**Quality improvement scientific symposium virtual session one: keynote presentation – Hector Matthews**

**Accessible transcript**

**Visual**

**Gillian Bohm, a woman in a vibrant orange jacket over a black floral-print dress, wears a chunky orange bead necklace with matching earrings. Behind her, coloured cards are propped up on the wall, bearing words in a cursive font. They read, ‘People’, ‘Mō te Iwi’ and ‘Whakahohe’.**

**Hector Mathews, a man with short, greying hair and black-rimmed glasses, wears a collared shirt covered in black polka dots. The background to his video call shows the rolling waves of a surf beach crashing on to sand in a bay surrounded by rolling hills.**

Audio

(Hector): Kia ora, Gillian, and kia ora koutou. Nei ra te mihi atu ki a koutou. Ae. E tu tēnei tētahi uri nō Muriwhenua, nō Te Rarawa, arā me nga iwi katoa Muriwhenua. Kia ora, everyone. Thank you for the introduction, Gillian, and for opening, Jane, with a karakia. I'm gonna hook straight into it. Some of you may know me. As Gillian said, I work for the Canterbury District Health Board as the Executive Director of Māori and Pacific Health.

**Visual**

**Hector’s video feed shrinks down and moves to the top right corner as a PowerPoint presentation window fills the screen. The first slide’s background is blue and green watercolour splashes. An icon of two human figures with a question mark in a speech bubble sits in the lower left corner. The title reads, ‘Ko wai roto i te Rūma? Who’s in the Room?**

Audio

And, uh, hopefully I'm sharing the screen with you. Can someone give me a thumbs-up if you can see it? Yep? If you can see my presentation. Cool. Yep, that's great. So, um, I, uh, am gonna speak to you today, uh, about the underlying theme, uh, for, uh, this particular series of sessions, which is who's in the room – ko wai i roto i te rūma? Who's in the room? And, uh, I'm gonna start in what may seem like, uh, an odd way, but I'm gonna go back in time a little bit, uh, to some events that some of you may, uh, remember.

**Visual**

**A new slide appears. In front of a splotchy blue circle, the heading reads, ‘Kia ora!’ Below this in white, text reads, ‘Hector Matthews. Executive Director, Māori and Pacific Health. Canterbury DHB.’**

Audio

So, yeah, kia ora. That's me. Let's go back in time.

**Visual**

**The slide changes to show a faded photo of police forming a ring around the edge of a rugby pitch. The stands are filled with people. Black text beside the photo reads, ‘1981 Springbok Tour’.**

Audio

I was actually at high school at this time. In 1981, I was in the fifth form – don't ask what year that is; I think it's about a Year 11 – sitting School Certificate. But I wasn't concentrating much on School Certificate when this was going on – the 1981 Springbok tour. And what an interesting time in our country's history that was!

**Visual**

**A new slide shows two black-and-white photos. The first shows police officers in riot gear with batons raised, advancing on a group of protestors, who brandish placards reading, ‘BIKO’. Below this, the second photo shows protestors on some steps with banners reading, ‘Springboks, go home,’ ‘Support Black liberation,’ and, ‘Don’t play rugby with racists.’**

Audio

There was protests all around the country. There were people dropping tacks on rugby fields, police with long batons and protesters in, uh, helmets. And much of it seems quite surreal today, when we think about it. It was such a violent confrontation between, uh, New Zealand citizens and our police force. But for some it was about rugby; for many it was about apartheid, about New Zealand's position in the world, about whether or not we would tacitly, uh, support racism and separate development, uh, in another part of the world, with a country that we had long-standing relationships with. But an interesting time, 1981.

**Visual**

**The next slide shows a colour photo of protestors marching down a street, waving several Tino Rangatiratanga flags. The flag features a stylised white koru horizontally seperating a stripe of black above and a stripe of red below. Those at the front of the group carry a blue-and-yellow banner that reads, ‘Kahu,’ ‘No,’ ‘Confiscation,’ and ‘Foreshore and seabed’. Black text beside this photo reads, ‘Foreshore and Seabed Act 2004.’**

Audio

Fast-forward to a little bit closer to the time, the Foreshore, uh, and Seabed Act, uh, of 2004. And, uh, we had unprecedented scenes outside, uh, the seat of Parliament.

**Visual**

**The slide disappears, leaving a black screen. Hector’s video feed remains in the top right corner. A new slide with three photos appears. In the top left corner, a large group of protestors fills the grounds in front of the Beehive and Parliament House in Wellington. The photo beside this shows a protest march down a city street, the protestors carrying taiaha and wearing piupiu. Below, the third photo shows protestors waving the Tino Rangatiratanga flag and carrying a large banner that reads, ‘Māori seabed for shore!’**

Audio

I was in Wellington this week. Lovely walking around, uh, the grounds of Government House and the Beehive. It certainly didn't look like this – literally thousands of people who had marched on Parliament, protesting the passing of the Foreshore and Seabed Act of 2004 – very, very controversial time – which later got overturned by a later government.

