A BRIEF CHRONOLOGY OF HEALTH AMONG MAORI AND PAKEHA

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"In traditional Maori terms, health is an all-embracing concept which emphasises the importance of the Wairua (spiritual), Whanau (family), Hinengaro (mental) and Tinana (physical aspects). Modern terminology refers to this concept as 'holistic' which contrasts with the traditional western model in which the physical aspects of health and sickness are emphasised. From the Maori viewpoint issues involving Te Whenua (land), Te Reo (language), Te Ao Turoa (environment) and Whanaungatanga (extended family), are central to the Maori culture, central to health and deeply rooted in the principles of the Treaty of Waitangi." (Eru Pomare and Gail de Boer: Hauora: Maori Standards of Health, 1988)

Pre European times: Maori were described by early European observers as "a strong raw boned well made Active people rather above than under the common size especialy(sic) the men"(1)

"There is no reason to believe that the Maori population was declining before European contact. Apparently, few common epidemic diseases were indigenous, sanitation was carefully controlled, the population was isolated and, although there were villages, there were no really dense congregations. It is possible to think of a consistent growth of 0.5% to 1% per annum from..around 1350 until about 1800 and thus account for the distribution of population reported in the early 19th century." (2)

1769 - 1840 New diseases introduced with Europeans include measles, dysentery, sexually transmitted diseases, tuberculosis, influenza, and whooping cough.

1830s Measles epidemic among Ngai Tahu

1840 Treaty of Waitangi signed. At the same time the first New Zealand Company settlers reached Wellington.

1841 Civil servants were designated as Colonial Surgeons or Health Officers - appointed to meet the needs of "the imprisoned, the insane, the impoverished and the indigent".(3) The wealthy were cared for at home.

1840s Colonial hospitals established in Auckland, Wellington, Wanganui and New Plymouth - Maori were treated free, although this was opposed by the settlers.

1846 Lunatics Ordinance set up asylums - psychiatric services are the only hospital services that have consistently been provided for all classes of Pakeha society.

1846 Some evidence of a major whooping cough epidemic among Maori

1850 Influenza pandemic among Maori population

1852 New Zealand was divided into six provinces under the NZ Constitution Act. The Provincial Councils were made responsible for schools, hospitals and charitable aid. Colonial hospitals were transferred to provincial governments and voluntary contributions were encouraged. This gave donors a say in the hospital administration.

1853 The Crown negotiated with Ngai Tahu for the sale of the Murihiku Block. The chiefs were promised that schools and hospitals would be set up as part of the deal. But schools and hospitals were a provincial responsibility and, since Maori people were not usually ratepayers, the provincial governments refused to take responsibility for these Crown promises unless they got extra money for it. This did not happen - and neither did the schools or hospitals.

1860s Land Wars led to confiscation of Maori land. Legislation was then brought in to facilitate the acquisition of Maori land for the settlers. Liquor was used extensively to encourage Maori to go into debt and then mortgage their land.

As land was alienated from the tribes, so the health and population of the tribe worsened. In the 1860s and 70s Ngati Kahungunu and Nga Puhi lost much of their land and suffered a decline in population - this began to reverse by the 1880s and 90s. Tuhoe registered a drop in population in the 1890s as their land was alienated - this was the last big tribe to be broken from their land. Those areas which shunned contact with the Pakeha fared better:

"The difference between the Kingites and the Maoris that Europeans are accustomed to see is very marked. The men and women are healthy looking, while the number of children playing about, and of fine stout infants to be seen in the arms of their mothers, is remarkable. It is sad to think that those natives who have least to do with Europeans are in every respect the best of their race; but so it is."(4)

1875 Measles epidemic among North Island tribes

1880s Maori prophetic movements - Te Whiti, Tawhiao, Rua Kenana all discouraged contacts with Pakeha and were particularly against any further land sales. They all condemned and prohibited the use of alcohol among their followers.

