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Ko Aotearoa Tēnei

This is Aotearoa New Zealand

A report on the 2017 Māori Health Hui

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Whāia te iti kahurangi, ki te tūoho koe me he maunga teitei

Aim for the stars – should you stumble, let it be to a high mountain

Whakatauki (proverb)

But Cook's people did not stay British. They succumbed to the whenua's slow seduction just as surely as Kupe's people had. The transplanted British institutions and ideas took root in the soil, but the soil changed them.

Ko Aotearoa Tēnei: This is Aotearoa New Zealand

And the bloke with the map was as pissed as an owl
And the boys called out "Maui, ya clown, let it go"
In the noise he reached down for his grandmother's jawbone
And he winked at his mates and he said
"Boys, we don't know how lucky we are"
"I have a feeling I have stumbled on something substantial"

Fred Dagg (John Clarke) We Don't Know How Lucky We Are (c1970 and 2000)

Tuhinga whakarāpopoto / Summary

Ko Aotearoa Tēnei/This Aotearoa New Zealand – the report of the Waitani Tribunal on the WAI 262 claim serves as the kaiārahi or guide to the Māori Health Committee of the Royal Australasian College of Physicians' (RACP) third Māori Health Hui, and its first to take place in Tamaki Makaurau/Auckland.

The report opens with an overview of Te Tiriti o Waitangi/The Treaty of Waitangi, before considering the location and place of the Hui – Te Manukanuka o Hoturoa marae in Mangere. The marae perches on a gentle hill overlooking Auckland Airport. As liminal spaces, airports are the site of departures and arrivals, of the in-between and not-place between borders. Similarly, liminality can be framed as a transitory stage between modalities; as the RACP explores the possibilities of its Indigenous Strategic Framework, and drawing on two systems of knowledge (mātauranga Māori and the Western epistemiology of Cook's people).

Our Hui consisted of three sessions, which are captured in this report: *Ko Aotearoa Tēnei*: Resetting the Foundations of the Institution; WAI 2575 Inquiry into Health Services and Outcomes for Māori; and a Mana Taurite/Health Equity panel, featuring representatives from a diverse range of organisations, all with a common aim of achiving health equity for Māori.

This report acts as the record of our Hui, and seeks to capture and preserve as much of the valuable discussions, questions and challenges to the RACP for a wider audience as possible.

kupu whakataki / Introduction

The 2017 Māori Health Hui is the RACP's third Hui and first to be held in Tamaki Makaurau/Auckland. The Hui programme is developed by the Māori Health Committee, and while the central themes have been broadly related to questions of Māori health equity, the horizon has expanded. In 2013, the Hui considered the integration of cultural competence into the RACP's programmes and practices. In 2015 reflected on the Māori Health Committee's own terms of reference or By-laws, assessing its objectives and purpose against the recent re-accreditation of the RACP by the Australian Medical Council and the Medical Council of New Zealand.

In 2017, the Hui drew its themes from *Ko Aotearoa Tēnei: This is Aotearoa/New Zealand*, the Waitangi Tribunal's 2011 report into the WAI 262 claim. WAI 262 is often referred to as the 'flora and fauna claim' because it considered the authority and rights to the use of indigenous plants and animals. WAI 262 is far more expansive in its scope than this summation: WAI 262 is a claim about Māori intellectual and cultural property, mātauranga Māori (Māori knowledge and the Māori world-view) as guaranteed by te Tiriti ō Waitangi (the Treaty of Waitangi). The place and the value ascribed to indigenous knowledge and ways of being in relation to the introduced (colonising) Western system of knowledge was challenged and questioned by the WAI 262 claim. The claimants sought to preserve their culture and identity, and the relationships from which their culture and identity derive[1].

The Tribunal posits that a new "third identity" may emerge as Aotearoa/New Zealand's mature understanding of itself and its people, built on the systems of knowledge of its two founding cultures as the country transitions into the 21st century. *Ko Aotearoa Tēnei* returns to the beginning, at the point of arrival: the coming of Kupe's people (Māori) and more than five centuries later, the coming of Cook's people (Pākehā)[Error! Bookmark not defined.].

Te Tiriti ō Waitangi / The Treaty of Waitangi

Te Tiriti is the foundational document of Aotearoa New Zealand. It is "broad statement of principles on which the British and Māori made a political compact to found a nation state and build a government in New Zealand"[2]. It was signed on 6 February 1840 by Māori rangatira (chiefs) and representatives of Queen Victoria. There are two versions of te Tiriti – one in English, and one in te reo Māori, the latter being translated over night by missionary Henry Williams and his son Edward.

