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)

BRIEF OF EVIDENCE OF TRACY HADDON

Dated this 10th day of February 2021

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MAY IT PLEASE THE TRIBUNAL

Ko Whiria me Puhanga Tohora ngā maunga

Ko Ngatokimatawhaorua te waka

Ko Hokianga te moana, Ko Taheke te awa

Ko Te Whakarongotai, Taheke me Mahuri ōku marae

Ko Ngai Tu, Ngāti Ue, Ngati Whārara, Nga Pakau Ngā Hapū

Ko Ngāpuhi te iwi

1. Tēnā Koutou, my name is Tracy Deborah Haddon (Te Whata). I am a registered nurse at MidCentral District Health Board, I hold a post-graduate diploma in Health Service Management and in Quality Systems. Last year, I completed a Master of Business Studies (Management) at Massey University which is currently being graded. I currently work in an inaugral role at MidCentral District Health Board as the Quality and Service Improvement Manager Māori and have been employeed in this role since 2016.

2. This Brief of evidence will explore the history of mainstream nursing in Aotearoa New Zealand and how it was implemented at the expense of Māori matauranga in relation to concepts of hauora and manakitanga (caring for others). Mainstream nursing has been instrumental in the subjugation of tikanga Māori in the context of modern day nursing. The experiences of Māori nurses and practitioners is undoubtedly linked to the inception of colonisation. Colonisation and mainstream nursing still dictates how nursing is delivered in Aotearoa. This has sidelined Māori cultural values and health models within nursing which has had a natural flow on effect on nursing practices for Māori nurses and the provision of care to Māori patients.

3. I have always had a natural affinity to care for others and my whānau. I was a ward of the state until 18 years old. As a kid I always took care of animals and wanted to help my whānau when they were hurt. My mum worked in a nursing home and I often went along with her to help her at work. In doing

this, it gave me first hand experience with understanding the needs of patients and how and no-one patient is the same as the next.

4. In 1990, when I was in intermediate it became particularly apparent that I wanted to be a nurse after seeing the care that my dad recieved in Taupo and Waikato hospital. My whānau including my dad were involved in a serious car accident which left him tetriplegic. This changed the way our whānau cared for him and meant that we relied a great deal on nurses and other health professionals who also had other ideas and realities and were not often a good fit for our whānau. My whānau including my older sister and my brothers and myself would take over the care to ensure our father and our whānau got what we needed and when we needed it.

5. My education was varied as I went to several schools including Palmerston North Girls High School, Awatapu College and Kaitaia College for form three and then half way through form 4 I attended Saint Peters College for the rest of my high school. In 1997, I started my Nursing studies at Manawatu Polytechnic, which was a great little place to study despite me being the last intake at that polytech before it changed to UCOL. This was the first time that I had realised how much of a minority I was within a tertiary system. Perhaps ten of us pepper potted across the course. I have always worked for MidCentral District Health Board trainined there as a student nurse and then hired there as an intern before being registered. I felt a strong pull to go into theatre nursing to which I did for about 15 years. I never went into nursing for money, it has always been about taking care of others.

THE HISTORY OF NEW ZEALAND NURSING

6. Māori health has been undervalued since the early 1800s. The 1907 Tōhunga Suppression Act suppressed, colonised, and assimilated indigenous systems of healing. Tōhunga were discredited by implying they were frauds. Parallel to this was the Quackery Prevention Act 1908. The government tried to regulate medication and stated that there was no sale or promotion or medicine preparation allowed in New Zealand. The Tōhunga Suppression Act 1907 grew out of Western ideology that tōhunga lacked training. Rongoā

Māori was seen as unsafe. The Act undermined the value of Māori medicine and rongoā. Tōhunga or experts and the dynamic range of methods used as practitioners range from rongoa, mirimiri, reciting karakia (prayers or incantations), and using wai to make infusions for cleansing. The knowledge and skills as traditional healers in a symbiotic relationship with the taiao (environment) were forced underground and tōhunga were prosecuted. Rongōa Māori practice embedded in tikanga and culture, at one with the taiao, and understood by whānau, hāpu and Iwi only became spoken about within Māori communities and compromised what Māori were promised under article 2 of Te Tiriti o Waitangi:[1]

> 'Whereas designing persons, commonly known as tōhunga, practice on the superstition and credulity of the Māori people by pretending to possess supernatural powers in the treatment and cure of disease, the foretelling of future events, and otherwise, and thereby induce the Māoris to neglect their proper occupations and gather into meetings where their substance is consumed, and their minds are unsettled, to the injury of themselves and to the evil example of the Māori people.'

