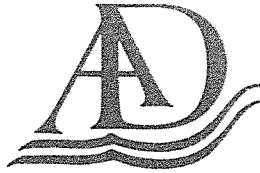


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ANGLICAN DIOCESE OF AUCKLAND

SCG.6

25 July 2000

NZHS Consultation
Policy Group
Ministry of Health
P O Box 5013
WELLINGTON

NEW ZEALAND HEALTH STRATEGY DISCUSSION DOCUMENT
Submission by: Rev Jean Brookes and Mrs Michaela Wright

Members of, and on behalf of the Social Justice Council of the Auckland Anglican Diocese.

Introduction

We offer this submission as a follow up to the Health section of the 1998 Hikoi. We also respond to the visit by the Prime Minister to the Anglican General Synod in May 2000, when she noted the restructuring of the Anglican Church in Aotearoa, New Zealand and Polynesia in 1992. She invited the Church to share learnings about relating as Treaty partners in this country. As members of Tikanga Pakeha, we invite the Government to move beyond processes of structural assimilation.

We affirm the many Treaty-based structural learnings that are available to us all from other church and secular bodies in this country. The publication following the July Treaty 2000 Conference held in Tamaki Makaurau may be of interest to you:

Network Waitangi, PO Box 47-189, Ponsonby (\$40).

One characteristic of the Conference was the highly significant, creative, challenging, and affirming planning and working relationship between Tauwi and Tangata Whenua participants. Sadly we do not see clear commitment to such a structural process envisaged in this Health Document, as we will illustrate. We perceive it to be almost entirely a proposal of assimilation.

With that major reservation, we strongly support the philosophy of the Strategy Document, and offer some general comments.

Appendix 3:

This does not indicate how the targets will be reached, only how outcomes will be measured. Perhaps this means there is still time to reconsider how the Treaty relationship between Kawanatanga and Maori health planning, and funding structures is represented. Maori targets might then change.

Generally, the targets in Appendix 3 seem to cover strategies that are in progress, and services that are presently free or subsidised (eg through GP visits by Community Service Card Holders). We wonder if other needs such as eye services for children and further cancer screening (eg colonic) might become freely available. We also feel that 'pulled' and 'filled' teeth in Form 2 children are different indices of dental health.



DIOCESAN OFFICES

Neligan House
12 St Stephens Ave
Parnell Auckland 1001

PO Box 37 242
Parnell Auckland 1033
e-mail: auckdio@ang.org.nz

Tel (09) 302-7201
Fax (09) 302-7217

We believe that a pre-requisite to improving such health indices are targets that address structural processes between health and other sectors, such as WINZ and its Disability Allowance.

We observe that the Allowance is grossly inadequate for lower income and beneficiary people's health and accident expenses (even with ACC subsidies).

For example, a week in the life of an Auckland beneficiary:

This woman already receives ongoing psychiatric counselling in the private sector as recommended by her GP, for which her Disability Allowance is seriously inadequate.

She is tripped up by youth in her street and faces a partial payment for her GP's check of her injuries.

She had already deferred having her (protruding) eyes tested for possible new glasses as 'unaffordable on a benefit',

She now has no food money.

We invite you to work out how the systems could be improved to meet this person's immediate and medium-term needs.

We believe that for any progress to be made in the indices 'gaps', many clients represented in such targets need:

- completely free health services, and/or
- new relationships between 'Government' Departments,
- and with Maori health structures.

We recommend that additional targets be created to address the accessibility and adequacy of support systems that cross Health, WINZ, Housing and other 'sector' boundaries.

We believe that many of the other targets would then be met.

In general, we hope that most health monies will go into improving processes and staffing from the client's perspective, and creating projects that will really help the poor, rather than just produce statistics.

More specifically, as we have already indicated, **we do not believe 'the gaps' will close without the Treaty relationship being addressed structurally very differently to the internal confusion we perceive in this document.**

We take special note of the wording of Principle 5:

'Acknowledging the special relationship between tangata whenua and the Crown under the Treaty of Waitangi' (chapter 3 page 6).

But we have serious questions about inconsistency when we also read:

... 'the duty of the Crown (is) to govern on behalf of the total population' (page 7).

This statement on page 7 sounds like a different understanding of the Treaty to paragraph 2 page 25, which we believe is a much more accurate interpretation of it.

The section of the Report entitled '**A high-performing health sector to improve outcomes for Maori**' (page 25), contains the germ of a commitment to space for Maori structures as defined by them:

... 'the partnership relationship between tangata whenua and the Crown is reflected throughout the Health sector by the formation of partnerships at the governance levels. **These partnerships will take various forms according to the circumstances'** (page 25).