The differing translations of the key concept of sovereignty is central to understanding Māori grievances and the government's Treaty settlements process. In the reo Māori version of te Tiriti, 'sovereignty' is translated as 'kawanatanga', which is closer to governance; the English version guarantees Māori 'undisturbed possession' of all their 'properties', while the Māori version states Māori will continue to

exercise tino rangatiratanga (chiefly authority) over taonga (treasures), many of which are intangible objects, as is stated in *Ko Aotearoa Tēnei*[2].

> *"The spirit of the Treaty transcends the sum total of its component written words and puts literal or narrow interpretations out of place."*[3]

A set of principles are derived from the three articles of te Tiriti, and are applied to all new New Zealand legislation passed, and commonly in policies or programmes developed by the government. The principles are intended to capture the spirit of te Tiriti and achieve equity for Māori. Treaty principles have been developed by Courts, by the Crown, and by the Waitangi Tribunal. The Tribunal does not have a single set of principles; rather, over time core principles have emerged from Tribunal reports. For the Tribunal, the principle of exchange is overarching: it its 1991 report on the Ngāi Tahu claim, it noted that the concept of reciprocity was intrinsic to the compact embodied in te Tiriti: "the exchange of the right to govern for the right of Maori to retain their full tribal authority and control over their lands and all other valued possessions"[4].

Core principles used by the Waitangi Tribunal

- Partnership
- Reciprocity
- Autonomy
- Active protection
- Options
- Mutual benefit
- Equity
- Equal treatment
- Redress

Whakawhitinga / Transitions

There are positive implications for Indigenous nations working with states (or proxies of states) and partnering in decision-making. Durie notes that within this reconfigured relationship there is "a re-evaluation of the rationale for fair representation, a greater awareness of the privileges conferred by treaties, a corresponding acknowledgement of the rights of under-represented groups, and an increasing concern about disparities between groups who live side by side but experience quite different levels of wellbeing"[3]. Within the Australasian conception of the RACP, there are two spheres of indigeneity to be incorporated: Aboriginal and Torres Strait Islander peoples of Australia, and Māori of Aotearoa New Zealand. The challenge of the Framework is for a uniting document that acknowledges commonalities while recognising differences between Indigenous peoples' history, trauma, colonisation experience, marginalisation, and exclusion.

In 2017 the Board will consider the RACP's first Indigenous Strategic Framework. The Framework has been developed in consultation with the Māori Health Committee and the Aboriginal and Torres Strait Islander Health Committee and places health equity for Indigenous peoples at the heart of its purpose.

The Strategic Framework is significant, as it is an opportunity for the RACP to develop and reflect upon its own work programmes, its own world-view and its own culture. As suggested by *Ko Aotearoa Tēnei*, there is the potential for the RACP to transition to a unique identity founded on bicultural partnership, building on Indigenous and Western systems of knowledge. Five priorities for the RACP underpin the Indigenous Strategic Framework:

1. Contributing to addressing Indigenous health inequities
2. Growing the Indigenous physician workforce

3. Educating and equipping the physician workforce on Indigenous health and culturally safe clinical practice
4. Fostering a culturally safe and competent College
5. Meeting the regulatory standards and requirements of the Australian Medical Council and the Medical Council of New Zealand.

As the programme of the 2017 Hui was developed in parallel to discussions on the Indigenous Framework, opportunities to align these two phenomena – one (the Hui) an event and one (the Framework) a strategic document – were recognised.

Te Manukanuka ō Hoturoa Marae

The marae is located on a rise overlooking Auckland Airport and the Manukau Harbour. The Airport is the largest international airport in the country and the gateway through which most manuhiri (visitors) enter Aotearoa New Zealand. The location of this marae as a site of transition was therefore significant in the shaping of the Hui themes and programme around transition, partnership, biculturalism and equity.

The names of the buildings and structures at the Marae also reflect themes of arrival, navigation, transition and the uniting of seemingly disparate or distinct entities:

- Te Manukanuka ō Hoturoa te Marae (the Marae) describes the journeys and movements of Hoturoa, the captain of the Tainui waka (canoe) as he navigated harbours and waterways
- Te Kohao ō te Ngira (the gateway): there is but one eye through which the white, the black and the red threads must pass

