DUPLICATE

Wai 45 #L8

Economic Decline and Social Deprivation in Muriwhenua 1880-1940

J P Koning and W H Oliver

IN THE MATTER of the Treaty of Waitangi Act 1975

AND

IN THE MATTER of claims by THE HON MATIU RATA and others

1. Introduction

1.1 This submission was researched and written by John Pieter Koning and William Hosking Oliver. John Koning has a Bachelor of Arts with Honours in history from Victoria University. Apart from some time spent travelling overseas, he worked as a researcher at the Waitangi Tribunal Division from December 1988 to November 1992. He was the joint author of a preliminary historical report on the Muriwhenua land claim (B Rigby and J Koning, *Muriwhenua Land Claim (Wai-45). A Preliminary Report on the Historical Evidence*, Wai 45, #A1) and has written exploratory reports on claims at Turangi and Te Poi for the Waitangi Tribunal. William Oliver is an Emeritus Professor of History at Massey University and was the General Editor of the Dictionary of New Zealand Biography from 1983 to 1990. He has published a number of books and papers on New Zealand history including, as editor, *The Oxford History of New Zealand* (1981). John Koning and William Oliver were commissioned by counsel for the claimants to present this submission to the Waitangi Tribunal.

1.2 This report has two purposes. First, to outline the economic situation of the Muriwhenua people from around the middle of the 19th century to the early 20th century, and to identify and evaluate the extent and nature of governmental response to this situation. Second, to describe the social consequences of economic decline and political neglect, with particular reference to health, as both a consequence and an indicator of a low standard of living.

1.3 Most of the evidence brought forward in this submission relates to the situation in the late 19th and earlier 20th centuries. It is used here to illustrate the consequences of developments in policy and economic change which had their roots in the period before 1865. A large amount of evidence on the economic and social deprivation experienced by Maori in the Far North between 1880 and 1940 was not included in this report because of time constraints. However, the authors will provide this material upon request.

The Muriwhenua Economy and the Crown

2. Background

2.1 Traditionally the people of the Muriwhenua region relied upon the complementary resources of land and sea. Early accounts suggest that these resources had once supported a numerous population. The report of the Waitangi Tribunal on the Muriwhenua fishing claim traces the decline of fishing, both as a commercial and a subsistence activity, in the face of competition, depletion of stocks, and governmental regulation. That process was under way by the early 20th century and continued thereafter.

2.2 A previous submission, *The Crown and Muriwhenua Lands* by W H Oliver, traced the dimunition of land as a resource because of government policy. The loss of land set in earlier than the decline of fishing ; by the first quarter of the 20th century the region was suffering from the effects of both. Though some subsistence agriculture and fishing continued, the loss of commercial opportunities had a serious effect upon a population whose needs had long since been reshaped by a capitalist economy.

2.3 Though attention is directed to the failure of the Crown, as represented by successive governments, to respond in any purposeful way to the situation, it is not asserted that everything that happened can be ascribed in a simple manner to the effects of government policy. Individual human factors played their part. Policy, however, shaped the institutional framework in which individuals made decisions and had their range of choices limited.

2.4 It is unrealistic to hold that individual decisions are responsible for a general social outcome, and the story which opens the section on economic and social deprivation graphically illustrates this truth. The appearance they may give of being 'free' decisions needs to be balanced against objective factors which diminish that freedom, at times to the point of disappearance. Such factors include economic dependence, inequality of bargaining position, and poverty. In Muriwhenua, these factors are all directly or indirectly related to the acts and omissions of government.

2.5 It is argued that policy accelerated the process of decline and deprivation and that governments failed to take remedial action even when its own information and investigations identified the need. In addition, it is argued that successive governments, notwithstanding any obligations under the Treaty of Waitangi, did a great deal less for Muriwhenua Maori than they could have been reasonably expected to do, even when judged by the standards they observed when dealing with other disadvantaged groups. Neglect, in its negative results, complemented the positively harmful effects of the land policies outlined elsewhere.

3. The Colonial Economy

3.1 By the 1840s, Maori people in Muriwhenua had been initiated into the capitalist economy and thus introduced to a novel set of opportunities, risks, and needs. Among the changes was a revolution in patterns of consumption. People in this situation, on the receiving end of colonisation, do not have the option of retaining the living habits of a pre-colonial past. Novelties become necessities, and because they cannot be locally produced, require cash. These are truisms, but they should be noted, simply to avoid the facile assumption that, if they had wanted to, Maori could have rejected change, or that they accepted change with such enthusiasm that they can be held responsible for its consequences. Before and during the 1840s, Muriwhenua Maori engaged in commercial activities to meet their new needs. They were thus entering into the mainstream of the infant colonial economy.

3.2 The characteristic pattern of small-scale land use in 19th century New Zealand, before the advent of refrigeration, was subsistence farming absorbing the labour of whole families. The small holding, of a few acres or a few hundred according to quality and location, was the source of many necessities. But such farmers had cash needs, to obtain some food items, building materials, clothing, and tools. Typically, small-holders attempted to meet these needs by selling farm surpluses on a local market, by taking on 'breaking in' work and seasonal jobs on larger farms, and by work on road construction. The government played a part in supplying these sources of supplementary income through the creation of large farms and the construction of roads which provided access to markets and employment.

3.3 One leading characteristic of the Far North was the relative lack of supplementary sources of income of these kinds; where they existed, they appear to have been largely absorbed by Pakeha settlers. As a result, Maori increasingly relied upon gum extraction; during the late 19th century, as the land resource diminished, this activity, which began as a useful supplementation, created a condition of dependency, and at times, major hardship. Had Maori been able to retain a reasonable amount of useful land, they would have been able to conform to the settler pattern of farming complemented by a cash income, in this case from the sale of gum.

3.4 Gum extraction may well have remained a useful supplement for Maori but for two developments which accelerated during the third quarter of the 19th century - the continuing loss of land and the rapidly expanding demand for gum. There is no doubt that gum

was a mixed blessing for Maori; on the one hand it was a marketable commodity affording some compensation for the inadequacy of the land they retained; on the other, it took them into a situation of precarious dependency, and, when the market declined, one of poverty. In this way, over the late 19th and early 20th centuries, Muriwhenua Maori became trapped by dependency, and then by deprivation.

3.5 Maori need not be represented as helpless and passive victims of this development; they accepted the opportunities offered by the local economy and were likely to turn away from farming to the cash returns from gum-digging. But their range of choice was not particularly wide by around 1865, and became narrower with the continuing loss of land. The effect of individual decisions is peripheral to the main aspect of the situation - they could not avoid recourse to an economic activity in which they were exploited and which had an adverse impact upon their health and welfare. Further, the industry lent an element of plausibility to the view that the Maori did not need land and so helped to ensure that they should have less of it.

4. The Kauri Gum Industry

4.1 The precise nature of the gum industry has already been described to the Waitangi Tribunal (Claudia Geiringer, *Historical Background to the Muriwhenua Land Claim 1865-1950* , Wai 45, #F10, pp. 20-29 and seriatim. Much of the information in this section is derived from this report). Export demand began in the 1850s, and there was an overall increase in volume until the First World War. There

were, however, sharp fluctuations in demand. Before the influx of Dalmatians in the 1890s, Maori made up a large majority of the diggers, reported at 77 percent in 1893. For Maori, gum digging was an occupation which involved all family members except the very young and the very old; often they are reported as the only inhabitants of kainga. From the 1870s onwards, commentators link gum digging with a neglect of cropping and fishing, broken school attendance, and high levels of morbidity and mortality.

4.2 In theory, diggers, including Maori, were self-employed entrepreneurs. In fact, they existed in a situation similar to that of 'debt peonage'. They depended upon dealers who were also storekeepers, and often publicans, and who sometimes owned the land upon which the diggers worked. Dealers had a monopoly and were able to drive one set of prices down and the other up; they often acted in collusion to deprive sellers of the advantages of 'shopping around'. Receipts to diggers were often not enough to meet the credit already extended; cash surpluses were not paid out but carried forward against future store purchases. When prices were low diggers fell deeper into debt; when they rose debt eliminated any advantage.

4.3 Maori founded their own stores in an effort to escape from dependence upon the dealers. In most instances, though the evidence is fragmentary, they do not appear to have had more than a marginal effect or to have lasted long. In the absence of alternatives, the industry had some benefits for Maori at first, but in the long run it locked them into a situation from which they received no lasting benefit.

4.4 These are the essentials of the overall social and economic situation of Muriwhenua Maori; it worsened into deprivation with the decline of the gum industry after the First World War and the depression which followed. Government contributed to its severity by failing to provide any relief until economic decline was far advanced, and then only in a marginal way. This failure contrasts sharply with the ameliorative measures governments took over the same period on behalf of other disadvantaged groups.

4.5 Governments did little to regulate the industry or to minimise the effects of its decline. There were two Commissions of Inquiry in the 1890s. The first commission in 1893 concluded that the abuse of 'truck', the payment of wages in kind, did not occur because the diggers did not earn a wage. Liberal labour legislation outlawed the practise of paying workers in kind, or in tokens redeemable only in the employer's store, a common abuse at the time. The denial of a closely related abuse on the gumfields, on the assumption that gum diggers were independent contractors, indicates a refusal to look at the true nature of the relationship between diggers and dealers.

4.6 The second commission in 1898 reported unfavourably upon the effects of the dependence of diggers upon dealers. The only consequence was legislation which provided for gum digging reserves and imposed a licence fee, graded to penalise foreign diggers, a provision which says more about hostility towards Dalmatians than concern for the well-being of those at the bottom of the industry, whether Maori or Pakeha, British or foreign.

5. Patterns of Development

5.1 Two dominant elements, lack of land and dependence upon gum, shaped economic life for Maori people in the Far North. The pastoral industry, of little overall significance in this region, was almost wholly in Pakeha hands. Horticulture was growing towards the end of the 19th century and dairying in the early years of the 20th, but little suitable land was left for Maori.

5.2 The economic plight of the Maori arose from a conjunction of circumstances, in which the shortage of useable land was a basic underlying condition which interacted with other factors. Over the whole of the period under consideration, successive governments directly or indirectly created that underlying condition and refrained from any remedial action.

5.3 Governments did very little, if anything, to promote the economic well-being of Maori in general between the 1860s and the 1920s. This is commonly passed over as a matter of simple historical inevitability - no more than what should be expected from the victors in a colonial war. It is worth asking whether this was really the case.

5.4 Late 19th century governments were reminded, regularly by Maori and sometimes by Pakeha, that they had a more active duty towards Maori, specifically inherited from the Treaty of Waitangi. Governments were at least invited to take a more positive approach to Maori welfare. That did not happen; the people who made policy

chose one of neglect. They were not constrained to do so by circumstances beyond their control.

5.5 The question of what the Crown might reasonably have been expected to do, or to refrain from doing, has been brought to the notice of the Waitangi Tribunal by both claimant and Crown historians. As the latter have contended, this question should be answered realistically, in terms of contemporary conditions, and not anachronistically, in terms of the later development of the welfare state. A realistic approach would take into account the financial situation and the climate of opinion within which governments operated. The initiatives governments thought it proper to take with respect to other disadvantaged sections of the population should be considered, and also the information governments had at their command and the extent to which they paid attention to it.

