

Toitū Te Tiriti

Suzanne Pitama, Tracy Haitana, Maira Patu, Bridget Robson, Ricci Harris, Christina McKerchar, Terryann Clark, Sue Crengle

Concern about the new coalition Government's proposed 100-day plan has seen the term "Toitū Te Tiriti" come to prominence within the Māori community, serving as a call to action expressed in art, community placards, social media and more recently within forums such as hui-ā-motu and Rātana Pā. This term refers to the need to uphold and honour Te Tiriti o Waitangi. The celebration of Waitangi Day traces its origins back to 1934, with the formal annual commemorations of the signing of Te Tiriti o Waitangi commencing in 1947. Notably, the designation of Waitangi Day as a public holiday occurred in 1974. These pivotal events collectively underscore a progression toward acknowledging the intricate tapestry of Aotearoa New Zealand's Indigenous and colonial history.^{1,2}

Scholars and legal experts have meticulously documented the pivotal role of Te Tiriti o Waitangi as the foundational document of Aotearoa New Zealand. This document delineates the rights afforded to iwi and enumerates the corresponding responsibilities of the Crown.³⁻⁵

Published literature well documents compelling evidence that, despite the promises enshrined in Te Tiriti o Waitangi, equity in Aotearoa New Zealand is yet to be attained.⁶⁻⁸ Academics have methodically documented the underlying exposures associated with increased health and social risks that contribute to this persistent inequity for Māori—most notably systemic racism that restricts equitable and fair access to quality education, employment, housing, nutritious food and healthcare access. Additional health disparities are noted for geographic factors, notably rurality, disability and those living in low-income households and with material deprivation.⁹⁻²⁷ Māori also have a youthful population structure (median age 25.4 years) relative to European/Pākehā populations (median age 41.4), and are disproportionately affected by changes in policies that restrict income, education, healthcare, justice and employment.²⁸⁻³¹ A nuanced critique has materialised concerning the deleterious impact of processes within the healthcare system that uphold racism on Māori health outcomes. This encompasses policies, algorithms informing

clinical practices, resource allocation priorities, healthcare access to quality care and clinical bias perpetuated by systemic inequities.³²⁻³⁵ Moreover, the *New Zealand Medical Journal* has also provided incontrovertible evidence regarding the role of Indigenous resources from Te Ao Māori as protective factors that mitigate health inequities. These encompass the validation of Indigenous rights, including access to te reo, ancestral lands and culturally significant resources conducive to hauora, including the fundamental role of whānau in health service delivery.^{12,16,17,32,36-46} Political advocacy processes, such as those involving the Waitangi Tribunal, Māori health professional groups, health professional colleges with proactive commitment to Te Tiriti o Waitangi, Māori providers, and iwi feature prominently in the literature, diligently monitoring the Crown's obligations to ensure access to quality healthcare for Māori.

In light of the compelling evidence presented in current literature, health practitioners, researchers, managers and professional staff should also be concerned about the potential direct impact of the proposed changes by the current coalition Government on Māori health outcomes and the concomitant exacerbation of existing inequities. The impending shifts are signalled by:

1. The targeted measures directed at low-income households that will negatively impact the social determinants of health, including the removal of free prescriptions, repeal of the *Fair Pay Agreement Act*, adjustments to benefit increments indexed to wages, removal of the Reserve Bank's mandate to maximise sustainable employment, elimination of medium-density residential standards and introduction of no-cause eviction bans.
2. The repeal of the *Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill*, and the lack of active consultation processes in regards to its impact on Aotearoa New Zealand and specifically Māori communities.