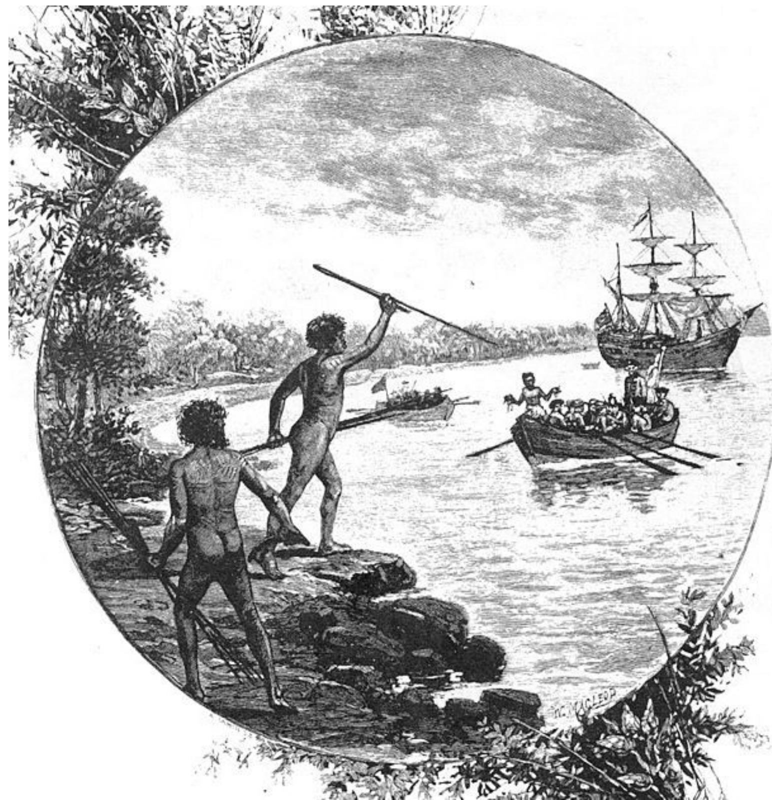
Te Manukanuka ō Hoturoa marae, showing the waharoa (gateway) and wharenui (meeting house) with the airport complex and the Manukau harbour in the background

Location and liminal spaces

Airports, like beaches in the colonial period, are liminal spaces; they are contemporary sites of encounter and exchange, betwixt and between two cultures. The beach is an interstitial passage between fixed identifications [here, Indigenous/non-Indigenous] which opens up the possibility of a cultural hybridity, that entertains difference without an assumed or imposed hierarchy[5]. As a boundary between two cultures, the beach has been figured as a site of contact; the exchange of cultures and ideas and the stage on which this drama plays out. While 18th and 19th century paintings and lithographs reinforce this narrative, they also establish the system of binaries on which the colonial project was promulgated: civilisation/primitivism; culture/nature; European/Other. Beaches figure prominently in art of and about the colonisation and European "discovery" of Australia and New Zealand. The first example below is a depiction of Māori arriving in Aotearoa, having travelled from the ancestral home of Hawaikii. The 'legend' in the title refers to the legend of the Arawa and Tainui waka arriving in Aotearoa (this painting an apt example, as the Hui was held at a Tainui marae)[1].

The 2017 Hui was therefore figured as a site of encounter, transition and perhaps evolution, both literally in its physical location, and thematically in its kaupapa (programme and purpose).

K Watkins. The Legend of the Voyage to New Zealand (1912) Oil on canvas. Auckland Art Gallery Toi o Tāmaki.



W Macleod. Natives opposing Cook's Landing (1888) lithograph. National Library of Australia.

Attendees were welcomed according to tikanga Māori (custom) as manuhiri – visitors and honoured guests; but also, the “birds that fly”, suggesting that the homes of these birds are elsewhere. Implicit in *Ko Aotearoa Tēnei* is the idea that the designations of tangata whenua and manuhiri are dynamic and in flux: over generations and centuries, those that travelled here, first Kupe’s people and later Cook’s people, found that there was something in the air and in the soil that changed them. Like a root-bound pot plant, removing the layers of plastic allowed them to grow and put down roots, weaving together the knowledge they arrived with and the knowledge acquired from the place they found themselves in.

Two systems of knowledge

Ko Aotearoa Tēnei posits that the whenua (land) of Aotearoa itself is the common denominator (and quite literally the common ground) in the evolution of mātauranga Māori from the Hawaikiian systems of knowledge bought by Kupe’s people; and the British systems Cook’s people (Pākehā) arrived with.