5.6 In Crown evidence there has been a suggestion that governments may have lacked the money to do very much. That has been said of the situation of the Auckland Provincial government (Ashley Gould, *Crown Purchases in Muriwhenua to 1865*, Wai 45, #J4B, pp.125-155). Though this has not been advanced as a general explanation for governmental inactivity over the rest of the century, it is worth noting that financial stringency did not inhibit governments for the greater part of the period under survey. Loan-based expenditure was high in the 1870s and declined in the early 1880s. But spending began to revive at the end of the decade, and increased substantially in the 1890s, especially on land settlement and public works, in part justified as a way of mitigating the effects of depression and unemployment.

5.7 From the mid-1890s a good deal of public money was devoted to promoting closer land settlement, by buying up and sub-dividing estates, by renewed Crown purchase of Maori land, by farm loans, and by some export promotion. Public works were revived on a major scale. Financial stringency, for the greater part of this period, did not inhibit major outlays upon selected goals of public policy.

5.8 Governments were ready to direct money to approved goals. They were distinctly interventionist, not laissez-faire, in approach. This had been the case from the early years of colonial government; economic development was a major political concern. In the 1890s, with a minor prelude in the 1880s, land settlement on a small to medium scale was vigorously promoted; this continued into the 1920s. Governments intervened in other ways on behalf of those suffering or likely to suffer from the unregulated effects of the free market. Public money, from central and local governments, was directed to 'charitable aid', a primitive form of social welfare; as its direction was mainly urban it was of little consequence to Maori. From the late 1880s, tariffs protected local industry, again for the sake of employment. In the 1890s the Department of Labour was set up to assist wage earners. Again, these measures were largely urban in effect, and so had little result for Muriwhenua Maori.

5.9 Measures of this kind did not cure unemployment nor remove destitution among the target populations. But they were interventions designed to give relief from their worst effects. Maori fell outside the range of goals which prompted interventionist policies. There is little evidence that even rural public works were of much benefit to Maori. Maori construction gangs rarely appear

on large projects, especially later in the century. In Muriwhenua there is some indication that road works, few as they were, were considered by the Public Works Department to be for the benefit of Pakeha.

5.10 Maori were affected only marginally by relief measures which appear to be general in application, and there were no policies at all directed specifically to their economic welfare. This is not a conclusion likely to cause any surprise. Until well into the 20th century Maori were only selectively visible to the Pakeha mainstream, as picturesque survivals soon to disappear, as occupants of land from which they should be removed and, in a qualified way, as objects of humanitarian endeavour.

5.11 Something was done about Maori health and education, as it was for less fortunate Pakeha, by attempting to counteract the worst consequences of disease and ignorance. These policies were essentially assimilationist, and looked to a Pakeha not a Maori future. Quasi-eugenicist views were prevalent; if Maori were to vanish by assimilation into the 'white' majority, they should not be allowed to bring 'bad' hereditary traits with them. Further, assimilation would be accelerated by an education stressing the use of English, the acquisition of elementary skills and the eradication of 'bad' traditional habits. The acquisition and individualisation of Maori land was at times justified upon similar grounds. It would drive Maori into the Pakeha mainstream and so ensure that only the fittest survived the experience.

6. The Maori Population and Social Ideology

6.1 For reasons of this kind, it is not surprising that governments failed to intervene on behalf of Maori, even to the limited extent to which they did intervene to protect less fortunate Pakeha. Nor is it surprising that they did not accept an obligation to support Maori which derived from the Treaty of Waitangi. The simple fact that these failures are not surprising is part of the historical context which should itself be examined.

6.2 Typically, governments were both surprised and irritated when it was suggested that they had such obligations. This is a significant response, and not one which should be summarily explained, or perhaps excused, as a matter of historical inevitability.

6.3 In the 19th century another kind of 'inevitability' was prevalent. It was widely held that Maori had no future as a distinct people; Maori were seen as a 'dying race' whose remnants would be absorbed into a dominant British culture. Such beliefs persisted long after evidence, including census returns, showed them to be groundless. It was widely believed that Maori should be required either to adjust to the dominant economy or suffer the consequences. Enforced adjustment to the rigours of competition would provide the test; the survivors, if any, would be essentially Pakeha, not Maori. This belief owed more to social ideology than to social observation.

6.4 Until the 1920s, the Maori part of the census was a meagre affair, and the returns consistently under-estimated the Maori population. Still, census figures, not those estimated by present-day demographers, were the ones politicians had available at the time, and which should have provided a basis for policy. With the exception of a dubious return showing a substantial decrease in 1896, censuses of the Maori population from 1874 to 1911 record a low point of 41,969 in 1886 and a high point of 49,844 in 1911. (In 1911 the official report ascribes the low figure for 1896 to "mis-inclusion"; the enumerators' reports in 1896 make frequent reference to Maori resistance to supplying information.) Omitting 1896, the 1878 and 1886 censuses recorded decreases, while five others recorded increases, small in 1881 and 1891 and quite large in 1901, 1906 and 1911.

6.5 These statistics provide a guide as to what could reasonably be believed about the Maori population at the time. Without a pre-disposition to believe that Maori were vanishing, the population could be seen as a reasonably stable one, with a modest decrease occurring in the 1870s and 1880s, some stability in the 1890s, and a marked increase in the 1900s. It should have been concluded that the Maori were a surviving race, not a dying one.

6.6 The position was not uniform across New Zealand; in some areas the recovery occurred earlier. In Muriwhenua, the Maori population began its upwards movement in the 1880s. This, too, in a rather confused manner, shows up in official statistics. The Maori population of Mangonui county fell to a low point in 1878,

recovered in the 1880s and rose steadily thereafter. The picture here, then, is one of a growing population.

6.7 This conclusion was not drawn, thanks to two prevalent ideologies. The first is that when a 'superior' race meets an 'inferior' one, the latter is sure to go under. The second is closely related - that New Zealand had an 'Anglo-Saxon' destiny and that landed proprietorship was basic to its fulfilment. Thus land should shift from 'unproductive' Maori to 'productive' Pakeha possession. While this belief encouraged efforts to turn inefficient Pakeha farmers into better ones, it encouraged the continuing reduction of Maori land holdings, and made it unlikely that any effort would be made to assist Maori farmers.

6.8 Government policies, then, did not arise from information about the condition of the Maori people, but from ideological considerations. Neglect was not inevitable, but a matter of political choice; choices were made in accordance with values arising from ideology. While it is not surprising that policy makers made these choices, that does not eliminate their responsibility for them and the policies that resulted.

7. Government Policy

7.1 The policy gap brought about by beliefs of this kind is starkly revealed by looking at late 19th and early 20th century policies aimed at the use of Maori land and the promotion of Pakeha settlement. Though the Far North was less suited for closer

settlement than more fertile and accessible areas, its Pakeha farmers received more assistance than their Maori neighbours.

7.2 During the 1890s and 1900s a number of enactments dealt with the matter of under-utilised Maori land and had an impact on the Muriwhenua district. The Maori Lands Amendment Act 1900, taking up a proposal made by the Native Lands Commission of 1891, set up Maori Land Councils to promote the use of Maori land compulsorily vested in them. In 1905 legislation replaced the councils with smaller land boards with a reduced and eventually eliminated Maori membership. Under both bodies, the main form of utilisation was through leasing, mainly to Pakeha farmers.

7.3 In Muriwhenua, more than half of the land still in Maori ownership was vested in the Tokerau Maori Land Council (and then in the Board). The area was divided into seven sections; by 1910 six had been leased, only one of them to a Maori. Rentals were used to meet outstanding survey liens, and then paid into the board's account. Thus legislation intended to make Maori land more useful did so by transferring much of it to Pakeha.

7.4 Paradoxically, this outcome was in accordance with the recommendations of the Stout/Ngata Commission of 1907-8, the first official body to call for government measures to assist Maori farmers. But this particular recommendation had no positive benefit for Maori. The commission also recommended that the land boards be used to promote the incorporation and consolidation of scattered Maori interests and holdings, and this was provided for in the Native Lands Settlement Act 1907. When the commission sat

for two days in Muriwhenua in 1908, many Maori witnesses expressed a wish to take advantage of these provisions to assist their own farming, but again there was no result. Instead, and in spite of its own good intentions, the commission made a much different recommendation - that much of the remaining land owned by Maori be made available for general settlement, through the land board, by sale or lease. The outcome for Muriwhenua has been noted above.

7.5 By comparison, Pakeha small farmers, as the Stout/Ngata Commission noted, had much more help from the state. Three 'village settlements' were started under Ballance's scheme in the 1880s, and though they were not especially successful, one of them, at Herekino, was described as prosperous in 1907. To the settlements were added road works which provided supplementary employment. Pakeha settlement continued under the Liberal government of the 1890s, again accompanied by road works. In 1907 it was reported that, despite the lack of good land, Pakeha numbers were increasing with the spread of dairying. In the 1910s swamp drainage around Kaitaia opened up for dairying land which had been lost to Maori.

7.6 Pakeha settlement in the region resulted from both private and state initiative. The state, by earlier and recent purchases, and by enabling private purchases from Maori through the Land Court, had supplied the land base for both private and state subdivision; many of the new farmers would have received state loans. The development took place wholly on lands Maori had lost or were in the process of

losing. They themselves received no assistance to become settlers on their remaining land.

7.7 A number of factors interacted over the course of the 19th century to reduce the Muriwhenua people to a condition of economic disadvantage: primarily loss of land to an extreme extent, dependence upon the unreliable gum industry, and the relative lack of alternative opportunities. The Crown contributed to this outcome in two ways. Postively, it was responsible for the alienation of land; negatively, it took no recorded steps to regulate the gum industry or to foster development. This inactivity is in marked contrast to the readiness of governments, especially from the 1890s onwards, to intervene on behalf of other disadvantaged socio-economic groups. The results of this situation are to be seen in the picture of economic and social deprivation which follows.

Economic and Social Deprivation 1880-1940

8. Background

8.1 In July 1931 a young Maori woman from Ahipara appeared before the Supreme Court in Auckland. She was charged with causing the death of her seven month old daughter by failing to provide the necessities of life, proper food and medical attention (*The New Zealand Herald* , 30 July 1931).

8.2 Witnesses recounted the circumstances which resulted in the death of the child. The district nurse told the court that she made arrangements for hospital treatment after she discovered that the

child was suffering from starvation. The mother and child lived in "a small raupo whare, in which six children and three adults lived." The local doctor said the child had some sort of blood disease which was probably caused by an inappropriate diet. This doctor had never seen a child "so emaciated." A police officer testified that the child was "practically a skeleton." He added that the mother had "talked of getting a doctor, but they had no money". A statement from the defence counsel that the child had been born under starvation conditions and that all the inhabitants of the whare, including the mother, were suffering from starvation failed to persuade the jury, who returned a guilty verdict but recommended leniency (Ibid).

8.3 This episode is recounted for the way in which it epitomises, perhaps in an extreme form, the plight of Muriwhenua Maori, and as well to illustrate something of the incomprehension with which that plight was regarded by at least some of those in authority. As late as 1931, a woman in these circumstances was found guilty of negligence, and the situation from which she suffered ascribed to individual failings rather than to social and economic circumstances beyond her control. The ethos of individual responsibility for social ills, persisting well beyond the 19th century, helps to explain a more general failure to respond to social need.

