



NATURAL HEALTH PRODUCTS BILL
National Briefing Paper – Minister of Health
27th August 2015

***KO TE KORE,
TE KORE TE WHIWHIA, TE KORE TE RAWEA,
TE KORE I AI, TE KORE TE WIWIA,
NA TE KORE, TE PO,
TE PO NUI, TE PO ROA, TE PO URIURI,
TE PO KEREKERE, TE PO TIWHATIWHIA,
TE PO TE KITEA, TE PO TANGOTANGO,
TE PO WHAWHA,
TE PO NAMUNAMU KI TAIAO,
TE PO TAHURI ATU, TE PO TAHURI MAI,
KI TAIAO KI TE WHAI AO, KI TE AO MARAMA,
TIHEI MAURI ORA.***

***WHAKARONGO MAI RA, KI TE TANGI A NGĀ IWI WHĀNUI E
NGĀ TAONGA, WHAEA PAPATUANUKU E
I TUKU IHO, MAI E***

(Karakia and Karanga sourced from Te Kāhui Rongoā Trust website - www.rongoamaori.org.nz)

As directed by Associate Minister of Health, Minister Turia Te Kāhui Rongoā Trust was established in 2011 with a specific purpose to:

- (a) nurture, protect and grow rongoā me ona tikanga in accordance with hapū and iwi tino rangatiratanga;
- (b) assist, educate and support practitioners of rongoā;
- (c) research and develop the science of rongoā;
- (d) safeguard the knowledge and cultural and intellectual property of rongoā;
- (e) develop and promote appropriate ethical guidelines for the use and acquisition of rongoā;
- (f) develop education programmes in the knowledge and use of rongoā, including standards and competencies in the practice of rongoā;
- (g) improve the health and wellbeing of Māori people;
- (h) advocate for equitable health funding for Māori people;
- (i) seek greater acceptance of rongoā among other medical practitioners and throughout Aotearoa; and
- (j) initiate and enhance exchanges with other indigenous peoples and practitioners of traditional medicine.

As a member-led, national organisation made up of whānau, hapū, iwi, service providers and practitioners, Te Kāhui Rongoā Trust has been established to ensure the paramouncy of Rongoā Māori as a 'taonga tuku iho' continues to be considered, advocated and addressed on a local, regional and national basis.

As a matter of urgency, we write this letter on behalf of Te Kāhui Rongoā Trust to inform the Minister of Health, the Honourable, Jonathan Coleman about our concerns and position on the Natural Health Products Bill which is currently awaiting its 3rd reading before parliament. We wish to submit this paper with permission for its content to be included in any Cabinet or Supplementary Order papers being prepared for the reading.

In essence, we are aware of the context and need for the Natural Health Products Bill to address the regulatory requirements within the sector however, we wish to provide quality advice to the Crown in a way that clarifies and seeks to redress the claims contained within this letter. We welcome ongoing dialogue.

On behalf of Te Kāhui Rongoā Trust, our primary concerns are as follows:

1. Within the Bill, there is no statement acknowledging the **unqualified** right for Māori to use, make, supply or trade natural health products (Rongoā Māori). This does little to clarify the Crown's responsibility to protect taonga, and avert current and potential ongoing breaches to Te Tiriti o Waitangi – the Treaty of Waitangi in relation to Rongoā Māori.

The following is an extract of the Waitangi Tribunal summary factsheet 8, from Ko Aotearoa Tenei, Wai 262 claim:

The Treaty gives the Crown the right to govern, but in return it guarantees the tino rangatiratanga (full authority) of iwi and hapū in relation to their 'taonga katoa' (all that they treasure). The courts have characterised this exchange of rights and obligations as a partnership, and this is now a well-established Treaty principle. In this context, the Treaty allows the Crown to put in place laws and policies to support and promote health, in doing so the Crown must to the greatest extent practicable protect the authority of iwi and hapū in relation to their taonga, including the practice of rongoā and the knowledge and concepts on which it is based.

The practice of rongoā was suppressed in New Zealand through the Tohunga Suppression Act 1907 (which remained in force until 1962). This Act came into force during a Māori health crisis resulting from poverty, poor sanitation, and a lack of immunity to virulent infectious diseases. Instead of responding effectively to this crisis, the Act banned the activities of tohunga, and defined a core component of Māori culture as wrong and in need of 'suppression'. **This was a breach of the Treaty.**

The practice of rongoā has also been severely affected by environmental and social changes such as the clearing of bush, and urbanisation, which have cut Māori off from the sources of rongoā. In spite of these factors, rongoā has survived and traditional Māori healing continues to be practised today.

Since the 1990's the Crown has attempted to redress this breach through a number of strategies to strengthen its relationship and support of Rongoā Māori. Te Kāhui Rongoā Trust is an example of this.

Māori health is again in a state of crisis. Māori have significantly lower life expectancy, and much higher rates of infant mortality than non-Māori, and much higher rates of heart disease, stroke, lung cancer, diabetes, asthma, meningococcal disease, schizophrenia, and many other illnesses.

Rongoā is not the only answer, but expanding rongoā services could be a significant step in improving Māori health. The medicinal properties of many rongoā remedies (such as mānuka and koromiko) are well established, and the spiritual dimension of rongoā is important for Māori well-being. Demand for rongoā appears to be growing, and expanded rongoā services could bring more unwell Māori into the primary healthcare system.