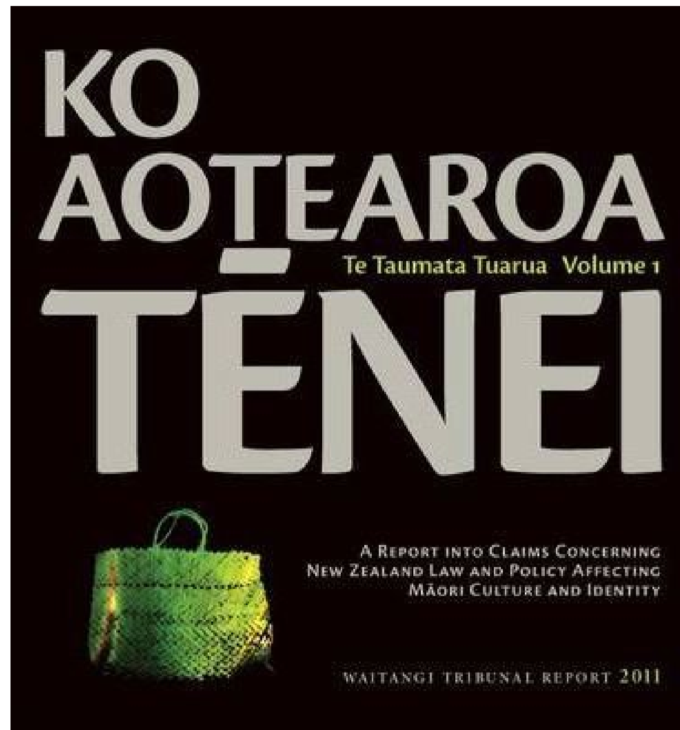
> “Slowly … as the people reacted to their new environment and the environment responded to its new residents, something began to take shape in the space between them. This we have come to know as mātauranga Māori – the unique Māori way of viewing themselves and the world, which encompasses (among other things) Māori traditional knowledge and culture”[1].

The Waitangi Tribunal notes in *Ko Aotearoa Tēnei* that “the ‘tyranny of distance’ from British influence and the unique character of the land changed them … and though comfortingly familiar, the British, their ideas, and their institutions eventually become ‘other’”[1]. While Pākehā distance from the ‘mother country’ may have been keenly felt on an emotional level, or through vague nostalgia, on a structural level British institutions were embedded in Aotearoa New Zealand. These institutions are legislative, judicial, academic and religious in nature: New Zealand’s parliamentary and judicial systems, its universities, education system and Judeo-Christian religion are all modelled on European examples and were established in the years following the signing of Te Tiriti in 1840, or in the case of religion, present in Aotearoa from 1814, when Anglican missionary Samuel Marsden of the Church Missionary Society founded a mission in the Bay of Islands.

The RACP, although it is Australasian and therefore present in two (colonised) countries, is itself derived from the British medical college model. Prior to the RACP’s incorporation in 1938, physicians in Australia and New Zealand would apply for Fellowship to one of the Royal Colleges in Great Britain (London, Glasgow, Edinburgh) or in Ireland[6]. The RACP’s constitution is modelled on that of the Royal College of Physicians (London) which was founded in 1518[7]. The European model of the medical college as an academic body responsible for setting standards provided the blueprint for medical colleges throughout the Commonwealth, with explicit acknowledgement of the connection to the Crown through the Royal Charter and the prefix of “Royal”. This transplanted model perpetuates the aspirations for assimilation promoted through the nineteenth and twentieth centuries.

The colonising mission of the British presupposed a ‘one-size-fits-all’ assimilationist policy for Māori development; there was no acknowledgement of mātauranga Māori or understanding of how culturally appropriate structures and systems might enable Māori aspirations. The state is perceived as outside and detached from Māori frameworks, resulting in Māori exclusion from categories including “‘European systems, ‘mainstream society’ ‘Pākehā laws’ or simply ‘the Crown’”[8]. The effect of the separation

between Māori and Pākehā systems of knowledge is for Māori to feel as they must wear dual 'cultural hats' (Māori and Pākehā) to comply with and participate within a dominant (colonising) system[8].



Cover of *Ko Aotearoa Tēnei: Te Taumata Tuarua* (2011)

Ko Aotearoa Tēnei: Resetting the Foundations of the Institution

Reverend Dr Hirini Kaa, Kaiārahi of the Faculty of Arts, University of Auckland presented on the vision of WAI 262, and how biculturalism informs organisational foundations. Dr Kaa also reflected on the experience of the Anglican Church in Aotearoa New Zealand, which sought a divided structure with Pākehā, Māori and Pasifika holding separate and autonomous units within the greater Church.

Institutions focus on outcomes as a metric to define success – for example, programmes to improve the educational outcomes of Māori and Pasifika students. Dr Kaa questioned whether the perception of deficit – Māori and Pasifika students are doing worse than other students – is the central problem to be addressed. Rather, the University (or any institution) should be returning to fundamental questions: "what does the [institution] think it is?" Existing assumptions, promoting European models and epistemologies, need to be reset at a foundational level.

