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 SANDRA CORBETT
Dated this 11th day of February 2021

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MAY IT PLEASE THE TRIBUNAL

INTRODUCTION

E āku hoa mahi tēnā koutou, tēnā koutou katoa
Ko Matawhaura te maunga.
Ko Kaituna te awa.
Ko Makatu te moana
Ko Te Arawa te waka.
Ko Ngati Pikiao te hapū.
Ko Tapuaehururu te Marae.
No Waipukurau ahau.
Ko Sandra Corbett tāku ingoa.

1. I am a proud woman of Ngāti Pikiao descent. My nanny was a member of the very first Maori Womens Health League Organisation that was set up in Te Arawa. My nanny was a key person in my life who taught me manaakitanga and practices around hauora which have been pivotal in my choosing to pursue a career in nursing. I have also served on several national health advisory groups and am currently a member of the National Kaitiaki Group nominated by the Te Rōopū Wāhine Māori Toko i te Ora. I am also a member of the Ministry of Health National Cervical Screening Programme Advisory Group.

2. My professional development includes being a member of Tōpūtanga Tapuhi Kaitiaki O Aotearoa New Zealand Nursing Organisation (NZNO). I am also currently the chair of the NZNO's Membership Committee and co–chair of NZNO Te Matau a Māui Regional CounciI. This organisation has allowed me to connect with professional colleagues working with an interest in Maori Health and the provision of cervical and breast screening and treatment services. We have shared concerns and challenges that Maori professional continue to face. We work in a health sector that is too often ineffective, and unable to deliver culturally appropriate services for Māori.

3. This brief of evidence will explore traditional Māori concepts about the role of wāhine and te whare tangata and how these concepts have been sidelined within nursing practices and in cervical screening services.

TRADITIONAL ROLES OF WĀHINE AND TE WHARE TANGATA

4. Papatūānuku is the first female entity in Te Ao Māori, followed by Hineahuone, who was created out of clay by Tāne at Kurawaka. The next atua wahine is Hinetītama, who fled to the underworld and became Hine-nui-te-pō after discovering that her husband, Tāne, was also her father. Hinetitama is the essential female element in Te Ao Māori. Hinetitama in Te Ao Māori is dawn, the first true human. She was the daughter of Tane and Hine-ahu-one who bound earthly night to earthly day. Hinetitama became Hine-nui-te-po, the Goddess of Death, after discovering that Tane was not only her husband, but also her father. Hinetitama and her transcending as Hine-nui-te-po speaks truth to the traditional understanding and importance of wāhine in Te Ao Māori, we are a central figment to Māori existence in its entirety.

5. The pūrakau of Maui seeking immortality for humankind is one that speaks volumes to the strengths of Hine-nui-te-pō (the ancestress of death) and the power that is held within te whare tangata. Maui sought to achieve immortality by defeating Hine-nui-te-pō, as he had defeated the sun, the land and other powerful atua. Despite his father's best efforts to dissuade him from this journey Maui relented and set out with his bird friends including the tiwaiwaka. Maui proclaimed to his friends that he would climb through te whare tangata o Hine-nui-te-pō and out through her mouth. He insisted his friends make no noise as it could awaken Hine-nui-te-pō, and he would certainly meet his death. Maui undaunted entered te whare tangata o Hine-nui-te-pō, but his friend the tiwaiwaka bursted out in laughter awakening her. In anger she clapped her legs together and Maui was cut into two. Maui was the first to die in this way and

because of his failure to defeat Hine-nui-te-pō all human beings became mortal. Hine-nui-te-pō remains the maiden goddess and portal to the underworld through which all humans must travel.

6. Hine-nui-te-pō as the goddess of death carries those in the living world into te mate/death. Tohunga were the equivalent to the modern day nurse, they were able to manaaki those who were physically unwell as tohunga rongoa or provide spiritual sustenance as tohunga karakia. Tohunga had the ability traverse both the living world and the non-living world as carers for those who were unwell or otherwise helping to care for those who were given over to Hine-nui-te-pō to move into the afterlife.