7. Sir George Grey-met Nightingale was the governor of Cape Colony, southern Africa in 1859. Having also spent time as the governor of New Zealand, he became concerned about the decline in Māori population numbers. Hence, he was the first to suggest charts to capture the mortality rate for Māori. Data specific to New Zealand's was not previously captured. However, the data being captured on a global scale showed that approximately twice as many 'native' children were dying compared to non-Māori.[2]

8. Florence Nightingale was born, into a wealthy and well-connected British family at the Villa Colombaia, in Florence, Tuscany, Italy, and was named after the city of her birth. She came from a Eurocentric culture and was what people considered to be social reformer which were people who were brought into that brought about changes in the structure and processes of the society.

[1] Haddon at 15.
[2] Haddon at 16.

Meanwhile, Florence Nightingale was being praised for her contribution to modern-day nursing. Her charts and data collection techniques are evident in modern-day run charts used in health care today. Nightingale wanted the aboriginal or native children to be "civilized."

9. The scholarly writings of Florence Nightingale during the Crimean War (1853-1856), were deemed instrumental to hospital nursing reforms and the establishment of what was identified as the Nightingale system of nursing education. This system significantly influenced the development of a nursing workforce in many countries.

10. New Zealand nursing was established and seen as an acceptable occupation for young women to enter particualrly during the late 1800s. The 1880s and 1890s, saw broad reforms in hospitals around Aotearoa New Zealand due to the influence of senior medical staff. They 'recognised and argued for the benefit of female nurses trained in the Nightingale system'. Subsequent to these reforms hospitals began recruiting senior nurses from Britain and Australia, who were qualified within this system, to become their matrons and start schools of nursing. Researchers in the health space[3], say "it was a desire that nurses be seen on a par with nurses from the 'mother country, i.e. England'. The adoption of a British style of nursing was adopted within Aotearoa due to the influence of Florence Nightingale.[4]

11. Māori were required to adapt to Western ways to enjoy the advantages of western science and medicine. There was no sensitivity to the cost or the pace of change. "NZ was strongly influenced by Nightingale traditions of hygiene, cleanliness and impeccable comportment so that nursing recruits were disciplined and moral women." Florence Nightingale was only concerned with the practical questions for people who usually went without, such as, "recognizing that rain runs off naked skin quickly and people can dry themselves easily at a fire, while with clothes on they are chilled and vulnerable to pulmonary disease".[5]

[3]Haddon 2020 at 16.
[4] Haddon 2020 at 17.
[5] Haddon 2020 at 16.

THE DEVELOPMENT OF MĀORI NURSING

12. Māori wāhine were seen as the connection to Papatūānuku, the creators and givers of life to new generations of whakapapa. This whakapapa includes the transfer of knowledge and skills, such as teaching around hauora to next generations. Hence, it was the birthright of wāhine Māori to ensure the health and wellbeing of those they cared for. Due to the introduction of formal policies, such as the Nurses Registration Act 1901, the mana of wāhine to care for their whānau within rural communities was no longer recognised and in the eyes of the law they were now considered unskilled and non-registered. New Zealand saw the marginalisation of Māori women with these belief systems, and European-induced health problems brought Māori population numbers to near extinction.[6]

13. In the early 1900s, the Nurses Registration Act of 1901 only used the female pronoun, stating, "Such register shall show the name and address and qualifications of each nurse entered therein, and where and when she was trained".[7] Training and education was undertaken within designated hospitals, and a medical officer led nursing practice. Consequently, nursing registrations excluded Māori whānau as they were deemed unfit for service. The Nursing Council used this process as a way of 'weeding out the unfit' which led to Māori women omitting their Māori names when registering as nurses.[8]

