

Appendix A

Corrections to the draft transcript for Stage Two of the Te Aka Whai Ora (Maaori Health Authority) Priority Inquiry Hearing Week One, held via AVL, from Monday 26 May 2025 to Thursday 29 May 2025.

Wai 2575, #4.1.29

Page No	Line ref	Text in Draft Transcript	Text in Draft Transcript with Corrections Made (in red)
134	3	The brief of evidence of Mr Kearns was initially filed on 12 May 2025, with an amended version filed on 19 May 2015, appellation 5 number #M057(a).	The brief of evidence of Mr Kearns was initially filed on 12 May 2025, with an amended version filed on 19 May 2025 , appellation 5 number #M057(a).
	7	In line of his Honours directions, Mr Kearns is prepared to speak to the issues and utilise the time to answer any questions that the panel may have.	In line with his Honours directions, Mr Kearns is prepared to speak to his salient issues and utilise the time to answer any questions that the panel may have.
	17	Can you please confirm that the brief in front of you, dated 19 May 2025, including its exhibits as yours and is true and accurate to the best of your knowledge?	Can you please confirm that the brief in front of you, dated 19 May 2025, including its exhibits is yours and is true and accurate to the best of your knowledge?
	29	The first from my sister in 1987, and two deceased doner transplants on Father’s Day in 2002 and again, on Christmas Day in 2015.	The first from my sister in 1987, and two deceased donor transplants on Father’s Day in 2002 and again, on Christmas Day in 2015.
	33	These experiences have placed me at the cold face of renal health care in Aotearoa.	These experiences have placed me at the coalface of renal health care in Aotearoa.

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	18	When we sought a second opinion from the Auckland Renal Service, his case was assessed.	When we sought a second opinion from the Auckland Renal Service, his case was reassessed .
	34	For the past nine years I have sat on two renal patient boards. Served as a consumer representative on two renal clinical teams and contributed to renal research study.	Sat on two renal patient boards, served as a consumer representative on two renal clinical teams and contributed to a renal research study.
136	9	The scaling inhibition of Te Aka Whai Ora were unprecedented, and we understood that measurable change would take time.	The scale and ambition of Te Aka Whai Ora were unprecedented, and we understood that measurable change would take time.
	15	The renal health groups I was involved with were starting data and creating strategies to address inequities better. Knowing that Te Aka Whai Ora provided a platform to get these initiatives off the ground and up and running.	The renal health groups I was involved with were studying data and creating strategies to address inequities better, knowing that Te Aka Whai Ora provided a platform to get these initiatives off the ground and up and running.
	19	My pairs and I were	My peers and I were
	24	We had discussed initiatives along the lines of Te Whare Tapa Wha model and including organ donation for Māori along the lines of six of the successful pilot programme, Live Kidney	We had discussed initiatives along the lines of Te Whare Tapa Whā model and including: organ donation for Māori along the lines of—six of the successful pilot programme, Live Kidney

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		Donation Aotearoa. Which was targeted at Māori and Pacifica, but for some reason, had funding discontinued after only two years. Providing comprehensive support for whānau members during their renal health journey, akin to Whānau Ora, but fully funded. Cultural competency for physicians, whakawhanaungatanga and along again, Te Whare Tapa Wha.	Donation Aotearoa, which was targeted at Māori and Pasifika , but for some reason, had funding discontinued after only two years; providing comprehensive support for whānau members during their renal health journey, akin to Whānau Ora, but fully funded; cultural competency for physicians, whakawhanaungatanga and along again, Te Whare Tapa Whā .
137	1	I am currently part of the ASSET study, which aims to create a robust data platform to access whether New Zealanders, particular Māori, have equitable access to best practice treatment for kidney failure.	I am currently part of the ASSET study, which aims to create a robust data platform to access whether New Zealanders, particularly Māori, have equitable access to best practice treatment for kidney failure.
	3	Our early findings reinforced what we have long known, antidotally.	Our early findings reinforce what we have long known, anecdotally .
	13	It found that all 15 dialysis facilities surveyed are effected by capacity constraints and require infrastructure investment and work force planning.	It found that all 15 dialysis facilities surveyed are affected by capacity constraints and require infrastructure investment and work force planning.
	15	The Kidney Society, patient facing non-government organisation, has established	The Kidney Society, patient facing non-government organisation, has established

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		three community based dialysis in south Auckland. Recognising the limited dialysis capacity in south Auckland. Renal Clinicians at Middlemore Hospital approached the Kidney Society to establish a fourth community dialysis house in proximity to Middlemore Hospital.	three community based dialysis houses in south Auckland. Recognising the limited dialysis capacity in south Auckland. Renal Clinicians at Middlemore Hospital approached the Kidney Society to establish a fourth community dialysis house in proximity to Middlemore Hospital.
	29	While I do not particularly favour the PPP model, I am pragmatic due to the current circumstances we find ourselves with this current government.	While I do not particularly favour the PPP model, I am pragmatic due to the current circumstances we find ourselves in with this current government.
138	1	Research shows that Māori are significantly less likely to receive pre-emptive kidney transplants. more likely to start dialysis later, and worse conditions, and experience high immortality rates, even when socioeconomic and clinical factors are counted for.	Research shows that Māori are significantly less likely to receive pre-emptive kidney transplants, more likely to start dialysis later, and under worse conditions, and experience higher immortality rates, even when socioeconomic and clinical factors are accounted for.
139	13	Like I said – I sit in the National Renal Transplant Leadership Team with the Australian New Zealand Society Nephrologists.	Like I said – I sit on the National Renal Transplant Leadership Team with the Australian New Zealand Society of Nephrologists.
141	17	Another pōtae, is that I am the lakes rohe SPPC, which stands for Suicide Prevention and	Another pōtae, is that I am the Lakes rohe SPPC, which stands for Suicide Prevention and