The Waitangi Tribunal's view is that current support for rongoā, while an improvement on the past, has lacked urgency and remains inadequate and in breach of the Crown's Treaty obligations.

The Tribunal recommended that the Crown make urgent changes, including:

- *recognising that rongoā has significant potential as a weapon in the fight to improve Māori health;*
- *identifying and implementing ways to encourage the health system to expand rongoā services (for example by requiring primary healthcare organisations servicing a significant Māori population to offer rongoā clinics);*
- *adequately supporting the national rongoā organization Te Paepae Matua [now Te Kāhui Rongoā Trust] to play a quality-control role in relation to rongoā; and*
- *gathering data about the extent of current Māori use of rongoā services and likely ongoing demand.*

The Tribunal also recommended that the Ministry of Health and the Department of Conservation coordinate rongoā policy, to ensure that rongoā plants survive and that tohunga can access them.

See **Ko Aotearoa Tēnei** chapter 7 for full details of the Tribunal's findings and recommendations.

As per the above recommendation, we wish to signal our intention to be actively involved in any matters pertaining to Rongoā Māori and the Bill. While we have capability, we wish to highlight that we have not been formally invited to provide quality face-to-face advice or support to the process. The process for lodging a submission occurred during our establishment phase hence our capacity to participate during this time was compromised. Since then information has not been readily forthcoming from the government sector. Given our national role in Rongoā Māori this is hugely disappointing.

Please note that this is an area that we would like to strengthen, particularly with future matters pertaining to the Bill and any areas of interest that impact or pertain to Rongoā Māori.

2. The Bill acknowledges the value of both scientific and traditional knowledge to support any proposed health claims. In our opinion, it is not clear how one would prove or disprove traditional Māori knowledge as attainment of such differs significantly between that of a traditional Māori and Western context.

Most material about the use and application of Rongoā Māori have been written and published by non-Māori hence it is difficult to validate individual, whānau or hapū mātauranga that has been handed down from generation to generation. This form of validation relates to the kawa and tikanga - traditional practices and processes associated to traditional knowledge transmission of Rongoā Māori. Accordingly, Māori do not have an approved written Pharmacopeia as required in a Western context (of which 11 are approved and listed in the Bill from China, Europe, India, USA etc but none from New Zealand). Therefore we would argue that an alternative system of validation be considered and recognised in this instance.

Accordingly, we question the **qualified** advice and expertise provided to compile the draft permitted list. We are aware that the permitted list currently excludes and regulates specific Rongoā that are known to be utilised in a traditional healing context. Therefore, either the exclusion or inclusion of Rongoā on the current list is both problematic and in the long term potentially costly to Rongoā practitioners who currently utilise these Rongoā.

Without further clarification and discussion with Rongoā Māori practitioners, the Rongoā sector who utilise these wairākau rongoā (medicinal plants/ medicines), we question the validity of the existing list and its ability to prevent any material risk to the community. For example:

There are several native plants on the permitted list that are being queried because of insufficient 'written evidence' to validate the use of specific species. In addition some plants (eg Kanuka) are not listed as native to New Zealand which has known traditional uses. Furthermore, traditional marine and foods were also utilized for health giving and healing purposes hence the list requires further consideration to ensure the comprehensive coverage of Rongoā Māori across New Zealand.

Therefore it is our recommendation that by engaging Te Kāhui Rongoā Trust and its membership, we can assist in the development of a more comprehensive and valid database which if important to the Crown will assist in the establishment of an evidence-based list that seeks to reduce risk and benefit all Rongoā, natural health practitioners and New Zealanders.

3. As kaitiaki, or caretakers of Rongoā Māori we note that there are no eco-sourcing provisions within the Bill that protects our natural resources used in the harvesting, manufacture or preparation of natural health products. This includes requirements of Māori and public access.

We understand that Rongoā practitioners apply kawa and tikanga, locally sourced practices and processes that aim to uphold, sustain and protect Rongoā Māori as natural resources for future generations. The exclusion of an eco-sourcing provision within the Bill demonstrates a potential negligence on behalf of the Crown to act in a responsible way toward the care and protection of New Zealand's natural resources.

4. The fees associated with the compliance requirements under the proposed legislation are yet to be set. We consider this as problematic for Māori within the Rongoā sector.

It is a known fact within the sector that a large number of Rongoā practices operate in a not-for-profit or on a voluntary basis. By choice, not all Rongoā practices are contracted service providers. Hence, many of the costs associated to harvesting, preparing, distributing and storing Rongoā Māori is often undertaken with little

financial assistance and/or completely reliant upon client koha (gifting) or money received from sales. As a result practices operate within economically challenging environments and many barely break even.

In contrast, within the existing contracted Rongoā services, wairākau rongoā (Māori medicines) are currently excluded as the Ministry of Health only funds mirimiri, whakawhitiwhiti kōrero and karakia. While some contracted services continue to provide wairākau rongoā, the provision remains unsupported within the health sector and unavailable to the general population.

Te Kāhui Rongoā Trust is committed to excellence and quality Rongoā provision. To do this we have always advocated for the full scope of Rongoā Māori to be recognised and validated in accordance with our own kawa and tikanga - standards and compliance requirements.

This includes advocating for appropriate funding and resourcing to the Rongoā sector that ensures equitable growth and development across its growing Māori workforce. Currently there is no dedicated investment in Rongoā Māori.