1876 Lunatic Asylums Department created - first social service Department in New Zealand.

1883 Dr Alfred Newman maintained that New Zealand was the healthiest country in the world. His statistical evidence failed to take into account the poor levels of health of Maori, which is not altogether surprising, since he had argued two years earlier for the demise of the entire race: "the disappearance of the race is scarcely a subject for much regret. They are dying out in a quick, easy way, and are being supplanted by a superior race"(5)

In the latter part of the 19th century life expectation for the non-Maori population was considerably higher than for either their Maori or English counterparts. e.g. in 1876 Non-Maori life expectation was 53.1, in 1881 English life expectation was 45.9 and in 1891 Maori life expectation was 24.9

1885 Hospital and Charitable Institutions Act - brought hospital management under the aegis of local committees. Proportion of expenditure met by government.

1890s "[Maori] living conditions were appalling. Most of them lived in makeshift camps, without sanitation. They were afflicted by a host of infectious diseases and there was a very high rate of infant mortality. Traditional remedies were of no use for treating European diseases, and frequently fatal. Maoris received little medical aid other than periodic inoculations and handouts of medicines. They were seldom treated by doctors, let alone admitted to hospitals. For the most part they had to fend for themselves"(6)

At the same time there was still pressure from the Liberal Government to obtain more Maori land.

1891 Influenza pandemic

1896 Maori population fell to 42,113 - lowest point in 19th and 20th century.

1898 Old Age Pension Act - provided for pensions for 'deserving persons'. Maori seldom qualified for a pension, because of their shares in their ancestral land - even though they received no income from the land.

Around the turn of the century the philosophical struggle on the provision of Pakeha health services began to turn around. Throughout the 19th century hospitals had operated within the framework of English Poor Law philosophy - providing a safety net for those who lacked means to fend for themselves. The poor were divided into 'deserving' and 'undeserving' and services reflected these categories. Supporters of the status quo argued

that the hospitals should be provided through local charity and controlled by the donors - any change to the system would jeopardise the ability of the wealthy to show Christian concern and would make the poor lazy. Others believed that health care should be nationally provided and available to all. As early as 1882 Sir Harry Atkinson had proposed a national insurance scheme to replace private saving by national, co-operative and compulsory insurance. Gradually the latter view began to predominate and the social stigma of attending a hospital began to disappear.

1900 Bubonic plague scare. This led to the establishment of the Department of Public Health and laid down much of the public health structure which persists today.

At the same time the Maori Councils Act was brought in which set up district councils in 19 tribal districts to improve sanitation and living conditions through local committees and local Maori sanitary inspectors. The councils' powers were similar to local government authorities.

Apirana Ngata was the Organising Secretary from 1902-4. Maui Pomare became the first Maori Medical Health Officer and from 1905 he was assisted by Peter Buck. They worked to improve health conditions, including housing, sanitation and access to medical and nursing care.

"These Maori medical practitioners had devised programmes which would fit the criteria for primary health care delivery as outlined by the Alma Ata Declaration of the World Health Organisation in 1978, three quarters of a century later. Their measures were at times somewhat extreme, but perhaps they alone amongst the group who have delivered health care to the Maoris in major programmes throughout this century recognised the overwhelming importance of cultural values and norms, and their impact both on the giving and on the reception of health care delivery." (7)

These men became the leaders of the Young Maori Party and all of them went on to become members of Parliament.

1900s Health continued to be a major concern. In the first decades of the twentieth century, Maori health improved, but tuberculosis, typhoid fever, dysentery, diarrhoeal and respiratory diseases persisted.

At the same time Grace Neil was lobbying for better health services for women and children. She established St Helen's hospitals for the training of midwives and maternity facilities for wives of 'men of small means'. They have catered predominantly for the Pakeha population.

1907 Suppression of Tohunga Act - passed on grounds of concern for health of Maori, but had the convenient political effect of hounding Maori prophetic leaders, especially Rua Kenana.

1907 Plunket Society formed. It has catered mainly for Pakeha mothers and children

1909 Hospital and Charitable Institutions Act - brought hospitals under the supervisory control of the Department of Public Health.

