

BEFORE THE WAITANGI TRIBUNAL

WAI 2700  
WAI 2872

IN THE MATTER OF

the Treaty of Waitangi Act 1975

AND

IN THE MATTER OF

the Mana Wāhine Kaupapa  
Inquiry

AND

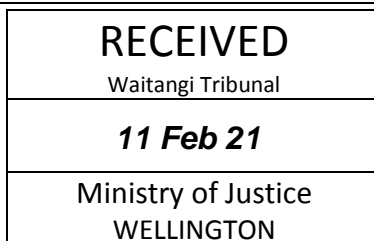
IN THE MATTER OF

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 DICKIE FARRAR****Dated this 11th day of February 2021**

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**MAY IT PLEASE THE TRIBUNAL**

**INTRODUCTION**

***Whakapapa***

**Muriwai**

Repanga

Ruatakenga = Ruakapua

Paparua

Hikumaewa

Rangipūraho

Whatupē = Te Kahurere

Urikotia

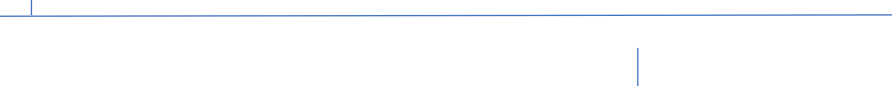
Te Rāhui

Ninitia = Nuia

Tauha o te Rangi = Irirangi

Nikora

Maria Nikora = Hēmi Hei



Hāmiora Hei = Katarina Rangiuiia

Akenehi Hei

Wi Hei

Te Ōwaina = Epineha Keefe

Makere Jones = Te Amaru Jones

Dickie Farrar = Paul Farrar

1. My name is Dickie Margaret Farrar. I am the eldest daughter of Makere Jones (nee Keefe) a registered nurse of Te Whānau-a-Apanui, Ngati Porou, Te Aitanga-a-Hauiti, Ngāti Pahauwera, Whakatōhea decent and Te Amaru Haami Jones, a self-employed truck driver of Ōpōtiki, Whakatōhea, Ngati Kahungunu and Te Aitanga-a-Mahaki decent.
2. I was born at Ōpotiki hospital, attended Ashbrook school, completed my schooling at Ōpōtiki College, while working as a nurse aide at Ōpōtiki hospital, before leaving to travel abroad.
3. I returned to begin my career as a nurse and completed my training in 1981 under the last hospital-based training for nurses at Tauranga hospital. My career in nursing spans 23 years having worked at Tokanui, Waikato, and Tokoroa hospitals before moving into public health nursing working for my husband's iwi, Raukawa.
4. My move to public health was inspired by my husband who commented, "if you want to make a difference in health, move from working one on one with people to a position of influence; make changes at a community level". This move was the catalyst for me to follow in the footsteps of my tipuna whāea, Akenehi Hei and contribute to enabling and influencing change at a health level through small but incremental steps.

## **Background**

5. I made the decision to take up nursing at the age of 8 because I grew up around nurses. My grandmother Te Ōwaina was a nurse and completed her training in Dunedin. Her oldest daughter Kate Robinson (nee Keefe) became a nurse completing her training at Wairoa Hospital, Hawkes Bay, and my mother Makere Jones (nee Keefe) completed her training at Ōpotiki hospital as one of the first Māori nurses to do so in Ōpōtiki.
6. Our inspiration as whānau to undertake careers in the nursing or legal professions have been based on the legacy and blueprint of our tupuna, Hamiora and Akenehi Hei. This is the reason my whānau and my wider whānau asked me to present this brief of evidence on their behalf.

7. The purpose of my evidence is to outline the story of Akenehi Hei and her contribution as a tipuna whāea, wahine rangatira, wahine mātauranga, wahine Māori to Māori health. The context of my story is framed within the period of her lifetime and captures individuals who influenced her life, the importance of education, traditional Māori healing and the state of Māori health.



#### **Whakawhere - Influencers**

8. Akenehi Hei was the middle child of three to Maria Nikora of Te Whakatōhea, Te Whānau-a-Apanui, Ngai Tai, Tūhoe, Ngāti Pūkeko, and Te Arawa and Hemi Hei of Ngai Tawarere and Te Whānau-a-Manu.
9. Akenehi was born in 1878 (approximately) and attended Te Kaha native school from 1885 – 1892, before she entered Ōpōtiki Convent school then to St Joseph’s Māori Girls College in Napier.
10. Akenehi was heavily influenced by her older brother Hamiora, who also attended the Te Kaha native school from 1880 -1887. Throughout their lives and the development of their careers; their paths were intertwined around policy, reforms, education and establishing schemes to support the development of Māori nurses.
11. Akenehi’s mother Maria Nikora was also very active around land confiscations at the time and it is highly likely that this would have played heavily on Akenehi’s mind, her thinking and management around the impacts of these

actions by the Crown on the health of our Māori people she would be tending to.