8.4 But the conditions from which this family suffered were not self-created and self-inflicted. They arose from the complex economic, social and political developments which have been outlined earlier in this report, and in a related report, *The Crown and Muriwhenua Lands* by W H Oliver. These developments had reached a critical

point by 1865, when land loss was well advanced, and they were to evolve well past that point with the continuation of land alienation and the growing dependency upon gum extraction. These two factors interact to bring about a condition of deprivation, one which became entrenched in the early 20th century.

8.5 Muriwhenua Maori suffered from high levels of mortality, including infant mortality, and of ill health throughout this period, chiefly as a result of a set of communicable diseases which were both endemic and epidemic in the region. The fact that the evidence is more plentiful from the 1920s onwards may well point to an intensification during and after that time. On the other hand it may also be a result of the more efficient information gathering of a Department of Health reformed after the First World War. Certainly the more fragmentary evidence coming from the earlier period should not lead to the conclusion that it was a period of good health and pervasive well-being.

8.6 A large and generally accepted body of medical and historical literature links high levels of communicable diseases with environmental factors, especially with deficiencies in sanitation and nutrition. These deficiencies in turn are seen as related to persistent low standards of living, and so to a condition of economic disadvantage. They are commonly designated the 'diseases of poverty'. The major difference of specialist opinion is over the relative weighting of nutrition and sanitation.

8.7 It is also generally accepted among medical history specialists that the incidence and consequences of such diseases for mortality and

morbidity rates are more closely related to environmental conditions than medical intervention (See Thomas McKeown, *The Modern Rise of Population* , 1976, ch. 5).

8.8 On this basis, the high rates of both mortality and morbidity in the Muriwhenua Maori population may be confidently ascribed to an environment marked by low living standards. Both nutrition and sanitation were at a low level and this situation may be attributed to widespread and persistent poverty. Further, insofar as access to medical services played a part, it is clear that Maori had at best spasmodic access to inefficient services.

8.9 The demographer, Ian Pool, argues along these lines with particular emphasis upon nutrition. He shows how land alienation limited Maori agricultural resources, and that this had an adverse impact upon nutrition, health and population levels. Land loss and restricted access to traditional food supplies had "a severe effect on nutrition and thus on mortality" (*Te Iwi Maori: A New Zealand Population, Past, Present and Projected,* 1991, pp. 62-63).

8.10 The traditional food economy of Maori was based on both intensive and extensive use of land. When Maori communities were restricted to much smaller areas they needed to develop new strategies to secure food and other basic needs. These required cash and so people became dependent upon wage employment, or in this region, the extractive industries. The eventually destructive effect of gum digging will be looked at later in this report.

8.11 Two leading characteristics of the low level of health in the region are the incidence of tuberculosis, and respiratory diseases in general, and the high level of infant mortality. In her study *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (1988), Linda Bryder concludes that decreases in the incidence of this disease were "clearly related to nutritional levels" (p. 112). Infant mortality rates also show this relationship; the poorer the circumstances of a social group, the higher its rates of infant mortality (See Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England 1900-1939* , 1980, pp. 67-68).

8.12 These are studies of an overseas society; the lack of comparable New Zealand studies makes it necessary to refer to them. However, the same relationship of cause and effect no doubt existed in New Zealand, and in particular, the Muriwhenua district. One New Zealand study of the 1918 influenza pandemic by Geoffrey Rice suggests that environmental considerations are as basic in New Zealand as in other countries: "another factor which undoubtedly put the Maori population more at risk was its lower standards of housing, clothing and nourishment" (*Black November* , 1988, p. 105).

8.13 It may be concluded, then, that the 'diseases of poverty' provide both an indication of persistent low living standards and an insight into their consequences for Maori welfare in the Far North .

9. The Social Impact of Gum Digging

9.1 During the late 19th century, contemporaries were aware of the degree to which Maori communities in the Far North depended upon the gum industry for cash to purchase food and other necessities. As H W Burgoyne, the teacher at the Te Kao school, observed in December 1900, "every commodity required by the Natives, with the exception of sweet potatoes which are grown near the course of the Te Kao Creek, has to be purchased with gum" (J1/1901/68).

9.2 This dependence meant that Maori settlements were often deserted as families camped on the gumfields. In February 1883, the Resident Magistrate, H W Bishop, reported that very few people were living at either Ahipara or Pukepoto: "all the natives, men, women and children being away digging gum on the plains and swamps, the price of this article having suddenly risen considerably in the market" (BAAA 1001/224a). After visiting Parengarenga in July 1891, John McGavin, a teacher at Te Kao, noted that "for the greater part of the year the people live in temporary camps, digging gum." (BAAA 1001/589b).

9.3 Maori children were required to labour on the gumfields with their parents, if not for most of the year, then certainly during the school holidays. In December 1884, the teacher at the Te Kao school, Thomas Minchin, reported that the village committee had passed a resolution which "determined that each child, capable of working should be allowed to absent itself from school one week in the month in order to contribute to its own support." Five years later a

decline in the attendance at this school prompted Bishop to comment, "the reason for such a state of matters is that the children are taken away to dig for gum. In the middle of October there was not a kumara in the whole district therefore most of the children had to earn their own living" (Ibid).

9.4 The reliance of Maori on the cash provided by gum more often than not placed them in debt to the local storekeeper who was, as previously mentioned, both a gum trader and the sole supplier of foodstuffs and other goods. Maori invariably paid high prices for provisions which meant that most families found it very difficult to purchase the necessary supplies. In January 1889, A G Allen, the teacher at Te Kao, observed that "all over the gumfields the natives are in a species of bondage to the storekeeper and it is to the latter's advantage to keep them so. Gum at present is very low in price but such is not the case with provisions which are thirty percent higher than can be purchased any where else" (BAAA 1001/589b).

9.5 In October 1892, the teacher at Ahipara school, the Reverend Henry Young, reported that most families had shifted to the gum fields. According to Young, "the high price of gum a few weeks after I came led the Natives to go off in a body irrespective of school or anything else; and that high [price] has largely ruled ever since; and with one or two very brief exceptions they have continued on the gumfield till near the end of August." Young visited the gumfields and settlements: "I ministered to them with medicine, and often with food, during their sickness" (BAAA 1001/224b).

9.6 It is not difficult to imagine the difficulties Maori parents faced when trying to provide themselves and their children with adequate food and clothing. It comes as no surprise to find Burgoyne commenting in December 1900 that many children "wear but two thin cotton garments and some not seldom arrive at school with only one. Often also the children are quite hungry" (J 1/1901/68).

9.7 The gum industry was disruptive to family life and the education of children when Maori communities were forced to leave their villages and camp on the gumfields for up to nine months each year. If children were able to attend school at all while working with their parents digging gum, then they were often obliged to walk long distances to school in all weathers. This compelled Burgoyne to regard it as his duty to ameliorate the harsh conditions experienced by local Maori. In December 1900 he requested financial assistance from the government for the purchase of food and clothing. The Minister of Native Affairs recognised the special circumstances at Te Kao and authorised the payment of £20 per annum on the condition that the teacher did not "allow the information that such a grant has been made to Te Kao school, to become known" (J 1/1901/68).

9.8 The Maori dependence on the gum industry not only interfered with domestic life, but also had an adverse effect on health. On the gumfields Maori families lived in makeshift houses with inadequate ventilation and sanitation, conditions which made Maori particularly susceptible to respiratory diseases and other environmental ailments. Bishop recognised the link between living

conditions and health: "often the whole population, men, women, and children, turn out and live on the swampy ground, either in miserable whares or in dilapidated tents, often wet through - always damp, and living on wretched food, thus laying the sure foundation for subsequent disease." (Phillipa Wyatt, *Crown Purchases in Muriwhenua 1850-1865,* Wai 45, #H9 p.195) In December 1900 Burgoyne reported that there were "always to be found on the fields bad cases of hakihaki [scabies], bronchitis, scrofulous complaints, and consumption - of consumption eight [Te Kao] scholars have died within the last three years." (J 1/1901/68)

9.9 When the price for gum dropped or the bottom fell out of the market, as happened in August 1914, the Maori community at Te Hapua was reduced to a state of penury. H G Vine, the school teacher, observed that local Maori had "hundreds of sacks of gum on field but cannot sell, consequently very little money to buy either food or seed." The government were aware of the desperate situation at Te Hapua; one official observed that "the principal occupation of Te Hapua Natives is gumdigging on which they rely solely for their living. Inability to dispose of the gum must necessarily entail hardship. The land on which they live is poor gum land quite unsuitable for the production of good crops in any quantity" (MA 1/1914/2738).

9.10 Maori communities at Te Kao and Parengarenga were in a similar position during 1914. In August Eru Ihaka wrote to the Minister of Native Affairs requesting assistance to alleviate the suffering. He told the minister that there was an immediate threat of starvation and asked for food supplies which he asked to be paid for with

money from Maori leasehold land. Similarly, no gum could be sold in Paparore due to the depressed market, and food could not be purchased due to the high prices in the stores (MA 1/1914/2738).

9.11 In March 1938, the Te Hapua Maori Labour Committee told the Minister of Native Affairs that Maori had been excluded from work schemes and, as a consequence, were "compelled to scatter on the gum fields to obtain a living by gum digging." At the time, however, the price for gum was very low, and as local Maori had no other means of obtaining cash, the government was asked to provide urgent assistance. If this was not forthcoming then the committee predicted that there would be considerable hardship at Te Hapua. Frank Langstone, the Acting Minister of Native Affairs, disputed the claim that Maori had been excluded from the schemes. In his opinion, the government had attempted to provide employment for the people of Te Hapua, but "the Natives of their own volition scampered away to the gum-fields and would not co-operate with the government" (MA 1/19/1/660 W2459).

9.12 Maori domestic life continued to be disrupted by the annual migrations to the gum fields. In 1938 the chairman of the Te Hapua Maori Labour Committee reported that "in many cases the mother had to go to the fields to help to get enough and the children going to school had to be left behind to look after themselves. We know this is bad for the children, but it could not be helped. Now the position is very much worse and we cannot earn sufficient to live on" (MA 1/19/1/660 W2459).

9.13 This contemporary testimony, running from the 1880s to the 1930s, makes it clear that dependence upon gum brought about social conditions of a markedly unsatisfactory kind. It resulted in low levels of income, and even these levels required the work of children. Domestic life and education were disrupted and health was adversly affected. The overall situation of Maori health in Muriwhenua is examined more closely in the following sections.

10. The Incidence of Disease : Nineteenth Century

10.1 As Claudia Geiringer has pointed out, most contemporary observers reported high levels of Maori morbidity and mortality in the Far North during the late 19th and early 20th centuries (op. cit. p.16). Communicable diseases were endemic and epidemic; many Maori communities in Muriwhenua "simply staggered their way from one major health crisis to another." (Ibid) Fergus Sinclair has characterised the medical history of the period before 1865 as " a profoundly moving tale of human misery" (*Crown Purchases in Muriwhenua to 1865*, Wai 45, #J4A, p.15) As will be seen, this comment is equally applicable to the period after 1865.

10.2 In 1883 and 1884 there were outbreaks of some sort of fever, probably typhoid, which affected nearly every Maori settlement in Muriwhenua. (Geiringer, op. cit. p.19) In November 1883 Bishop reported that the fever, along with the lack of clothing and food, had reduced the regular attendance at the Ahipara school to three students. Moreover, three children had died and three more were seriously ill. By December the school had closed, and Bishop estimated that a further 25 children had died (BAAA 1001/224).