Hence it seems unfair to impose fees or new costs for practitioners to comply with requirements that are outside Rongoā traditional practice and seems to perpetuate unrealistic expectations. Therefore Te Kāhui Rongoā Trust does not agree to a fee based structure to be enforced upon practitioners until further discussion and clarity is provided. We wish to be involved in future discussions.

5. This proposed legislation gives the 'Natural Health Products Regulatory Authority' jurisdiction to determine permitted ingredients, natural substances, permitted natural products etc virtually unrestricted and certainly without mandatory consultation with Maori. There are several clauses within the legislation to support this possibility For example:
- The Authority may, when granting a licence to manufacture, impose other conditions on the licence as the Authority thinks fit.
 - The Authority may conduct an audit of the manufacturing facility in any manner that the Authority considers appropriate and consistent with the principles of this Act.
 - The Authority may refuse to declare a product to be a natural health and supplementary product if it is not satisfied that the product falls within the definition of natural health and supplementary product or for any other reason.

Te Kāhui Rongoā Trust is concerned about the potential exploitation of indigenous knowledge and rights pertaining to Rongoā Māori. Under this proposed Bill, Māori are being asked to share traditional knowledge in order have natural substances and permitted products approved, in a manner that is accessible to all.

As a 'taonga', Māori have the right to determine what is required to protect the integrity of Rongoā Māori. In order to do this, there requires fair representation of Māori involved in establishing the parameters that affect and impact on Rongoā Māori.

It is our opinion that "The Natural Health Products Authority" enter into and elect equitable representation of Māori from the sector including Rongoā Māori, so as to take into account the wider cultural, spiritual, social, political and environmental aspects that such a Bill impacts upon. For example:

The Authority must establish a code of practice for the manufacture of natural health products and must *consult* with persons or organisations that the Authority considers likely to be affected by the code, without acknowledgement of the Crown's obligations

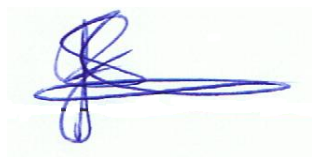
under the Treaty there is no guarantee that Māori or Te Kāhui Rongoā Trust will be considered an affected party by the Authority.

Te Kāhui Rongoā Trust also recommends that Māori representation be considered and appointed for the new entities being established. This includes the:

- Natural Health Products Regulatory Authority
- Natural Health Products Advisory Committee
- Natural Health Products Appeals Committee

In conclusion, given the importance and potential impact of this Bill on the continued practice of Rongoā Māori, Te Kāhui Rongoā Trust invites an audience with the Minister and/ or any of his advisors should clarification be required on any or all of the matters provided in this briefing paper.

Yours sincerely,



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TE KĀHUI RONGOĀ TRUST

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Enclosed: Te Kāhui Rongoā Trust National Position paper (2014)

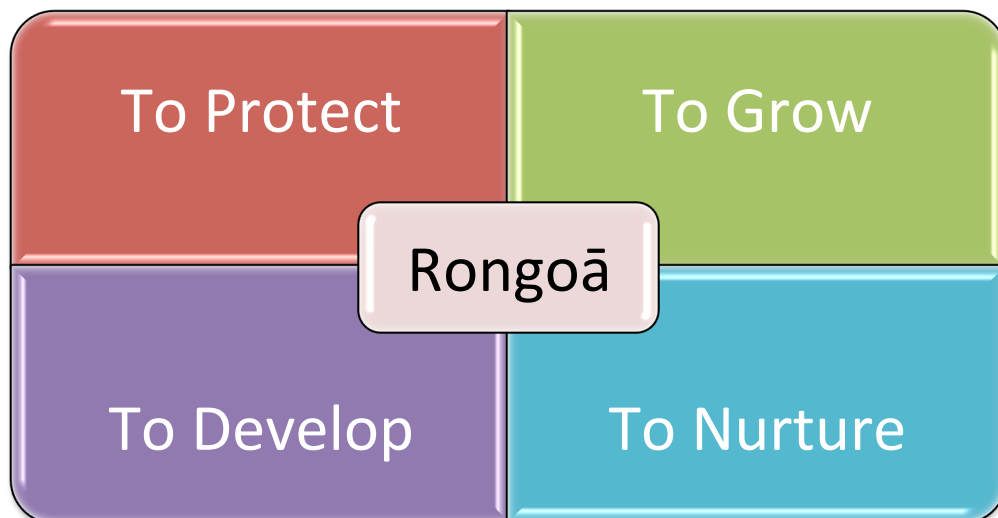


National Position paper

INTRODUCTION

This paper presents the position of Te Kāhui Rongoā Trust on Rongoā. It shares a collective vision for Rongoā, a vision which is guided by the past, is relative to present experiences and continues to hold us steadfast into the future as kaitiaki of Rongoā.

The vision of Te Kāhui Rongoā Trust is:



The paper provides a position on spiritual, cultural, political, social, environmental and economic contexts for Rongoā.

RONGOĀ: SPIRITUAL CONTEXT

As an integrated whole system linked through whakapapa, Rongoā contains all of the vital elements for living a healthy, vibrant and abundant life.

Wairua, mana, mauri, tapu, noa and aroha are intrinsic to and in Rongoā. The practice of these is demonstrated through tikanga, entrusted to whānau, hapū and iwi of Aotearoa who are kaitiaki, traditional guardians and wisdom keepers of the domains within Te Ao Marama.

