From gorse to ngahere: an emerging allegory for decolonising the New Zealand health system

Heather Came, Isaac Warbrick, Tim McCreanor, Maria Baker

ABSTRACT

Prior to colonisation, Māori had a well-developed holistic health system based on maintaining balance between people, place and spirit. The colonial imposition of British economic, religious, educational, legal, health and governance, through warfare, immigration, legislation and social coercion had a devastating effect on Māori health outcomes. With the release of the WAI 2575 Waitangi Tribunal report exposing the failings of our health system in relation to Māori health, the need to decolonise our health system becomes more pressing. A key difficulty in this work is the poverty of transformative language, concepts and frameworks in our workforce. This paper is the product of an anti-racism think tank that occurred in April 2019. While working through a system change analysis on our colonial health system, Māori and Tauiwi activists and scholars created an allegory—*from gorse to ngahere*. The allegory depicts the ongoing impact of the colonial health system as represented by gorse, and the possibilities of a decolonised health system represented by ngahere—a self-sustaining and flourishing native forest. Racism has a geographic specificity. The allegory we developed is a mechanism for conceptualising decolonisation for the context of Aotearoa. It serves to reinforce the different roles and responsibilities of the descendants of the colonisers and the colonised in the pursuit of decolonisation.

The colonial health system in Aotearoa is failing Māori. This is evident through the findings of the landmark WAI 2575 report of the Waitangi Tribunal that found institutional racism and systemic breaches of Te Tiriti o Waitangi across the infrastructure of the health system, including in health legislation, policy, contracting, governance and investment practices of the Crown.[1] Ultimately the failings manifest as enduring ethnic health inequities.[2] This complex problem is not unique to Aotearoa—rather, it is a global challenge[3,4] facing colonial health systems and nation states committed to equity and social justice. Evidence shows political processes of colonisation and forced assimilation have devastated Indigenous health.[5,6] For example, dispossession and forceful detachment from ancestral lands, shifted access to healthy food and water, while diminishing cultural identity that was tied to the whenua where whānau had lived for many generations. The challenge before us now is how to reconfigure colonial power relations and to decolonise health systems.

There are loose parallels with the challenges facing Indigenous forest ecosystems—the ngahere—in the face of colonial economic development. How can we achieve the sustainable, equitable diversity vital to the future and well-being of the ngahere (and the population!) without destroying the economic fabric of society? Our allegory 'gorse to ngahere' is designed (recognising its limitations) to stimulate thinking about how to approach changing the colonial impacts of the health system on Māori. We hope that by looking to te taiao (the natural environment) for metaphor, models, and understanding relating to human wellbeing, as Māori and Indigenous epistemologies continue to do, that processes within the natural world

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will provide guidance for ways forward. In this particular narrative the introduced species gorse became an invasive weed that colonised vast areas of forest which Pākehā settlers cut and burned to make farmland. This is gradually replaced, with a regenerating Indigenous tree canopy. Such gradualism is inherent to the transformative processes envisaged by the landmark Matike Mai[7] report on constitutional transformation. This report developed through an extensive engagement process with Māori led by Moana Jackson and Margaret Mutu modelling a Te Tiriti o Waitangi and tikanga-based framework for decolonising the constitutional arrangements of the nation. Came, Baker and McCreanor[8] have articulated the possible implications of Matike Mai for the health sector.

Decolonisation

Decolonisation is both an individual and collective process of revealing and analysing the historic and contemporary impact of colonisation, and institutional racism, combined with political commitment towards the recognition of Indigenous sovereignty. Tuhiwai Smith[9] describes it is as a "…long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power".

McGuire-Adams and Giles[10] argued decolonisation requires the development of critical consciousness about the cause of oppression, the distortion of history and the degrees to which one has colluded with and internalised deficit colonial ideology. One response to decolonisation is to focus on strengths and return to one's ancestors' teachings, values, ethics and knowledge, Such as Heke's[11] 'Atua-Matua Māori Health Framework', which realigns health and wellness with the characteristics of, and relationship to and between Atua Māori (Māori environmental deities). McGuire-Adams maintains decolonisation requires a refusal to victim-blame and to mindfully connect with ceremony, healing and a community of people to foster strength and wellbeing.

