

BEFORE THE WAITANGI TRIBUNAL

WAI 2700

WAI 2713

IN THE MATTER OF

the Treaty of Waitangi Act 1975

AND

IN THE MATTER OF

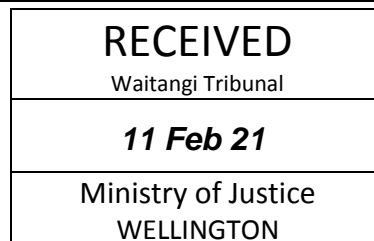
the Mana Wāhine Kaupapa  
Inquiry

AND

IN THE MATTER OF

a claim by **Hineraumoa Te  
Apatu** on behalf of Te Rūnanga o  
Aotearoa Tōpūtanga Tapuhi  
Kaitiaki o Aotearoa (Wai 2713)

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**BRIEF OF EVIDENCE OF NAOMI WAIPOURI****Dated this 10<sup>th</sup> day of February 2021****ANNETTE  
SYKES & Co.**  
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## MAY IT PLEASE THE TRIBUNAL

*“He aha te mea nui o te ao? He tangata, he tangata, he tangata”*

*“What is the most important thing in the world? It is the people, it is the people, it is the people”*

### Introduction

1. Tēnā koutou katoa, tau ana taku manu huia ki te kōtihi o Hinerakei me Tokatoka. E rere māhorahora ngā wai piataata o Pawarenga me Arapaoa. Ko Mamari me Mahuhu-ki-te-Rangi ngā waka tapu o ōku tīpuna. Whati kau ana ngā ngaru o Whangape me Kaipara. Ko Te Uri o Tai me Te Uri o Hau ngā hapū. E tū tōtara ana a Ohaki me Waihaua hei whare whakaruruhau mō ōku iwi a Te Rarawa me Ngati Whatua, ko Naomi Waipouri ahau.
2. I am a nurse in the General Surgical Genecology ward at Hutt Valley District Health Board in Wellington. I studied at Whitireia an institute that offers Māori, Pacifika and mainstream nursing programmes.
3. I chose to study a Bachelor of Nursing Māori under Te Pae Mahutonga which uses a distinct Māori pedagogy that encapsulates whānau, hāpu and iwi ways of knowing. This programme draws on both Māori and tauiwi body of knowledge that enhances learning and contributes to the graduate being competent and safe to practice in their communities and communities around the world. There are five principles that provide the philosophical foundation for the curriculum framework Te Pae Mahutonga. These principles are referred to as Te Papa and these are: Kaitiakitanga, Manaakitanga, Pūkengatanga, Rangātiratanga and Whānaungātanga. Te Papa is inextricably linked to one another and ensures that all aspects of the programme, the delivery, teaching styles, content, assessments and support structures all reflect the world through Māori eyes.

4. Te Pae Māhutonga was the aid used by our ancestors to navigate across vast oceans to various destinations and the final landing place for our tupuna, Aotearoa. There are two stars arranged in a straight line which point towards the crossstars they are known as Ngā Manukura and Te Mana Whakahaere. Te Pae Māhutonga has served as a guide for successive generations and was a symbol of bringing together the significant components of hauora. The four central stars represent the four key elements of attaining hauora, these being mauriora, waiora, toiora, and te oranga.<sup>1</sup>
  
5. Te Pae Māhutonga is a recognised Māori health model that was authored by Tā Mason Durie. The foundations of this model have the underpinnings of traditional Māori mātauranga with connection to constellations which guided the everyday lives of our tupuna, much the same as Matariki, tupu-a-knuku, tupu-a-rangi and many other stars. The core principles of Te Pae Mahūtonga are;
  - a. Mauriora which represents the importance of securing one's cultural identity;
  - b. Waiora relates to the relationship between the person and his/her surrounding environment;
  - c. Toiora represents healthy lifestyles and principally encompasses the wellness approach;
  - d. Te Oranga recognises the important influence that society has on health and the need for Māori to be able to enhance their levels of wellbeing by increasing their extent of participation in society;
  - e. Ngā Manukura represents the role of leadership; and
  - f. Te Mana Whakahaere relates to autonomy and the care which is needed to enhance the capacity for self-governance throughout all levels of society
  
6. Te Pae Māhutonga within the BN Maori programme is used as a metaphor to articulate the role and function of the nurse, the role of the client (includes community) and the health experience and thirdly the learning that evolves

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<sup>1</sup> M. Durie, Te Pae Māhutonga: A Model for Māori Health Promotion (1999).

from this relationship that is iwi Māori and conventional knowledge. This adds value to the overall body of knowledge that produces graduates who will be work ready to take their place in the nursing arena. This is why I made the conscious decision to undertake my studies at Whitireia under Te Pae Māhutonga.