10.3 In March 1884 the teacher at Ahipara, Percival Crine, reported that there had been a dramatic decrease in the number of children attending school as a result of the epidemic. Some children had recovered but there had been a number of deaths. Those Maori children who had not been struck with the fever were working on the gum fields or cultivations. Bishop thought that this outbreak of fever was "engendered by the abominable manner in which the Maoris live and by their thorough disregard of all sanitary precautions." He was also certain that if there were further outbreaks of this fever "the Maoris of the North will be doomed. The present generation will be the last" (J1/1905/1922).

10.4 Minchin reported that three children had died and two others had been permanently blinded by fever during late 1884 (BAAA 1001/589b). In 1885 and 1888 there were further outbreaks of fever at Te Kao. The school was closed in February 1885 because Minchin thought that the epidemic was on the increase. He recognised that local Maori lived in conditions which facilitated the spread of disease: "the Natives take no precautions to check contagions, but persist in crowding into houses, where perhaps two or three patients are lying ill with it" (J1/1905/1922). In January 1889 he reported that "during the winter months a species of typhoid fever largely prevailed among children consequently there was an active demand for medicine" (BAAA 1001/589b).

10.5 During the 1890s there were numerous outbreaks of influenza at Ahipara. In February 1893 Young reported that the school had been closed because of the prevalence of influenza. In April 1896 another

teacher at Ahipara, B D Morton, reported that local Maori were very poor but an influenza epidemic had led to a great demand for medicines. However, Morton had found it difficult to get payment for medical supplies "as the Natives of this place have been receiving them free of charge for several years" (J1/1905/560). In September 1898, Dr Trimnell, the Native Medical Officer, visited Ahipara and reported that there had been a particularly severe outbreak of influenza during August. He estimated that 15 people had died and over 30 people were still recovering from influenza at the time of his visit: "much sickness amongst the Natives has prevailed lately, chiefly the aged and the young were the affected" (J1/1905/560).

10.6 In February 1898 the teacher at Parengarenga, Lucy Irvine, reported that "there is a great deal of influenza about just now and as there is no doctor nearer than Mangonui all the sick people come to me for medicine" (J 1/1906/251). Under similar circumstances two years later Crine requested medicine and advice on the best treatment for influenza. However, Dr Eccles, the Native Medical Officer, was unwilling to provide this advice. He did not feel "justified in incurring so great a responsibility as advising an unqualified person to attempt to treat so serious a disease as influenza. To encourage unqualified persons to practice the science and art of medicine is contrary to all medical etiquette, beside I consider it decidedly damaging to my practice amongst Europeans" (J1/1905/560).

10.7 In May 1903 James Pope, the Inspector of Native Schools, reported that a severe measles epidemic had struck the Far North. He did not think that closing schools was necessarily the solution: "Maori

children would be safer and more comfortable in school than out of it, seeing that if school were closed these children would probably be running about in the cold and wet" (BAAA 1001/104b).

10.8 This evidence on Maori morbidity and mortality in the Far North indicates that Maori communities suffered from poor health during the late 19th century. In the absence of detailed statistics and medical records, the reports of officials and local teachers must be relied upon. Nonetheless, there are some pieces of evidence from this period which can provide greater detail.

10.9 A report on the health of children at Te Hapua was furnished in 1903 by the teacher, E W Matthews, son of the original CMS missionary at Kaitaia. Dr Reckie, the District Native Health Officer, asked for the report because he was concerned at the large amounts of medicine that were requested by Matthews (Appendix 1).

10.10 In this very detailed and extensive report, Matthews provides a snapshot of the health of almost every child at Te Hapua just after the of the turn of the century. He reported that nine children aged between nine months and eight years had recently died. All those who died had a cough, fever and convulsions. Matthews described the suffering of a young girl and boy who were among the dead:

> Girl. Flora Barton 8 years, cough, high fever, pulse never under 140 often 160, tongue covered with dark brown fur, pain in limbs and back and in the stomach, could not sleep, skin dry and parched, profuse sweating in head for hours at a time, always

moaning, was so weak had to be lifted about, stools of pure matter very offensive, dark coloured urine, also offensive. Dead.

Boy. Tipene Tipene 9 months, cough, intermittent fever, costiveness, convulsions. Dead.

10.11 Matthews also provided detailed reports on 100 sick children at Te Hapua. This suggests that nearly every child in every family at the settlement was suffering from some sort of disease or illness. Matthews described the symptoms and recuperation of two young and very sick girls:

Girl, Letitia Isaiah. 9 years. Same as Flora Barton, taken ill in February, not strong yet, but recovering slowly. Consider her out of danger.

Hilda Barton 10 years. Same as Letitia Isaiah. Got strong quicker now at school.

10.12 According to Matthews, some children were "dreadfully sick, it was vomit, vomit when they had nothing in their stomachs, the only way I could stop the retching was to let them drink warm water, they were so weak, that I often thought they would die as they were retching." Many more children were "also very sick, they would vomit after the least exertion." A number of other families lived across the river but Matthews was unable to visit them when they were ill and three children died (J1/1903/850).

10.13 As a result of this report, Reckie was instructed to visit Parengarenga. In late July 1903 he reported that all those who had been suffering from whooping cough were now better, although three more children had subsequently died of other complaints (J1/1903/850).

10.14 The Matthews report on Te Hapua provides a graphic picture of the health of a Maori community shortly after the close of the 19th century. Poverty undoubtedly underlay this and similar situations. Insofar as medical services were a factor, they too were less than elementary. The following section illustrates this, and also the anxiety of Maori to do all they could to respond positively to their plights.

11. Teachers as Bush Doctors

11.1 The constant requests from teachers at Maori schools for medical supplies indicates that Maori recognised the great need for medicines and placed a considerable faith in medical science. During the period between 1880 and 1910 there was a constant stream of letters from teachers throughout the Far North to various government departments with requests for all sorts of medicines (For example, see J1/1896/467; J1/1904/1645; J1/1906/1031). In November 1886, Allen requested additional medicine: "from all quarters the natives affected with diseases pay visits." Exactly a year later this supply was depleted as there had been "a great deal of sickness among both adults and children during the current year." Allen requested a grant of £2 for the purchase of homoeopathic

medicines and added that "the natives are exceedingly gratified for the supply of medicine" (J1/1905/1922).

11.2 During the late 19th century, teachers took over the role previously held by missionaries as bush doctors. Some teachers treated not just the school children but the whole community. In February 1906 the teacher at Te Hapua, E Greensmith, reported that "in the [past] twelve months over four hundred doses of medicine have been served out to children and adult Maoris. These have been mostly for irregularities of the bowels" (J1/1906/251). In the battle against disease, however, the teachers faced many problems, not least of which was, in the words of Greensmith, "the absence of extensive pathological knowledge" (J1/1906/251).

11.3 In August 1885, J T Hosking, the teacher at Te Kao, acknowledged the receipt of a case of drugs but complained that the enclosed literature did not contain adequate instructions. He requested another book on medicine which could be relied upon. (J1/1905/1922) In May 1890 Allen told the Secretary of the Board of Education that "you would bestow a great benefit on the Natives of this place and a favour upon myself if you would be good enough to procure from some homoeopathic physician a prescription for the treatment of that notorious disease La Grippe" (J1/1905/1922). This was, of course, the French term for influenza. It is hardly necessary to emphasise the spasmodic and inexpert character of medical services of this kind.

11.4 In February 1898, Irvine reported that "there is a great deal of influenza about just now and as there is no doctor nearer than

Mangonui all the sick people come to me for medicine." It would appear that some teachers collected money from the local Maori community to enable the purchase of medicine. In April 1900 Irvine wrote "I have the honour herewith to enclose a cheque for £1 5s being the amount collected by me for medicine supplied to adult natives for the supply last sent me" (J1/1905/251).

12. The Incidence of Disease : Twentieth Century

12.1 There can be little doubt, then, that Maori in the Far North suffered from considerable deprivation during the late 19th century. These conditions not only persisted but worsened during the first half of the 20th century when Maori still relied on the waning gum industry and were afflicted with poor health and living conditions.

12.2 Outbreaks of typhoid fever continued during the early twentieth century. In April 1910 a large number of children were struck with this disease at Ahipara and the Wainui marae was turned into a temporary hospital. According to the local nurse, "one could not nurse these serious cases in their own homes - most of them small dark huts - all some distance apart, no sanitary conveniences, and our health inspector reported surrounding ground already badly infected with badly disposed typhoid excreta." Beds and medical equipment were sent from Auckland, and sanitary inspectors supervised "the digging of trenches and holes, also to see that plenty of water was always available for all purposes." There were an estimated 20 to 30 cases treated at this temporary hospital, and although most patients recovered, a local Maori clergyman lost two of his daughters. ("History of Early Native District Nursing", ATL

MS 79-032) There was a further outbreak of typhoid fever two years later and once again an isolation camp was established at Ahipara (*NZPD* , 1913, p.374).

12.3 In November 1918 the influenza pandemic in New Zealand affected Maori to a much greater degree than Pakeha. Some Maori settlements in Muriwhenua were spared, such as Matangirau, while at Otangaroa there was only a very mild outbreak with no reported deaths (BAAA 1001/103c). However, in other settlements, such as Te Hapua and Te Kao, influenza caused considerable suffering.

12.4 At Te Hapua, the village committee placed restrictions on travel, but this proved ineffective without legal sanction and influenza spread rapidly. In total 280 cases were reported and the death toll was 10 children and 21 adults. Another eight from the village died in other settlements. According to Vine, the Karena family were not affected because they had isolated themselves at Kapowairua. Some other families fared much worse, particularly if they all lived in the same house. For example, the wife, sister, brother and children of Taukiri Iti all died (BAAA 1001/577a; BARR 1001/103c).

12.5 At Te Kao the disease was introduced when two Maori returned from Gisborne in November 1918. There had been no warning of the serious nature of the epidemic and the settlement was unprepared for what followed. Moreover, the requested medicines did not arrive in time and a supply of suitable food was apparently unobtainable. According to the local teacher, A H Watt, who was himself struck with influenza, there were 11 deaths in a population

of about 150: "considering the awful conditions, the wonder is that any were left" (BARR 1001/103c).

12.6 According to Geoffrey Rice, the estimated mortality of Maori in Northland during the 1918 pandemic was 50 per 1,000 of population (*Black November,* p.103). On these figures, and taking the population of Te Hapua as about 400 and Te Kao as about 150, then the former had a mortality rate of 77.5 and the latter 73.3, well above the estimated rate for the whole of Northland.

12.7 The mortality due to the influenza pandemic was high, but over the longer term endemic diseases continued to cause numerous deaths. In May 1920 there was an outbreak of whooping cough at Ahipara. Church reported that "the school children here have just about recovered from what the doctor says is whooping cough without the whoop; and some of them have been very bad, one little girl died with it." In July 1926 every house in Pamapuria was reported to be suffering from measles and influenza; attendance at school was 10 out of 45 pupils (BARR 1001/103b).

12.8 Influenza and other communicable diseases continued to take their toll during the late 1920s and early 1930s. In July 1926 there was an outbreak of measles at Paparore, and with attendance at the school 20 out of 65 pupils, the Medical Officer of Health advised closure for two weeks. Outbreaks of measles and chickenpox prevented many children from attending Ahipara school in September 1933, and one month later half the pupils were absent due to influenza (BAAA 1001/928a). In late September 1933 the Lake Ohia Native School was

closed due to influenza but opened again in early October (BAAA 1001/948a).