### **Wahine Mātauranga**

12. Hamiora encouraged his sister to take up nursing and she became an assistant nurse and dresser at Napier hospital in 1901 where she learnt the basics of nursing skills. (Sargison, 2001)<sup>1</sup>. By 1905, this program was extended to a full nurse training program where she passed her final examinations in 1908. She went onto further training and completed a 6month midwifery course at St Helen's hospital in Christchurch.
13. Akenehi understood the importance of education and worked hard to equip herself with the skills and knowledge required to work in communities where Māori health was rapidly declining. She was appointed a theatre sister at Napier hospital and became a probationer however, this did not give her any advantage or recognition within a system that was not accommodating of the concept of Māori nurses as health professionals.
14. This was a time where such skills and matauranga were rare for a Māori woman to have, condescendingly so, such skills were not viewed as important by Pākēha, and those appointed to hospital boards. Few Māori nurses were engaged to work in hospitals, with most posted to work as District Nurses in regions where diseases such as influenza and typhoid were rampant. Racism was apparent and explicit when hiring Pākēha nurses over Māori for these hospital-based systems, and payment for their services was not considered until 1909 where a cabinet decision was made to take Māori nurses on at £60 per annum, as well as boarding and equipment allowances. (Lange, 1999, pp 169).<sup>2</sup>

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<sup>1</sup> Patricia Anne Sargison. *Essential a woman's work: A History of General Nursing in New Zealand 1830-1930* (New Zealand: University of Otago, 2001), 135.

<sup>2</sup> Raeburn Lange. *May the People Live: A History of Māori Health Development 1900-1920* (Auckland University Press, 1999), 169

## **Traditional Māori healing**

15. This was a time of significant and catalytic change. Māori traditional practices of tapu, noa, karakia and the use of Tohunga were being eroded and replaced with assimilationist, paternalistic views that Pākeha new best.
16. Traditional Māori ways of healing was acknowledged by Akenehi as she travelled around settlements, and she developed a balance of working between both worlds. She incorporated both her Māori values and those of Pākeha, and found many followed her suggestions, thus becoming an icon to many. Māori cultural practices and traditions would have been alien to Pākeha, so it was important that Māori nurses were engaged to work with their own. Such practices would have included karakia, designation of wahi tapū, te wai, Rongoa, use of te maramataka for emotional healing. Today, these practices and approach to health embodies models such as te whare tapawhā (taha wairua, taha tinana, taha hinengaro, taha whānau), both of which I believe are of equal importance to Māori.
17. This form of healing was natural and common amongst all Māori including my whānau. We knew how to care and heal our own according to our practices. Pre-contact Māori were in fairly good health and utilised the elements of their natural environment to maintain healthy practices. Māori understood the importance of separating bodily functions to restricted areas, they understood that living on riverbeds created aching joints and they did use Rongoa for certain ailments. Overtime, these practices were systematically stamped out which left Māori on a trajectory of impending decline and potential annihilation.
18. The role of traditional healers is important because healers are often the repository of cultural and historical spiritual knowledge becoming transmitters of ancient and powerful knowledge that serves to maintain cultural continuity. Part of their role is the gain a mastery of their culture, values and traditions because culture is seen as a necessarily interwoven with healing. Therefore, it can be said that traditional healers are carriers of their culture and sometimes are the only remaining exponents of cultural ritual belief.

19. Akenehi from my perspective would have been classed as a healer of incredible ability and may well have been a role model and catalyst for many other wahine Māori to enter the field of nursing, nurses such as Eva Wirepa of Te Whānau-a-Apanui, Heni Pokino Whangapirita of Ngati Porou, if so, recognition must be given to these dedicated and skilled Māori women and others who have contributed significantly to improving the failing health of our people traditionally and contemporarily under a Pākeha system.

### **Declining Māori Health**

20. Pākēha population was growing quickly and by 1860 equalled that of Māori. By the nineteenth century, Pākēha population had rapidly surpassed that of Māori (Lange, 1999, pp 18).<sup>3</sup>
21. This population explosion coincided with the introduction of viruses, diseases, bacteria, influenza, typhoid, measles outbreaks. It also triggered large scale confiscation of whenua (land) and dubious purchases that systematically alienated Māori from their whenua. On top of this, social and economic changes brought about by Pākēha interaction with Māori, radically changed the way Māori lived.
22. The impact from these changes was the dramatic decline in Māori health, physically, emotionally, mentally, and spiritually. Right to the point where the public narrative was that the “Native race was dying out in New Zealand” (Lange, 1999, pp.53).<sup>4</sup>
23. Government officials blasé approach did little to stem this downward flow which mobilised Akenehi’s brother Hamiora to advocated for change to improve the Māori health status at a conference of the Te Aute College Student’s Association in 1897. He presented a paper entitled “Māori Girls and Nursing” (Lange, 1999, pp 145),<sup>5</sup> promoting the establishment of a training scheme for Māori nurses.