## **MY JOURNEY UNDER TE PAE MĀHUTONGA**

7. One of the first things we are told as trainee Māori nurses under Ta Pae Māhutonga: is that we are already a nurses, and that our ancestors have done this for years, all we are doing is becoming a recognised as a “qualified” nurse. We are told that our people have been birthing their own babies since time immemorial and we are natural born carers. This is something I have always held steadfast to in my nursing practice.
8. In my first year under Te Pae Mahutonga, we were taught to learn about our whakapapa so that we understood who we are, where we came from before. We were also taught whakapapa in the context of our nursing mahi for example, the patients we treat, the treatment we provide our pepī, whānau our patients and their whānau as well. We are also taught about the intangible manifestation of treatment, things such as wairuatanga and ahuatanga in which we carry as nurses. We were also taught that treatment effects not only the patient but also the whānau of that patient.
9. In my second year, there was a strict focus on practice capability in relation to pepī, tamariki and their whānau with an emphasis on community settings. We are also taught about mental health, mental illness and the health issues for people with a disability and are able expand our nursing assessments and intervention skills. In our final year, allows us as tapuhi/beginner practitioners to utilise the skills we accumulate in our kete and begin to transition confidently between Māori communities and mainstream health care services.
10. This I believe, is what sets Māori specific trained nurses apart from mainstream nursing. We have a special touch, a holistic Te Ao Māori

approach when we work with patients. My training gave me a real sense of purpose and has made my interactions with patients easier because I approach them with depth and cultural understanding which adds to my clinical treatment skills. I am able to think more critically and holistically when it comes to treating patients which allows me to flow in my mahi.

11. After finishing my training at Whitireia, I went to Hastings and did first year at Hawkes Bay District Health Board where I was a nurse in the general surgical Vascular ward, I then decided to move back to Wellington and join Hutt Valley District Health Board in the General Surgical Gynaecology ward.
12. There is a generic, “checkbox” approach taken by mainstream nurses when it comes to tikanga and treating Māori patients. The generic understanding of tikanga by the mainstream include things such as not touching patients heads without asking and not putting urinals on the table for example. However, tikanga goes further than this. I have found in practice that if tikanga protocols are not set out in a standardised format then mainstream nurses will push back against applying tikanga and Kaupapa Māori practices which are actually holistic ways of being and applies in all contexts and manifests in many ways. An example of this is when a Māori patient dies, I always put a bowl outside of the room to allow whānau to cleanse themselves and I also offer patients their own private space to allow whānau during non-visiting hours to be in a safe place where they can whakawhanaungatanga and connect.

### **MY NURSING TRAINING IN PRACTICE**

13. I am one of only three Māori nurses on my ward to which we have no Māori nurses in management on my ward. We used to have a Māori educator on our ward but she left. I recall her always fighting for us, in particular, for us to be able to express our Māoritanga on the ward. She was often caught in a bind when trying to get non-Māori nurses to understand their obligations to the Treaty and tikanga holistically and would often be met with resistance.
14. In the gynecology ward we have sadly dealt with a lot of young Māori wāhine who have had miscarriages many as a result of domestic violence by their

partner. In those circumstances I always try to provide support to these wāhine by making contact with the Māori health unit and the Police. For those wāhine who miscarry I always try to ensure their babies are put into kete rather than just a container and ensure as much as possible to provide a care plan that accords with tikanga Māori.

15. During the Covid lockdown period there was a real dissonance of tikanga by non-Māori nurses, in particular whanaungatanga. Māori wāhine who were dealing with miscarriages or a loss of a child were denied whānau support. The imposition of a strict no whānau policy meant whānau of patients could not go up to the ward. It was really shocking that we had to tono for the right to have whānau support. There were inconsistencies in the implementation of this no whānau policy when it came to Pākeha whānau as I saw Pākeha whānau being able to see their palliative whānau whereas Māori whānau had to really fight to be able to see their whānau members or were otherwise denied access.
16. Another contrast in treatment, is that of patients who are in gangs or associated with gangs. The approach taken is to lockdown the ward or otherwise increase security. Māori nurses are always assigned to gang patients, which I personally don't mind because I work well with them. However, one has to wonder why they put us with the gang patients, is to protect the Pākeha nurses? Is it because we are not worthy of protection either?
17. As many tikanga principles are not capable of being put into a standardised framework many non-Māori nurses refuse to incorporate it in their everyday practice. Often enough, tikanga is viewed as frivolous and unnecessary by non-Māori. I had an encounter with a tauiwī nurse who said “why should have to learn this when she has to put her culture aside”. I said to her, “you shouldn't have to put your culture, you should talk to management because they need to protect you and your cultural difference too”.

18. I wish to highlight the Government's obligation under Te Tiriti o Waitangi, to protect the rights of Tangata Whenua to receive the same attention as Tauwi (non-Māori) under British citizenship.
19. The nursing profession has been faced with an ongoing challenging situation where there has been a spike in bullying, hate speech, racism, and verbal attacks towards Māori nurses and Māori members of the public perpetuated by nurses on social media. Nurses are responsible for maintaining the same standards of professional behaviour in social and electronic media as they would when communicating face to face.