12.9 The school buildings were often inadequate for a population with very poor health. In December 1929, the Auckland District Medical Officer of Health, Dr Chesson, reported that the school building at Lake Ohia was not only overcrowded and draughty, but also leaked and did not have proper toilets or water tanks. The former Waipuna Gum Company building, which was better suited for the purpose, was later rented by the Department of Education for the Lake Ohia school (BAAA 1001/290a).

12.10 In March 1938, most of the schools in Muriwhenua were closed due to an outbreak of measles. The teacher at Ahipara noted that some children had been attacked three or four times, and even those who had recovered were listless and weak (BAAA 1001/104a). Four months later C B Gilberd, the Whangarei District Medical Officer, visited most Maori homes on the Parengarenga gumfields: "this settlement suffered severely from measles and owing to the conditions in the home plus malnutrition some deaths occurred." He reported that the diet of local Maori, which consisted mainly of kumara, bread, biscuits and tea with occasionally fish but no dairy produce, fruit or vegetables, was responsible for the state of malnutrition. A survey of the homes at the settlement "revealed appalling conditions (a), hygienically, filth, overcrowding, no water; no sanitary conveniences etc: (b) structurally many of the homes consist simply of a wooden frame work, covered by sacks sewn together and are certainly not weatherproof. Some were living in tents, others in the usual type Maori shack built of corrugated iron -

all grossly overcrowded" (MA 1/19/1/660 W2459). *The Northern Advocate* thought that this measles epidemic "eclipsed all others inits seriousness" and caused "a large number of deaths among the Maoris" (September 9, 1938).

13. Infant Mortality, Tuberculosis and Living Conditions

13.1 The two great indicators of 'diseases of poverty' are generally recognised as the incidence of tuberculosis and high rates of infant mortality. Both indicators are clearly evident in 20th century Muriwhenua.

13.2 In 1933 M R Findlay, a property supervisor with the Department of Native Affairs, reported that there was poor housing and under nourishment in the Far North, with roughly a quarter of the children born since 1928 having died before reaching school age, mostly through tuberculosis. He suggested employment schemes to supplement any income received from gum digging (MA 1/19/1/660 W2459).

13.3 In February 1935, Colonel Allen Bell, a retired politician who ironically had shifted north for health reasons, appealed to the Prime Minister, George Forbes, for assistance. He wrote that Maori at Te Hapua struggled to make a living digging gum and lived under the most miserable conditions, owing to which, "25 percent of the children born die in childhood and probably 70 percent of the population is affected with consumption, numbers die every year from this dread disease" (MA 1/19/1/660 W2459).

13.4 Under pressure from the Prime Minister, the Director General of Health, Michael Watt, led a delegation to the Far North. They found that the houses were in an "advanced state of disrepair." In one case, a family were living in a one room shack with wooden framing, corrugated iron cladding, dirt floor and no windows. At Te Hapua there was no regular supply of milk and considerable evidence of dental disease and tuberculosis (Michael Belgrave, *Preliminary Report on Muriwhenua Land Claim* , ch 10).

13.5 Tau Henare, the MP for Northern Maori, visited Te Hapua in May 1935. He encountered "the utmost difficulty in arranging for the alleviation of distress amongst the Natives". In his opinion, all the best land was occupied by Pakeha, and only about 200 acres of Maori land could be developed. The health of Te Aupouri was poor due to the shortage of food and good water, and the death rate was increasing. Tuberculosis was widespread and "very noticeable in summer due to [Maori] drinking stagnant water." He also noted that the price of flour and other necessities and commodities was excessively high. He requested an inquiry into economic and social conditions at Te Hapua and Te Kao (MA 1/19/1/660 W2459).

13.6 Cook and A H Watt, the Te Kao teacher, completed this investigation in October 1936, and their findings provide by far the most systematic evidence of conditions in the Far North during the early 20th century (Appendix 2). At Te Hapua infant mortality was 159.6 per 1,000 live births during the period between 1914 and 1934, and 23 percent of children died before the age of five. Almost all of the 46 houses at Te Hapua were completely beyond repair and needed to be demolished. Tuberculosis accounted for more than a

fifth of all deaths and affected most families at Te Kao. Things appear to have been a little better at Te Kao where infant mortality was 111.1 per 1,000 live births and 18.8 percent of children died before the age of five. Tuberculosis accounted for 18.1 percent of all deaths and also affected the majority of families at Te Kao. Only four out of 49 houses were suitable for repair, but even they needed the addition of bathrooms and the provision of an adequate water supply to make them habitable (MA 1/19/1/660 W2459).

13.7 It is necessary to compare these statistics with those for the general Pakeha and Maori populations for the years between 1920 and 1932 (Appendix 3). Although these general statistics and those from the Far North do not cover exactly the same period, the match is sufficient to make the comparison valid. Between 1925 and 1932, the average rate of infant mortality for Pakeha was 33.67 and Maori 94.56 per 1,000 live births (BARR 1001/103a). In September 1935, the Minister of Health, Sir Alexander Young, boasted that Pakeha had one of the lowest rates of infant mortality in the world (*The Dominion* , 19 September, 1935). This achievement, however, was of little comfort to Maori families in the Far North.

13.8 The link between economic deprivation and poor health was noted by Cook in his report. He told the Minister of Native Affairs that "the health of both of these settlements can only be improved by a complete scheme of housing and economic development, and that the provision of houses alone will not be sufficient" (MA 1/19/1/660 W2459).

13.9 In September 1938 *The Northern Advocate* observed that "every now and then an outbreak of disease in some little cluster of Maori hovels or the discovery that certain Maoris are living in conditions of wretchedness and squalor, awakens the authorities to a sense of their responsibilities." According to this newspaper, most Maori homes were no more than iron sheds full of holes with mud floors and no water supply or sanitation: "there are even cases where Maori families are to be seen living in huts roofed with raupo in the old primitive style" (September 9, 1938).

14. Requests for Assistance and the Limits of Government Intervention

14.1 Muriwhenua Maori recognised that their situation was such that they could not remedy it without assistance from government. They made repeated requests, but these produced little result.

14.2 In May 1935 Hare Reweti of Pamapuria wrote to the Minister of Education to request emergency assistance. Floods had destroyed the kumara crop and left his family without any food. He asked for flour, sugar, rice, oats, potatoes and seed potatoes as well as raincoats and shoes for the children. In his letter Reweti said he had been "forced to ask you for assistance because I am very poor" (BAAA 1001/997b). Obviously, it was not the fault of the government that the flood occurred, but the marginal existence of the people of Pamapuria meant that they did not have the capacity to withstand such natural disasters.

14.3 In May 1927, Charles Nepia, Chairman of the Ahipara Native School Committee, wrote to the Department of Education asking it to help "indigent Maoris to obtain ... a fishing net to enable them to supplement their usual means of subsistence." He wanted this because of "the low price of gum and the partial failure of the kumara crop many of our people are in a very poor way" (BAAA 1001/928a). A month earlier Sam Ritete, Chairman of the Lake Ohia Native School Committee, had also requested a fishing net "so that we can get a supply for our children. As the price of gum is very low especially the scarcity of gum" (BAAA 1001/948a). The first such request had been made in December 1878 when Te Paki Karaka and five others of Kaitaia requested a fishing net for the Hauturu Native School (BAAA 1001/429c).

14.4 A major government initiative was the Te Kao development scheme of the 1920s. While the investment of money and construction of infrastructure no doubt had some positive effects on the standard of living of local Maori through employment opportunities, the scheme itself does not appear to have greatly improved the living conditions of the people of Te Kao. In January 1938, the Minister of Health, Peter Fraser, was told by Wiana Kingi that "the homes of the owners of these sheds should be dealt with first, the cows should come second" (Michael Belgrave, ch 10). Those employed to work on the scheme were housed in "temporary shacks" (*The Northern Advocate* , 4 May 1937).

14.5 While a considerable amount of money was invested dairy farming, no attempt was made to improve the water supply at Te Kao. In 1927 local Maori petitioned for a piped supply. A report was

prepared for the Department of Health, but, at a cost of £1,349, the scheme was considered too expensive (H1/36/1/8). Similarly, Te Rangi Hiroa, the Director of the Division of Maori Hygiene, thought the proposed water supply was too expensive when Maori could get water from wells and the local stream. He stated that "comparing conditions which exist in many other Native settlements only strengthens my views that there are many other water supplies more urgently needed than the supply at Te Kao" (Ibid). The people of Te Kao made the same request in February 1938: "the stream which serves our purpose at present is not suitable as it is fed by several streams which pollute it. During the summer months we live in dread and fear, when using it lest we should be stricken with typhoid fever" (H1/194/19/13970).

14.6 There was an attempt to alleviate the apparently intractable health problems of Muriwhenua Maori through the appointment of a district nurse and the payment of subsidies for medical practitioners to treat Maori free of charge. Te Rangi Hiroa, however, thought that the subsidies were expensive and had little impact on Maori health (Michael Belgrave, ch 10). Undoubtedly more effective were the district nurses who attempted not only to cure but also to educate through visits to schools and lectures. In the late 1920s the district nurse at Kaitaia visited as many as 100 patients in their homes a month. In December 1927, for example, she attended 90 cases, including 7 cases of influenza, 4 of bronchitis and 6 of pleurisy. She also visited schools and gave a number of lectures on topics ranging from the feeding of infants to preventing the spread of infection (Ibid). While the impact of the district nurse in providing care and

health education should not be underestimated, the real health problems associated with poverty remained.

14.7 The isolation and poverty of Maori communities in the Far North meant that it was difficult for them to persuade the government to take serious note of their plight. A request for a nurse at Te Kao was turned down as unnecessary in 1927 (H1/194/19/13970). Nonetheless, reports on the poor health and living conditions of Muriwhenua Maori continued to appear on the desks of officials. In May 1933 the Whangarei Medical Officer of Health investigated standards of hygiene in North Auckland schools. He concluded that the schools had adequate sanitation but that the children suffered from poor hygienic conditions at home. However, he did note that all schools in the Far North were short of a good water supply (BAAA 1001/103a).

14.8 In October 1933 Judge Acheson thought that only a few children at Te Hapua school looked healthy. He considered the infant mortality rate "a public scandal." In April 1934 Cook had investigated the health of Maori in the Far North and found that although actual malnutrition was rare, general health standards were poor. He was particularly concerned with the high incidence of tuberculosis and contagious eye conditions (H1/194/19/13970).

14.9 In February 1937, the Acting Minister of Native Affairs, Frank Langstone, admitted that though piecemeal attempts had been made in the past to improve the situation at Te Hapua, concentrated co-ordination of effort was needed to bring about better results: "the problem is not merely one of health, but of land titles, poor lands,

want of proper housing, lack of good water and work, which will be tackled and handled forthwith by the concentrated efforts of the various State Departments concerned and their staffs" (MA 1/19/1/660 W2459).