Te Kāhui Rongoā Trust acknowledges the rich traditional diversity that exists within Rongoā throughout Aotearoa. Despite an everchanging world, the traditional values and practices that have been successively handed down over time must remain. In accordance with this, tino rangatiratanga for Rongoā best continues in the hands of those kaitiaki who have shown courage and humility to uphold the integrity of Rongoā throughout the years. Many are no longer here in the physical to see the fruition of their dreams. But we the remnants, must be vigilant and authentic to their deeds.

Each person who contributes toward Rongoā is like the strand of a finely woven whāriki, fine mat, binding together each whakapapa, strengthening the very essence of Rongoā, now and into the future.



RONGOĀ: CULTURAL CONTEXT

Since time in memorial, whānau, hapū and iwi have cultivated, cared for and utilised Rongoā derived from their surrounding natural environments. This encompassed the universal domains between Ranginui (sky) and Papatūānuku (land) including the oceans, waterways, lands and forests. The inter-connected relationship between the natural environs and the people were inherent in whakapapa, geneological origins.

This reciprocal relationship provided the basis from which strict kawa and tikanga, rituals and practices derived. As a gift from ngā ātua, Rongoā contained a spiritual essence that was maintained through the intimate relationship ancestors had within Te Taiao. They accumulated years of applied knowledge which was handed down and developed into codes for living. This knowledge was adapted as they were exposed to new situations and technology.

Expertise on the medicinal use and curative properties of rongoā was an intrinsic part of whānau, hapū and iwi lifestyles. Hence the extensive body of knowledge was held and schooled by specialist experts, Tohunga of hapū and within particular whānau lineages. Assessments took into account a range of attributing factors beyond the physical presentation of mauiui. Spiritual alignment, clarity, reasoning, analysis, deduction or synthesis could be applied before an imbalance was determined.

In early Māori history Tohunga were seen as the earthly medium of the controlling spirits and influenced all aspects of life. Illness was viewed as a symptom of disharmony with nature. If a person was sick, the Tohunga would first determine what imbalance had occurred, before the illness could then be treated both spiritually and physically. (1: Pg1)

As a result whānau, hapū and iwi were kaitiaki or traditional guardians for and over Rongoā. Rongoā knowledge was handed down through the generations and held in perpetuity as 'he taonga tuku iho, hei oranga mo tātou katoa'. This ensured tino rangatiratanga could be exercised by whānau, hapū and iwi to uphold, protect and care for the integrity of the 'taonga' they were entrusted with. This continues today.

As a taonga, in 1840 Rongoā was protected under Article Two of Te Tiriti o Waitangi.



(4: Timeline of New Zealand History)

With the alienation from significant traditional land holdings, whānau, hapū and iwi were lawfully obstructed from continuing their successive role as kaitiaki. As a result it became difficult to conserve and gain access to wāhi tapu, forests, land and waterways known to be utilised as Rongoā. Due to the loss of key informants and the recording of Māori history by pakeha ethnographers the knowledge was disrupted and sometimes altered.

Into the early 1900's, Māori experienced a significant decline in the overall population. The contributing factors were illnesses, introduced disease from European settlers, modified living environments and the land wars. Of note influenza, measles, whooping cough and dysentery were common causes for mortality. The need for Rongoā was sought even moreso by tribal communities seeking to combat such illnesses. In response, a Public Health campaign was launched to improve overall sanitation and living conditions which had deteriorated as tribal communities were significantly reduced in their economic resource base.

In 1907 the Tohunga Suppression Act was supported by the Māori members of parliament. Its reported purpose was to prosecute and jail anyone using 'quackery' including fortelling the future in the treatment of any disease or illness. This challenged the central role and the practices utilised by Tohunga in traditional society. Many Tohunga went underground while they continued to practice.

The Tohunga Suppression Act was repealed in 1964, however the effect has continued to impact upon Rongoā:

- limited or no access to Rongoā in many areas throughout Aotearoa
- limited or disturbed Rongoā knowledge transmission within whānau, hapū, iwi and the wider community
- limited and dwindling access to quality Rongoā harvesting and gathering sites
- continued negative stigma and scepticism of Rongoā from biomedical and scientific community



(4: Timeline of New Zealand History)

From 1947 onwards, New Zealand recognised full independence through the Statute of Westminster Adoption Act 1947 and the New Zealand Constitution Amendment Act 1947. Urban drift saw many Māori leave their homelands in search of employment and a livelihood for their whānau. Up until the early 1990's, tangata whenua have continued to respond through national movements and protests required to conscientise the general population on issues pertaining to the effects that colonisation had on whānau, hapū and iwi. These actions helped shape the future for tangata whenua and other indigenous nations around the world.

The outward effects saw a changing face for Rongoā in the 20th and 21st Centuries. Now we have Rongoā clinics that operate as contracted service providers. Rongoā is taught in tertiary institutions. Wairākau Rongōā is now being included in food and pharmaceutical products. Iwi are now considering the active utilisation of Māori land for economic purposes, this includes Rongoā. The impact of these changes on tradition is yet to be evaluated.

Despite the many impediments faced by tangata whenua, Rongoā has never gone away. Tohunga have continued to successfully pass on traditional knowledge while providing a level of care that is sought after by the people. Safety, quality and integrity is always at the forefront of a known and trusted Rongoā practitioner. Mistrust or scepticism often arises when being viewed from a different paradigm or through misinformation. Choosing to utilise Rongoā or not should always be about informed choice.

