BEFORE THE WAITANGI TRIBUNAL

WAI 2575
WAI 2713

IN THE MATTER OF the Treaty of Waitangi Act 1975

AND
IN THE MATTER OF the Health Services and Outcomes Kaupapa Inquiry **(Wai 2575)**

AND
IN THE MATTER OF a claim by Hineraumoa Te Apatu and Kerri Nuku on behalf of Te Rūnanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa **(Wai 2713)**

DONNA

FIRST AFFIDAVIT OF KERRI NUKU

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Dated this 20th day of March 2018

22nd

RECEIVED
Waitangi Tribunal
22 Mar 2018
Ministry of Justice
WELLINGTON

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I, **KERRI NUKU,** solemnly and sincerely ~~swear~~/affirm:

1. My name is Kerri Nuku and I am the Kaiwhakahaere for Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation.

2. As kaiwhakahaere I represent 49,000 members (nurses, midwives, kaimahi hauora and tauira), including 3,500 Māori members.

3. Our organisation is both a professional body and registered union representing our membership who are predominantly an aging female workforce.

4. Māori nurses make up 7% of this workforce, which is insufficient to meet the needs of the Māori communities it serves given the disparity in Māori access to the health system.

Why was the organisation formed?

5. Te Rūnanga o Aotearoa was established in 1984 by the organisation to reflect a commitment to Māori under te Tiriti o Waitangi and to support, encourage and develop a voice for Māori nurses as advocates for Māori populations.

6. At that time there were only a few Māori nurses within the health sector and even less that held senior leadership roles of employment and seniority within the health sector. The Māori health status was being over represented in negative health outcomes.

Ongoing issues of sexism, racism, pay parities and access to advancement

Disparities in Health

7. Māori have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under Article 24.2 of the United Nations Declaration on the Rights of Indigenous Peoples.[1]

[1] United Nations General Assembly. United Nations Declaration on the Rights of Indigenous People: Retrieved on 1/3/16 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.

8. We also acknowledge the rights under te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense, including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.[2]

9. There are well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non-Māori. These inequalities are unacceptable, unjust, unnecessary and unfair.

Lack of proper recognition of te Tiriti o Waitangi

10. The Human Rights Commission (2011) states that an under representation of Māori in the health workforce is structural discrimination. Health Workforce New Zealand, the agency assigned with the nursing workforce planning and strategy on behalf of New Zealand predicted that the percentage of the Māori nursing workforce needed to match the population by 2028 requires an additional 10,209 Māori nurses.

11. Latest government statistics indicate that, of a total of 1,404 nurse graduates applying to November 2016 ACE recruitment only 853 received jobs, of which 71% (156) of the 223 Māori nursing graduates were employed.

12. It is clearly evident that to achieve the 10,209 Māori nurses target by 2028 all Māori nurses need to be employed, and many more need to be recruited, nurtured to enter nursing and have their career progression mapped.

13. Article 20, section 2 of International Labour Organisation 169 states that:

> *Governments shall do everything possible to prevent any discrimination between workers and (b) equal remuneration for work of equal value.*

14. Unless our government implements this, we risk sending these newly trained nurses into the lowest paid jobs.

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[2] Aparangi Tautoko Auahi Kore (ATAK). 2003. *National Māori Tobacco Control Strategy*. Wellington: Aparangi Tautoko Auahi Kore.

15. But without a strategy, resourcing and consultation with Māori nurses this target will never be achieved. It is discrimination of indigenous women by gender and ethnicity. We have had to lodge a complaint with the New Zealand Human Rights Commission to progress this further but will require more resourcing. This complaint relates to pay parity; Māori nurses with the same skills and qualifications are not getting the same recognition as Pākehā nurses. This has been happening since the 1900s with Akenehi Hei. Despite our persistence, there has been no change.

Structural barriers to health

16. Dr Heather Came's research highlights the structural and systemic barriers within the health system, and the racism and inequalities for Māori and Māori health professionals.

17. A key issue that needs to be explored is the different treatment of Māori nurses in the different contexts in which they work. These are the very real reasons why the Māori nurses need to participate at stage 1.

18. There is already sufficient research to assist the Tribunal. We asked Dr Came to assist us with identifying relevant research for this inquiry. Her preliminary thoughts are attached as **Appendix A**.

Pay disparities for Māori and Iwi providers

19. Significant pay disparities, of up to approximately 25% exist for kaimahi (workers) who work in Māori and Iwi providers when contrasted with other parts of the health sector.

20. These pay disparities occur even in cases where staff have the same qualifications and occur despite the ILO article referred to above.

21. However, we have been ignored and excluded from having the discussion specifically about pay parity for those that work in Māori and Iwi providers. No one within the New Zealand government is listening, despite the fact that we have raised this issue numerous times. This is why we have had to take such expensive and dramatic methods.

22. We are the primary advocate for nurses. There is no other group that covers our issues.

23. Those within the District Health Boards have the bargaining power to be able to negotiate wage increases whereas those restricted by the funding, that is, those working in Māori and Iwi providers (which are predominantly Māori women) do not have the same power.

Te Rūnanga has advocated to national and international forums on pay parity issues

24. Te Rūnanga have advocated for a single repository of Māori Health Workforce data in submissions to the Human Rights Commission on the Universal Periodic Review (2013), the United Nations Human Rights Commission on the rights of indigenous people to health (2016) and to the United Nations Permanent Forum on rights of Indigenous people (New York – 2016, 2017). We have most recently made submissions to the UN Committee on the Elimination of Racial Discrimination (2017).

25. We continue to advocate for retention and recruitment of Māori nurses, which is vital for the future health and wellbeing of our whānau, hapū and iwi. Action is required to develop a Māori nursing workforce strategy with further investment, resourcing and vision to achieve this goal.

Whānau Ora, Rongoā Māori and interface with Māori Kaitiaki and Nurses

Training

26. A key concern in the primary health sector that needs to be addressed is the training and retention issues confronting Māori nurses.

27. Training and support is critical for those who work with those who have been labelled our most "vulnerable and who work in remote and isolated communities often don't have the same level of training opportunities due to the difficulties with how funding is distributed.

28. Our participation in problem solving is vital given the important function we play at the coalface.

Cultural Competency Training

29. Regulatory bodies such as the Nursing Council of New Zealand have included cultural safety into nursing scopes of practice. These require nurses to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate the ability to apply the principles of te Tiriti o Waitangi to nursing practice.

30. While most nursing students are educated on inclusive models of health and wellbeing such as Sir Mason Durie's Te Whare Tapa Whā (Ministry of Health, 2009), which places holistic approaches to one's health and wellbeing based on four cornerstones of a whare, it is essential that overseas registered health professionals are required to complete any bicultural training before working with Māori.

Conclusion

31. Stage one of this Tribunal Inquiry into Health Services and outcomes is the opportunity to give Māori nurses a voice, to hear the voices of nurses and hear about the institutional racism and structural discrimination within the health sector.

32. We are currently powerless to make a culture change but participating in stage one of this Inquiry will assist in addressing the disempowerment and conscious bias we face.

33. Nursing is everywhere in the health sector. The Minister of Health says that nursing is the backbone of the system, but nurses are often silenced.

34. We represent a huge membership, over half of which work in the primary health sector. To not allow us to have a voice in stage one will be another instance of our valuable voices being silenced.

~~SWORN~~ / AFFIRMED at: Wellington)

On: 22nd March 2018) Kerri Nuku

Before me:)

A Solicitor of the High Court of New Zealand

Sarah Jane Felicity Eglinton
Solicitor
Wellington