Processes dismantling colonisation can be peaceful, entail violent revolt or a mixed approach. Inspired by the revolutionary writings of Fanon, Freire and Said, decolonisation as an international movement has led to self-government for some and increased recognition of Indigenous peoples' rights for others. Such struggles have also resulted in people being harassed, prosecuted and killed in their efforts to achieve social, cultural, political and economic transformation.

The remainder of this paper, informed by conversations within our network, is our emerging allegory which likens the colonial health system in Aotearoa to gorse, and a decolonised Māori-centric health system to a ngahere.

Methodology

In April 2019 health activist group STIR: Stop Institutional Racism hosted an international think tank to explore how to decolonise the public health system in Aotearoa. The gathering was a mixture of Māori and Tauiwi activists, public health practitioners and academics who were committed to strengthening our collective efforts to disrupt institutional racism. The weekend was led by visiting scholar Derek Griffith from the US, with Grant Berghan and Heather Came, then co-chairs of STIR. We worked through a systems change analysis,[12] a preferred method for dealing with complex problems that conventional approaches have proven unable to transform.

The group talked extensively about the current colonial-dominated health system, its administration, and operations. This kōrero (conversation) was informed by decades of Māori and Tauiwi experience working within the health system, engaging in health activism and working within the Academy to generate evidence about how institutional racism manifests within the health system.

Findings

Ngahere

"I am the forest and the forest is me."[13]

Māori have intimate, longstanding, interdependent relationships with the whenua, awa, moana and ngahere in Aotearoa. 'Whenua' also means placenta in Te Reo Māori, and Māori are Tangata Whenua (people of the land), highlighting the attachment of Māori to place. In Māori lore, Tāne Mahuta is the atua (guardian or deity) of the forest and birds, and many life forms in the ngahere, both flora and fauna, are his tamariki (children).

Figure 1: Ngahere.

Photo: Denis Came-Friar.

The ngahere has its own mauri (essence or life-force) and in some areas is home to supernatural beings known as patupaiarehe. These elements influenced how Māori prepared for and conducted themselves in the ngahere. Karakia (incantations, prayers) were conducted and specific locations were avoided. The ngahere was a source of "…spiritual enrichment, cognitive development, reflection and physical health and aesthetic experiences".[13]

The ngahere was a mahinga kai (food gathering place) where birds, freshwater fish, tuna and koura, and plant foods like pikopiko, mauku and tawa berries, were abundant. The ngahere was also an important source of rongoā (Māori medicines) such as kawakawa and kumarahou, timbers for boats and dwellings, and a source of healing.

Māori observed the ngahere and other features of the environment for survival and applied the knowledge gained from the ngahere into all facets of life. For example, when a leader passed away, they were likened to a Tōtara—a native tree known for its strength and height—that had fallen in the forest "Kua hinga te Tōtara i te wao nui a Tāne". Similarly, one could say of someone that was particularly expert in a given field "E kore e mau i a koe, he wae kai pakiaka"—You will not catch the feet accustomed to running among the roots.

The ngahere also represent tribal histories. Māori feel connected to ngahere that contain pūrākau (stories) and where great feats were accomplished, or where tūpuna (ancestors) met and fell in love. The ngahere was and still is an intergenerational mechanism for transferring knowledge about mauri ora across physical, mental, spiritual and collective planes of wellness.

The ngahere has its own mana (prestige) and to trample it is not appropriate. However, for some iwi (tribes) ngahere are the descendants of Tane and therefore tuakana (elder siblings) to human beings. Such peoples are more likely to feel grief and bewilderment at the objectification, exploitation and subsequent annihilation of these kindred communities.

Figure 2: Gorse.

Photo: Denis Came-Friar.