We affirm this statement if it is saying that Maori did not give up 'sovereignty' through signing the Maori text on 6 February 1840 following. Te Tino Rangatiratanga had already been affirmed in Britain when it acknowledged the 1835 Declaration of Independence. It is more than Kawanatanga, which is usually translated as 'governance', meaning Settler Government of Tauwiwi. Consequently, the word 'governance' in this Health document should not mean Tauwiwi assuming the right to make decisions about Maori policies and structures.

So, a minimum meaning of 'partnership' in any planning document needs to be mana whenua choosing its own decision-makers and processes, as well as negotiating with Kawanatanga about possible joint structures. As Tikanga Pakeha Anglicans we continue to learn what this might mean in other than assimilationist or token behaviour.

Apart from this small paragraph on page 25, we see no hint of anything but assimilation structures being proposed, particularly at national level. The assumption that Maori will somehow be invited to be involved at lower levels of decision-making could sideline mana Maori from major overall decisions. It could mean that the process will only 'get it right by accident'. We hope that the phrase 'will take various forms' could come to mean a commitment by Tauwiwi to whatever whanau, hapu, iwi, corporate and other 'health' structures are defined by Maori.

We understand that a legitimate choice of Maori personnel and creation of 'Maori' structures is likely to come up from below, rather than being chosen from above by a Settler/Tauwiwi Government, which process we believe is a breach of the relationship intended in Te Tiriti o Waitangi.

We believe in principle that it is up to Maori to comment on Maori responses to Kawanatanga invitations to participate in Tauwiwi structures/processes.

For similar reasons, we recommend that the process and timing whereby Health Boards are created be reconsidered.

We especially note that non-elected people are being chosen this year, almost 12 months before publicly elected members in 2001. The purpose of this is not stated. We wonder how the Treaty is being understood by the Government and its advisors in this decision, and what Tauwiwi also feel about this in terms of participatory democracy.

Again, the Health Strategy process expects that the detail of how to address health disparities between Maori, Pacific peoples and other New Zealanders will 'be available' by December 2000 (page 20). We feel very concerned as to how this will be done if the suggested timetable and process is followed.

We therefore recommend that the Government and its Cabinet show goodwill to Maori as tangata whenua by re-opening pro-active discussion with Te Puni Kokiri about its recommendations to Cabinet 21 January 2000.

It is urgent that patterns of Tauwiwi assimilation of Maori are faced, and new relationships of equality and equity formed.

Consequently we strongly support the complaint of Susan Healey and Pax Christi to the Human Rights Commission dated 8 May 2000 (enclosed).

The question about who is making decisions for Maori about these health proposals is at the heart of this complaint.

We invite your careful consideration of the issues it raises, whether or not the Commission follows it up. It raises serious questions for us about a significant Maori structure being ignored.

We look forward to following the Health restructuring process, wish you well in your difficult work, and hope our comments have been helpful.

Yours sincerely

Jean Brookes

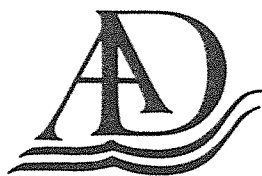
Jean Brookes

Michaela Wright

Michaela Wright

Encl

cc: The Prime Minister
The Minister of Health
Susan Healey, and Pax Christi Aotearoa
The Justice & Peace Office, Auckland Catholic Diocese



ANGLICAN DIOCESE OF AUCKLAND

Nov' 2000

The church is alive like a tree

(Tikanga Pakeha Kit on Constitutional change)

Greetings everyone from Mitzi and Jean on behalf of the Auckland Social Justice Council and the Programme on Racism.

We feel the most important things to share with you are:

FROM HERE TO THERE

a resource pack

encouraging conversions
about constitutional change
and te tino rangatiratanga

prepared by a working group
drawn from Auckland churches

Price: not more than \$10
Including GST and P&P
Available from
Programme on Racism
PO Box 11903, Ellerslie
Phone: (09)5254179
Fax: (09)535-4346
Email mitzi@clear.net.nz

and the enclosed material from our workshop, Sat 28 October.

If people want the Alaskan material, please contact me directly.

We look forward to the General Synod Hui next year.
One image from the workshop was a coat: a coat of commitment to the task of de-colonisation as Pakeha. We need to 'wear it all the time', helping ourselves and others not to blame the victims of colonisation for what has happened to them over the years. We realised that many people are joining the discussion for the first time. We hope the new Kit will help us all.

May Advent bring newness of hope for God's world,

Jean

Jean Brookes

(PTO)



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