**Visual**

**The next slide shows a photo of an Armed Offenders Squad member in their black uniform, including helmet, dark goggles, a scarf over their mouth, a bulletproof vest and carrying an automatic rifle. Beside this, black text reads, ‘Urewera Police Raids 2007.’**

Audio

Then a few years later, we had what's become known as the Urewera police raids, in 2007.

**Visual**

**The next slide shows three photos. The first is Helen Clark seated on a red chair surrounded by text that reads, ‘In 2007, I authorised the illegal surveillance and violent invasion of Māori homes and communities,’ and ‘#helenskillaset’. Below this is a photo of Tame Iti, his face covered in tā moko. Beside these is an image of members of the Armed Offenders Squad at a roadblock amongst orange road cones. One member in the black protective gear has opened the hood of an SUV.**

**Audio**

And again, you know, those of us in Christchurch were used to, a year ago, armed police walking around our city. It seemed very, very surreal. But the town of Ruatoki was certainly not used to armed police walking around with loaded semi-automatic weapons. It's not a sight we like to see in New Zealand. And, uh, that occurred in the Urewera, uh, in 2007, and some interesting things popped out of that.

**Visual**

**The next slide is titled ‘Urewera Police Raids 2007’.**

* **Less than $6 million in legal costs to taxpayer**
* **Less than $8 million in surveillance and police costs**
* **The police seized four guns and 230 rounds of ammunition and arrested eighteen people.**
* **The raids were a culmination of more than a year of surveillance that uncovered and monitored (so-called) training camps.**
* **The police were investigating potential breaches of the Terrorism Suppression Act.**
* **On 8 November 2007, the Solictor-General, David Collins, declined to press charges under that legislation.**
* **The Supreme Court later found that evidence by the police had been unlawfully obtained.**
* **Of the 17 charged, 13 were dropped, and only four were eventually tried of weapons and criminal-organisation offenses.**

Audio

It cost the New Zealand taxpayer more than $6 million, uh, in legal costs. The surveillance costs and the police costs were more than $8 million. The police seized four weapons – four guns – 230 rounds of ammunition, and they arrested 18 people. And those raids were a culmination of more than a year of surveillance that uncovered, in the view of the police at the time, so-called training camps. And they actually believed that there were Māori in the Urewera who were training to be terrorists, uh, in New Zealand. On the 8th of November, the Solicitor-General actually declined to press charges under the Terrorism Suppression Act. And the Supreme Court later found that much of the evidence gathered by police had been done so unlawfully. And after all of that money and all of that time, there were 17 people charged, and 13 were thrown out. Those charges were dropped – only four proceeded to trial. And they were tried on, uh, weapons— possession of weapons and criminal-organisation offences. So it's an awful lot of work for – actually, in the grander scheme of things, quite minor – uh, weapons and assembly offences.

**Visual**

**The next slide is titled ‘Census 2018’. Below this is a screenshot of an online news article. The headline reads, ‘One in seven failed to complete Census 2018, a backdown from govt statistician reveals.’ The accompanying image is of a bespectaled woman in a white blazer. The caption reads, ‘Chief Government Statistician Liz Macpherson has provided the partial response count to Census 2018 after being challenged by MPs.’ Beside the news article screenshot is a cartoon depicting a bald man in glasses saying, ‘So, how many people live in rural NZ and don’t have internet access?’ A woman at a desk labelled ‘Statistics NZ’ replies, ‘Who knows? For some odd reason, they chose to ignore to the online census.’ The cartoon bears the signature ‘Emmerson’.**

Audio

Then, in recent memory, uh, we have the Census 2018. Uh, one in seven New Zealanders failed to complete the 2018 Census, and it led to the resignation, uh, of New Zealand's chief statistician. Uh, and it took more than a year – almost 18 months –before we saw any data come out of that 2018 Census. It was an abject failure, uh, in, uh, statistics gathering in New Zealand and in census in New Zealand. So an interesting set of events – the Springbok tour, the Foreshore and Seabed Act, the Urewera police raids, Census 2018. Why am I talking to you about these things?