Maori Nursing Service established - initially Pakeha nurses, but increasingly Maori nurses trained to work with Maori communities. Went into rural areas - work ranged from health education and maternal and child welfare to care for those dying of infectious diseases. In 1930 the Maori Nursing Service came under the Public Health Nurse Service.

1913 Smallpox scare - may have been a virulent form of chicken pox. c2000 Maori affected - 55 died. c100 Pakeha affected - none died. Dr Makgill, Auckland Health Officer was given carte blanche to control the epidemic - all Maori gatherings were forbidden, meetings of the Native Land Court were suspended and travel by Maori people was first forbidden, then only allowed if a certificate of vaccination could be produced. (Dr Makgill also advocated that Maori should be put in reservations under supervision)

1916 55 policemen marched into Maungapohatu in the Uruwera ranges to arrest Rua Kenana for sedition and on 4 breaches of the licensing laws - he was found guilty of offences under the liquor laws and sent to jail. The trial broke his followers financially and they had to sell land cheaply to meet legal costs.

1918 Influenza pandemic - caused crude death rate of 22.6 per 1000 for Maori against 4.5 for non-Maori. This is the only epidemic that is well remembered by most Pakeha people in New Zealand, probably because it affected the Pakeha population also.

1930s Economic depression caused widespread unemployment. Maori males did not usually qualify for unemployment relief, unless they were living 'in the same manner as Europeans'. It was also considered that Maori could grow their own food and therefore needed smaller benefits.

1935 Native Housing Act - provided housing finance for Maori for the first time. Thus the connection between poor housing and ill-health among Maori was finally acted upon. The scheme was resumed after World War II with more emphasis on urban houses.

1938 Social Security Act - was intended to provide free health care for all. The Labour Government was forced to compromise because of opposition from the New Zealand branch of the British Medical Association which campaigned against the Bill. This led to the establishment of a dual public/private system which still operates today.

One effect of the Social Security Act was that, for the first time, Maori people began to receive the same health benefits as Pakeha. The increase in de facto eligibility is shown in the following figures:

1931 1,534 Maori received old age pensions
1939 3,096 Maori received old age pensions

1931-5 335 Maori widows received pensions
1935-9 569 Maori widows received pensions

Similar increases were recorded in the number of Maori receiving family allowance and invalid pensions.

It is an irony that, although the Labour Government's introduction of social security improved the health and living conditions of Maori people, it did so for individuals, but at the expense of Maori tribal organisation.

By 1951 Shacks and overcrowded houses had been reduced from 71% - 32% of Maori housing. But again, the official policy was to "pepper pot" Maori families among Pakeha families, in order to assist in the process of 'integration'. This further undermined social and cultural cohesion among Maori people in the cities.

Many aspects of physical health, however, continued to improve among the Maori population. Tuberculosis death rates dropped from 37 per 1000 in 1841-5 to 10.06 in 1951-5. The incidence of typhoid dropped from 14.2 over 1000 in 1932 to 2.6 in 1948.

1950s Maori people encouraged to migrate to the cities. Rapid change from being a rural based population to an urban base. In 1936 only 10% of the Maori population was urban; by 1961 this had increased to 40% (80.7% in 1986)

1950-52 Maori life expectancy reached the same level as the non-Maori population had reached in the 1880s (55 years).

1955-74 Maori health indicators improved, - deaths due to diseases which might be attributed to habits of modern living (smoking, alcohol and over-eating) were on the increase.

We end this brief review of health with a look towards a possible future

> "The Treaty of Waitangi is not a blueprint for good health nor a prescription for all ills. Nevertheless good health is clearly an objective of the treaty....two treaty principles, partnership and participation, have positive implications for the future. Those same principles are inherent in the Ottawa Charter for Health Promotion and underline the need for health experts to welcome the active involvement of communities and to work comfortably with them.
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> The Treaty of Waitangi was written for the future. At a time when health services are being redeveloped and reorganised, there is a need to consider those treaty principles and to incorporate them into health philosophies, policies and practices." (11)

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