14.10 In response to the Cook and Watt report, Langstone visited Te Hapua in February 1937. He found Maori "living in appalling poverty. No attempt had been made to work the land. There was a large trade in liquor and old motor cars" (*The Argus* , 3 February 1937). The Right Reverend Bennett, Bishop of Aotearoa, who had accompanied Langstone on this visit to Muriwhenua, "strongly deprecated the abject poverty of Maoris in the Te Hapua district." He was struck by the exceptionally poor condition of Maori land, and suggested moving Maori families to Kapowairua (*Auckland Weekly* , 10 February 1937). Greensmith, the now retired Te Hapua teacher, objected to moving people from Te Hapua: "to remove Te Aupouri to any place south of the Parengarenga Harbour would be, to them, expatriation, and so disastrous" (MA 1/19/1/660 W2459). The teacher at Te Hapua, L O Morgan, told Langstone what the government had been repeatedly told over the past 50 years: access to medical care was inadequate. Maori had to travel some 65 miles on bad roads to visit the nearest doctor, while the district nurse was stationed over 40 miles away at Houhora (MA 1/19/1/660 W2459).

14.11 The government, then, did make some attempts to alleviate the deprivation of Muriwhenua Maori, and various ministers and officials, notably Judge Acheson, were genuinely concerned about the situation. However, the provision of inadequate medical services and the Te Kao development scheme were palliatives

rather than real solutions to the widespread poverty and poor health which afflicted Maori.

14.12 A contemporary example of government intervention to promote better health in isolated rural communities comes from the Highlands and Islands of Scotland (David Hamilton, "The Highlands and Islands Medical Services," in Gordon McLachlan (ed), *Improving the Common Weal. Aspects of Scottish Health Services, 1900-1984).* A 1912 investigation "gave a gloomy picture of the health of the area, as judged by infant mortality rates and tuberculosis, and it echoed the findings of earlier reports" (p.486) The committee who conducted the inquiry also noted the poor housing and nutrition of the people and the low standard of medical practice. In response to these findings, the Highland and Islands Medical Service was established with an annual budget of £42,000. Despite a number of problems, the service proved successful: "in 1936 the Cathcart Report planned a national health service for Scotland, and in its review it acknowledged the success of the Highlands and Islands Medical Service: the Highlands, for the first time in centuries, were no longer a problem." (p.488) This does suggest that resolute and co-ordinated action on part of the government can substantially alter a bad situation in a relatively short space of time.

15. Conclusion

15.1 This submission has been concerned with the relationship between economic disadvantage, political action and inaction, and social deprivation. It takes the high rates of mortality and morbidity,

which persist well into the 20th century, as both indications and consequences of social deprivation. It concludes that the Crown, directly and indirectly, played a crucial part in the complex developments which resulted in the economic and social deprivation outlined above.

15.2 Specifically, the Crown, through successive governments, was responsible for a failure to prevent the alienation of land to the extent that during the period under discussion Muriwhenua Maori lacked an adequate economic base; a failure to extend to Maori, including Muriwhenua Maori, the equivalent remedial efforts that governments made in connection with other disadvantaged groups; a failure to regulate the conditions of the gum industry in the way in which it regulated other industrial activities through the Department of Labour; and a failure to deal with the 'diseases of poverty' by efforts to raise the Maori standard of living and the provision of adequate medical services.

APPENDIX 1

J S Reckie, District Native Health Officer, to Undersecretary, Department of Justice, 29 June 1903; E W Matthews, Teacher, Te Hapua Native School, to J S Reckie, District Native Health Officer, 13 June 1903, J1/1903/850.

J1903/850

Kaitaia

June 29th 1903

Undersecretary
Department of Justice
Wellington

Dear Sir—

Several times during the past two months the Native School teacher at Parenga has sent to me for medicine for the natives which I have furnished to him, but the demand is so much for quantities that I requested a report from him and this he has sent me and I enclose it here-with.

You will notice that there have been 9 or 10 deaths lately and that at present (100) one hundred are sick He has tried to describe their disease in his report.

Today he came personally — ninety miles — it is now the winter vacation — to get advice respecting an old man who has some kind of stomach disorder and about a young girl who has gangrene of the upper jaw (that is I judge so from what he tells me).

I address these lines to you that you may if you deem it necessary send one or some other to investigate this sickness personally.

Very respectfully Yours

John Rekoi M.D. Ch.
District Native Health Offr.

NATIONAL ARCHIVES OF NEW ZEALAND
Head Office Wellington

Registered 13.6.03.

J 1903/850

Dr Keelie,
Kaitaia

My dear Sir,

I received your message requesting me, to write, and tell you, all about the sick children. together with their cases and everything connected with this illness. Will do the best I can.

Boy. Wirempaanga Murray. 6 months old. Cough, Fever, convulsions, Dead
Girl. Puti Taka. 1 year. Cough, Fever, no appetite, weak pulse, wasted away, Dead
Boy. Tipene Tipene 9 months Cough, intermittent Fever, Costiveness, Convulsions Dead
Girl. Flora Barton 8 years. Cough, high Fever, pulse never under 140 often 160 temp. covered with dark brown fur, pain in the limbs and back, and in the stomach, could not sleep, skin dry and parched, profuse sweating in head for hours at a time, always moaning, was so weak, had to be lifted also stools of pure matter very offensive, dark coloured urine, also offensive. Dead.
Girl. Mary Noble. 5½ years. Same as Flora Barton Dead.
Girl. Grace Hemana, 7 years, Same as Flora Barton Dead
Girl. Whena Heke. 2 years Same as Tipene Dead
Girl. Mary Apirahama 6 months Same as Tipene Dead
Boy. Patrick Job. 5 months Same as Tipene. Watched night & day is alive now
Boy. Hetaraka Mota, 9 months. Same as Tipene Tipene Dead
1 Girl. Letitia Isaiah. 9 years. Same as Flora Barton, taken ill in February not strong yet, but recovering slowly. Consider her out of danger.
2 Girl. Mihi Rewiri. 7 years. Same as Letitia Isaiah.
3 Girl. Maggie Barton. 14 years. Same a Letitia Isaiah.
4 Girl. Hilda Barton 10 years. Same as Letitia Isaiah. Got strong quicker now at School
5 Girl. Elsie Barton 5½ years. Same as Hilda Barton
6 Girl. Carrie Rewiri 8 years. Same as Hilda Barton
7 Boy. Willie Barton 8 years Same as Hilda Barton
8 Girl. Lily Barton 12 years Same as Letitia Isaiah
10 Boy. Marsh Barton 5½ years Same as Flora Barton is still very weak and I do not consider that he is out of danger, but the chances are that he will recover. still has my constant attention.
11 Boy. Richard Murray. 2 years. Same as Hilda Barton.
12 Girl. Lydia Taka 3½ years. same as Hilda Barton Letitia Isaiah
13 Girl. Charlotte Brown 5½ same as Letitia Isaiah.

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Head Office Wellington

14 Girl. Ruth Isaiah. 8yr Not quite so bad as Hilda. But nearly died
15 Girl. Marella Mihaka 5 years Same as Ruth with very sore mouth
16 Girl. Blanch Norman 8 yrs Same as Ruth, ill a longer time not well yet
17 Girl. Emily Murray 10 yrs Same as Ruth but not quite so bad.
18 Girl. Peta Horn 8½ Same as Emily ill longer.
19 Girl. Harriet Hereford 12 Same as Emily.
20 Girl. Eliza Murray 8½ Ordinary Whooping Cough of severe type.
21 Girl. Minnie Harrison 11yr Same as Eliza.
22 Girl. Pikaia Jed 10 yrs Same as Letitia.
23. Boy. Pete Jed. 7 yrs Same as Letitia
24. Girl. Jane Jed 5½ yrs Same as Letitia
25. Boy. Haimona Jed 3 yrs Same as Letitia.
26. Boy. Tepania Jed 2 yrs Same as Letitia.
27. Girl Nga Noble 7 yrs Same as Emily.
28 Girl. Dorothy Noble 6 yrs Same as Emily.
29 Girl. Annie Wi 12 Same as Letitia is not well yet tendency consumption
30 Girl. Maggie Subritzky 5 yr Same as Eliza.
Girl. Annie Norman 2½ yrs Same as Eliza.
32 Girl. Alice Norman 1 yr Same as Eliza. not so severe
33 Girl. Meri Norman 1½ yrs Same as Eliza. not well yet
34 Girl. Mere Paea 3 yrs Same as Eliza.
35 Girl. Mata Whio 10 yrs Same as Eliza.
Boy. John Whio 6 yrs Same as Eliza.
37 Girl. Jane Mihaka 2½ Same as Eliza
38. Boy. Hemonate Mihaka 10 months Same as Eliza nearly died
39. Girl. Annie Hereford 7 yrs Same as Eliza.
40 Boy. Nga Wati. Hereford 8 yrs Same as Eliza
41 Boy Henry Hereford 4 yrs Same as Eliza
42 Boy Wi Hereford 3 yrs Same as Eliza
43 Boy Hetareka Hereford 1 yr Same as Eliza
44 Boy Sam Rewiri 1½ Same as Eliza
45 Girl Kara Tipene 3 yrs Same as Eliza
46 Girl Ka Tipene 1½ yrs Same as Eliza
47 Boy George Roberts 6 yrs Same as Eliza

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Head Office Wellington

T 1903/550

48 Girl. Kara Tipene 3yr Same as Eliza perhaps a little worse.
49 Girl. Ka Tipene 1½" Same as Eliza " " " "
50 Girl. D. [illegible] Roberts 2½. Same as Eliza, ill longer.
51 Boy. Tautahi Roberts 1" Same as Letitia. this boy was near death
52 Boy. Heka Rewiri 4½" Same as Eliza.
53 Boy. Te Ori Rewiri 3. Same as Eliza.
54 Girl. Nga Peka Rewiri 9 months Same as Letitia, this girl was very near death
55 Boy. Te Waru Tauaki 6yr Same as Eliza was ill longer.
56 Boy. Heiri Tauaki 3" Same as Eliza
57 Girl. Te Kahupo 1" Same as Letitia this girl was very near death
58 Girl Subritzky Maggie 5" Same as Eliza.
59 Girl. Emere Subritzky 4" Same as Eliza.
60 Boy. Jaukini Subritzky 18 months Same as Eliza.
61 Girl. Alice Job 5yr very slight attack of Whooping cough may get worse
62 Girl. Mars Motu 4 yrs Same as Eliza.
63 Girl. Penia Motu 2" Same as Eliza.
64 Boy David Barton 1½ yrs Same as Eliza not well yet
65 Girl. Lavinia Isaiah 4 yrs Same as Eliza
66 Girl. Martha Isaiah 1yr Same as Letitia still pretty bad.
67 Girl. Annie Ham 7½ yrs Same as Eliza.
68 Girl. Selina Abraham 10 yr Same as Eliza.
69 Boy. Hepa Wahapu 16 yrs Ordinary Whooping cough mild form
70 Boy Ika Ben 14 " Same as Hepa Wahapu.
71 Boy John Brown 13 " Same as Hepa Wahapu.
72 Boy. Robin Wahapu 12" Same as Hepa Wahapu.
73 Boy. Willie Hanford 12" Same as Hepa Wahapu.
74 Boy Rata Rewiri 11" Same as Hepa Wahapu
75 Girl. Annie Rewiri 9" Same as Hepa Wahapu
76 Boy. Reggie Hanford 12" Same as Hepa Wahapu
77 Girl. Martha Hanford 13" Same as Hepa Wahapu
78 Girl. Amelia Wahapu 13" Same as Hepa Wahapu.
79 Boy. Willie Abraham 10yr Same as Eliza
80 Boy. John Norman 8yrs Same as Eliza ill longer
81 Girl James Noble 10 yrs Same as Eliza