14. The earliest identified Māori nurse to register was Marion (Mereana) Hattaway (née Mereana Tangata, and sometimes anglicised to Marion/Marianne/Mary Ann Leonard). She was from Peria in the Far North and registered as a nurse around 1896. This was twelve years before Akenehi Hei who registered in 1908 and was the first nurse who identified herself as Māori Often, we only acknowledge the courage and strength of Akenehi Hei,

[6] (Haddon, 2020).
[7] Haddon, 2020 at 11.
[8] Haddon, 2020 at 11.

who was openly Māori on her registration. To this day, her words are remembered, which stated:[9]

> *"The suspicions natural to my people (especially the old ones) against European doctors and nurses do not exist against me. However, it is also essential to acknowledge that to value Māori nurses; there needs to be acknowledgment of Mereana Tangata as the first known registered nurse. This needs to be accurately reflected in nursing history. In a time where women could not vote, had no voice, and were unable to openly register as Māori, Mereana also demonstrated courage and the ability to step forward as a Māori wāhine to take up the nursing profession".*

15. Māori women have always been active in advocating for health reforms. For example, in 1929, Māori Women's Institutes were established in rural areas, with health committees formed from the mid-1930s onwards. These soon became branches of the Women's Health League, or WHL, or Māori Women's Health League which later became Te Rōpu Wāhine Māori Toko i te Ora (Maori Women's Welfare League Inc. -MWWL). As a result, these groups of women represented powerful embodiments of Māori women's conceptions of rangātiratanga and have been a bastion for advocacy for wāhine Māori since its inception.

MY ROLE AS A QUALITY SERVICE IMPROVEMENT MANAGER

16. He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori. He Korowai Oranga centres Whānau Ora (healthy families), Wai Ora (healthy environments), Mauri Ora (healthy individuals) to achieve its overall goal of pae ora (healthy futures for Māori). Being successful in implementing this strategy requires significant work at all levels of the health system and within hospitals and health provider services. In 2020 Whakmaua: Māori Health Action Plan 2020-2025 was introduced.

17. My role as the Quality and Service Improvement Manager Māori at MidCentral DHB came off the back of a review report of MidCentral DHB produced in 2014 by Taima Campbell. This report provided a series of

[9] Haddon, 2020 at 11-12.

recommendations which included the urgent need for a clinical nurse manger, quality service improvement manager and operations management role.

18. It is important to acknowledge that bicultural quality improvement methodologies are not well used or understood. Lean and Six Sigma methodologies are used which have experienced mixed success in NZ healthcare from the point of view of NZ's bicultural context. There is a lack of integration of Te Tiriti o Waitangi articles within quality and assurance and continuous improvement programs. That methodologies used are from a non-indigenous perspective. These improvement methodologies lack an integrated approach that utilised indigenous models of care and strategies. Cultural dimensions of lean are also through a masculinity lens and the American models of quality were often individualistic in approach.

19. My definition I have created and how I define Whakapai ake I te Kounga Tikanga Rua –Bicultural Quality improvement is "'A systematic approach utilising tikanga and Māori worldviews to redesign and co-create strategies, policies, models of care and frameworks focused on accountability to Te Tiriti o Waitangi. A whānau centred focus leads and develops the aspirations for Pae Ora (healthy futures) as well as addresses whānau ora outcomes. A Māori centred framework is a partnership approach that facilitates, whānau centred systems and performance outcomes while ensuring that the systems being adapted involve whānau, hapū and iwi within the system schema'.

20. My role is across the life span of nursing practice within the DHB, I am involved directly in the integration and development of tikanga strategies, policies, workforce, redevelopment of services, integration of Māori health equity and models of practice across the DHB and I seek to implement clinical and cultural best practice. My role isn't focused on educating however, there is a need to educate to create an understanding of what this looks like from a Māori worldview. In my current role I encourage and create system changes for whānau.