7. This kōrero speaks to the traditional whakapapa of wāhine such as Papatūānuku, Hinetitama, and Hine-nui-te-pō and the evolving yet integral role they in had in Te Ao Māori. In particular, the tapu and mana of wāhine because of te whare tangata and the role that wāhine in bringing life into the world. The origins of these kōrero have transcended since time immemorial. Despite these stories having such integral underpinnings to understanding the role of wāhine Māori and the many strengths they are excluded from nursing training and practices.

MY PROFESSIONAL TRAINING AND EXPERIENCES

8. During my formal nursing training there was no Māori cultural or tikanga specific training. I always knew that if I wanted to fill this gap in my clinical treatment skills I would have to do this on my own.

9. In the early 2000's, I was lucky to have a supportive manager who encouraged me to build my competency in tikanga and Māori cultural competency in practice. In doing so, I did a hauora course and I attended the Te Ara Kotahitanga ropu which was designed for Māori staff at HBDHB. I also regularly participate in National Cervical Screening Programme (NCSP)

Kaimahi, and was mentors and other Kaumatua of those times who supported the kaupapa of the NCSP. This ropū in conjunction with the NCSP develop culturally specific resources and training that we could utilise in practise. We also learned the whakapapa of these resources which gave a sense of mauri when using them in practise. The kaimahi ropū was initially a self-funded kaupapa until the NCSP got on board and provided funding. Sadly, they have since discontinued this ropu which is to the detriment of Māori nurses. In addition to other culturally specifics training i completed a Māori leadership training course with Tania Hodges and Grant Bergen. This course provided leadership in public health for Māori which was hugely beneficial.

10. Before taking on my role as Kaiwhakahaere of the National Cervical Screening Programme, I sought approval from local Ngāti Kahungunu Kaumatua because I am of Ngāti Pikiao descent and wanted to ensure that I was the appropriate person for the role in the rohe by the people of that rohe.

MY MAHI IN CERVICAL SCREENING

11. As I have stated I am the current Kaiwhakahaere of the National Cervical Screening Programme. The role of Kaiwhakahaere is responsible for population screening has evolved over the years and currently sits within the Te Puni Tūmatawhānui / Health Improvement and Equity Directorate at the Hawkes Bay District Health Board.

12. This Public Health role focuses on working with stakeholders and communities across the Hawkes Bay region. to achieve equitable Population Screening Health outcomes. This includes women's health services, strategic leadership, sector collaboration, building capacity and capability, and being a resource person for the wider health sector alongside health professionals and the community. My aspirations continue to be focussed on the delivery of positive health outcomes for Maori and the wider community of Aotearoa.

THE CARTWRIGHT INQUIRY 1988

13. In June 1987, the Inquiry into allegations concerning the treatment of Cervical Cancer at National Women's Hospital by Dr Herbert Green commenced. The inquiry gave many women the opportunity to tell of their experiences of what happened at National Women's Hospital in Auckland during their time as patients of Dr Herbert Green. The Inquiry also offered Mäori women an opportunity to express their deeply felt cultural beliefs relating to the sanctity of te whare tangata and the practices that legitimise those beliefs and ensured that the voice of Mäori women would be heard.[1]

14. The Inquiry ended in 1988, where Judge Cartwright, found that there were two issues to be considered in relation to Māori women when assessing the impact of Green's experiments and the future National Cervical Screening test:

a. The first is the sacredness of the area of the genital tract both to Mäori and, to a lesser degree, to Päkehä women; and
b. The implications of the genital area for Mäori women cannot be underestimated. They will have repercussions not only for population-based cervical screening but also for the treatment and monitoring of CIS as well as invasive cancer. There seems to have been little cultural understanding of these mores on the part of the profession.

