

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 MOANA TEIHO****Dated this 11<sup>th</sup> day of February 2021**

RECEIVED

Waitangi Tribunal

**11 Feb 21**Ministry of Justice  
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## **MAY IT PLEASE THE TRIBUNAL**

### **INTRODUCTION**

Tēnā koutou katoa,

Ki te taha taku papa,

ko Panguru te Maunga,

ko whakarapa te Awa,

ko Ngatokimatawhaorua te waka,

ko Mangamuka raua ko Waimirirangi nga Marae,

ko Panguru te hapu,

ko Te Rarawa te Iwi.

Ko Robert Samson taku papa.

Ki te taha taku mama,

ko Papaeete raua ko Atiu me Mangaia nga hapu,

Ko Tahiti raua ko Cook Islands nga Iwi. Ko Ngatokorua Heke nee Teiho taku Mama

Ko Moana Teiho ahau.

1. I am a mother of seven children and ten mokopuna. I left college at 13yrs old with no formal secondary school qualifications. In 2007 I graduated with a Bachelor of Health Science/Nursing degree (BHScN). I completed the NETP programme in 2008 with a Certificate in Advanced Clinical Nursing and Assessment skills as a new graduate paediatric nurse on a medical specialties ward at ADHB. I have where I remained for seven years. During that time I also worked as a sole practise nurse at Manurewa Marae, Institute during my time at the Marae clinic that I met and worked with Traditional Maori Rongoa services i.e – Mirimiri, Romiromi, Matekite, Sujok accupunture and more, it was also the catalyst for my spiritual learning journey as a healer through rongoa mirimiri and matekite.

2. Today, I am able to integrate my spiritual education into my nursing practice. I now work for an Iwi provider in Te Taitokerau where I have worked as a whanau ora team leader in community home support and residential care, assessing, advocating for clients, I later went to Tamariki Ora as a well-child nurse for three years and now a community heart care nurse, I have been with the current Iwi provider for seven years.
3. This brief of evidence is to support the claim made by Te Rūnanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa.
4. The scope of my evidence will address the following:
  - a. The traditional values and principles that informed the exercise of Mana wahine pre colonisation;
  - b. The Māori health model that aims to look at the holistic wellbeing of a person; and
  - c. Examples within my practice that highlights the inadequate care provided to wahine Māori and their whānau through the mainstream healthcare system.

### **Mana Wāhine**

5. The exercise of Mana Wāhine pre colonisation was guided by our traditional values, principles and practices. This was also the case with regards to how our Traditional Māori healers were trained and operated. It is clear that Māori view health in a holistic way, incorporating spiritual, psychological, physical and family aspects. These fundamental beliefs are still relevant today.

### *Traditional teachings*

6. Spiritual understandings are central to the practice of Rongoa Māori and can be seen as underpinning much of the practices with respect to traditional medicine and healing in Te Ao Māori.
7. Rongoā derives from the roles of Tāne (God of the Forest) and Hine Te Wāo Nui (Goddess of the Forest). Tane is reputed to have retrieved the three

baskets of knowledge from Io (God) so as to have mātauranga from which to guide Māori in the physical world and to ensure their ways of life were able to be sustained. Hine Te Wāo Nui is reputed to carry the knowledge of those tipua that roam the earth.

