Commission's work is focused on Aotearoa New Zealand, we understand that many survivors no longer live here. We are establishing ways for those who are based overseas to participate in the Commission's processes. We will continue to develop this over time once we have a clear sense of how many overseas survivors would like to contribute to the Inquiry.

[78] We have committed to regular and frequent communications with survivors and interested parties. This includes through our website, our Facebook page, our email newsletters and through our dedicated contact centre. Our public hearings will be streamed online, with NZ sign language and captions, to ensure as many people as possible will be able to access the information. The recordings will remain available on the Royal Commission's website.

[79] The Abuse in Care Royal Commission is now very much open for business and we welcome all of those who have experienced abuse in state or faith-based care to get in touch with our contact centre to discuss the different options for how you can contribute to the work of the Commission.

[80] As stated earlier, without you we cannot achieve the task of fundamentally transforming care in Aotearoa New Zealand.

Our vision (Chair Satyanand)

[81] To conclude, this Royal Commission is unlike any other ever established in Aotearoa New Zealand. We have very wide-ranging Terms of Reference. We will likely engage with thousands of people over the next few years as we complete our work.

[82] Earlier this year Minister of State Services, the Hon Chris Hipkins, stated his expectation that Government agencies will begin work on recommendations from the Royal Commission as and when they are made. It is encouraging that some faith-based institutions have also indicated their willingness to participate in the proceedings and to learn from the Commission's findings. We expect nothing less from the Government and also from faith-based organisations.

[83] These issues are not only historical. The ongoing uplifts of children from their families, particularly Māori tamariki, is distressing and must be addressed. The current climate confirms the relevance and importance of this Inquiry.

[84] While our Inquiry has an historical focus, we are undertaking this work with an eye firmly on the present and the future. Our vision is to transform care. We cannot embark on that until we turn and squarely face the reality of our dark and uncomfortable shared history. It will not be easy; it will not be quick. But it is necessary for us as a nation to move forward. This is your Commission. We need the support of New Zealanders in order for the Commission to make a mark and transform how we care for our children.

[85] We will not turn away from asking difficult questions about nationhood: about institutional racism, the invisibility of disability, and about systemic issues that have kept vulnerable populations marginalised and unable to fully realise the benefits of living in Aotearoa New Zealand. The impact of abuse and trauma is cumulative and intergenerational and we are determined that the work of this Commission will mark a turning point in the history of our nation in terms of how we care for our most vulnerable.

[86] As Commissioners we are deeply conscious of the enormity of the task ahead and we commit ourselves to guiding the Commission to complete the task that has been entrusted to us.

[87] No reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.