

## 'Our culture is our health'

*Tihei mauri ora!*

*Ko te mihi tuatahi, me wehi ki to tatou kaihanga. Ko te mihi tuarua, ki nga mate kua pa ki tena marae, ki tera marae. Ahakoa na koutou i tangi me ki na tatou katoa. Nga mate kua pamai ki a matou na matou i tangi na matou katoa. Apiti hono tatai hono te hunga mate ki te hunga mate. Apiti hono tatai hono tatou te hunga ora ki te hunga ora. Tena tatou katoa!*

*He mihi tenei ki nga kai awhina i roto i nga motu o Aotearoa. Kei te koa te ngakau kua homai tenei wahi ma matou, mo nga neehi, mo nga kai awhina Maori i roto i Aotearoa, ki te tuhituhi atu ki a koutou i roto i tenei pukapuka. Te ingoa o tenei pukapuka, "Kai Tiaki" he ingoa tino nui ki a matou te iwi Maori!*

**I**T WOULD SEEM a reasonable place to start this editorial at the beginning of Maori-Pakeha contact, ie late in 1769. The oral tradition faithfully records that the people with whom James Cook and his men first came into contact received more than the benefits of European technology. Whooping cough, syphilis and tuberculosis made their mark on the Maori people in the 18th century and have continued to do so until recently.

As the process of colonisation began, traditional Maori attitudes towards health maintenance had to adjust under the pressure of the ideas, values and technology of the people who were fast becoming dominant in Aotearoa.

The Maori view of health has been maintained from that early contact period in essentially the same form, surprisingly unaffected by the trauma of the last 200 years. What remains is an integrated view of birth, growth and development, maturity, old age and death, in a form which Europeans have termed holistic. For the Maori, there is no other reality. Perpetually interlocked through this Maori perception of health and wellbeing, mauri ora/waiora, is our relationship with the land and the sea and the beings which inhabit those places, inanimate, animate, living and dead. These are our Kai Tiaki. Those ancient relationships persist in all their profundity today.

These significant differences in the Maori model of wellbeing highlight many questions.

How can health be defined? Who is in a position to make such a definition? Is the Maori holistic model of health one which can be adapted to the compartmentalised, reductionist and still heavily disease-orientated Pakeha model? Is there a compromise?

Consider this statement from the Scope and Function of Nursing paper, (RPIEN Nov. 1987 p4). "Nurses provide care irrespective of nationality, culture, creed, colour, age, sex, political or religious belief or social status."

When we reflect on the implications of such a statement for peoples from indigenous societies who are being nursed by members of a colonising group, it is not at all a compliment to nursing. For hundreds of years such people have fought, even died, to maintain the richness of their difference, to make statements about their identity and values, only to find that in the health/illness interaction model that precious difference will be completely disregarded. To the Maori, such a statement can only be seen as whakahihi and deeply insensitive. Incantations which call upon our own kai tiaki to sustain us while undergoing all kinds of treatment in a hospital, for instance, may well be advisable. There is

always an alternative way to view ideas and actions but there is never a compromise without a sacrifice.

In 1840 it was thought a compromise had been struck. Article Two of the Treaty of Waitangi... "guaranteed to the chiefs and tribes of New Zealand and to the respective families and individuals thereof, the full, exclusive and undisturbed possession of their lands, estates, forests, fisheries and other properties which they may collectively or individually possess as long as it is their wish and desire to retain the same in their possession..." The Maori version promises "...ki nga rangatira, ki nga hapu, ki nga tangata katoa...te tino rangatiratanga o ratou whenua, o ratou kainga, me o ratou taonga katoa..."

Significant to nursing are the final four words, "o ratou taonga katoa" (all their treasured possessions). The Maori have always seen their health status as a taonga, a gift from the ancestors to be treasured and held reverently as part of the holistic cycle. For the last 148 years our people have believed that this has been guaranteed to them in the light of the partnership entered into with the Pakeha at Waitangi. The Maori side of the bargain has been kept but can the same be said of the Pakeha partner?

