

18 December 2024



## SUBMISSION ON THE PRINCIPLES OF THE TREATY OF WAITANGI BILL

**To:** Justice Committee  
**From:** Hauora Taiwhenua Rural Health Network and Te Rōpū Ārahi  
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**Request to Appear:** Hauora Taiwhenua and Te Rōpū Ārahi request the opportunity to meet with the Select Committee in support of this submission.

Te Rōpū Ārahi: Peter Jackson, co-Chair, Kaumatua for Hauora Taiwhenua  
Margareth Broodkoorn

Hauora Taiwhenua: Dr Fiona Bolden, Chair  
Grant Davidson, Chief Executive

### OUR SUBMISSION:

**Hauora Taiwhenua Rural Health Network and Te Rōpū Ārahi jointly requests the Select Committee rejects the Principles of the Treaty of Waitangi Bill.**

### OUR VISION:

Healthy and thriving rural communities in Aotearoa New Zealand

### OUR COMMITMENT TO TE TIRITI O WAITANGI:

Hauora Taiwhenua acknowledges that the Treaty of Waitangi comprises two documents: an English language version and a Te Reo Māori version. We have entered a Kawenata with kaumātua group Te Rōpū Ārahi which outlines a shared commitment to elimination of health disparities, especially for rural Māori through honouring the Articles of Te Tiriti o Waitangi. As the vast majority of the more than 500 Iwi Rangatira (Chiefs) signed the Te Reo Māori version, with only 39 signing the English language version, we will be referring to the Te Reo Māori version, Te Tiriti o Waitangi, throughout our submission. This is because the protections and rights offered by the Crown under this version are most at risk through this Bill.

Hauora Taiwhenua is the peak member organisation for all 26 rural hospitals, and 75% of rural general practices.

Our membership is organised into 9 Chapters that reach into rural whānau, general practice and hospitals that include Hauora Māori entities, midwifery and primary maternity, nurses, allied health, Students of Rural Health (SoRHA), rural research and education, and rural communities incorporating District Councils, and numerous primary industries facing membership organisations.

Te Tiriti o Waitangi is the foundation document upon which we can address health inequities that have dire consequences for Māori. For us, specifically, our concern is focussed on the 22% of New Zealand's total Māori population who live rurally.

Through its unilaterally defining the Principles of The Treaty, we believe the Bill does not reflect commitments the Crown and Māori made under Te Tiriti o Waitangi. Its focus on sovereignty, property rights and formal equality will diminish legal safeguards that protect iwi and hapū control over lands, resources, and decision-making.

Māori living in rural areas are reliant on Article 2 of Te Tiriti and the Principles established through our Courts and the Waitangi Tribunal that advocate for equitable access to healthcare, education, and economic development. Any diminishing of these protections will exacerbate existing inequalities and further marginalize rural Māori.

The Bill's focus on equality will come at the cost of equity. It will fail to address the inequitable state of access pathways for Māori to improved conditions of living and determinants of health that are fundamental to improved states of self-reliance and independence for rural whanau.

We believe the only way that the Principles of Te Tiriti can be defined ethically and legally is by joint agreement between the two parties to the Treaty, namely, the Crown and Māori.

**From a predominantly rural health perspective, the Bill will:**

**1. Reduce Māori Influence in Health Policy:**

The Bill emphasises "equal treatment" of all New Zealanders and will diminish the Crown's obligation to actively engage with Māori in the development and implementation of health policy. It is widely accepted that mātauranga Māori is central to developing health policies, strategies and implementation plans essential to improving health outcomes for Māori.

***An example of Māori influence in Health Policy:***

*Pae Tū: Hauora Māori Strategy, developed by Māori, for Māori, calls us to stand together to honour Te Tiriti o Waitangi to achieve health equity for Māori. When partnered with the Rural Health Strategy, that was also developed in consultation with rural Māori, the foundation and guidance to systemically improve health outcomes for rural Māori has been laid.*

**2. Diminish the Impact of Health and Social Services on rural Māori outcomes:**

Te Tiriti o Waitangi gives Māori tino rangatiratanga | sovereignty over their taonga. Health is a taonga yet life expectancy for Māori is considerably less than non-Māori; and more so for rural Māori (Fig 1).

The Wai 2575 inquiry found that successive Governments have disregarded Te Tiriti o Waitangi by not designing and managing the current primary health care system to actively address ongoing Māori health inequities. The New Zealand health system's

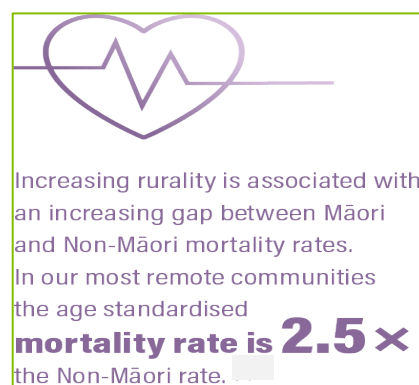


Figure 1 Nixon G, Davie G, Whitehead J, Miller R, de Graaf B, Lawrenson R, et al. Comparison of urban and rural mortality rates across the lifespan in Aotearoa/New Zealand: a population-level study. J Epidemiol Community Health. 2023;77(9):571-7

'one size fits all' approach also contributes to unacceptably poor health outcomes for Māori, particularly those in rural areas.