Similarly, this wero (challenge) is embedded and interrogated in *Ko Aotearoa Tēnei*. Where *Ko Aotearoa Tēnei* arrives is "poised at a crossroads in both race relations and on our long quest for a mature sense of national identity".

The wero of Ko Aotearoa Tēnei

Dr Kaa acknowledged the wero explicit in the title of the Tribunal's report: by stating "this is Aotearoa New Zealand" the reader not only begins to question what is meant by "this"; but reflects on how New Zealanders might work towards this vision. From the multitude of potential pathways available, *Ko Aotearoa Tēnei* asks what do New Zealanders want Aotearoa to be? [a]

Justice Joe Williams, who presided over the WAI 262 claim, proposed that "unless it is accepted that New Zealand has two founding cultures, not one; unless Māori culture and identity are valued in everything the government says and does; and unless they are welcomed into the very centre of the way we do things in this country, nothing will change"[1].

Dr Kaa noted that the diversity of Māori experience and understanding is blended into one narrative which tends towards homogeneity. This singular story which comes to represent the entirety of Māori experience is defined by Pākehā, who problematise the "long brown tail" of Māori disengagement and disenfranchisement from a colonially-derived system founded on deficit thinking, rather than identifying the strengths of mātauranga Māori. Justice Williams refers to this stereotype, stating "Māori will continue to be perceived, and know they are perceived, as an alien and resented minority, a problem to be managed with a seemingly endless stream of taxpayer-funded programmes, but never solved."[1]

Ko Aotearoa Tēnei argues that the vision for Aotearoa New Zealand can be guided by the principles of Te Tiriti – a foundational partnership recognising the mana (authority, dignity) of both Treaty partners, and informed by two systems of knowledge.

Mātauranga Māori in the WAI 262 claim

The Tribunal found that the WAI 262 claim was about who owns or controls three things:

- Mātauranga Māori, which refers to the Māori world view, including traditional culture and knowledge, including epistemology (ways of knowing);
- The tangible products of mātauranga Māori, also referred to as taonga (treasure) works of artistic and cultural expression, including all art forms, music, kapa haka and tā moko; and
- The things that are important contributors to mātauranga Māori, such as the unique characteristics of flora and fauna (taonga species) and the natural environment of Aotearoa[1].

The claimants attest that the Crown has taken ownership and control of mātauranga Māori – physical aspects of the land, waterways, flora and fauna; tangible products, such as carving and weavings held as objects in a Western institution (the museum); and significantly, practices related to wellbeing and hauora (holistic health). This latter category includes traditional medical and healing practices (rongoā

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[a] New Zealanders here refer to Māori and Pākehā as well as Tauiwi (people from afar) who have migrated to Aotearoa following the signing of Te Tiriti in 1840.

Māori) which were ultimately outlawed by the Crown through the Tohunga Suppression Act 1907. This legislation damaged rongoā Māori and forced it underground. For Leonie Pihama, the Tohunga Suppression Act was designed to oppress and suppress mātauranga Māori[9]. The attempts to control Iwi's autonomy of their own wellbeing resulted in significant loss of mātauranga rongoā through the twentieth century, and a persistent gap in Māori health outcomes compared to non-Māori. Justice Williams states in his preface that

> "We find it impossible to divorce policy relating to traditional Māori healing or rongoā from the more general needs of Māori health and feel that policies supporting rongoā can only enhance Māori health more generally."[1]

Mainstream practices tend to carve out a separate space for Māori. This is an action that simultaneously holds Māori at arm's length while keeping Pākehā ignorant of the perspectives, skills and value that mātauranga Māori can offer.

Key concepts in *Ko Aotearoa Tēnei*

Concepts explored in *Ko Aotearoa Tēnei* include cornerstones of Māori ethics and ways to approach and understand intangible things, such as health:

- Mātauranga Māori – Māori knowledge, the unique Māori way of viewing themselves and the world
- Whanaungatanga – kinship, the relationship between Māori and all things animate and inanimate in their world
- Kaitiaki – a guardian
- Kaitiakitanga – the obligation, arriving from the kin relationship, to nurture and care for a person or thing
- Taonga – anything which is treasured, including tangible and intangible things

The expansion of the understanding of Taonga meant that interpretation of what could be defined as taonga was not bound by 19th century thinking; instead it responded to the changing environment, allowing claimants to define taonga as language, as health and wellbeing, as cultural products including recorded music and photography (technologies that came after Te Tiriti).