What has remained is the continued practice and transmission of mātauranga, traditional Rongoā knowledge from one to another. This sacred covenant while being threatened by

various laws, policies and regulations remains the right of every Māori child from birth. The professionalisation of Rongoā however should be treated as a separate matter.

In the end, whānau, hapū and iwi are kaitiaki. They are responsible for and have an obligation to this taonga, Rongoā that has been left by tupuna. Similarly, Te Kāhui Rongoā Trust are kaitiaki too, and have a role to advocate for the futures of all mokopuna to ensure decisions pertaining to Rongoā are considered from this viewpoint. From these collective considerations, mokopuna will either be denied fundamental rights to Rongoā through non action or guaranteed full and undisturbed access. The pathway forward is clear.

RONGOĀ: A BRIEF HISTORY OF TE KĀHUI RONGOĀ TRUST

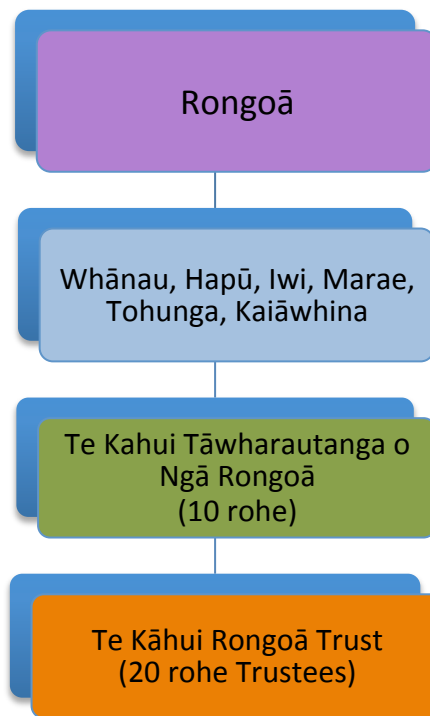
Ngā Ringa Whakahaere was a national network of Māori traditional healers established in 1993 to advocate on behalf of its affiliated members for more formal recognition of traditional healing practices. This network formulated accreditation procedures for healers and contributed to the national traditional healing service standards.

Te Paepae Matua mō Rongoā was established in 2007 to protect, nurture and grow rongoā Māori. Made up of kaumatua, whānau, hapū, iwi, marae and representatives of Ministry of Health-contracted Rongoā clinics its role was to provide advice; help maintain the integrity of Rongoā Māori; and protect Rongoā Māori now and for future generations.

From advice taken from Associate Minister of Health, Minister Turia it was decided to merge both Ngā Ringa Whakahaere and Te Paepae Matua mō Rongoā. In November 2011, at Waipuna Marae in Panguru, a resolution was carried to establish a single entity uniting Rongoā kaupapa and to provide a unified voice for Rongoā for Aotearoa. Ratified by representatives of ten rohe, Rongoā practitioners and whānau it was agreed that two distinct whare or structures be formed to support the future pathway of Rongoā across the nation.

For 'Tikanga Tangata' purposes, and to express the unity of Rongoā whānau, the name, **Te Kāhui Tāwharautanga o Ngā Rongoā** was established. As a member-led network, its primary function is to act as Kaitiaki, to protect 'ngā taonga tuku iho' in accordance with kawa and tikanga unique to each region. Membership is open to all Rongoā practitioners and whānau of Rongoā Māori throughout Aotearoa. While the rohe are not 'tribally' defined, they aim to provide a platform for all whānau, hapu, iwi and other stakeholders living in one of the ten rohe. Regular rohe hui and a Hui Taumata (annual summit) are called to help grow, develop and support those areas identified as a priority within each rohe. In turn, direction is advocated by the elected Trustees of Te Kāhui Rongoā Trust.

For 'Ture Tangata' purposes a legal entity was established called, **Te Kāhui Rongoā Trust**. The Trust is governed by 20 regional Trustees who were elected by members to act on behalf of the ten rohe.



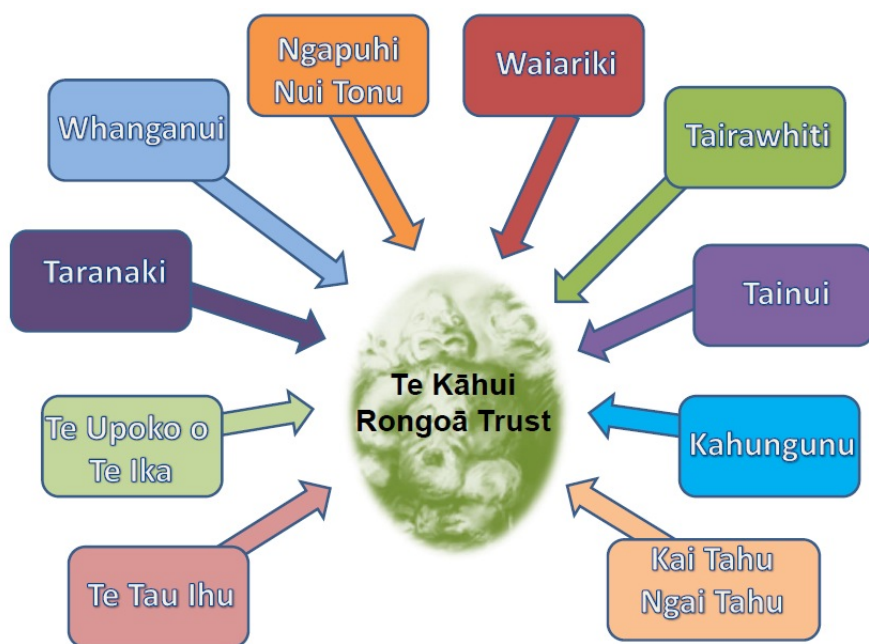
The purposes for which the Trust was established are to:

