

# Scoping the Past to Reach the Future – A Personal Account

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There cannot be a future without a past. Predicting the future is more relevant when we value the foundations that have fostered ongoing development and a spirit of reform. The past 50 years have had particular relevance for Māori health. Each decade has provided successive platforms for innovation and revitalisation. Decade by decade, the seeds of change have been implanted so that Māori might flourish as Māori in the future.

## Decade one 1970–1979

Fifty years ago, the 1970s witnessed a series of events that were to result in major changes in the years ahead. In 1972, for example, a Māori language petition was delivered to Parliament that asked for active recognition of te reo Māori. Led by Māori students at The University of Auckland, the petition included over 30,000 signatures and became the starting point for a significant revitalisation of te reo.

Three years later, in 1975, kuia Whina Cooper (later to be made Dame Whina Cooper) led a land march from Te Tai Tokerau to Parliament in Wellington. Along the way, she was joined by thousands of followers, all demanding a halt to the alienation of Māori land. “Not one acre more” became the catchcry. One year later, in 1976, the Waitangi Tribunal was established to investigate unlawful possession of Māori land. It was the beginning of a process that continues today.

On a more personal note, 1979 was the year I delivered my first paper at an international conference hosted by The Royal Australian and New Zealand College of Psychiatrists. My paper – *Mental Health, Land and the Environment* – discussed the significance of whenua tūpuna to mental health. It left most of the audience (which was largely Australian) a little perplexed – linking land to mental health was a step too far for many of the participants. But, over time, the importance of land to health and wellbeing has become widely endorsed.



## Decade two 1980–1989



During the 1980s, the recognition of Māori values and perspectives relevant to health was promoted. In 1983, Whaiora was established at Tokanui Hospital in the Waikato. This was the first Māori health programme based within a hospital. Another important milestone was the 1984 Hui Whakaoranga held at Hoani Waititi Marae in Auckland. Sponsored by the then Department of Health and, organised by a number of health leaders<sup>1</sup>, the hui attracted more than 200 participants from hospital boards, iwi, Māori health professionals and Māori organisations such as Te Ropu Wāhine Māori Toko i te Ora (Māori Women's Welfare League) and, the recently formed, Te Kaunihera o ngā Heehi Māori o Aotearoa (National Council of Māori Nurses).

I was part of a panel that included Rose Pere, Sonny Waru and Dr Nitama Paewai. Rose and I discussed our recently developed Māori health models (Te Wheke and Te Whare Tapa Whā respectively). For most of the participants, this was new ground. In turn, Sonny talked about his programme to help 'glue sniffers' from Auckland by bringing small groups of seven or eight to Taranaki, where they spent six weeks moving around marae. The approach made no direct reference to glue sniffing but instead focused on positive values and mātauranga Māori. Then Nitama described how, in addition to delivering clinical services, he helped patients by holding evening sessions to improve financial literacy and financial management. During the hui, Raiha Mahuta also gave an enlightening address about a new health venture – Raukura Hauora o Tainui – a forerunner to iwi-based Māori health provider organisations.

The 1980s also ushered in many other initiatives that were to shape the future: kōhanga reo in 1981; the Hui Taumata Māori Economic Summit in 1984; kura kaupapa Māori in 1985; the 1987 Māori Language Act; the 1987 Matawaia Declaration and, in 1988, the report *Pūao-te-ata-tū*<sup>2</sup> and the programme Mātua Whāngai, which involved the devolution of tamariki Māori welfare to Māori.

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<sup>1</sup> Paretene (Pat) Ngata, Eru Pōmare, Lorna Dyal, George Salmond and Tā Mason Durie.

<sup>2</sup> Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. 1988. *Pūao-te-ata-tū*. Wellington: New Zealand Government. URL: <https://msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf> (accessed 12 May 2021).

## Decade three 1990–1999

In 1994, one decade after Hui Whakaoranga, Te Ara Ahu Whakamua (the Māori Health Decade hui) was held in Rotorua. The broad theme of the hui was ‘Māori have a right to be healthy,’ and an opportunity was provided to review progress in Māori health over the past decade and to set directions through to the year 2000 and beyond. Alongside 30 other speakers, I presented a paper that emphasised how gains in health were related to all socioeconomic policies. Coordination and cooperation between sectors was important, particularly in addressing mental health issues. In the same paper, I stressed a need for Te Tiriti o Waitangi (Te Tiriti) to be applied to all social policies. At that time, the emphasis on lands, forests and fisheries often failed to recognise the relevance of Te Tiriti to health and other social policy areas.