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82 Boy. Henry Noble 8½yrs Same as Eliza
83 Boy. Pakinga Noble 2yrs Same as Hepa Wahapu
84 Boy. Gaston Murray 7yrs Same as Eliza
85 Boy. Te Ra Moa 8½yrs Same as Eliza
86 Boy. Rata Harrison 8yrs Same as Eliza
87 Boy. Hubert Schultzky 6yrs Same as Eliza
88 Boy. Paul John 11yrs Same as Eliza.
89 Boy. Henry Horn 6yrs Same as Eliza
90 Boy. Edward Mark 12yrs Same as Hepa Wahapu perhaps worse
91 Girl. Ngaro Hubert 14yrs Same as Annie W.
92 Boy. Thomas Whio 12yrs Same as Eliza with raging fever
93 Boy. Bill Harrison 13yrs Same as Thomas Whio
94 Boy. Arthur Rata 15yrs Same as Thomas Whio
95. Boy. Brian Cook 15yrs Same as Hepa Wahapu.
96. Boy James Horn 9yrs Same as Eliza
97. Boy —— Matene 10yrs Same as Eliza
98. Boy —— Matene 8yrs Same as Eliza
Girl —— Matene 5yrs Same as Eliza
100 Boy Leonard Bewrii 13yrs this boy was diffrent from all the others. he screamed with pain all night long for nights together. and got so weak that he could not raise himself to a sitting posture, Had a deal of trouble with this case. he is now doing well but rather thin

Nos 1. 2. 3. 4. 5. 6. 7. 8. 10. 11. 12. 13. 14. were dreadfully sick. it was vomit, vomit. when they had nothing in their stomachs, the only way I could stop the retching was to let them drink warm water, they were so weak. that I often thought they would die as they were retching

Nos 15. 16. 17. 18. 19. 20. 22. 23. 24. 25. 26. 33. 37. 38. 44. 45. 46. 48. 49. 50. 51. 52. 53. 55. 56. 57. 58. 59. 65. 66. 80. 84. 87. 89. were also very sick they would vomit after the least exertion. They threw up any thing that they ate, but did not get so weak as Nos 1 5 14.

The remaining Nos the vomiting was nothing alarming

Sincerely Yours
E. Y. R. Matthews
Teacher Te Hapua Native School

over

NATIONAL ARCHIVES OF NEW ZEALAND
Head Office Wellington

NATIONAL ARCHIVES OF NEW ZEALAND
Head Office Wellington

P. S

There are about 30 Children living on the other side of the river, they do not come to school so that I do not know their names or ages nor could I possibly go and see them when they were ill. I sent them medicine. 3 of the children mentioned died there. viz. Mary Noble. Whenua Heke, and Mary Aperahama. I did not see these Children but the parents told me I think they were so I have stated.

E M A M

APPENDIX 2

Duncan Cook, Medical Officer of Health, and A H Watt, Teacher, Te Kao Native School, Report on Te Hapua and Te Kao, 19 October 1936, MA 1/19/1/660 W2459.

COPY:

DEPARTMENT OF HEALTH.

District Office,
Whangarei.

19th. October, 1936.

MEMORANDUM FOR:-

The Director-General of Health,
WELLINGTON.

Health of Maoris - Te Hapua and Te Kao.

In reply to your memorandum of the 12th. instant, I enclose survey of the housing and economic conditions as found in the above settlements, in conjunction with Mr. Watt, Native Schoolteacher at Te Kao. Mr. Watt is also endeavouring to obtain at the moment an approximate idea of the weekly incomes of the families, and these will be forwarded later.

I have carefully considered the late Colonel Bell's report on Te Hapua, and agree in the main with the statements which he has made. But the question of a remedy is a much more difficult matter than it appears at first sight. A remedy has been considered by both Mr. Watt and myself in our report on the district, and we have stressed the importance of economic development as well as the provision of houses. These two remedies are inseparable, and unless they are considered as such, no improvement in the health of the natives will follow.

The trouble at Te Hapua is that in the past the various houses were located with reference to the school, rather than an agricultural land. The new houses which are urgently required must be relocated on arable land, where each Maori family could grow a considerable part of their own food supply.

However, a policy of this nature is impossible unless the present school has a boarding establishment attached where the children could be housed and fed for at least five days of the week, returning to their homes at the week-end if possible.

I am definitely of the opinion that if the Maoris in Te Hapua are ever to become self-supporting, and not parasitic on the white population of New Zealand as they are at present, they must have a boarding school of this nature, as well as small homesteads and farms located on the best pieces of soil.

A policy of this nature is difficult, but as I have suggested, responsible members of the Government should visit the district, accompanied by the necessary advisors, and formulate a policy for the future.

(Sgd). DUNCAN COOK.

Medical Officer of Health.

Copy.

Native School,

Te Kao,

North Auckland.

.....1936.

Dear Sir,

A survey of the living conditions of the Maori people resident in the districts centred in the settlements of Te Kao and Te Hapua near the North Cape, to undertake which, leave was granted the writer, has with the co-operation of Dr. Duncan Cook, Medical Officer of Health for the North Auckland District, been completed.

Field records, showing particulars of houses, their contents and occupants are available if required. The making of these entailed a visit to every house in permanent occupation in the two districts.

The survey shows a really deplorable housing condition to exist in both settlements, but more particularly at Te Hapua. Lack of even the most elementary aids to decency and comfort has produced what might be expected, i.e., a population with a low resistance to disease in general and a high degree of tuberculosis infection.

The photographs and statistics accompanying this indicate the urgent need for some amelioration of the condition of these people.

The cost of education and health services will have been largely wasted if it is not followed up by some practical consideration of their material welfare. Better housing is urgently required and in this connection it is recommended that the pise de terre, or rammed earth system of building construction be given a trial.

The remoteness of Te Kao and Te Hapua from European settlement has not been without its advantages to the people, but it has meant also the absence until recently, of any employment other than that of gum-digging. Soon after the inception of New Zealand's kauri gum trade the Maori in the extreme north began to take part in it. It might be regarded as mainly beneficial to him at first, for it was a means by which he could acquire metal tools, utensils, etc.. Gum was plentiful and easily procured. The gathering of it absorbed little of his time and did not interfere unduly with his mode of life. For a time he retained his own clothing and continued to eat the food of his fathers, but gradually needs were born that only the pakeha could satisfy. As gum became scarcer and absorbed more of his time in its collection, what had hitherto been his chief occupation, viz., the cultivation of food crops, fishing, etc., were neglected, and it was not long before he became almost entirely dependent on the trader for everything, including food and clothing.

Temporary camps among the gum swamps, provisioned with store "tucker" housed him for most of the year. An iniquitious system of advancing goods against gum yet to be dug kept him permanently in debt to the trader, and produced all the attendant evils of such a system.

The effect of a life of that nature upon the women and children can easily be imagined. The mothers, deprived of the natural foods to which they were accustomed, and existing largely on tea and bread on the gum fields - where they had to do a full share in the incess- and search for gum - were unable to supply their infants with proper nourishment. Infant mortality rose rapidly, the stamina of the people decreased, laying them open to the attacks of tuberculosis, which became rife among them.

Such was their condition when land development was inaugurated at Te Kao in 1925. At Te Hapua for the past year or so land drainage and clearing under the Native Land Development Scheme has occupied the people and kept most of them off the gum fields. The Te Kao folks are now engaged in dairying in a small way, but at Te Hapua nothing of that nature has yet been attempted, nor does it appear possible to introduce it there owing to the unsuitability of the land and the great distance from a dairy factory.

The solution of the economic problem at Te Hapua will be difficult. The work on which the people are at present engaged is not of a nature that will go very far towards improving their position permanently. Dairying for them is out of the question; there is no other industry to which the people can turnfor a decent living. Gum is now so scarce that it does not provide one, but even if it did, the industry is a harmful one to the Maori, as has been shown.

It has been suggested that the population should be transferred en masse to some other district where more fertile land is available, but it is unlikely that they would agree to this, and it would not be reasonable to compel them to go. If they must be assisted - and they can hardly be left intheir present condition - some scheme that would have as its aim the permanent improvement of their state should be put into operation without delay. As mentioned above, no industry that could absorb their labour exists in the district, which is for all practical purposes an island, but that is not to say that such a condition will always obtain. It appears to the writer that if assistance were provided to enable them to establish themselves in small homesteads on the most suitable land in the neighbourhood, with guidance and supervision they could produce all, or nearly all their own food.

The ideal condition would be a comfortable cottage with a good water supply and suitable provision for bathing and washing, sufficient grass land to feed a cow or two, shelter belts and an orchard and garden. With fish and shell-fish, in addition to milk and butter and the produce of garden and orchard, the food problem would be solved.

If the pise' de terre system of building were adopted the cost of the cottage could be kept at a very low figure.

Seasonal occupations would be needed to provide the wherewithal to purchase clothing etc. A restricted amount of seasonal, organised gum-digging with State purchase of a definite quantity of gum per year would perhaps, if no other means presented itself, see them through.

Any scheme would require to be handled by someone living among the people and prepared to devote his whole time to their guidance and help. The survey just completed shows them to be living under conditions that are no credit to the country, breeding children condemned to a life of comparative misery if they do not die of tuberculosis before reaching adolescence.

Further Remarks by Dr. Cook, Medical Officer of Health, Whangarei.

In addition to the general survey of Te Hapua and Te Kao, in which I was associated with Mr. Watt, I have the following information to report:

The enclosed vital statistics indicate the effects of the atrocious living and economic conditions of the natives in the two most northern settlements of New Zealand. Mr. Watt has briefly indicated in his report how the economic status of the natives has been altered by the gum industry, and how that industry in decline has left the population, particularly in the vicinity of Te Hapua, without adequate means of livelihood. The statistics also reveal that improvement in economic conditions alone will promote the health of the population. Thus the dairying scheme of the Tokerau Land Board in Te Kao, though far from being completely adequate to meet the needs of the situation, has improved the economic conditions to such an extent that the health of this community, although far from satisfactory, is better than at Te Hapua.

It can therefore be stated, simply but with conviction, that the health of both of these settlements can only be improved by a complete scheme of housing and economic development, and that the provision of houses alone will not be sufficient. In Te Kao, there is no doubt that the present dairying scheme can be promoted to a greater extent than at present, so that the inadequacy of suitable work for adolescents as they leave school can be corrected, with the certainty of a piece of land for themselves as soon as they are able to work it.

A point of interest when Te Kao is under consideration is the Tokerau Land Board's store. This store is able to control the type of goods for sale, so that no articles of luxury are obtainable there. It also provides the most suitable type of food and clothing for the limited incomes of the people. This is particularly reflected in the clothing of the children in the Te Kao settlement, which, despite its remoteness from a centre of population, nevertheless has better dressed children than the average native settlement. A store of this nature is urgently required in Te Hapua and should be considered if a development scheme is adopted there also.

In Te Hapua conditions are different, as it is doubtful whether land suitable for dairying could be found in sufficient quantities, and in addition, there would be no means of transporting the cream to the factory. Mr. Watt's ideas for Te Hapua therefore deserve earnest consideration.

SUMMARY. We therefore suggest that houses be provided where required in both Te Kao and Te Hapua, but state it as our opinion that a scheme of economic development, as already described, is an inseparable part of the problem of health improvement in these two settlements.

It would therefore appear to be necessary for a responsible member of the Government to visit the northern peninsular, accompanied by the necessary advisers, with a view to framing a suitable plan of development.