- (k) nurture, protect and grow rongoā me ona tikanga in accordance with hapū and iwi tino rangatiratanga;
- (l) assist, educate and support practitioners of rongoā;
- (m) research and develop the science of rongoā;
- (n) safeguard the knowledge and cultural and intellectual property of rongoā;
- (o) develop and promote appropriate ethical guidelines for the use and acquisition of rongoā;
- (p) develop education programmes in the knowledge and use of rongoā, including standards and competencies in the practice of rongoā;
- (q) improve the health and wellbeing of Māori people;
- (r) advocate for equitable health funding for Māori people;
- (s) seek greater acceptance of rongoā among other medical practitioners and throughout Aotearoa; and
- (t) initiate and enhance exchanges with other indigenous peoples and practitioners of traditional medicine.

Te Kāhui Rongoā Trust and its elected Trustees has a legal obligation to its stakeholders to uphold these purposes identified within the Trust Deed.

RONGOĀ: SOCIAL CONTEXT

As a collective of rohe, Te Kāhui Rongoā Trust established its structure to best support the aspirations, growth and development of Rongoā across Aotearoa. As a living network of whānau, hapū, iwi, marae, service providers and stakeholders, the rohe are important waharoa or gateways into the world of Rongoā.



The rohe are self-managing. While the Trustees provide a reporting function to and from the Trust, the day-to-day management remains within the rohe.

In 2014, affiliated members of Te Kāhui Rongoā Trust included:

Rohe	Individuals	Organisations	Total
Ngapuhi Nui Tonu	119	3	122
Tainui	50	6	56
Waiariki	117	17	134
Tairawhiti	45	3	48
Ngati Kahungunu	216	27	243
Taranaki	76	7	83
Whanganui	58	6	64
Te Upoko o Te Ika	71	1	72
Te Tau Ihu	22	4	26
Te Waipounamu	29	2	31
	803	76	879

The above statistics account for those who had formally registered their membership with Te Kāhui Rongoā Trust. It is noted that not all participants within rohe collectives formally register and it is at the discretion of Trustees to promote and enlist new members.

In 2013, a national discussion was held with members from seven of the ten rohe present. The most common needs identified by members were:

- National communication strategy to inform membership with up to date on information pertaining to Rongoā
- Structural and administrative resourcing within the regions to help support and grow the aspirations of the affiliated membership
- Establishment of a Rongoā practitioner database
- Ongoing training and development both formal and informal

- National strategic alliances and partnerships for the benefit of Rongoā
- More visible national advocacy for Rongoā

Similarly the needs identified above align to the strategic priorities currently being addressed by the Trust:

Mā te iwi, mō te iwi	Iwi Engagement
Tino Rangatiratanga	Leadership of Te Ao Māori
Kaitiakitanga	Advocacy of Rongoā Practitioner Support and Capacity Building
Kia Tika te Whare	Infrastructure Development
Ngā Hononga	Strategic Relationships and Alliances
Mā te Huruhuru ka Rere te Manu	Resourcing and Capability

Te Kāhui Rongoā Trust recognizes the importance of its practitioner membership. The Trust has recently developed a Rongoā Workforce Development Plan that incorporates national professional development wānanga for Practitioners. This strategy seeks to strengthen and protect the collective body of knowledge while strengthening and building relationships across rohe in areas where there is common interest.

The plan also encourages regional training and development. While this is the intention, considerable work and investment is required to ensure the success of this strategy. This will enable our members to foster and grow regional capacity to succeed mātauranga, mōhiotanga and pūkenga in accordance with tikanga-a-rohe.

RONGOĀ: POLITICAL CONTEXT

Health

Between 1938 and 1983 the New Zealand health system developed as a dual system of public and private health care provision. From 1983 the New Zealand health system undertook a series of changes, from the establishment of Area Health Boards, Regional Health Authorities, Crown Health Enterprises, Health Funding Authority and to the current configuration of District Health Boards. All of these structural changes had a focus on Secondary and Primary care that sought to improve health outcomes, increase accountability, efficiency and reduce health expenditure. The current configuration includes 21 District Health Boards

Amongst the change, it was recognised that the growing Māori health disparities meant that Māori were experiencing high mortality and morbidity rates leading to the development of the Māori health contracts. 13 Māori health providers were established in 1993 to address the

issues preventing improved health status. This included socioeconomic factors, lifestyle, discrimination and access to quality health care. By 2004 there 240 Māori health providers.

Such changes to Māori healthcare provision saw the development of a background paper on Rongoā Māori services, Te Pūmanawa Hauora, policy and the establishment of two Rongoā services in 1995. Following the development of a purchasing framework for traditional healing services and the development of Māori traditional healing standards in 1999, subsequent services were *funded*:

Te Kete Hauora in 1998 documented the service needs of 16 rongoā clinics around the country. Most of the clinics surveyed had a client base of 500–3000 people, with one large provider sustaining 20,000 people. The number of workers employed by each clinic, both tohunga and kaiāwhina (assistants), ranged from 5-22 people (3: Pg 19).