We do not perceive our tupuna as having handed to the Pakeha a mandate to completely take over the management and control of Maori health. Rather we believe that they would have expected a partnership. Although there are some hopeful signs on the horizon, this partnership has been a long time in coming.

Early nursing interaction with the Maori, particularly the early community nursing service, was important and effective. These nurses worked alongside the Maori to deliver health care and education without actually changing the essential Maori social structures.

They often spoke excellent Maori and frequently were Maori themselves. They did not expect Maori people to leave the security of their own communities or their own cultural values, neither did they force Maori people to confront a falsified, alien and inhospitable environment. These nurses practised in a culturally safe and sensitive manner. So what went wrong? What happened?

The overly simplistic answer would be that the fast-tracking of monocultural institutes, government, laws, land transactions and legislations was established. That is what went wrong and that is also what did happen.

Today, every monocultural structure perpetuated by agents of the Crown in Aotearoa must now be held accountable to the Maori people for the poor Maori health status this country has. Why? Because the traditional model of health and wellbeing which the Maori had and which worked for them, was usurped by these very institutes whose establishment was all a part of the process of colonisation in Aotearoa. The following are agents of the Crown in the health field:

The Health Department (Ministry), health development units, and every person employed by them. Area health/hospital boards, with all their institutes and community services, and every person employed by them. The Education Department, with all its institutes — especially those training nurses, doctors and all other health professionals — and every person employed by them.

For the Maori, the resilience of our culture sustains us. Our culture is our health. We rely on it to find ways to be adap-

ave and creative when all the odds are stacked against us. One only has to view the long lists of applications for funding from the Maori community working in health initiatives to realise the enormous reserve of Maori health potential that we have. The statement that "...to be Maori is to be healthy..." is well said in this context. However, it is equally important to our health status to be able to gauge a feeling of autonomy and control over our own lives and the work we carry out in the health field.

The primary health care philosophy can be interpreted from a Maori perspective and serves to illustrate the point just made:

- For health services to be accessible — have a Maori base;
- to be affordable — have Maori control of resources;
- to be acceptable — have a Maori perspective throughout the services.

This means that the most appropriate people to make the diagnoses, especially the spiritual diagnoses, which lead to the treatment of Maori in illness orientated institutes, are the Maori. We are the appropriate advocates, kai tiaki for our people in the nursing/health fields.

On an even broader scale, the Maori authorities are also being asked to take on the area of health in advocating for Maori development holistically. When Maori input is being asked for in the nursing curriculum, this should not be taken into account unless there is genuine commitment to employ Maori people to implement that curriculum.

Biculturalism in nursing means that the Maori nurse is seen as an equal partner to all other non-Maori nurses. Each partner shares in the delivery of nursing care services to all people, but surely, who better than a Jew to nurse a Jew, an Indian to nurse an Indian, a Maori to nurse a Maori. The message cannot be reiterated too strongly that the proper exponents of anything that is Maori in all nursing and health services, training and education, are the Maori. To reflect a bicultural nature for nursing in all of these areas, a partnership must be negotiated with the Tangata Whenua, the Maori, including Maori nurses.

In concluding this, the first editorial written by Maori nurses for the *Nursing Journal*, we would celebrate with the NZNA and congratulate them for taking a sensitive and appropriate direction given to them by Maori people, to negotiate an official, collegial and equal partnership with the National Council of Maori Nurses.

We referred to the significance of the name of this Journal in our mihi. A further dimension to this is offered in the following patere:

Ko te kakano i ruia mai i Rai-atea-areare-tawhitinui ma runga i to waka whakawhanau ma runga i toku waka whakawhanau Ka tau ki konei ki Aotearoa Ka whakata... Katahi, ka puhia e te hau ora Ka maranga ano ka rere... ka tau ki Maungarei ki roto i a Ngati Whatua Ka parahie... ki roto i a te Tatau Pounamu	The seed that was brought here from a distant Rai-atea-areare on your migratory canoe on my migratory canoe It landed here in Aotearoa It rested... Then the wind of life blew It rose and flew... till it landed on Maungarei among Ngati Whatua It bloomed... in the sacred house of Tatau Pounamu The flowers have now come forth to nurse me, the people of this land.
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