This decade also saw the emergence of significant Māori health professional groups, such as Te ORA (Te Ohu Rata o Aotearoa: Māori Medical Practitioners), Te Ao Mārama (The New Zealand Māori Dental Association) and Te Pumanawa Hauora Māori health research centres at both Otago and Massey universities. There was also a major expansion in the number of Māori non-governmental organisations, largely due to new health legislation that separated funders and providers. Four regional health authorities were charged with purchasing health services but did not themselves provide services. The funder-provider split recognised Māori needs and Māori expertise and opened the way for contractual arrangements with Māori health organisations.

The 1990s also saw the passage of some groundbreaking legislation including Te Ture Whenua Māori Act 1993 (Māori Land Act 1993) and the Electoral Act 1993. Importantly, the first Māori-Crown Treaty settlements were made in 1995 for Ngāi Tahu and Waikato Tainui. In that same year, protestors occupied Pākaitore (Moutoa Gardens) in Whanganui.

## Decade four 2000–2009

In the first decade of the 21st century, Ngāti Tūwharetoa hosted a series of five hui – Hui Taumata Mātauranga – each connected to Māori education in the future. I had the privilege of providing opening addresses for each hui.

At the first, I proposed three broad goals: to live as Māori and as citizens of the world, to enjoy good health and to experience a high standard of living. At the final hui in 2006, I concluded that Māori potential would be strongly influenced by relationships: relationships between Māori and the Crown; between iwi and the State; within whānau; between whānau and schools; and between whānau and wider society. Whānau provide continuity with the past but must also grapple with the present and, at the same time, anticipate the future. And, importantly, through a series of extended relationships, it is a gateway to education, the economy, society and Māori potential.

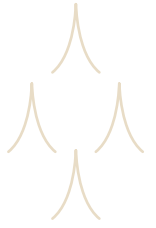
Decade four also saw the release of *He Korowai Oranga: Māori Health Strategy*<sup>3</sup>, the establishment of Te Rau Matatini (later known as Te Rau Ora) and, in 2008, *Te Puāwaiwhero – The Second Māori Mental Health and Addiction National Strategic Framework 2008–2015*<sup>4</sup>. It will be further remembered for the foreshore and seabed hīkoi in 2004 and the first meeting of the Iwi Chairs Forum at Takahanga Marae in Kaikōura. Then, in 2006, Tūheitia Pōtatau te Wherowhero VII became the sixth Māori King.

3 Ministry of Health. 2002. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy](http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy) (accessed 12 May 2021).

4 Ministry of Health. 2008. *Te Puāwaiwhero – The Second Māori Mental Health and Addiction National Strategic Framework 2008–2015*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/te-puawaiwhero-second-maori-mental-health-and-addiction-national-strategic-framework-2008-2015](http://www.health.govt.nz/publication/te-puawaiwhero-second-maori-mental-health-and-addiction-national-strategic-framework-2008-2015) (accessed 12 May 2021).



## Decade five 2010–2019



During the last decade, an emphasis on whānau was again evident. Whānau Ora was launched in 2010, following completion of the report *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*<sup>5</sup> from the Task Force on Whānau-Centred Initiatives, which I had been asked to chair. Common themes emerged from our report, particularly the need for whānau programmes to:

- › demonstrate a ‘Māori heart’
- › be involved in decision-making
- › identify goals for the near and distant future
- › minimise bureaucracy
- › build sustainability and adequate resourcing
- › incorporate research and evaluation components, and
- › be based on quality relationships between whānau, providers and iwi.

By 2014, Whānau Ora had become the responsibility of three commissioning agencies and accountable to the Whānau Ora Minister of the Crown (rather than a government department). The commissioning model was a step towards greater autonomy for Māori.

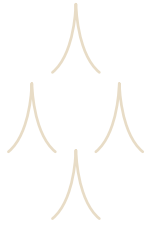
In 2014, *Pae Ora – healthy futures* was launched at Parliament. I had suggested the concept of pae ora to Minister Tariana Turia in October 2013. It was intended to encompass three key dimensions for health: mauri ora (the health of Māori individuals), whānau ora (healthy whānau) and wai ora (healthy environments). Pae ora was subsequently positioned as an overall goal within He Korowai Oranga framework and was further developed to guide Māori health reforms into future decades.

Then in 2019, at the Toitū Hauora conference, I proposed a more autonomous system for social policy sectors that included health, education and social welfare. Rather than being responsible to various government departments, all mātauranga Māori services would be funded and monitored by Te Rūnanga Whakapiki Mauri. Accountability of the rūnanga would be to a Māori national body as well as to the funder. More recently (in 2021), the Government announced the formation of a separate Māori health authority. It includes some of the features of Te Rūnanga Whakapiki Mauri but will focus predominantly on health.