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<sup>3</sup> Ibid,18.

<sup>4</sup> Ibid.,53.

<sup>5</sup> Ibid.,145.

24. This concept was picked up by other young Māori leaders including Apirana Ngata, Māui Pōmare and Te Rangi Hīroa who promoted the scheme. This was also supported by James Pope, Director of Native Schools, who believed in health promotion through education, and set about seeking funds to support the scheme.
25. It was the view by James Pope, Māui Pōmare, Peter Buck and other's that Māori nurses would play a major role as nurse educators in Māori communities. In the interim while awaiting her posting, Akenehi undertook private nursing tending to Mrs Donnelly a well-known resident of the Hawke's Bay. When Mrs Donnelly's passed away, Akenehi was given her first assignment by the Health Department in the far north at Te Hapua.
26. Her travel to Te Hapua, was horrific. Having arrived in Auckland, she boarded the steamer Chelmsford which traded between Parengarenga and Auckland. For three days she was tossed around in rough weather, sheltering from the pounding sea at whaling stations along the way, "travelling at a rate about 2 miles an hour". (Kai Tiaki, 1909, pp 104).<sup>6</sup> She reached her destination at 10 am on Thursday morning and quickly disembarked walking to meet Mrs Yates spending half an hour with her to gauge the situation. With a sense of urgency, Akenehi walked to the Te Hapu pa and assessed the situation immediately.
27. She visited all the houses finding someone who was ill, predominately with influenza, consumption, remnants of scarlet fever, rheumatic fever, tuberculosis and typhoid. She worked tirelessly to create isolation areas within the home, educating them on how to prevent cross infection, improving sanitation habits and clean water before moving onto the next pa. Her days were long, working long into the night travelling by foot, or by horse in the pouring rain from one pa to the next. Her journey took her from Te Hapua down to Te Kao tending to the sick and ill along the way, at one point suggesting they utilise a meeting house as a hospital.
28. She had some successes, but she also faced some extreme disappointments. Access to a Dr and medicines was difficult at times non-existent, so she had to

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<sup>6</sup>Kaitiaki: The Journal of the Nurses of New Zealand, Vol II, Issue 3, New Zealand 1909, 104.



be resourceful and use every bit of her training and knowledge to help those in need. At one point, for her, it became very depressing not to be able to do more, she returned to Gisborne to await her next assignment.

29. In October 1909, Akenahi was called to Wellington for her next assignment. In discussions with Minister Ngata and the Native Department she was stationed at New Plymouth Native Hostelry to undertake District Nursing and education for the Taranaki people. Like Te Hapua, she went straight to work dealing with the many illnesses of the Taranaki people. In March she was then posted to the Wanganui river where typhoid had broken out, then onto Waihi for a short duration before returning to Taranaki.
30. In June 1910, she took special leave to return to Gisborne to look after her brother Hamiora and his family and those in the community who had contracted typhoid. For four months she battled with this disease and cared for her brother and his family. Hamiora and his daughter Akenahi recovered, however she was unable to save her nephew Hemi or herself.
31. Akenahi contracted the disease and died in Gisborne on the 28 November 1910 at the age of 32.
32. The period between 1878 and 1910, Akenahi's lifetime, was a time of significant turmoil for Māori. Māori were in the grips of losing their land and were suffering the diseases that had been brought to their world. They neither had the tools or resources to fight what was before them and the reforms to improve Māori health were slow to be realised or acknowledged.
33. Akenahi was a hardworking, dedicated and educated nurse who went beyond the call of duty to help those she cared for, a person of great integrity, and compassion. A Māori wahine who was admired by many, her colleagues, friends, and iwi far and wide. A devoted and caring sister, and aunt.
34. Akenahi would not have asked for mana, but she has been given mana by those who who have seen the valuable contributions she and many others have made to our Māori people, then and now. He tipuna whāea, he wahine rangatira, he wahine mātauranga, he wahine Māori.

35. Akenahi was honoured by the New Zealand Nurses Organisation with the inaugural Te Taonga a Akenahi Hei Memorial Award which was presented to Irihapeti Ramsdent during the NZNO conference dinner in 2001<sup>7</sup>.



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**Dickie Margaret Farrar**

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<sup>7</sup> New Zealand Nurses Organisation. *Kai Tiaki Nursing New Zealand*:New Zealand, 2001, 104.