Learning from te Haahi Mihinare / the Anglican Church

Between 1861-65 the Church held the Waiapu Diocesan Hīnota (Synod) in an attempt to build a predominantly Māori church in the Eastern region (including the Bay of Plenty, East Coast and Hawke's Bay). There are figures within the history of te Haahi Mihinare, such as Mohi Turei, who was learned in mātauranga Māori, and an Anglican priest: bringing together traditional Māori practices and Anglican thought. Similarly, graduates of Te Aute College (an Anglican school) sought to reconcile mātauranga Māori and western knowledge, in fields such as law (Apirana Ngata) and medicine (Dr Maui Pomare; Dr Tutere Wi Repa; Dr Edward Ellison).

During the late 20th century, public discourse began to incorporate concepts of biculturalism and partnership, including in the Anglican Church. In 1992, the Church split itself into three Tikanga/cultural strands: Māori, Pākehā and Pasifika under Te Pouhere, the Constitution. These strands would form a partnership together, though each strand maintained its own rangatiratanga (autonomy). While self-determination was a principle, the Māori strand of the Church had none of the resources afforded to the larger Pākehā diocese.

The separation of the three Tikanga allowed Pākehā to remain ignorant; Dr Kaa suggests that had the three tikanga elected to combine and work together, some of the risks and challenges that have emerged since may have been mitigated. WAI 262 and *Ko Aotearoa Tēnei* offers a way of thinking; whereby institutions (legal, political, educational etc.) seek to incorporate two systems of knowledge from the outset. This approach recognises that they cannot be treated as separate epistemes (as in Williams' example of rongoā above), because systems and ways of doing evolve, garnering new meaning and improving outcomes (the metric frequently employed to gauge an intervention's success). When the foundations are bi-cultural (acknowledging the founding partnership and spirit of Te Tiriti), the space can be made *with* Māori, and is responsive to greater diversity.

Te Rōpū Whakamana i te Tiriti o Waitangi / Waitangi Tribunal

WAI 2575 Inquiry into Health Services and Outcomes for Māori

Dr Christopher Burke, Senior Facilitator and Ms Debbie Stowe-Hunt, Principal Facilitator, Waitangi Tribunal

The presentation gave an overview of

- the purpose, roles and specific functions of the Tribunal, which was established under the Treaty of Waitangi Act 1975
- The types of Tribunal Inquiries – District Inquiry (geographic); Urgent Inquiry (where there will be adverse impacts if legislation is passed – e.g. foreshore and seabed); and Kaupapa (thematic) Inquiry – an issue which affects all Māori
- the Kaupapa Inquiry programme, a list of eleven issues of national significance (historical or contemporary) affecting all Māori

Health Services and Outcomes Kaupapa Inquiry WAI 2575

The Tribunal's Inquiry into Health Services has been reprioritised as number two in the list of eleven issues. The Inquiry, established in November 2016, is in its initial phase, with the presiding officer, panel members and terms of reference set. The Presiding Officer for WAI 2575 is Judge Stephen Clark, and

the panel members are Dr Angela Ballara, Dr Tom Roa, Tania Simpson and Professor Linda Tuhiwai Smith[10].

The Inquiry has identified nine thematic issues emerging from the 140 claims that are currently seeking to participate in the Inquiry:

- Nineteenth century and early twentieth century
- Policy, consultation and representation – including cultural competency, and health policy more generally
- Twentieth century onwards
- Māori health providers and approaches
- Rongoā, traditional healing knowledge and practices
- Specific health risks – obesity; tobacco; the Social Determinants of Health; housing
- Specific health conditions and diseases – including suicide; gout and diabetes
- Specific areas of healthcare – including dental treatment; disability; mental health and midwifery
- Health outcomes – disparate and poor health outcomes

The Tribunal staff are working to identify priority issues and research requirements. The initial research phase of the Inquiry will establish an overview of the Crown health sector, develop a chronology of key events, policies and legislation, examine current Māori health policy and research the disparity of outcomes between Māori and non-Māori.

Participating in WAI 2575

In the Tribunal jurisdiction, "party" means the claimant or claimants whose claims are being heard in that particular inquiry, or the Crown. Claimants are encouraged to produce their own evidence to support their claims.

In addition to claimants, the Tribunal must hear any person who satisfies the Tribunal that he or she has an interest in the Inquiry apart from any interest in common with the public; any evidence before it may adversely affect his or her interests. The Tribunal refers to these as "interested parties". Health professionals may be able to participate and give evidence as experts or as interested parties.

Health professional organisations, including the RACP and other medical colleges may therefore choose to participate as an Interested Party to the Inquiry (current Interested Parties include some District Health Boards and Māori Public Health organisations).