(Sgd) Duncan Cook.
Medical Officer of Health.

VITAL STATISTICS - TE KAO

NATIVE SETTLEMENT

1914-1934.

Year	Deaths	Births	Infant Deaths under 1 yr.	Deaths up to 5 yrs.	Deaths T.B.
1914	4	8	0	2	2
1915	5	8	1	1	0
1916	7	8	3	3	4
1917	6	6	1	1	1
1918	12	10	0	2	0
1919	5	3	1	3	0
1920	6	14	2	3	2
1921	5	11	2	3	0
1922	7	14	2	4	1
1923	3	10	1	1	0
1924	5	11	2	2	0
1925	8	11	0	3	2
1926	6	14	2	2	1
1927	6	13	2	3	1
1928	4	18	2	2	0
1929	4	9	1	2	0
1930	4	16	1	1	1
1931	2	9	0	0	2
1932	5	14	1	3	1
1933	2	11	1	2	0
1934	4	16	1	1	2
Totals:	110	234	26	44	20

Infant Mortality - 111/1

11.1% of all children died before 1 year old.

18.8% " " 5 "

18.1% of all deaths due to Tuberculosis.

VITAL STATISTICS - TE HAPUA.

NATIVE SETTLEMENT.

1914-1934.

Year	Deaths	Births	Infant Deaths Under 1 yr.	Deaths up to 5 yrs.	Deaths T.B.	Deaths Typhoid	Deaths Influenza
1914	7	23	3	5	1	-	-
1915	8	24	4	6	1	-	-
1916	11	15	6	8	1	-	-
1917	3	16	0	0	2	-	-
1918	38	25	4	4	5	-	29
1919	16	7	7	9	2	-	-
1920	5	16	1	1	2	-	-
1921	17	20	5	9	3	-	5
1922	4	6	0	0	3	-	-
1923	6	13	1	2	3	-	-
1924	12	14	1	2	0	10	-
1925	11	17	3	6	3	-	-
1926	5	14	4	4	0	-	-
1927	4	17	2	4	1	-	-
1928	9	21	3	3	2	-	-
1929	3	24	2	2	1	-	-
1930	7	26	4	4	2	-	-
1931	8	23	3	5	3	-	-
1932	12	24	4	9	2	-	-
1933	14	25	3	5	7	-	-
1934	5	18	2	3	3	-	-
Totals:	205	388	62	91	47	10	34

Infant Mortality - 159.6

15.9% of all children died before 1 year old.

23.4% " " 5 "

22% of all deaths due to Tuberculosis.

HOUSING AND ECONOMIC SURVEY.

TE KAO.

46 houses surveyed in Te Kao.
Detailed findings as follows:-

1. Not repairable. New house required, with bathroom and water supply.

   Health: Mother died Tuberculosis. Health moderate.

2. Question of repairability doubtful. Bathroom and water supply required.

   Health: Moderate.

3. Not repairable. New house required, with bathroom and water supply.

   Health: Moderate.

4. General overhaul required, papering, painting etc. 2/600 gallon tanks and bathroom to be installed.

   Health: Tuberculosis in family.

5. Not repairable. New house required, with bathroom and water supply.

   Health: Moderate.

6. Not repairable. New house required, with bathroom and water supply.

   Health: Mother died of Tuberculosis. Health moderate.

7. Not repairable. New house required, with bathroom and water supply.

   Health: Tuberculosis in family.

8. Not repairable. New house required, with bathroom and water supply.

   Health: Tuberculosis in family.

9. Not repairable. New house required, with bathroom and water supply.

   Health: Tuberculosis in family.

10. General overhaul required, papering, painting etc. 2/600 gallon tanks and bathroom to be installed.

    Health: Active Tuberculosis in family.

11. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

12. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

13. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

14. Not repairable. New house required, with bathroom and water supply.

Health: Active Tuberculosis in family.

15. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

16. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

17. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

18. NNot repairable. New house required, with bathroom and water supply.

Health: Moderate.

19. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

20. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

21. Not repairable. New house required, with bathroom and water supply.

Health: Mother suspicious Tuberculosis.

22. New house in course of erection.

Health: Wife active Tuberculosis.

23. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

24. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family. Wife blind from Trachoma.

25. Not repairable. New house required, with bathroom and water supply.

Health: Wife died from Tuberculosis. Health moderate.

26. Not repairable. New house required, with bathroom and water supply.

Health: Wife active Tuberculosis.

27. Not repairable. New house required, with bathroom and water supply.

Health: Husband died from tuberculosis. Health poor.

28. General overhaul required, painting, papering etc. 2/600 GALlon tanks and bathroom to be installed.
Health: Active Tuberculosis in family.

29. Not repairable. New House required, with bathroom and water supply.

Health: Moderate.

30. Not repairable. New house required, with Bathroom and water supply.

Health: Tuberculosis in family.

31. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

32. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

33. Not repairable. New house required, with bathroom and water supply.

Health: Husband died of Tuberculosis. Health poor.

34. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

35. Not repairable. New house required, with bathroom and water supply.

Health: Active Tuberculosis in family.

36. Not repairable. New house required, with bathroom and water supply.

Health: Active Tuberculosis in family. Urgent case.

37. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

38. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

39. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

40. Not repairable. New house required, with bathroom and water supply.

Health: Mother suspicious of Tuberculosis.

41. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

42. Repairable. General overhaul, bathroom and water supply required.

Health: Husband suspicious of Tuberculosis.

43. Repairable. General overhaul, bathroom and water supply required.

Health: Active tuberculosis in family.

44. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

45. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

46. Repairable. General overhaul, bathroom and water supply required.

Health: Tuberculosis in family.

HOUSING AND ECONOMIC SURVEY.

TE HAPUA.

49 houses surveyed in Te Hapua.
General findings as per enclosed sheet. Detailed findings as follows:-

1. Satisfactory house. Alterations recommended: 2/600 gallon tanks, also bathroom to be installed.

   Health: Tuberculosis on both sides of the family. Health of both husband and wife suspicious.

2. Unsatisfactory house. General overhaul required, papering and painting etc. 2/600 tanks and bathroom to be installed.

   Health: Father of this family died of Tuberculosis; health of whole family suspicious. Recent gonorrhoeal infection.

3. Not repairable. New house required, with bathroom and water supply.

   Health: Father died of Tuberculosis. Members of the household affected with Tuberculosis.

4. Not repairable. New house required, with bathroom and water supply.

   Health: Tuberculosis in family. Father blind from Trachoma.

5. Not repairable. New house required, with bathroom and water supply.

   Health: Whole family suspicious of Tuberculosis.

6. General overhaul required, papering, painting etc. 2/600 gallon tanks and bathroom to be installed.

   Health: Tuberculosis in family.

7. Not repairable. New house required, with bathroom and water supply.

   Health: Moderate.

8. Not repairable. New house required, with bathroom and water supply.

   Health: Moderate.

9. Not repairable. New house required, with bathroom and water supply.

   Health: Tuberculosis in family.

10. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

11. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

12. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

13. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

14. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

15. Not repairable. New house required, with bathroom and water supply.

    Health: Mother died of Tuberculosis. Remainder of family suspicious of Tuberculosis.

16. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

17. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

18. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

19. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

20. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

21. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

22. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

23. Question of repairability doubtful. Bathroom and water supply required.

    Health: Tuberculosis in family.

24. General overhaul required, papering and painting, etc. 2/600 tanks and bathroom to be installed.

    Health: Moderate.

25. Not repairable. New house required, with bathroom and water supply.

    Health: Suspicious of Tuberculosis.

26. Not repairable. New house required, with bathroom and water supply.

    Health: Husband died of Tuberculosis. Health moderate.

27. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

28. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

29. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

30. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

31. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

32. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

33. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

34. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

35. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

36. Not repairable. New house required, with bathroom and water supply.

Health: Eight children recently boarded out in district. Tuberculosis had.

37. Not repairable. New house required, with bathroom and water supply.

Health: Daughter died of Tuberculosis. Tuberculosis in family.

38. Not repairable. Occupied by a young girl, 32 years old, who is suffering from Tuberculosis. Going to Hospital as soon as possible. House should be burnt when vacated.

39. Not repairable. New house required, with bathroom and water supply.

Health: Tuberculosis in family.

40. Not repairable. New house required, with bathroom and water supply.

Health: Moderate.

Head Office New Zealand Wellington

41. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

42. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

43. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

44. Not repairable. New house required, with bathroom and water supply.

    Health: Father died of Tuberculosis. Health moderate.

45. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

46. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

47. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

48. Not repairable. New house required, with bathroom and water supply.

    Health: Tuberculosis in family.

49. Not repairable. New house required, with bathroom and water supply.

    Health: Moderate.

At first sight it might appear that some of the houses which we have condemned are repairable, but from the point of view of health, new houses are desirable. On the other hand, there is the mental effect of a new home, which should stimulate and promote the desire for decent surroundings, which are inseparable from a healthy life.

(Sgd) Duncan Cook

Medical Officer of Health.

APPENDIX 3

Population Statistics for Maori and Pakeha, BARR 1001/103a.

POPULATION.

	Maori	European
1920	49,776	1,192,620
1921	52,751	1,223,901
1922	52,231	1,251,895
1923	53,642	1,274,551
1924	53,983	1,298,635
1925	54,669	1,329,759
1926	60,773	1,352,927
1927	64,375	1,374,439
1928	65,050	1,390,684
1929	65,983	1,406,942
1930	67,292	1,425,084
1931	68,515	1,444,901
1932	69,878	1,456,237
1933	72,481 x	1,473,444 x

x Preliminary Figure.

	Birth Rate per 1000 of Mean Population.		Death Rate per 1000 of Mean Population.		Natural Increase per cent.	
	Maori	European	Maori	European	Maori	European
1920	20.21	25.09	18.34	10.15	.87	
1921	20.02	23.34	15.96	8.73	.41	
1922	27.09	23.17	17.15	8.77	.99	
1923	22.02	21.94	14.21	9.03	.78	
1924	23.08	21.57	14.32	8.29	.88	
1925	31.39	21.17	15.86	8.29	1.55	
1926	25.27	21.05	15.12	8.74	1.02	
1927	23.22	20.29	16.05	8.45	.72	
1928	28.36	19.56	17.28	8.49	1.11	1.0
1929	33.58	19.01	13.73	8.75	1.99	1.0
1930	31.56	18.80	14.06	8.56	1.75	1.0
1931	33.74	18.42	14.84	8.34	1.89	1.0
1932	39.28	17.09	17.06	8.02	2.22	.90

INFANTILE DEATH RATE PER 1,000 LIVE BIRTHS.

	TOTAL		FIRST MONTH		OVER ONE MONTH	
	Maori	European	Maori	European	Maori	European
1925	107.23	39.96	28.55	26.4	78.68	13.5
1926	117.19	39.76	30.60	25.46	76.59	14.3
1927	157.86	38.74	26.08	28.83	131.78	12.91
1928	118.16	36.18	28.19	25.44	89.97	10.74
1929	78.52	34.10	17.60	23.26	60.92	10.84
1930	88.51	34.48	24.44	24.03	64.07	10.45
1931	95.59	32.15	14.71	22.69	80.78	9.46
1932	95.45	31.22	22.22	21.30	73.23	9.92
Av. for 5 yrs 1928-32	94.56	33.67	21.17	23.29	61.39	10.38