15. This inquiry led to the urgent establishment of a national population-based cervical screening programme by Justice Cartwright. There was extensive consultation by Māori to ensure that the NCSP was being established with the understanding of tapū te whare tangata and the mana of the role of wāhine in

[1] A Brief Narrative on Mäori Women and the National Cervical Screening Programme <https://www.moh.govt.nz/notebook/nbbooks.nsf/8b635a98811e8aed85256ca8006d4e51/988b28df5c86944b4c2565d70018b69e/$FILE/whaitia.pdf>

Te Ao Māori. A kaumatua who was approached and asked about his thoughts on cervical screening, his response was:

" I hua mai te tangata i te aroaro o tana whaea, kia tipu ai, a ia, iroto i te honore mete kororia, o tōna whakatipu tanga"

"That is a very sacred territory where you and I come from into this physical plane, and then be nurtured at her breast to thrive"

16. As the Cartwright Inquiry proceeded, Mäori women from Te Ohu Whakatupu and the Department of Health' Mäori Health Project Group set up a Cervical Screening Working Group. From this Working Group came the initiative, leadership, and energy to establish cervical screening pilot projects around the country. The Department of Health provided funding for four pilot projects in Kaikohe, Whanganui, Kawerau and Nelson. The focal groups were Māori and low-income women.

NATIONAL KAITIAKI GROUP

17. At various Cytology Working Groups hui' many Mäori women supported a recommendation that the Health Research Council's Māori Committee be nominated as the Interim National Kaitiaki Group until a nationally selected, mainly Māori female kaitiaki group was established

18. The Interim National Kaitiaki Group representatives were Dr Erihapeti Rehu Murchie, Irihapeti Ramsden, Ramari Maipi, Keri Wikitera and Lorna Dyall, were selected from the Health Research Council's Mäori Committee.

19. The Interim Kaitiaki Group operated from April 1993 until 1 April 1995 when the Regulations came into force. The National Kaitiaki Group was then appointed. Current members of the National Kaitiaki Group are Raeleen de Joux, Lorna Dyall (Convenor), Ramari Maipi, Puti Puti O'Brien, Keri Wikitera and, until recently, Dr Paparangi Reid. The National Kaitiaki

Group meets up to four times a year to consider applications for Mäori women’s data.

20. I wish to mihi to all these wāhine for their courageous work in this space particularly given at the time there was little knowledge of the tapu around te whare tangata and mana wāhine within the health sector at that time.

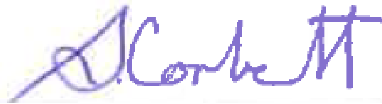
21. The role of the Kaitiaki Group today is to provide guardianship for Mäori women’s personal data on the National Cervical Screening Register (NCSR). Before the Kaitiaki Group could legally operate new legislation had to be established to give effect to their mandate and thus the Health (Cervical Screening (Kaitiaki)) Regulations, 1995 was passed. This also required an amendment to Section 74 of the Health Act 1956.

22. These legislative changes prohibited the disclosure, use or publication of information from the NCSR without the approval of the National Kaitiaki Group. The Kaitiaki Regulations were a landmark and laid the foundation for other kaitiaki groups to be established to protect other classes of women’s health information.

23. The main criterion for releasing data is whether the information will be used for the benefit of Mäori. Other criteria include the principle of the sanctity of te whare tangata and the need for culturally appropriate protection of the taonga of information. The Kaitiaki Group provides a protection for Māori women in this space and is integral to respecting the tapu of wāhine Māori while seeking to promote the benefits of te hauora whare tangata which can be achieved through cervical screening.

24. Unfortunately, there has been significant struggles with the NCSP to have the legislative protection held by the National Kaitiaki Group removed. It is often seen as an additional barrier by the NCSP for their monitoring and

reporting processes. This shows a flagrant misunderstanding the whakapapa of the Kaitiaki Group and a lack of understanding regarding their tikanga and the purpose of the protection they require.



Sandra Corbett