The Treaty and the Gospel

Pat Snedden and Makareta Tawaroa explain how honouring the Treaty of Waitangi has moulded their whole life's work

Maori health – an authentic path of reform

In 25 years of professional life I have found that adopting a Treaty-based approach to organisational decision-making where appropriate is neither mysterious nor divisive. My approach is simple. We simply set a basic benchmark that the outcome must be better than the status quo and that the benefits should be available to all.

Let me illustrate the point. For the 12 years I have been a business advisor to *Health Care Aotearoa*, a not-for-profit grouping of primary health providers. This network comprises 55 health providers, mostly general practices. Over half the provider organisations are owned and operated by Maori, and offer services to all the general population. The balance of provider membership is under community, Pacific Island and union ownership.

This network was initiated by trade unions. In 1993 the market-driven health reforms based on the implementation of the Gibbs Report (*Unshackling the Hospitals*) were under way, and the unions decided the most effective means of improving access for low-income patients was to form coalitions.

In the event the strategy succeeded, with the union services coalescing with Maori, Pacific and community not-for-profit organisations to represent the interests of those with the greatest difficulty in accessing affordable, quality care. The coalition named their network *Health Care Aotearoa* Inc (HCA), and its provider members now service over 150,000 low-income New Zealanders.

Today this initiative has inspired a huge change in primary health care as the

Government implements its policy of PHOs (or primary health organisations), predicated on a way of targeting health funding called the deprivation index. PHOs are all not-for-profit, have community representation on their governance structures, are funded on a population basis, provide low fees for high-needs patients and have Treaty-based relationships in their governance. The insistence that the people being served must have a say in the policy by which the PHO functions originated from this group's core philosophy.

This is a great example of a grass-roots initiative informing national policy and benefiting the lives of all New Zealanders. But it would not have occurred, had it not been for a quite explicit application of a Treaty-based process.

The most important personal catalyst was Tariana Turia who spoke at the first annual hui. She presented her perspective on health from the standpoint of leading a kaupapa Maori health service, and provided a simple, eloquent and clear account of the elements that constituted good health for Maori. This traversed her personal experience and that of her husband, George.

She covered the tribal history of her hapu and the life experience of being Maori in that small community. It was a spell-binding first-hand account of the world as seen through the eyes of Maori, not as victim, nor as a social drain on the state, but as one person's story representative of a people determined not to relinquish their own authenticity as tangata whenua. It was about health, but not as we knew it.

Pivotal to her explanation were two inescapable truths. There would be no health for Maori without recovery of their *whenua* (land) and recognition of their *rangatiratanga* (ability to exercise their chiefly authority as trustees over their own taonga). If HCA was to be serious about addressing the determinants of Maori ill-health, it needed first to decide its own position on the Treaty. Where did it stand on the issue of affirming and protecting te tino rangatiratanga?

The network response was two-fold. It both affirmed the Treaty and the protection for the rangatiratanga of tangata whenua, whilst at the same celebrating the authentic standing and legitimacy of tauiwi deriving from that same Treaty. From this base it gained a licence to address the matters of health outcomes from a much wider perspective than just the medical intervention strategies. This wider perspective offers a whole-of-life view of health that can be understood just as easily by Pakeha as Maori, even if the language of description is different.

Health Care Aotearoa can claim modest success as a Treaty-based organisation that manages not only to enhance the capacity of its membership to do its business better, but promotes results that benefit all New Zealanders. The Maori dimension, fully enfranchised and engaged with the non-Maori dimension, has created the change in practices and increase in understanding that have charted a successful pathway to success.

It therefore meets the benchmark.