3. The anticipated adverse environmental effects and subsequent negative health impacts from the cessation of public transport and cycling/pedestrian initiatives, the repeal of clean car incentives, abolition of Auckland regional fuel taxes, termination of new speed limit reductions, removal of public transport discounts, repeal of Three Waters reforms, calls for the reversal of Labour Government *Resource Management Act* reforms, amendments to section 58 of the *Marine and Coastal Area Act* and repeal of the *Canterbury Regional Council (Ngāi Tahu Representation) Act 2022*.
4. A heightened emphasis on the penal system and the unequal adverse impact of these changes on Māori whānau/communities (especially young Māori) that are characterised by the reintroduction of the three-strikes rule, increased restrictions on gangs, withdrawal of funding for Section 27 pre-sentencing background cultural reports provided to judges under the *Sentencing Act 2002* (the purpose of these reports are to provide the context and reasons for offending), and the removal of Section 7AA from the *Oranga Tamariki Act 1989* (requires the chief executive to meet duty to improve outcomes for tamariki, rangatahi and their whānau).
5. A targeted political approach towards Māori communities and their resources, involving the elimination of Te Aka Whai Ora – The Māori Health Authority, resistance to endorsing policy changes recommended by the World Health Organization, removal of co-governance in public service delivery, “prioritisation of public services based on need rather than race”, local referendums on the

establishment of Māori wards, cessation of work on *He Puapua*, disavowal of the *United Nations Declaration on the Rights of Indigenous Peoples* as legally binding in Aotearoa New Zealand, amendments to Waitangi Tribunal legislation and a comprehensive review of legislation referencing “the principles of the Treaty of Waitangi”, with subsequent replacement or repeal of such references. Additionally, directives ensuring English as the primary language for public service departments, with exceptions for those specifically related to Māori, further underline the political agenda, and the review of affirmative action education programmes that aim to increase unrepresented populations in the health workforce.

The conspicuous signposts erected by the coalition Government necessitate a proactive stance among health professionals in safeguarding the accrued gains in Māori health. This entails leveraging extant health evidence to fortify existing strides and resist the erosion of progress made.

As Waitangi Day unfolds, the health community is afforded an opportune moment for collective introspection. This entails reflecting on the progress achieved as a community of practice and contemplating collaborative pathways forward, including public advocacy, political lobbying, aligning as allies with iwi and Iwi-Māori Partnership Boards and maintaining our current course. The overarching aspiration is to align with Te Tiriti o Waitangi, thereby demonstrating both nationally and internationally that the requisite evidence and resources are at our disposal to effectuate equity for Māori. In that way we can demonstrate our commitment to Toitū Te Tiriti.

COMPETING INTERESTS

Nil.

AUTHOR INFORMATION

Suzanne Pitama: Professor, Dean and Head of Campus, University of Otago, Christchurch, Aotearoa New Zealand; *New Zealand Medical Journal* sub-editor.

Tracy Haitana: Senior Lecturer, Department of Māori/ Indigenous Health Innovation, University of Otago, Christchurch, Aotearoa New Zealand.

Maira Patu: Senior Lecturer, Department of Māori/ Indigenous Health Innovation, University of Otago, Christchurch, Aotearoa New Zealand.

Bridget Robson: Associate Professor, Director of Te Rōpū Rangahau Māori a Eru Pōmare, University of Otago, Wellington, Aotearoa New Zealand.

Ricci Harris: Professor, Department of Public Health, University of Otago, Wellington, Aotearoa New Zealand.

Christina McKerchar: Senior Lecturer, Department of Public Health, University of Otago, Christchurch, Aotearoa New Zealand.

Terryann Clark: Professor & Cure Kids Chair in Child and Adolescent Mental Health, School of Nursing, Faculty Medical Health Sciences, The University of Auckland, Aotearoa New Zealand.

Sue Crengle: Professor, Ngāi Tahu Māori Health Research Unit, Division of Health Sciences, University of Otago, Dunedin, Aotearoa New Zealand.

CORRESPONDING AUTHOR

Suzanne Pitama: Professor, Dean and Head of Campus, University of Otago, Christchurch, Aotearoa New Zealand; *New Zealand Medical Journal* sub-editor.

E: Suzanne.pitama@otago.ac.nz

URL

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