The Bill will diminish the importance, and capability, of Māori in determining how their health care needs are met. It will hinder the development of both Māori provided, and non-Māori provided services, particularly those that target disparity in health outcomes for Māori. (Fig 3).

**An example of Te Tiriti consistent health initiatives that positively impact Rural Māori:**

The roll out of Covid19 vaccinations was initially based on a public health approach that resulted in dismal vaccination rates for rural Māori. It was only when Māori health and social services were empowered, and appropriately resourced to deliver the vaccination programmes that the rates began to climb. (Fig 2). About a third of Māori primary care services are 'rural' which once mobilised, played a critical role in improving rural vaccination rates in the last quarter of 2021.

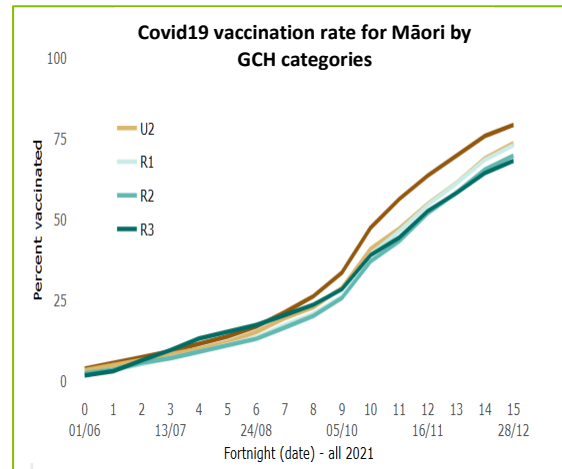


Figure 2 Liepins T, Davie G, Miller R, Whitehead J, De Graaf B, Clay L, et al. Rural-urban variation in COVID-19 vaccination uptake in Aotearoa New Zealand: Examining the national roll-out. *Epidemiol Infect.* 2024;152:e7.

**Health equity for rural Māori is reliant on Te Tiriti o Waitangi approaches**

There is a growing body of evidence indicating that when health services are provided by Māori, and at the same time, when non-Māori providers embrace Te Ao Māori approaches, Māori access rates to services, and outcomes of doing so, improve. The Bill will impede the progress that has been made towards the clinical and financial sustainability of Māori health providers, and initiatives aimed at enhancing the cultural capability of non-Māori services.

**3. Disrupt Social Cohesion and Bicultural Relations:**

Developing and maintaining social cohesion in rural environments is essential for building communities of wellbeing. The governments unilateral effort to redefine the principles of Te Tiriti in ways that are inconsistent with the original text has been widely criticised as divisive. This approach undermines trust in the government and strains relationships between Māori and non-Māori communities. The resulting tensions risk deepening the marginalisation of rural Māori who already face significant barriers to accessing health services, resources, and equitable treatment.

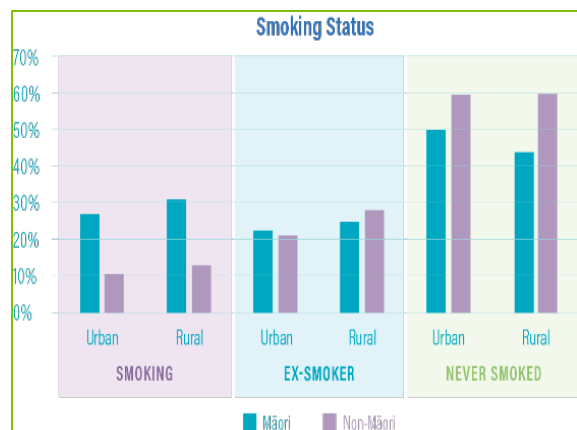


Figure 3 Whitehead, G. Atkinson, J. Davie, G. de Graaf, B. Eggleton, K. Crengle, S. Miller, R. Blattner, K. Crampton, P. Nixon, G. Comparison of the Sociodemographic Composition of Rural and Urban Aotearoa New Zealand: Insights from Applying the Geographic Classification for Health to the 2018 Census. *NZ Population Review.* 2024: 49, 27-69.

**Examples of impact of disruption:**

In the short time of its existence, Te Aka Whai Ora made significant advancements in community-based solutions to Māori health needs. Its disestablishment removed an

important platform for addressing systemic racism and targeted care, and extinguished opportunities to reduce disparities in health outcomes that rural Māori have to grapple with every day.