8. Our earliest creation stories emphasise that human beings like our whanaunga that walk the earth such as creatures of the forest like the birds that live there, the trees and plants that are sustained by the world of Tane. Rongoā rākau is then a significant tool in the practices of healing to enable the balance to be preserved for the mutual survival of these beings and their kin.
9. To really learn rongoā, people have to become a part of the world of Te Wāo nui o Tāne me Hine Te Wāo nui and be very aware of the intimate relationships that are sustained there because of the balance between those spiritual realms.
10. I cannot emphasise enough the need to become connected and immersed in the ways of the forests, learning about a relationship far beyond the physical elements of the trees and plants but the interconnectedness of the roots and vines that clothe Papatūānuku and the spiritual dimension that protects that balance. The healer must become immersed in these ancient spiritual teachings while becoming a vessel to achieve the healing which requires significant years of learning around whakapapa; plant life and other species.
11. Māori used a range of traditional methods to deal with illness. Plants such as kawakawa, harakeke (flax), kōwhai and mānuka were all important for healing, and so was a belief in the spiritual causes of illness. Illness was often seen as spiritually based. Māori saw themselves as guardians of the earth, and the focus of their existence was to remain at one with the natural (and supernatural) world. Rather than a medical problem, sickness was often viewed as a symptom of disharmony with nature and so those tasked with the obligation of ensuring well-being were often skilled specialist knowledge keepers in a wide range of matters.
12. Illnesses were divided into mate atua (diseases of the gods) and mate tangata (whose symptoms were more clearly due to physical causes). Mate atua were

often attributed to attacks by malevolent spirits, because the person had broken a tapu (religious restriction) – for instance, if they took food from a river where someone had died, or took a stick from a tree that had held their ancestor's bones, and placed it on a cooking fire.

13. Tohungatanga is the discipline of traditional healing and its practitioners. In early Māori history, Tohunga were seen as the earthly medium of the controlling spirits and influenced all aspects of life. Illness was viewed as a symptom of disharmony with nature. If a person was sick, the Tohunga would first determine what imbalance had occurred, before the illness could then be treated both spiritually and physically.
14. When European settlers came to New Zealand, they brought with them new diseases, modifying the environment and changing the disease ecology of the country. This caused significant mortality among Māori from influenza, measles, whooping cough and dysentery. The Māori population continued to decline into the early 1900s until the situation was reversed partly due to health reforms including building latrines, destroying unsanitary dwellings and establishing Māori health nurses.

#### *Tohunga Suppression Act 1907*

15. The Tohunga Suppression Act grew out of concern of the practice of "rogue" Tohunga who lacked the training and integrity of traditional Tohunga. Rongoā Māori was seen as unsafe and an impediment to Māori progress by the medical fraternity. The main consequence of the Tohunga Suppression Act was that it pushed the practice of Rongoā Māori underground. Identities of Tohunga were kept secret and matters of Rongoā were never discussed outside of Māori communities.

#### **Māori health model**

16. Te whare tapa whā is a model of the 4 dimensions of wellbeing developed by Sir Mason Durie in 1984 to provide a Māori perspective on health. The 4 dimensions are:

- a. taha tinana (physical wellbeing);
  - b. taha hinengaro (mental wellbeing);
  - c. taha wairua (spiritual wellbeing); and
  - d. taha whānau (family wellbeing).
17. With 4 walls, the wharenuī (meeting house) is a symbol of these 4 dimensions. The wharenuī's connection with the whenua (land) forms the foundation for the other 4 dimensions.
  18. With its strong foundations and four equal sides, the symbol of the wharenuī illustrates the four dimensions of Māori well-being. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.
  19. For many Māori, modern health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness. It is perceived that conventional health services are focused on treating a person's physical health but may not always address other aspects. There may also be geographical, financial or cultural barriers to accessing mainstream healthcare for some people.
  20. My evidence will now move to consider some examples of inadequate care provided to wāhine Māori through the mainstream healthcare system which have negatively affected Māori women and their whānau.
  21. In part, the examples highlight the failure of the mainstream health services fails to take account of the holistic approach (te whare tapawhā) advocated for in a Māori World view. They also illustrate how a state of imbalance for both the person and the collective from which an individual is drawn can cause harm in the health realm.