Mana taurite / Health Equity Panel

Panel Chair: Dr Tane Taylor

Panel members: Craig Dukes, Australian Indigenous Doctors Association; Catherine Yelland, RACP President; A/Prof Mark Lane, RACP President-elect; Chayce Glass, co-Chair of Te Oranga; Dr Maria Poynter and Kiri Rikihana, Health Quality and Safety Commission; Peter Jansen and Riripeti Haretuku, Mauri Ora Associates; Dr Curtis Walker, Medical Council of NZ.

Avoiding repetition

The wero for organisations is how to avoid repeating the ways of the past, falling into well-worn methodologies and practices which have proved unsuccessful. Dr Taylor invited attendees to consider what opportunities and learnings, ideas and connections can organisations take and apply to work towards health equity for Māori.

Kukuwhatanga / Evolution

WAI 262 posits that society in Aotearoa New Zealand is poised at a crossroads – while it in part is about "what do we want our society to be?" it also asks the reader "are you joining us?" If Aotearoa New Zealand is informed by the bicultural foundations of te Tiriti, then people and communities within society – in this instance, specialist colleges – have to decide how they want to participate, not be asking why they should engage in the first place. For example, the Medical Council of New Zealand, as the regulator for Medical practitioners in New Zealand, has partnered with Te Ohu Rata o Aotearoa (Te ORA) as part of its commitment to uphold the principles of te Tiriti, in its role as protecting the health of the public, and working towards health equity for all New Zealanders.

"The search for a mature national identity" is a point reference, and of contention, for many peoples who have experienced the destruction of colonialism (as if the country and the people living there did not have a sense of identity at point of contact with colonisers). A mature sense of identity implies an individual (or an entity) has undergone a period of growth development and reflection, achieving an awareness – a comfort in knowing oneself– and then expressing this sense of identity in the building of relationships with others. Binaries of self/other, culture/nature, west/east, forever present in the colonising project continue to resonate through the process of establishing identity, because identity is achieved in part through the process of identification, where the subject (Self) is defined in relation to the object (other). Homi Bhabha posits that "the question of identity is always poised uncertainly, tenebrously, between shadow and substance … the Real Me emerges (initially as an assertion of the authenticity of the person) then lingers on to reverberate – The Real Me?" As highlighted above, *Ko Aotearoa Tēnei* resonates similarly in the reader.

Purenga ihomatua / Decolonisation

> "Remembering is never a quiet act of introspection or retrospection. It is a painful re-membering, a putting together of the dismembered past to make sense of the trauma of the present"[5].

The wero to organisations is purenga ihomatua/decolonisation. Structures and systems perpetuate power predicated on privilege – practices which are so embedded and foundational they are almost invisible. Privilege is current both because of intergenerational transmission and because colonisation is an ongoing activity. The structures of colonisation have not been dismantled[11]. The activities of decolonisation to achieve transformative organisational and structural change must be a partnership between tangata whenua (Kupe's people) and Pākehā (Cook's people): without participation and contribution from both Treaty partners, there is the potential for repetition of unsuccessful models. Because colonisation itself is non-consensual, and embeds structures which privilege one way of being over another, decolonisation is by definition, a consensual process.

Moreover, decolonisation requires active unlearning – even if it is unconscious: for some in Aotearoa, the awareness of how colonisation has resulted in an unequal society and social, economic and political systems which benefit one section of society over others. Cultural shifts can create fear: there is a fear of not knowing, of being incompetent, of being left out, of being irrelevant[11]. These processes are intentionally un-comfortable, and the ability for organisations to accept dis-comfort as part of learning, evolving and dismantling (decolonising) is critical to moving towards an alternative model, such as that posed by *Ko Aotearoa Tēnei*.

Māori-ness, kiwi-ness and cultural products

The kiwi is a flightless, nocturnal bird native to Aotearoa. The Department of Conservation describes kiwi as the national icon of New Zealand and unofficial national emblem (DOC 2018). The colonial relation, imparts a Pākehā/give and Māori/take binary structure; yet when placed into a global context, this binary is disrupted: the unique singularity of Māori-ness is the point of identification.

Many New Zealanders self-identify as a "kiwi" when travelling – recalling the wry observation that, for a flightless bird, kiwis (New Zealanders) do fly all over the world. Dr Taylor described a simple test of one's Māori-ness: standing in Piccadilly Circus, or Times Square, or in Shibuya, Tokyo and watching the All Blacks perform the haka, or Kiri Te Kanawa sign *Pokarekare Ana* on a big screen. The goosebumps; the tingling sensation signals one's kiwi-ness: a physical and emotional response that links the back to the flora, the fauna and the tangata whenua of Aotearoa. To protect kiwi-ness, by association Māori culture and heritage must be protected. This cannot be seen in the colonial relation of give/take, it is the responsibility of everyone – similarly, Māori health equity cannot be achieved when viewed through the lens of the (perpetuated) colonial relation. If Māori health equity is acknowledged as a taonga, then it becomes the responsibility of all to realise it.