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		Postvention Coordinator and there are 30 plus of us around the country.	Postvention Coordinator and there are 30 plus of us around the country.
142	17	Since June 2024, when Te Aka Whai Ora was disestablished, it has become unclear to me what Te Whatu Ora intends to do with the Suicide Prevention office, which has been culled considerably of resources and staff since that date. And whether Suicide Prevent and Postvention remains a priority to the government.	Since June 2024, when Te Aka Whai Ora was disestablished, it has become unclear to me what Te Whatu Ora intends to do with the Suicide Prevention office, which has been culled considerably of resources and staff since that date, and whether Suicide Prevention and Postvention remains a priority to the government.
143	19	I feel safe and supported in this organisations, and therefore I can work more comprehensively in the community.	I feel safe and supported in this organisation , and therefore I can work more comprehensively in the community.
144	16	Postvention is an organised response and to support whānau after the loss of a suicide because there is evidence that over 100 people are effected by one suicide.	Postvention is an organised response and to support whānau after the loss of a suicide because there is evidence that over 100 people are affected by one suicide.
	20	Victims support no longer doing the suicide postvention contract.	Victim Support no longer doing the suicide postvention contract.
146	1	But what I think are in the actual kaupapa of mate whakamomori, it's always important to hang hope. It's always important to	But what I think are in the actual kaupapa of mate whakamomori, it's always important to hang hope. It's always important to

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		hang, you know, something that can latch on to.	hang, you know, something that others can latch on to.
	12	I think we all know that Māori are over represented in our suicide statistics, therefore, it only makes sense for that to be under a Māori-led organisation.	I think we all know that he Māori are overrepresented in our suicide statistics, therefore, it only makes sense for that to be under a Māori-led organisation.
147	2	But yes, definitely always with He Māori, we are higher, and our suicide stats male, and female, and non-binary.	But yes, definitely always with He Māori, we are higher, in our suicide stats male, and female, and non-binary.
282	14	It was a suicide prevent and postvention coordinated role, and that role was disestablished, and the role was put out to tender several months later and she was now back in the role.	It was a suicide prevention and postvention coordinator role, and that role was disestablished, and the role was put out to tender several months later and she is now back in the role.
394	1	In terms of the IMPBs, our submissions are well made in having made by others.	In terms of the IMPBs, our submissions are well made and have been made by others.
	2	I just wanted to make an additional point that, in terms of IMPBs having no ability to influence commission decisions or service design and having no decision at making ability means that there is, in effect, no ongoing engagement 5 mechanism with Māori.	I just wanted to make an additional point that, in terms of IMPBs having no ability to influence commissioning decisions or service design and having no decision at making ability means that there is, in effect, no ongoing engagement mechanism with Māori.

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	25	Since disestablishment planning and commission of hauora Māori services has been transferred to Te Whatu Ora, our submission is that there is a concern with a cultural competency of Te Whatu Ora and its ability to commission hauora Māori services in a manner similar to how Te Aka Whai Ora operated.	Since disestablishment, planning and commissioning of hauora Māori services has been transferred to Te Whatu Ora, our submission is that there is a concern with the cultural competency of Te Whatu Ora and its ability to commission hauora Māori services in a manner similar to how Te Aka Whai Ora operated.
395	2	Leading to, in our submission, your eccentric and culturally unsafe health service provision.	Leading to, in our submission, Eurocentric and culturally unsafe health service provision.
	8	The fact that Te Whatu Ora Lakes, disestablished the Suicide Prevention and Postvention coordinator role for the Māori community for nine months proves, in our submission, that there is a lack of consideration, emphasise, and priority on hauora Māori inequities.	The fact that Te Whatu Ora Lakes, disestablished the Suicide Prevention and Postvention coordinator role for the Māori community for nine months proves, in our submission, that there is a lack of consideration, emphasis , and priority on hauora Māori inequities.
396	26	Thirdly, there is the Hauora Māori Advisory Committee, however it won't say anything further because their role and effectiveness has been traversed quite well today.	Thirdly, there is the Hauora Māori Advisory Committee, however I won't say anything further because their role and effectiveness has been traversed quite well today.

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397	3	We not also, that of course the minister has a discretion to refuse and reject any advice that he or she receives as has been seen on the issue of the te Tiriti framework within the GPS.	We note also, that of course the minister has a discretion to refuse and reject any advice that he or she receives as has been seen on the issue of the te Tiriti framework within the GPS.
	19	The absence of culturally grounded, mātauranga Māori monitoring tools reinforces the Crown's failure to uphold its Tiriti obligations which ultimately, erodes the credibility and effectiveness of its commitment to hauora Māori.	The absence of culturally grounded, mātauranga Māori monitoring tools reinforces the Crown's failure to uphold its te Tiriti obligations which ultimately, erodes the credibility and effectiveness of its commitment to hauora Māori.
	25	Mr Kearns, the named claimant for the Wai 2747 claim gave evidence about the specific prejudice that he and his role on two boards, the Kidney Health New Zealand, and the Kidney Society, and as a consumer representative on two renal clinical teams, his experience.	Mr Kearns, the named claimant for the Wai 2747 claim gave evidence about the specific prejudice that he and his role on two boards, the Kidney Health New Zealand, and the Kidney Society, and as a consumer representative on two renal clinical teams, has experienced .