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DEPARTMENT OF HEALTH CIRCULAR MEMORANDUM NO 1986/70

TREATY OF WAITANGI AND MAORI HEALTH

As you may be aware, the Government has indicated that the Treaty of Waitangi is likely to become the basis for a Bill of Rights. This would, in effect, give formal recognition and affirmation to the principles of the Treaty of Waitangi.

As a lead-up to this, Cabinet agreed on 23 June 1986 (Cabinet Minute 86/22/7):

- 1 that all future legislation referred to Cabinet at the policy approval stage should draw attention to any implications for recognition of the principles of the Treaty of Waitangi;
- 2 that departments should consult with appropriate Maori people on all significant matters affecting the application of the Treaty, the Minister of Maori Affairs to provide assistance in identifying such people if necessary;
- 3 the financial and resource implications of recognising the Treaty could be considerable and should be assessed wherever possible in future reports.

In order to assist you in understanding the principles of the Treaty of Waitangi and how they can be integrated into the Health Services, this circular gives a brief outline of the background to the Treaty and of the work of the Maori Health Project Group and the Standing Committee on Maori Health.

The Treaty was a document, signed by both Maori and Pakeha, which made a number of promises on both sides. The Treaty aimed, to some extent, to protect the Maori people from the impact of another culture with different views of society and land ownership. However, the Government's performance in protecting Maori interests in this regard was uneven and there are cases where land was bought at a pittance and sold soon after, to the European settlers, at profits of up to 800%. Furthermore, vast amounts of land were taken under the Public Works Act in ignorance of where home and food sites were located. Also, at the time the Treaty was signed in 1840, no-one, Maori or Pakeha, could possibly even have contemplated how much things have changed in our society. At the time, the Maori population was so large and they held the economic and social "power" in terms of population, land and resources. Another important fact is that the Maori text of the Treaty (which was the one signed by the Maori people) is not, nor is it able to be a direct translation of the English text.

The Treaty guaranteed the Maori people the protection of all their precious taonga and all the rights and privileges of British subjects. This is one of the bases for the Waitangi Tribunal's recommendation that Te Reo Maori be made an official language of New Zealand. The Tribunal has now ruled that this language is a taonga and the Maori people had, and have, the right to speak it and the right to have it 'protected' in the same way that the English language is.

The Treaty set the basis for the development of race-relations between Maori and Pakeha. Its signing was seen as the recognition of a partnership of equals. For many years however, the Treaty was seen by some as an instrument that created an unequal relationship and because of this it has, in the past, often been seen as a fraud. A more positive view of the Treaty has now emerged - that it can lay the foundation for a positive relationship between the tangata whenua (ie the Maori people) and other New Zealanders.

For the Department of Health, the Treaty has special significance. Concepts of health are firmly based in Maori culture (which, according to the Treaty, has a right to official recognition and protection) and Maori people have a right to appropriate services - funded through our health system. The department accepts this view which is in accord with the WHO principles set out in the Alma Alta Declaration of 1978 on Primary Health Care.

Both the Maori Health Project Group and the Standing Committee on Maori Health are committed to establishing a health system equally appropriate to both Maori and Pakeha. The Standing Committee was set up last year to be the 'eyes' and 'ears' of the Maori people and to advise the Board of Health and the Minister of Health on Maori health matters. Being in tune with the Maori community, the committee has issued a number of challenges to the future development of a bi-cultural (and eventually a multi-cultural) health system in Aotearoa:

- 1 that the three articles of the Treaty of Waitangi be regarded as the foundation for good health in New Zealand;
- 2 that Maori tribal authorities be regarded as the proper trustees for Maori people;
- 3 that resources be made available to those authorities to enable them to include health in their own development programmes. Improvements in Maori health are likely to come about through whanau, hapu and iwi development;

- 4 that Maori health issues be addressed by the involvement of a greater number of Maori people in the delivery of health services and the setting of priorities;
- 5 that for Maori people, the health team must have the support of the Maori community and must include both Western-trained health professionals and those people trained in Maori schools of learning;
- 6 that training programmes should reflect the bi-cultural nature of New Zealand society. If teaching institutions are unable to adequately prepare people, they should contract out to those organisations equipped to do so.

These challenges and the principles of the Treaty of Waitangi should now be considered by health decision-makers as to how they can be integrated within the health services to develop a bi-cultural health system in New Zealand. The challenges, in fact, provide a lead as to how the principles of the Treaty can be incorporated into hospital and health services.

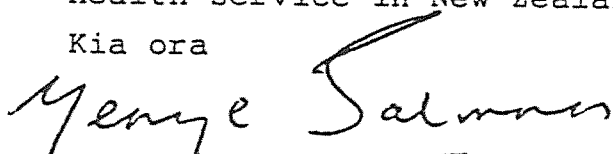
You should particularly note challenges four and five. Number four challenges health decision-makers to involve Maori people in the development of plans and priorities. Some boards have already responded to this challenge and have employed Maori Health Liaison Officers/Co-ordinators. Information on how these boards established these positions is presently being collated and will be sent to you when completed.

Number five challenges health decision-makers to include Maori people (particularly those trained in Maori Schools of Learning - ie, the marae) as part of the professional health team. One way that boards could incorporate this challenge into their operations could be to employ Community Health Workers, or to give a grant to the local tribal authority to enable them to employ a worker. Maori Community Health Workers are an important part of the Health team and provide a link between the health professionals and the Maori community. They are selected by both the board/district office and the Maori community to ensure that networks are established and maintained, so the Maori community can become involved in assisting the Department of Health and the Area Health Boards determine priorities and policies.

It is recommended that boards accept these challenges as the foundation for promoting good health for Maori people.

Attached is a recent news release by the Board of Health stating their commitment to the development of a bi-cultural health service in New Zealand.

Kia ora

  
George Salmond  
Director-General of Health