### **SOCIAL MEDIA: A PLATFORM FOR NURSES TO BULLY EACH OTHER**

20. A Taranaki nurse's registration being cancelled for her racist comments on Facebook, where the Health Practitioner's Disciplinary Tribunal found her guilty on two charges, amounting to professional misconduct. Her Facebook comments were highly offensive, derogatory to Māori and inappropriate for a nurse on a social media platform. In a statement to Kaitiaki Nursing New Zealand, Catherine Byrne (Chief Executive/Registrar of the Nursing Council) said that it was an issue of public safety and unacceptable. Furthermore, the Nursing Council publicly announced that racism is not tolerated by the Nursing Council and that matters of racism are taken very seriously.
21. There has been a spike in online bullying following the public resignation of the former president of the New Zealand Nurses Organisation, Grant Brookes. Mr Brookes announced his resignation on Facebook in April 2020. His resignation statement was shared to multiple nursing groups on Facebook. These groups included the 'NZNO Members and Supporters group', 'NZNO Members Action Group', 'New Zealand, Please Hear our Voices' and the 'Grant Brookes – Nurse, Trade Unionist & NZNO Past President' Facebook page. Following this announcement, there have been several recurring posts on these pages that include comments of hate speech against Māori and activity regarding racial supremacy. Since his resignation as NZNO President, Mr Brookes:

- a. has caused immense and unnecessary anguish and anxiety and focused the spotlight on his own personal gripes within NZNO.
  - b. has shown that he is a disgruntled ex-employee of NZNO trying to take down a professional organisation, its leaders, and members.
  - c. has been a catalyst for division and has caused anger, frustration and embarrassment to the organisation and profession. Mr Brookes encourages the continuous divide by posting wild and false accusations, desperate allegations, and misinformation.
  - d. makes desperate alterations using inappropriate propaganda that incites and provokes continuous discussions with like-minded destructive people who explain and condone this type of bullying and inappropriate behaviour.
  - e. does not listen to members when they say enough is enough but controls the narrative by removing comments and/or blocking members who challenges or have opposing ideologies or who support Māori.
  - f. advocates for biculturalism yet is the very person oppressing the voices of Māori, attempts to play Māori against Māori, shifts the blame towards Māori and suggests he knows what is best for Māori.
22. Mr Brookes' intentionally incites hate speech and bullying and is directly involved in initiating the following:
- a. Comments of hate speech against Māori and activity regarding racial supremacy. Such comments are being made by health care professionals and fake profiles.
  - b. Racist behaviour and bullying, unprofessionalism and name calling. Examples include: "Idiots", "No fringe crackpots", "Morons", "Blood sucking parasites", "All animals are equal, some more than others", "Greedy fat pigs" – referring to Māori, "Māori history is highly diluted with fabricated fantasy story. You can read it as a bedtime story", "Delusional Māori puppet"



- c. Death threats: “You can kill those blood sucking parasites (Kerri and Te Poari) of the union” and “Let’s kill the captain Kerri ASAP”
23. The concern here is evident. There is a trend that whenever our Māori nurse leaders make public comments/statements or are acknowledged, Mr Brookes and his followers attempt to compromise their mana and integrity by inciting racist attacks and making misleading, outrageous and unsubstantiated statements. An example of this was his social media comments following the appointment of the NZNO Vice-President, Tracey Morgan, who is the first wahine Māori to hold this title, and media comments from Kaiwhakahaere in relation to political party health policies making little difference to Māori health, and expressing disappointment in the two major party leaders not knowing the starting salary of nurse’s despite repeated strikes for better pay.

#### **TE ORANGA O TE WĀHINE**

24. Social Media has become a toxic and divisive tool utilised by many pākeha registered nurses to perpetrate racist narratives against Māori nurses. This toxic and often blatantly racist behaviour from pākeha nurses’ manifests as a re-surfacing of former colonial rhetoric and legislation, that of course, once prohibited Māori from practicing nursing. Extinguishing traditional ways of caring for our people was as deliberate as it was then to how it is now. Naturally, this behaviour has a profound impact on Māori nursing practitioners ahutanga and wairuatanga which has a flow on affect to our patients and the care that we can give to them.
25. The collision between my training and the experiences I have had in my everyday work environment and externally has been a struggle to say the least. These issues speak to a lack of understanding of tikanga which is to the detriment of Māori nurses and the nursing profession entirely which means we are deprived of our right to provide Māori specific and culturally competent services.
26. I am saddened that the mātauranga and teachings of my tupuna regarding hauora for our whānaunga has not flowed through to me. However, I am committed to having their mātauranga and tikanga which encompasses all

traditional narratives around hauora acknowledged in nursing practices. I believe this is an obligation of Te Tiriti o Waitangi, as mātauranga in relation to hauora is a taonga, and more needs to be done to effect meaningful incorporation of tikanga to the nursing profession.



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**Naomi Waipouri**