### **Example 1**

22. The first example involves a young Māori teenage girl who suffered head trauma causing severe brain Injury. Despite this, she was not admitted to a ward for monitoring. As well as this, there was no referral for brain injury support.
23. While the child was in care, she removed her IV Line which caused profuse bleeding. Unfortunately, she did this after waiting hours and had to wait significant periods to have it removed. As a result, the whānau became frustrated at the level of care provided and anger escalated. It was almost like the various players in the scenario were disconnected from each other.
24. This is an example of how through a number of simple communication problems and disconnection the levels of care provided to this young Māori wahine placed her and her whānau at risk.
25. The modern healthcare services failed to take care of all dimensions of her health. As a result, the impacts on her and her whānau were major. The whānau and young wahine felt vulnerable with no support for a significant brain injury. The health practitioners were frustrated by a family who failed to follow advise of western medical practitioners.
26. This was exacerbated furthermore when there was a lack of communication made from Accident Compensation Corporation (ACC) and the patient to engage in how a rehabilitation plan may be developed and resourced which resulted in a loss of income.
27. This is merely an example of the inadequate care that Māori women are subject to every day and is used as an illustrative position only. It is unacceptable and an absolute breach of Te Tiriti o Waitangi that the western code of practices sometimes seems disconnected to the Māori values of collectively and wellbeing.

## **Example 2**

28. This example highlights issues in relation to healthcare and housing. It involves a wahine who was newly diagnosed with cervical cancer. The wahine was

estranged from whānau and therefore, lacked support from them. She was also not raised in the area. This wahine moved to the area to help take care of her mother who also, had cancer.

29. There were many issues and difficulties that this wahine faced while trying to focus on her health and shows how landlessness; social issues arising from poverty and lack of housing impact on the quality-of-care Māori women face.

### *Housing*

30. Unfortunately, during this period, the wahine became homeless. During final stages of cancer, the wahine was provided with emergency housing which was only available to her for a week at a time. Further to this, there was some housing that was substandard with dangers which were not ideal for someone in such a circumstance.
31. There were multiple health services that needed to follow the patient around to each new residence which created unnecessary hassle for the patient.
32. Further to this, despite the health status of the patient, WINZ processes created further complications for the wahine to get long term housing.

### *Transport*

33. The patient did not have any Transport available to her to access her cancer treatments.
34. As part of the healthcare provided to the wahine, she had to have regular cervical screening checks. The wahine unfortunately missed one screening check due to an illegal uplift by Oranga Tamariki of her daughter which then lead to her being evicted from her home. The client applied for transport assistance to attend cancer treatments but was told she did not meet the criteria because of her missed cervical screening check.
35. This is yet another example of healthcare services failing to support Māori women and taking the holistic approach to ensure all dimensions of the persons health is being taken care of. There were clearly issues relating to her taha



whānau and taha tinana which would then flow on to her taha hinengaro and taha wairua. This lack of care is a catalyst to create or enhance more issues.

36. The patient/wahine then needed to look for other modes of transport. She became embarrassed to take taxis, buses or any other public transport due to issues of self-image. This was more than just confidence. She became conscious of being “paru” and “smelly” due to the effects of the cancer treatment and body fluid leakage. The healthcare services did not take this into consideration when booking appointments despite being aware that the patient could only make it if whānau or nurses from her GP clinic were available.
37. Furthermore, the patient did not meet the criteria for district nurses to supply pads because she had cervical cancer not an incontinence problem despite living in a psychologically and emotionally distressed state.
38. The patient was suffering from issues such as self-image and feeling unwanted. The patient needed whānau support but was unable to build on whānau relationship bonds due to issues of self image, no stable housing, and the illness itself.
39. This wairua of the wahine was unsettled and distressed and she could not pass away with dignity. Unfortunately, being physically and emotionally strained was speeding up the progression of the cancer.

## **Conclusion**

40. I know that this is just the first part of an Inquiry that will explore the many dimensions of Māori Women's status and roles in society.
41. What is clear to me as a Māori Nurse is that many of the situations we are faced with show the clash of cultures that operates daily in our work to the detriment of the patients; the whānau and Māori as a whole. Too often Māori women lose their voice and independence in the processes that are devised for them and about them and their needs to be much greater participatory processes that ensure their voices are heard but their needs are not deprioritised because of social ills that have stemmed from a process of colonisation imposed on them.



**Moana Teiho**