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5 Taskforce on Whānau-Centred Initiatives. 2010. *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. Wellington: Ministry of Social Development. URL: [www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/whanau-ora/index.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/whanau-ora/index.html) (accessed 12 May 2021).

## Pathways to the future



The past five decades have implications for Māori health in the decades ahead. Although the future will bring fresh opportunities, it will also present challenges. These include:

- › Māori life expectancy will increase, with proportionally more older people in our communities
- › Our whānau will be more dispersed and more diverse
- › Our waters, lands and air will be exposed to multiple threats as a consequence of global warming and an overpopulated world, and we can expect more pandemics and other catastrophes as a result
- › Overpopulation and subsequent increased competition within society will lead to even more unemployment
- › Technological innovations will change the nature of work, learning and healing, and
- › Marae will feel the dual pressures of encroachment and cultural diffusion.

On a positive note, we will have many more well-qualified people to cope with a changing world. And, as we saw during the COVID-19 pandemic, we have a proud tradition of responding to change in a proactive and decisive way.

**Lessons** from the five decades past, can help prepare us for the future.

*First, **Whenua and Health Go Together**.* Land grounds us; land feeds us; land connects us; land underpins our homes and land defines us. The task in the future will be to protect the land and, in so doing, protect us as tangata whenua.

*Second, **Mātauranga Māori**,* Māori models for health and wellbeing and kaupapa Māori health initiatives will enable 'Māori to be Māori', even when circumstances change.

*Third, **Te Taiao*** recognises the increasingly important impact of natural and built environments. It envisages the appointment of designated kaitiaki to monitor and refresh the environment. Their task will be to ensure that desecration ceases over land, waterways, forests and the air. In so doing, they will have the authority to oppose environmental ventures that threaten Māori health and wellbeing.

*Fourth, **Whakauruuru**,* a holistic approach that brings together health, education, housing, employment, welfare and the economy, will align with the realities where Māori live. Collective action that transcends disciplinary and sector silos will endorse Māori world views and strengthen resolve.

*Fifth, **Ākonga**,* learning and education, will remain an integral part of te ao Māori. It will be increasingly important in a future where digital learning becomes a norm, where Māori learners want to explore contemporary and future Māori realities and where learning comes from whānau, rangatahi and online options as much as it does from schools.

*Sixth, **Whānau*** will be at the centre of ongoing Māori transitions. Whānau autonomy will be a starting point for rangatiratanga and will be reflected in the ways whānau assume leadership roles in a changing society. Increasingly, rangatahi within whānau will lead the way as new technologies and values come to dominate. They will ensure that whānau are able to adjust to a changing world without losing the essence of whanaungatanga.

*Seventh, Hautūtanga*, Māori leadership, will be collective and distributed. Charismatic leadership will give way to leadership that is shared, embraces iwi, recognises Māori community priorities, includes academic and Māori workforce leadership, transcends health, education and other sectors and is able to serve the people.

*Eighth, in Te Ao Whānui*, as global citizens, Māori will be represented on international forums, indigenous governance bodies, worldwide sporting and academic committees and trade and economic ventures.

*Ninth, Te Tiriti o Waitangi* will be part of all environmental, social and economic legislation and policies.

*Tenth, Rangatiratanga* Māori decision-making will be evident in communities, regions and nationally. It will be possible 'to live as Māori'. Predictably, there will be many Māori authorities built on the foundations laid by marae, by iwi, by Māori commissioning agencies, by kaupapa Māori systems and by Māori community agencies. And an independent, national Māori health authority will play a key role in improving health outcomes for Māori. Māori authorities will not necessarily mimic state systems nor will they be fragmented by a sectoral approach to development. Instead, they will adopt kaupapa Māori values to ensure that Māori can flourish into the future.

The main point of this think piece has been to recall significant national hui that have occurred over the past five decades. This is not a comprehensive review but rather part of a personal journey. The five decades I have discussed are foundations for tomorrow. Ten key pointers to the future have emerged from them.

To move on, we need dedicated Māori planning capacity so that, over the next 20 or 30 years, a comprehensive approach to health and other challenges can be addressed in a coordinated way. The agenda for change need not be modelled on current systems as part of the government-of-the-day's agenda. Instead, the way must be opened for innovative ideas that are future focused, globally relevant and, most of all, aligned to tikanga, mātauranga and rangatiratanga.

