

# Healthcare & Treaty of Waitangi – Module 1: The Treaty & Māori Health Video Transcript

## Dr D. Jansen

Māori are the indigenous people of New Zealand and are 15 % of New Zealand's population. Traditionally Māori was a tribal society of small family based units (whānau) organised into sub-tribes (hapū) which make up larger tribal groups (iwi). These social arrangements are still important constructs to describe the way in which Māori organise themselves.

### The Treaty of Waitangi

The Treaty of Waitangi holds an important place in New Zealand and is often referred to as our founding document, enabling Pākehā settlement whilst supposedly preserving the indigenous status of Māori.

The Treaty was signed on February 6, 1840, at Waitangi in the Bay of Islands by forty-three Northland chiefs. The day before there had been a lot of discussion between the chiefs and Pākehā missionaries and British government officials. However the discussions weren't long enough and people had different understandings about what the Treaty meant. Over the next eight months, the Treaty was taken to more than 40 other places and signed by more than 400 Māori chiefs including some women. Both the English and Māori versions of the Treaty have three Articles but the Māori translation is very different from the English version. The result is that the English version and Māori version have different meanings and interpretation.

The first Article in both versions of the Treaty is about sovereignty. The English version states that Māori give up "sovereignty" to the British Crown, which means Māori give all power to the Crown. But the Māori version uses the word "kawanatanga" which does not mean a transfer of power from Māori to the Crown. Kawanatanga means the Crown could set up a government in New Zealand.

The second Article is mostly about the protection of property rights, and "tino rangatiratanga" which means chieftainship. The English version gives Māori control over lands, forests, fisheries and other properties, but the Māori version promises possession and protection of things such as language. The Māori version gives broader rights to Māori in relation to existing properties.

(Taken from 'Living with the Treaty' due to placement: In the Māori version of the Treaty, the Treaty said that "taonga", or treasures, would be protected and kept by Māori. Health is a taonga for Māori.)

The third Article promises Māori the same rights as British citizens.

Because both versions of the Treaty of Waitangi are signed they are both legal documents. However, within a few years of signing many of the rights guaranteed to Māori were ignored, land confiscation, language, political power and economic control, as well as the other rights guaranteed in the Treaty can be linked to the current social position of Māori with the resulting poorer outcomes across nearly all social indicators including health, than other citizens of New Zealand.

### Māori Health

Inequalities in health between population groups are not random. Ethnicity, lower socio-economic status, rurality and gender are strongly linked to differences in health status and largely due to differential access to the social determinants such as education, housing, employment and health services.

Māori have poorer health than other groups in terms of many diseases including heart disease, cancer, diabetes, and respiratory disease. Māori get sicker for longer and are less likely to be sent for special tests. Māori die earlier than Pākehā. This is not just because poverty, or education or employment or where Māori live in New Zealand. Statistics shows Māori have worse health despite any of those factors.

Since the 1970s, the Treaty of Waitangi has re-claimed an important position in New Zealand society, many Acts of Parliament refer to the Treaty and to the principles of the Treaty, three principles are widely known and widely accepted to have broad relevance, particularly in health, and have been useful in progressing the need to improve the health of Māori.

### **The Three main principles of the Treaty of Waitangi are:**

Partnership – working with Māori communities at all levels to develop ways to look after that community's health care,

Participation – involving Māori in all parts of the planning and delivery of healthcare services, and

Protection – working to make sure that Māori have at least the same level of health as non-Māori, and making sure that Māori cultural concepts, values, and practices are included as part of the healthcare.

### **Māori Health**

Culturally competent healthcare practitioners consider Māori needs and values and how Māori would like health care services delivered to them. Providing culturally competent care for Māori means Māori are more likely to go to health practitioners and health services, and follow their treatment plans. Recognising and understanding Māori values can help health practitioners to develop more effective relationship with Māori patients.

Today Māori people are largely urbanised, living and working in the larger towns and cities of New Zealand, and many Māori are living and working in Australia too. Despite this, there are many rural areas of NZ such as the far north and the east coast of the North Island where Māori make up very significant proportions of the population. That means wherever you practice as a health practitioner in New Zealand you are likely to have a client base that includes Māori patients – anything from 6 to 60%.