21. I have been supported by my managers and my team to continue to partner with nursing and midwifery. I am always advocating and creating opportunites for Māori nurses and work with my team to ensure Māori nurses are culturally safe within their work environment and supported as tauira. I am a change agent and I seek to create different pathways for Māori nurses. I still work on the ground with other nurses which I believe keeps me in touch nursing pratice. I often lead or am a member of multiple projects working with teams looking at how euro-centric models can be exchanged for what we define as cultural evidence based practice such as Māori specific models such as Te Whare Tapa Wha and or a Bicultural Model of Practice that we developed in 2018. I also work with whānau who have complaints and Serious Adverse Events (SAE) such as death. As a Family liasion we use whakatau taumahatanga process to help with resolution for whānau. It is important for me to acknowledge that I work within a Māori health directorate who have a responsibility both operationally and clinicially for whānau and we are supported by tikanga and cultural facilitors and an active mangai kāumātua rōpu.

22. I have always struggled to see my pathway as a nurse and realised that there were limited opportunities to advance my career as I could see no Maori in Leadership positions. I am committed to providing our next generation of Māori nurses with opportunities that I never had and many Māori nurses before me never had. I am dedicated to making genuine change so that we see adequate recognition of tikanga Māori across nursing practices in order to see equity across the board in terms of pay parity and career progression. Unfortunately, I still see many decision makers within our health system struggle to understand what true equity and the necessity for it. This inevtiably creates a lot of polarisation between Māori nurses and pākeha nurses

THE INEQUITIES THAT EXIST TODAY

23. There is still a significant drive to recruit staff from overseas which takes away from Māori nurses being given opportunities to advance to which you must have appropriate post-graduate qualifications to advance.

24. I have provided advice to inform the Masters in Clinical Practice and also restructuring the nursing curiculum through a workshop with Nursing Council. Specifically, I would talk to how we need to integrate tikanga Māori right across nursing practice, rather than just in one paper and also identify opportunities that I was aware of to help advance the health and well-being of whānau. However, the Nursing Council had integrated most of our recommendations. I was at the very last of these consultations. When talking to others who had consulted my understanding was that recents consultation document for the recent curriculum restructure and the aspiration for nursing and whānau never took on board alot of the recommendations even after consulting the likes of Te Ao Maramatanga and other professionals like myself that work in this space. I believe it shows how despite best efforts tikanga Māori in nursing practice is sidelined which is detrimental to generations of future nurses and the health and well-being of whānau.

BARRIERS IN NURSING

25. I often felt restricted in my work as a Māori theatre nurse particularly in being able to have my culture recognised. Theatre was a difficult space traverse particularly when trying to incite change. An example of this, is a time when I had to ring our union delegate to get excused for whānau tangihanga or unveilings I was often felt it was because I came from a big whānau and when my sister and mother passed away. I had a responsibility to my whānau. This kind of attitude did not hold me back from being able to support my whānau and be able to be unapologetically Māori. I do feel that it holted my opportunites to advance within my profession and being offered leadership opportunities.

26. If you want to become a Registered Nurse later in life, there is a 18–24 month limit on Studylink funding which prevents adult learners which is a barrier for many Māori nurses and Māori midwives who choose to have families while they are young.

27. I once sought a promotion to become a charge nurse however I was met with significant challenges. I felt my qualifications were 'insufficient' needless to mention I had 14 years experience and a unique point of difference in that I had bi-cultural lens on nursing practice. When I was employed into the role of Quality and Service Improvement Manager Māori I was challenged again around my skillset and my knowledge even though I had – had experience and institutional knowledge. I therefore pursued my second post graduate diploma. As Māori we are always having to work harder or prove ourselves to advance professionally. I have paid for most of my study except when I was supported in my new role. This also means our whānau are disadvantaged financially due to having a student loan. Having a tohu enable me to have a different conversation at the table. It does not have the ability to acknowledge my understanding of tikanga and whānau nor clinical and cultural best practice.

28. It is exceptionally hard to recruit Māori midwives in this space. This is due to the culturally unsafe environment many midwives are forced to work within, in particular exclusion of traditional Māori methods of birthing. There is only one Māori nurse who is an Executive Director of Nursing. That I am aware of and one Associate Director of Nursing Māori. I wanted to initially go for RN as First Surgical Assist or advance into Charge Nurse roles. I was constantly questioned as to why I wanted to pursue certain career options. I decided I did not want that I am supported to be Māori and practice as Māori within my directorate by Māori managers an aspiration I want for all Māori working with whānau especially my nursing whānau.

Tracy Haddon