“Where are our members at?” The wero to the RACP

Following the panellists, the forum was opened for broader discussions and dialogue between the panellists and attendees.

The primary functions of the RACP and other medical colleges are in education, both in the education and training of junior doctors to senior consultants, and for Fellows’ continuing professional development (CPD). Broader still are the responsibilities of health practitioners to serve the health of the people and communities they practice in.

The RACP must train more Indigenous doctors

There is a recognition that to serve the health of the community, health practitioners must be *of* that community. The RACP’s goal to train more Māori and more Aboriginal and Torres Strait Islander medical practitioners is laudable; but as many Hui attendees pointed out, there is an opportunity with the RACP’s introduction of a Selection into Training policy:

- Education must take place in culturally safe spaces (defined by the trainee)
- Trained by culturally competent doctors and supervisors
- Delivering culturally safe care to patients (culturally safe is defined by the patient)

Section 73 (1)(a) of the Human Rights Act (NZ, 1993) states that “anything done or omitted which would otherwise constitute a breach … shall not constitute a breach if those persons or groups need or may reasonably be supposed to need assistance or advancement in order to achieve an equal place with other members of the community”[12]. This clause introduces equity, positive discrimination or affirmative action, and is now referenced in the selection processes of other colleges.

NZ medical schools are now graduating Māori students at population parity – that is, 15 per cent of graduates each year identify as Māori. Junior doctors entering specialist colleges have been educated differently – cultural safety and cultural competence are intrinsic parts of their practise. Attendees reinforced the need for more senior Māori trainees and Fellows to show Manaakitanga (kindness) and tautoko (support) new Māori doctors entering the workforce.

Governance within the RACP

The governance practices at all levels of the organisation will need to build understanding of the imperative for integration. This recognises it is systems, methodologies and practises that need to evolve. It is not simply a matter of the representation of Indigenous doctors on RACP Committees; as tokenism and seeks to check the box of Indigenous knowledge and skills. Moreover, if governance is re-designed according to shared principles and values, as proposed by *Ko Aotearoa Tēnei*, the RACP will be able to identify what it wants the organisation to look like in the future, rather than continuing to ascribe difference to Māori.

Hominum servire saluti / to Serve the Health of our People / Kei te whakarato ō te tangata

The RACP's motto is "*Hominum servire saluti*" or to serve the health of the people. A functional translation in reo could be kei te whakarato ō te tangata – but does this capture the depth of the relationship and responsibility for medicine (as a vocation) to contribute to the health of communities? A translation of the motto proposed by the Māori Health Committee's founding Chair Dr Leo Buchanan was "Manaaki Tangata"- a phrase which encapsulates much of the spirit of the latin version.

Te ao Māori uses Kaiakitanga – guardianship – to express the relationship of stewardship or trusteeship between a person (or entity) and something that must be protected, treasured and nurtured – a taonga such as hauora (holistic health and wellbeing). The RACP as members, and as an organisation are kaitiaki hauroa – guardians of health.

There are opportunities for the RACP to weave together the strands of knowledge to reflect this stewardship through registering as an Interested Party in the WAI 2575 Health Services and Outcomes Inquiry.

The implementation of the Indigenous Strategic Framework is a significant point in the College's history. Beyond this, there are other movements within the RACP, including the move to a skills-based Board; the introduction of a selection policy; and commitments to health equity for Māori and Aboriginal and Torres Strait Islanders. This is an opportunity for the RACP as a whole to reflect, reconsider and realign methodologies, systems, processes and practises to work towards the vision articulated in the Framework.

Haere rā Matua Leo Buchanan

The founding Chair of the Māori Health Committee, Dr Leo Buchanan, passed away in October 2017. Matua Leo was honoured by the Māori Health Committee together with attendees at the Hui through waiata and whaikorero.

Matua Leo, a paediatrician, established the Māori Health Committee in 2008, inviting not only RACP Fellows and trainees to join but also Māori health practitioners from midwifery, general practice, nursing and psychiatry to partner with the RACP to reduce inequities experienced by Māori across their interactions with the health system.

Ko Aotearoa Tēnei continues to resonate, musing on the identity of Aotearoa New Zealand – seen here as the title for a major exhibition of New Zealand art at the City Gallery, Whanganui-a-Tara / Wellington 2018

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