Gorse

The arrival of Pākehā and the subsequent colonisation of Aotearoa led to significant changes in land usage, in keeping with the European philosophy that land was profitable property.[14] Trees were cut for timber at scale and forest was burned to convert to grass, transforming landscapes, devastating waterways and decimating animal and plant populations. Introductions of European plants and animals both deliberate and accidental meant invasive species such as gorse, broom, pine, rats, cats, pigs and deer added to the destruction. Similarly, the arrival of European perspectives on health, health resource distribution and profitability in their health system, severely damaged Māori practices, destroyed their support systems and halved the Māori population by 1900.[15] The focus on 'progress' at the expense and disregard of interconnected and holistic systems (ie, the destruction of ngahere and entire ecosystems because they 'get in the way' of farming and other 'productive' activities) is also reflected in dominant approaches to health. Physical aspects of 'health', or more specifically the absence of illness, have become the focus of most health systems and services, at the expense of social, cultural and spiritual aspects of wellbeing (perhaps due to the commercial potential of the 'illness industry'). While treating and reducing physical illness is also an important part of Māori health aspirations, like the widespread and thorough burning and replacement of ngahere with gorse, the refusal to include Māori views and perspectives in the treatment of physical illness is widespread and opportunities to grow Māori-led solutions up through the gorse of the health system are few.

The European ideology of domination of environments as distinct from Indigenous practices of conservation, balance and sustainability, clashed from the earliest of contacts. Until quite recently, before the emergence of conservation movements, Pākehā discourse undercut the value of environmental resources; we spoke of bush, scrub, swamps and creeks in a manner that marginalised and minimised their value compared to pasture, fields, orchards and plantations. The former were seen as wild, 'waste lands' to be owned, fenced, cleared, tamed and transformed into the latter. It's not difficult to see this same ideology pervading health in Aotearoa, where Māori are portrayed in media and common discourses as being obese, choosing poor diets, having violent relationships, and raising children in the worst of social conditions, while also suggesting that 'new' medicines or 'modern' interventions are the solution to 'Māori problems'.

In 2005 some 29% of Aotearoa remained forested, with 6.3 million hectares of native ngahere remaining.[16] *Not by Wind Ravaged,* a poem by Hōne Tuwhare, speaks of the devastation to the landscape that created the conditions that allowed gorse to thrive.

Deep scarred
not by wind ravaged nor rain
nor the brawling stream
stripped of all save the brief finery
of gorse and broom and standing
sentinel to your bleak loneliness
the tussock grass—
O voiceless land let me echo your desolation.[17]

Gorse is a woody evergreen legume, part of the plant family Fabaceae (see Figure 2), that forms invasive thickets. It is highly flammable and can be used as fuel and is a nitrogen-fixing plant—when it dies it releases nitrogen which helps fertilise the soil. Likewise, the colonised health system is one that has fuelled the flames of political and social outrage many times in the past, with neo-liberal ideology pointing toward the lazy and incompetent Māori and their poor choices, as the source of our collective health woes.

Introduced to Aotearoa in the 1800s to make decorative hedges and wind shelter or fencing for stock and crops, it unexpectedly flourished in our temperate landscape.[18] Price argued planting of hedges was motivated by a European aesthetic of humanising and dominating the landscape. Gorse quickly adapted and became an aggressive invasive species through flowering twice a year here, compared with annual flowering in Europe. The new plantings were an uncontrolled experiment and once established, successfully competed with and displaced native plants. By the 1940s gorse was recognised as a serious noxious weed and by the 1970s some 700,000 hectares were covered in gorse nationwide.[19]

Gorse seeds can lie dormant on the ground for up to 40 years and then can germinate quickly when conditions become favourable. It has an aggressive seed dispersal system which allows for rapid regeneration, while modification of vegetation cover, soil disruption and fire increase seed germination.

"Gorse colonises bare ground… Approximately 6,000–18,000 fertile seeds are produced annually from mature individuals that develop approximately 1,000 flowers per branch… soil seedbank size can exceed 10,000 seeds per m^2."[20]

Millions of dollars each year are invested in attempting to control and contain gorse with inconsistent results. Multiple sustained efforts to contain its spread, including i) chemical, ii) biological controls such as weevils, spider mite, fungi and thrips and controlled burn-offs, and iii) mechanical removal over decades have only achieved partial control.