Taonga Tuku Iho: Treasures of our Heritage

In 2006, the Ministry of Health (MoH) published Ngā Taonga Tuku Iho: Treasures of our Heritage. Ngā Taonga Tuku Iho is a rongoā development plan designed as a framework for strengthening the provision of quality rongoā services. Ngā Taonga Tuku Iho promotes a framework for strengthening the provision of quality rongoā Māori services. The merger of Ngā Ringa Whakahaere and Te Paepae Matua met one of the main goals identified within Ngā Taonga Tuku Iho through establishing a united structure and strengthening the role of a national body in providing leadership for rongoā in Aotearoa New Zealand.

Regional Rongoā Tikanga Standards Pilot Programme

In 2008, the MoH commenced a process to develop a set of rongoā standards that aligned to Te Ao Māori, the Māori worldview and associated practices of rongoā Māori. The overall interest for the Ministry was to investigate how they could review the current Rongoā standards to best reflect the scope and methods, within rohe, toward the development of any new standards. In 2009, the Rongoā Tikanga Standards Pilot Programme was established in Ngā Puhi and Whanganui. These regions gathered with traditional knowledge keepers - tohunga, kaumatua and practitioners of Rongoā to discuss and develop their Regional Tikanga Documents. The pilot programme acknowledged that:

- Each region has its own pre-existing mātauranga and tikanga entrusted to and protected by whānau, hapū and iwi within the region;
- The practice of Rongoā Tikanga may be unique and different from region to region;
- The completed Rongoā Tikanga document, from each participating region remains the intellectual property of that region; and
- That each region continues to monitor and maintain their own Rongoā Tikanga

Through the success of the pilot, the Rongoā Tikanga project was extended and offered to the remaining eight regions involved with Te Paepae Matua o Rongoā. It was envisaged by the MoH to weave together the common threads from the ten Rongoā Tikanga documents and, alongside Standards NZ, develop a new set of national Tikanga-ā-Rongoā Standards. Only eight regions completed a Rongoā Tikanga document.

Ministry of Health – Tikanga-ā-Rongoā Standards

The overarching outcome of the Tikanga ā-Rongoā Standards is to ensure the safe delivery of quality rongoā services to tūroto through the implementation, adoption and adherence to the guidelines for Ministry of Health contracted rongoā services throughout Aotearoa.

Throughout 2013, Standards NZ established a committee of Rongoā sector experts to discuss and develop the Tikanga ā-Rongoā standards document. The goal was to improve

the quality of rongoā services through reviewing the current Māori traditional healing standard.

Two principles underpinned the development of the Tikanga ā-Rongoā document. These were:

- **Whakakotahi i ngā rohe:**
Bringing together all groups within the rohe that provide a rongoā kaupapa, including contracted and non-contracted providers
- **Whakapakari i ngā rohe:**
Empowering the rohe with information on its own traditions about health and wellness.

In 2014, the Ministry of Health released the Tikanga-ā-Rongoā Standards document to define a benchmark of excellence for the delivery of safe and quality rongoā services throughout Aotearoa. The document and toolkits set a voluntary standard and provides clear requirements for contracted service providers to attain. Documenting both encourages and supports consistency of quality rongoā care and the ongoing development of the rongoā workforce. This includes the obligation of the MoH to appropriately administer these standards in accordance with their own statutory responsibilities. These standards will take effect in all new Rongoā contracting arrangements with the MoH.

Te Kāhui Rongoā Trust did not agree to the released standards and aims to rectify the early release of the document amongst its membership. Of note, it is acknowledged within the document that the Tikanga-ā-Rongoā Standards do not replace the 'mana-ā-rohe' and is to be utilised in association with and in recognition of the existence of regional Rongoā Tikanga.

Where to from here?

While an ongoing relationship with the Ministry of Health is ideal, Te Kāhui Rongoā Trust is keen to build on and strengthen its existing membership network of Rongoā providers both contracted and non-contracted.

The Trust is aware that within its membership network lies a wealth of passion, information, knowledge and skill that is currently untapped. This can be achieved by:

- Strengthening its regional infrastructure
- Improving strategic relationships and alliances
- Professionally developing its Rongoā practitioner base
- Increasing opportunities for Rongoā education and learning
- Improving national and regional communication
- Improving the quality of information through better reporting, database, research

Te Kāhui Rongoā Trust then places itself in a better position to begin advocating for improved government resourcing, through a series of contracting arrangements (including integrated contracts) that promotes parity for the extent of the work being undertaken in the Rongoā sector.

Māori have integrated western and traditional health practices for generations. In a pathway towards self-determination/ tino rangatiratanga, the formal integration of rongoā Māori within publicly funded health services is a significant step, enabling Māori consumers wider health service delivery choice, and culturally appropriate care that is consistent with Māori values and nurtures cultural identity (Jones, 2000a). This has the potential to improve Māori access to health care, reducing barriers associated with expense and appropriateness/appeal (Jones, 2000b). At a health

systems level, availability and accessibility of rongoā Māori as a service validates and affirms the legitimacy of mātauranga Māori in relation to health and wellbeing. Incorporating traditional healing alongside western medical approaches is also compatible with objectives inherent in Māori development, providing potential to bolster existing health services and to reclaim a valuable Māori cultural asset (Jones, 2000a). (3: Pg 9)

In doing so opportunities arise to build alliances with other sectors such as Department of Conservation, Ministry for the Environment, Te Puni Kokiri, local government and iwi stakeholders.