The widespread support for the Hikoi to Parliament highlights the societal concern over the Bill's implications. For the rural health sector, it undermines trust in the government-led health system and distracts from the urgent challenges we face: severe workforce shortages, inadequate funding for primary care and rural hospitals, and increasing demand.

These issues exacerbate the already complex task of delivering equitable healthcare in rural communities and threaten the access that rural Māori has to timely, and appropriate health care.

#### 4. Negatively impact environmental and economic determinants of health:

The Bill will sideline the protection of cultural and collective taonga central to Te Tiriti. Māori language, traditions and collective wellbeing are at risk of losing the protections necessary for intergenerational resilience and undermines their role in the health and wellbeing of whanau. Disconnect with these taonga is known to result in increased social isolation, distress, mental and emotional pressures on whanau resilience.

The impact of this will aggravate the challenges Māori face in connecting with resources and support for education, employment, health and social services. On the other hand, it is also widely recognised that increasing the Māori rural health workforce is an important component of improving access to health services. At present, a mere 5% of all NZ General Practice Specialists are Māori.

#### **An example of how this will impact on the health of rural Māori:**

*Research shows that rural Māori education outcomes are significantly poorer than their urban counterparts (Fig 4&5). At the same time, international evidence tells us that initiatives that aim to attract rural students to study rurally and support them in decisions to work in rural areas is the most effective means of building the rural health workforce, and specifically, the rural Māori health workforce.*

*The Bill will exacerbate the educational, social and economic barriers facing rural rangatahi when making career decisions. In the long term, the rural health workforce may be denied the opportunity to have whanau educated and skilled to provide health care in the rural communities they call home.*

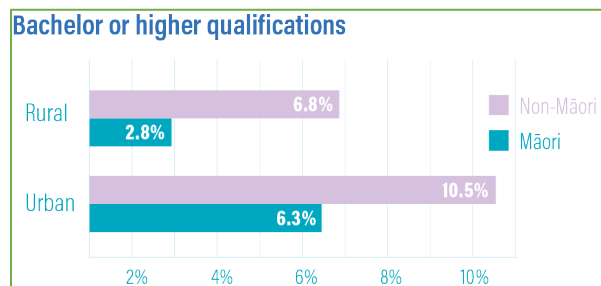


Figure 4 Bagg W, Curtis E, Eggleton KS, Nixon G, Bristowe Z, Brunton P, et al. Socio-demographic profile of medical students in Aotearoa, New Zealand (2016-2020): a nationwide cross-sectional study. *BMJ Open*. 2023;13(12):e073996.

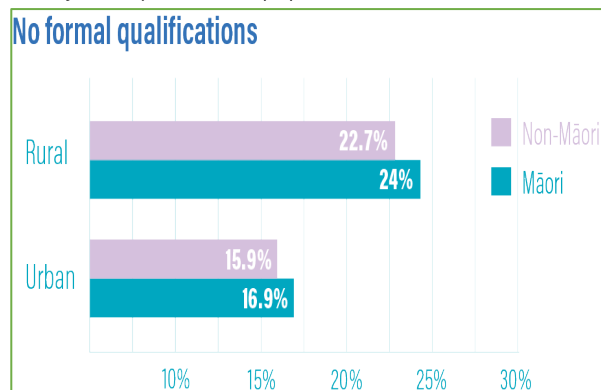


Figure 5 as Fig 4

## 5. In closing

The Bill aims to allow the Government the right to define the legal interpretation (Principles) of Te Tiriti o Waitangi, without consulting Māori, its Tiriti partner. This is both legally and morally indefensible.

Recent examples show that if Māori are resourced and empowered to provide tino rangatiratanga | sovereignty over their own taonga including health, strong progress can be made in terms of equitable health outcomes. Should the Bill become law, it will prevent further equity in Māori health outcomes that, after 150 years of waiting, we have only just begun to redress.

Regardless of the progress of the Bill in New Zealand's legislation, Hauora Taiwhenua and Te Rōpū Ārahi will maintain our commitment to Te Tiriti o Waitangi, and the elimination of health disparities for rural Māori.

Ngā mihi



Dr Fiona Bolden  
Chair  
Hauora Taiwhenua  
Rural Health Network



Peter Jackson  
Kaumatua  
Te Rōpū Ārahi



Margareth Broodkoorn  
Co-chair  
Te Rōpū Ārahi

## SOURCES CONTRIBUTING TO OUR SUBMISSION

1. *Hauora Taiwhenua Rural Health Snapshot, May 2024*
2. *Primer on the Principles of the Treaty of Waitangi Bill, Nov 2024, Carwyn Jones*
3. *Ministry of Justice. Regulatory Impact Statement: Providing certainty on the Treaty principles*
4. *Report on stage one of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575)*
5. *Nicolette Sheridan, Rawiri McKree Jansen, Matire Harwood, Tom Love, Timothy Kenealy, and The Primary Care Models Study Group. Hauora Māori – Māori health: a right to equal outcomes in primary care International Journal for Equity in Health 2024*