Gorse has proven resilient to herbicides due to the thick cuticles on its spines which help prevent absorption, similar to the colonial health system's resistance to Māori worldviews, and solutions to current health challenges. Burnt stumps of gorse can readily sprout new growth, and fire can encourage germination of seeds if the temperature is not hot enough or sustained sufficiently. Similarly, when social difficulties arise, racism seems to sprout new seeds, which spreads the ideology throughout a population.

In permaculture terms, gorse acts as a nursery plant so is useful in native bush regeneration. When gorse is young it creates a low protective canopy in which native plant seeds can germinate and grow, enriching the soil by fixing nitrogen. This allows Indigenous plant seedlings to thrive and grow up through the gorse, cutting out its access to light and eventually replacing it. To thrive, gorse requires full sunlight. Similarly, the colonial health system requires constant reinforcement of colonial perspectives and ideals. To regenerate bush, you can clear small areas and plant pioneer species (kanuka, manuka, toetoe or hebe) which are fast-growing, acid soil loving plants. New trees will have eradicated gorse within 10–15 years; a technique that has been used successfully in the Hinewai Reserve on the Banks Peninsula.[21]

Māori have deforested some areas and the evidence from historical sources points to cultivations at a scale that produced surpluses that sustained thriving international trade until the end of the 1850s.[22] Pākehā have over time come to value and

revere pristine forest, shrublands, wetlands and waterways and sought to preserve, protect and restore elements and areas of the ecosphere they have taken over. The weeds, predators and pests along with the human economic and cultural imperatives of colonisation are key threats to the health, diversity and sustainability of ngahere. In our analogy we let 'gorse' stand for the combination of things that colonisation has wrought.

Discussion

The presence of gorse and the compromised state of the ngahere is a symptom of a profound imbalance in the landscape. This ecological imbalance, like the imbalance of ethnic inequities and racism, needs to be corrected to benefit *all* those that live in this whenua. Gorse eradication like the eradication of institutional racism is a wicked problem that needs to be addressed from multiple fronts, using the collective and individual spheres of influence of many within the health system.

Until the ngahere can be restored, and decolonisation occurs interim power sharing arrangements need to be put in place. Came, O'Sullivan, Kidd and McCreanor[23] argued that given the health sector's non-compliance with Te Tiriti o Waitangi, engaging with the WAI 2575 report recommendations is a matter of some urgency. As Wilson,[24] the visionary behind Hinewai Reserve, has argued, gorse can provide an interim protective canopy for shade-loving native plants. Likewise, non-Māori can assist Māori in decolonising the health sector by providing safe environments where Māori health practices and initiatives can be restored, and where Māori health leaders and workers can develop without the racism that is frequently tied to Māori ways of doing things. Any sustained transformation will require time and vision and depend on political will, tenacity and capacity.

In terms of gorse eradication[20] noted that many land managers do not have the time or resources to dedicate to successfully control gorse by traditional means; particularly if the seedbank will be full again in a few seasons. There are those within the health sector that will argue that the sector is underfunded and we don't have the resources to address racism.[25] Leaving aside for now the political question of whether the public health system is underfunded, the costs of inaction in the face of racism for Māori whānau who are disproportionately carrying the burden of disease is simply morally and ethically unacceptable.[26] Like the ngahere struggling to rise above a pervasive gorse canopy, Māori will continue to struggle to achieve good health and flourish without an acknowledgment of the barriers that stifle that progress, and action against the colonial ideology that perpetuates such barriers.

The authors maintain decolonisation work should be a normalised part of the core everyday work of health practitioners, their managers, policy makers and political leaders. For this to occur it is timely to refresh professional competency documents,[27] the *Health Practitioners Competency Assurance Act 2003* [28] and tertiary health curriculum, Ministry of Health and district health board policy and practices.