RONGOĀ: ENVIRONMENTAL CONTEXT

WAI 262

Since the signing of Te Tiriti o Waitangi, oritetanga, equity and rangatiratanga, self-determination have continued to provide the most contestable challenge between Māori and the Crown.

The WAI 262 Treaty Claim is one of the most unique, multi-agency challenge of Crown-Maori relations to be ever filed. It was lodged on 9 October 1991 by six claimants on behalf of themselves and their iwi: Hāna Murray (Ngāti Kurī), Hema Nui a Tawhaki Witana (Te Rarawa), Te Witi McMath (Ngāti Wai), Tama Poata (Ngāti Porou), Kataraina Rimene (Ngāti Kahungunu), and John Hippolite (Ngāti Koata).

The Wai 262 inquiry is one of the most complex and far-reaching in the Tribunal's history. It is the Tribunal's first whole-of-government inquiry. It is also the first Tribunal inquiry to specifically address the Treaty relationship beyond the settlement of historical grievances.

Known as the flora and fauna claim it primarily addresses:

- Rights around indigenous flora and fauna and other taonga.
- Taonga includes traditional knowledge and intellectual property rights over cultural ideas, design, language and much more.
- Legislation is said to breach the Treaty of Waitangi in this respect.

It also asks about the place in contemporary New Zealand life particularly Māori cultural values such as the obligation of iwi and hapū to act as kaitiaki (cultural guardians) towards taonga (treasured things) such as traditional knowledge, artistic and cultural works, important places, and flora and fauna that are significant to iwi or hapū identity.

Claimants also say the Crown has breached the Treaty by failing to protect tino rangatiratanga (sovereignty) and kaitiakitanga (guardianship) over flora, fauna and other taonga. Relating directly to the role as kaitiaki and the impacts of genetic and biological resourcing namely Rongoā Māori. In the Wai 262 report, 'Ko Aotearoa Tēnei', the Waitangi Tribunal acknowledges that:

- Rongoā Māori is necessary to address the on-going Māori health crisis and is a potential method to improve Māori Health;
- that the Crown has suppressed Rongoā Māori and failed to adequately support traditional healing;
- Rongoā Māori services should be expanded; and

- support to gather data is necessary to determine Rongoā use and demand.
(5: Wai 262: Questions and Answers)

Te Kāhui Rongoā Trust has a role to continue to utilise and build upon the recommendations from the Wai 262, particularly in its relationships with the Crown and in reference to both historical and contemporary grievances.

Te Kāhui Rongoā Trust supports advocacy and lobbying in response to any Bills or Acts of Parliament that potentially or directly impact on Rongoā.

RONGOĀ: ECONOMIC CONTEXT

In the past many of the traditional businesses that Māori were involved in centered around supplying food (shipping, fishing and gardening) or resources derived from the utilisation of whenua such as flax, logging etc.

Today out of choice, Rongoā providers are now finding new ways to diversify the way in which they can viably offer Rongoā. As a result, Rongoā provision comes in many shapes and forms.

Out of necessity, contracted services are typically formalized with systems and structures that support them to meet the outcomes within their agreed service scope. Upholding the integrity of Rongoā remains a priority within the services being provided.

A number of non-contracted service providers also exist. How they are structured, manage and administer their services can vary considerably. They can range from single independent Rongoā practitioners working professionally, to those who practice Rongoā at home to heal themselves and their own whānau.

One of the long-standing challenges to tikanga is the economic context for Rongoā. The conversation refers to maintaining the balance between te ao wairua and te ao kikokiko. The conflict arises when tikanga that are based on traditional values are applied in a modern context or regulated against.

Historically, the needs of Tohunga were met by the people they were serving – hence a service was provided on the basis of reciprocity. Koha was seen as honouring the exchange. Hence there is merit in asking the question “what is the true value of Rongoā?” All providers maintain their own tikanga pertaining to this. As Rongoā grows and evolves, so too will the associated practices.

Research features primarily in the health space where projects have been funded to examine and investigate areas of interest to the Rongoā sector. Of note is the growing desire from Rongoā providers to undertake their own research rather than participate in or ‘be researched’. Rongoā research is supported by Te Kāhui Rongoā Trust as it adds value to the growing evidence needed to support the ongoing development and sustainability of Rongoā.

Hence, whānau, hapū and marae must also be included in the Rongoā mix. Marae-based maara kai, community gardens, taonga puoro, mahi raranga, mahi whakairo, weaving and carving, traditional instruments, te whare tapere, traditional performing arts are examples of natural elements that connect to and enhance the spectrum of Rongoā.

In a post treaty settlement environment, many Iwi have negotiated and settled claims with the Crown and are financially equipped to support their constituents. Rongoā features here

also. Kaitiakitanga of Rongoā must be a part of the post-settlement discussions particularly where large land-holdings are returned and potential investment portfolios are being established. Te Kāhui Rongoā Trust supports and promotes such discussions.

Finally of note is the commercialization of Rongoā. Multi and international companies see the potential from bio-prospecting in NZ and are actively seeking relationships to gain access to Rongoā. Due to the sensitive nature of such matters, any negotiations must weight the financial gains with the cultural, spiritual and environmental impacts for Rongoā. WAI 262 explores this in more detail. Te Kāhui Rongoā Trust affirms that this is an area of significance and there are considerable implications for the future of Rongoā.

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