Pat Snedden, an Auckland Catholic, is head of NZ Housing Corporation

A bicultural journey

Ko Aotea te Waka Whanganui te Awa Tongariro te Maunga Kaiwhaiki te Marae Nga Paerangi te Iwi Tihei mauri ora

Makareta Takahia
Tawaroa. I am a Whanganui
Iwi Josephite. I have lived
the last 40 years of my life
as the only Maori Religious
in our Congregation and
it has been a wonderful
experience. Our bicultural
journey began in 1883
when our Foundation
Sisters, Teresa and Aloysius, were
welcomed by the Ngati Hau people of
Hiruharama.

Chapter - Hui 2000

This same journey was given a major boost at our Chapter, Hui 2000. Tikanga Maori values became part of the inner sanctum of our Congregation and Te Reo Maori found a place in our official documents. Short mihi or poroporoaki are included whenever our Sisters speak at tangi and public functions. Both Teresa and Aloysius received lessons from Suzanne Aubert, Foundress of the Compassion Sisters, way back in 1883. The Vision Statements of our two Aged Care Institutions and our Conference and Retreat Centre here in Whanganui, are translated into Te Reo, recognising Te Reo as an official language.

Te Tiriti o Waitangi

Our Congregation Trust Board Constitution's exhort us "to live by the Treaty of Waitangi... I was deeply touched when the Sisters decided to transfer the ownership of a bach house we've owned in a small coastal town, to a hapu who have mana whenua in this area. While full occupation is suspended for another 25 years, a

compromise agreed by both parties, this is a partnership prompted by the sharing of resources and healing of wounds.

Maori Icons

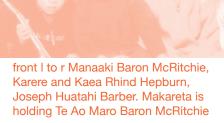
At Mt St Joseph, our hearthplace in Whanganui, there is a framed copy of *Te Tiriti o Waitangi* and of a carving called "Ko Waitangi Ahau" by Professor Hirini Mead hanging in the conference room. These two icons have joined the august company of Julian Tenison Woods and Blessed Mary MacKillop, our Co-founders. In the chapel there is Rakau Korero, a carved talking stick by Master Carver, Dean Flavell which tells the story of our four original Sisters who came to

Whanganui in 1880, represented through the design elements of hai hai, patiki and papamoa.

Powhiri

At Hui 2000 the *Tangata Whenua Liaison Group* was set up. This group has initiated most of the changes and, as a consequence, is often misunderstood. For example, not everyone is happy about the welcoming ritual of Powhiri which is used for certain Congregational occasions. There's a lot of uncertainty about the place and extent of biculturalism within the Congregation's ministry.

In the '80s our Mission Option stated that our commitment was to biculturalism and an indigenous church. It is clear that we all need to listen more deeply to each other and to consult more widely before adopting certain practices, while at the same time, seeking a "blessing" for those areas where consensus may not be possible. Biculturalism will always evoke tension, so the Sisters' concerns are perfectly legitimate. Our Congregation has done things only one



way for so long that it's easy to think it is the only way.

Being Indigenous

Last year we celebrated 125 years of presence in the Whanganui community – mainly the pakeha community. As a Congregation, we still have much to learn about the many and diverse sections of the Maori community. Our own Trust Board Constitution exhorts us to: "live by the principles of indigeneity". In the book "Passion for Christ, Passion for Humanity" by the International Congress on Consecrated Life, it says that "consecrated life will not survive nor fulfil its mission if it is not inculturated in the diverse places and contexts where it exists".

Other Milestones

Looking back over the last 40 years, there have been many other milestones in our Congregation's bicultural journey; working alongside my beloved cousin, the late Piki Takiari who connected rangatahi to their River roots; setting up Te Kainga Wairua, a small training place for mainly women in rangatiratanga principles; turning our extended garage into Te Kura Kaupapa o Atihaunui a Paparangi for several terms; helping to establish Maori health services and the training of Lay Ministers, to name a few.

I now live home here in Kaiwhaiki, part of a project that incorporates both my Kaiwhaiki whanau and a small group of dedicated Sisters, working together to nurture the land, growing kai, establishing an orchard, planting native trees and planning a home for ducks and birds.