Broadfield and McHenry[20] have argued when targeting invasive species such as gorse, that it is important to target the root cause of the invasion rather than the symptoms. This aligns well with the arguments put by Came and Griffith[29] that in order to address institutional racism a planned systems change approach is needed. Ad hoc efforts by committed individuals are unlikely to achieve sustained change. Now that institutional racism within the health system is acknowledged,[1,30,31] we need to plan to eradicate it and oftentimes the best way to eradicate the gorse is by nurturing ngahere.

Māori have been actively engaging in restoring ngahere and decolonising the health system,[32] from tikanga and kaupapa driven approaches and initiatives reconnecting to culture and mātauranga Māori (traditional Māori knowledge). 'Mainstream' initiatives have also been redesigned to better align with Māori perspectives, while Māori have been building kaupapa Māori organisations and developing culturally targeted health interventions for decades.[33] Professor Sir Mason Durie[34] has proposed a clear framework and vision for Māori health leadership going forward. After extensive engagement with Māori, Matike Mai Aotearoa[7] have articulated what a Te Tiriti-compliant constitution might look like and challenged Pākehā to engage, while others[35]

have proposed a shift toward traditional beliefs and environmental knowledge as the drivers for health.

Conclusion

We concur with Freire that there are different tasks for the descendants of the colonisers and the colonised. The restoration of ngahere is work that needs to be led by Māori. Pākehā who are used to being in control for the last 170 years, need to surrender and trust Māori intelligence and Māori solutions. As allies, Pākehā can support the rejuvenation of the ngahere by actively taking away things like the gorse that stops the regeneration process. Personally mediated, cultural, historical and institutional racism are fundamental barriers to the achievement of decolonisation. Championing compliance with Te Tiriti o Waitangi is another potentially fruitful contribution.

Competing interests:
Nil.

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Exploring Pasifika wellbeing: findings from a large cluster randomised controlled trial of a mobile health intervention programme

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Our study findings provide new insights on how Pasifika peoples' characteristics and behaviours relate to wellbeing. Our findings point to 'family and community' as being the most important wellbeing factor for Pasifika peoples.

From gorse to ngahere: an emerging allegory for decolonising the New Zealand health system

Heather Came, Isaac Warbrick, Tim McCreanor, Maria Baker

From Gorse to Ngahere is used to deliver a message about the transformative change needed in the health system to make a difference for Māori in New Zealand. Gorse represents the insistent racism and failures in the current health system and the aspiration for a Ngahere that nurtures a holistic health system that is thriving, well, with better control and autonomy by Māori as the sovereign people. To actualise this shift is a call to action to immediately implement the recommendations from Wai 2575 Health Services and Outcomes Kaupapa Inquiry Report.

Nurse prescribing in New Zealand—the difference in levels of prescribing explained

Jane Key, Karen Hoare

This article discusses the three types of nurse prescriber currently registered in New Zealand (nurse practitioners, registered nurse prescribers (RNP) in primary health and specialty teams and registered nurse prescribers (RNPCH) in community health). It also provides an overview of the evolution of each group, as well as a summary of the current legislation, prescribing restrictions and models of supervision required for each type of prescriber.

The case for a bicultural dementia prevalence study in Aotearoa New Zealand

Sarah Cullum, Makarena Dudley, Ngaire Kerse

The prevalence of dementia in Aotearoa New Zealand is projected to triple by 2050 and the cost of caring for dementia is estimated to increase to $2.7 billion by 2030. Research evidence from memory clinics in New Zealand suggests that dementia may be different for Māori compared to NZ Europeans: presenting at an early age but taking a slower course which will have a financial impact on the families who may give up paid work to provide care. We have no accurate information about the epidemiology of dementia in New Zealand, or about differences for Māori, because there has never been a national dementia prevalence study. This viewpoint argues case for a bicultural dementia prevalence study in Aotearoa New Zealand, using culturally unbiased assessment tools that do not over diagnose dementia in Māori, ensuring adequate numbers of Māori are included and engaging whānau and communities in the process. A bicultural dementia prevalence study would provide the information we need to accurately assess current levels of need, evaluate potential inequities in allocation of resources, and to start to develop culturally appropriate services, which will also help to raise public awareness and reduce stigma.