

# Principles of the Treaty of Waitangi Deletion Bill

## Public Health Association of New Zealand submission

### 1 Introduction

The Public Health Association of New Zealand (PHA) is a voluntary association, which provides a major forum for the exchange of information and stimulation of debate about public health in New Zealand. Membership of PHA is open to all individuals interested in public health and covers more than 300 individual members from the public, private and voluntary sectors. The PHA is a member of the World Federation of Public Health Associations.

Public health can be defined as the improvement of the health of the whole population *‘through the organised efforts of society’*<sup>1</sup>

The Public Health Association of New Zealand is funded from membership fees, fundraising, and a contract with the Ministry of Health to encourage and facilitate informed debate on key public health issues, to provide co-ordination for the development of public policy and to enhance development of the public health workforce.

### 2 Summary

Division between groups of New Zealanders in relation to health is based on substantial and systematic differences in health and health services between Māori and other New Zealanders.

The inclusion of references to the principles of the Treaty of Waitangi (or similar phrases) in legislation and policy have been significant measures to reduce division between groups and improve Māori health.

References to the principles of the Treaty of Waitangi should be retained in legislation, unless they are replaced by more direct references to te Tiriti o Waitangi.

### 3 We oppose the Bill in its current form

The Public Health Association of New Zealand opposes the Bill in its current form.

We would support the deletion of references to the principles of the Treaty of Waitangi (the Treaty) if these references were to be replaced by more direct references to te Tiriti o Waitangi itself.

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<sup>1</sup> Acheson, D. *Public health in England*. London: HMSO, 1988

## 4 Te Tiriti supports the health of New Zealanders

### Māori health not on par

Maori life expectancy and health is overwhelmingly poorer than for other New Zealanders. While the health indicators for those who are less educated and have lower incomes are also worse than for the average New Zealander, the health gap exists for Maori even when relative income and education is taken into account.<sup>2,3,4</sup>

The most outstanding feature of the health gap between Māori and non-Māori is the extent to which Māori die younger than other New Zealanders from conditions that are readily preventable or amenable to treatment.<sup>5</sup>

The gap between Māori and other New Zealanders in life expectancy is echoed by the gap in service provision to Māori. One stark example is the way that Māori have been receiving fewer elective surgical operations than other New Zealanders.<sup>6</sup>

It is clear that in New Zealand the Māori health experience is not the same as that of other New Zealanders.

This current failure to honour the historic provisions of Treaty in relation to health rights (and failure to uphold the UN covenant) is a cause of current division between groups of New Zealanders, rather than references to te Tiriti in legislation as is suggested in the Explanatory note to the Bill.

### UN Covenant on health rights not upheld

New Zealand is a signatory to the International Covenant on Economic, Social and Cultural Rights<sup>7</sup> that recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The profound inequalities in health, particularly in relation to preventable and treatable conditions noted above, is evidence that New Zealand is not upholding this international covenant.

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<sup>2</sup> Ajwani S, Blakely T, Robson B, Tobias M, Bonne M. [Decades of Disparity: Ethnic mortality trends in New Zealand 1980-1999](#). Wellington: Ministry of Health and University of Otago, 2003

<sup>3</sup> Blakely T, Fawcett J, Atkinson J, Tobias M, Cheung J. [Decades of Disparity II: Socioeconomic mortality trends in New Zealand, 1981-1999](#). Wellington: Ministry of Health and University of Otago, 2005

<sup>4</sup> Fawcett J, Blakely T, Robson B, Tobias M, Pakipaki N, Harris R. [Decades of Disparity III: Ethnic and socioeconomic inequalities in mortality, New Zealand 1981-1999](#). Wellington: Ministry of Health, 2006

<sup>5</sup> Ministry of Health (1999a). [Our Health, Our Future – Hauora Pakari, Koiora Roa – The Health of New Zealanders](#), Ministry of Health, Wellington

<sup>6</sup> Ministry of Health 2003 *Health and Independence Report: Director-General's annual report on the state of public health*. Wellington: Ministry of Health

<sup>7</sup> **1978:** New Zealand ratifies the International Covenant on Economic, Cultural and Social Rights 1966

## **Health improvements based on Te Tiriti o Waitangi**

While the UN Covenant on health rights is not being upheld some progress is being made. In recent years health funders and workers have changed a range of health services to better meet the health needs of Māori. This has included the development of kaiawhina services in many hospitals and health centres, and the development of services operated by Māori.

These developments have come about as health funders and organisations have become more aware of both the health inequalities referred to above and te Tiriti and have made efforts to improve Māori health. This increasing awareness of te Tiriti o Waitangi has been led by references to te Tiriti in policies and legislation.

### **Article Three**

The increasing awareness of Article Three of te Tiriti has led to greater efforts to ensure that reduce health inequalities and ensure that Māori enjoy “all the Rights and Privileges of British Subjects” in relation to health.

It is clear from the data that at present Māori do NOT enjoy the health rights and privileges of other New Zealanders (or in the language of the Treaty “of British Subjects”).

### **Article Two**

Similarly increasing awareness of Article Two o Tiriti (in which Māori were guaranteed "te tino rangatiratanga" – the unqualified exercise of their chieftainship over their lands "wenua", villages "kainga", and all their property/treasures "taonga katoa") has led to a significant increase in health services operated by Māori.

While the development of Māori owned and operated health services is in line with Māori chieftainship over villages, property and treasures it has also had a significant impact to improve Māori health. Māori control over health services to Māori is more effective at improving the health of Maori than previous services.

This was well illustrated in by the change in Māori infant deaths from Sudden Infant Death syndrome (SIDS). New Zealand had had high and rising infant deaths from SIDS. Research and health services turned the tide so that overall New Zealand SIDS death rates declined. However until the introduction of a specific Māori-operated SIDS programme Māori families gained little benefit<sup>8</sup>.

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<sup>8</sup> Tipene-Leach D, Abel S, Haretuku R, Everard C 2000a. The Maori SIDS Prevention Programme: challenges and implications for Maori health service development. Social Policy Journal of New Zealand 14: 65–77