**Visual**

**The next slide reads, ‘How did they get it so wrong?’**

* **The answer is similar in each case.**
* **The wrong people were in the room.**
* **No one was moderating the thinking.**
* **Like-minded people were making the decisions (groupthink).**
* **No alternative perspectives were authentically raised.**
* **No Māori were in the room. (This bulletpoint is in bold.)**

Audio

Because they do represent abject failures, uh, in New Zealand's history. So I'm asking the question – how did the people concerned in those events—? And there are a number of other events I could have picked on, but I picked on those ones. How did they get it so wrong? And my perspective is that the answer is similar in each of these cases. Firstly, they had the wrong people in the room. The Rugby Union had the wrong people in the room when they were discussing whether or not New Zealand should be playing South Africa in rugby. The Cabinet – Helen Clark's Cabinet in both 2004 and 2007 – were talking to the wrong people. The police had no one to moderate their intelligence thinking. They seriously believed there were people in training camps training to be terrorists in the Urewera. Had they asked a couple of Tūhoe people or a couple of Māori from around the country, they would have found out they were imagining that. There was no one moderating the thinking in the room. Essentially, it was like-minded people, uh, who were making the decisions and what we commonly know as 'groupthink'. And we've probably all been in situations like that. There were no alternative perspectives, uh, authentically raised in the room. You know, when Stats New Zealand sat down in 2014 or '15 and said, 'Yeah, we think it's time for an online census,' they needed some black-hatters in the room. They needed some people to say, 'Well, hang on a second. 'Have you thought about the rural populations of New Zealand that don't have extensive internet coverage? Have you thought about our vulnerable populations in New Zealand – Māori, Pasifika, new migrants -who actually don't want to and don't know how or aren't prepared to engage in an online census?' The answer to that question is they didn't ask those questions. Those questions weren't raised authentically. And I guess, broadly speaking, why I'm speaking to you this afternoon is there were no Māori in the room. If you had Māori in the room – the right Māori in the room, many of those questions would have been debated authentically and different answers would have come up.

**Visual**

**The next slide is titled, ‘But wasn’t there Māori representation at the table?’**

* **Probably?**
* **Be ‘weary’ of Māori-representation model.**
* **It has consistently failed to deliver equity or an adequate Māori voice.**
* **Democracy doesn’t work well for the minority.**
* **Do we understant tino rangatiratanga and partnership in an authentic and meaningful way?**

Audio

You could argue, um, 'But wasn't there Māori representation at the table?' Because in lots of our situations— You know, that Cabinet Of 2004, when the Foreshore and Seabed Act was passed, had Māori Cabinet members. They had Māori in the caucus, as they did in 2007, when they signed off the police raids, and there were Māori in the police force. There were Māori in Statistics New Zealand – not many, but you could argue that they were there in the room. Now, I don't know for certain; I wasn't in all of those situations, so I've said probably they were. However, it goes to that model, which we see often in health and right across the government sector, is this Māori representation or they had Māori representatives there who could say what they wanted to say and put their case. However, my advice is be wary of the Māori-representation model, because it has consistently failed to deliver equity, um, or an adequate Māori voice. I was involved in the Waitangi Tribunal, uh, hearing on health and disability-services outcomes in 2018 –stage one of that. And they looked specifically at primary care, and right throughout the 20 years of the New Zealand Public Health and Disability Act, or the almost 20 years at the time. There's been Māori representation – there are Māori members on DHBs and Māori, uh, represented in various places in the system. But that model has still failed to deliver equity. So it seems intuitively like a good idea to have a Māori representative, but in fact, it seems not to work very well. Um, now, why? The short answer to that is democracy doesn't work very well for the minority. It's all very well to say that the Canterbury DHB has two Māori board members, but they're two of 11. And, you know, in an egalitarian and democratic society, those are pretty tough odds. So I'm asking the question in this presentation, do we— the royal we, all of us that work in health, uh, and look at equity and inequity – do we understand the principle from the Treaty, from the Tiriti of tino rangatiratanga? Do we know what that means? You know, when I showed those pictures earlier on of the, uh, protests for the Foreshore and Seabed Act, there were Tino Rangatiratanga flags all over the place. Māori understand tino rangatiratanga, but do we as a health system understand that? Do we understand what partnership means in an authentic and meaningful way?

**Visual**

**The next slide is titled, ‘Kei a wai te mana?’**

* **Who holds the mana?**
* **Who has tino rangatiratanga?**
* **Having an authentic partnership with Māori must confront the issue of tino rangatiratanga.**
* **Māori would say, ‘Kei a wai te mana?’**
* **That is to say, ‘Who has the power to make decisions?’**
* **Who’s in the room? Or...**
* **Who’s making the decisions?**

Audio

So I would phrase it, uh, in te reo Māori as, ‘Kei a wai te mana?’ Who holds the mana? Who has tino rangatiratanga in your service, in your DHB, in your PHO, in your general practice, in your screening programme? Whatever it may be, who has tino rangatiratanga? Having an authentic partnership with Māori must confront this very thorny issue of tino rangatiratanga, or mana. I prefer the word ‘mana’. I think scholars, Māori scholars who look back at the Te Tiriti o Waitangi would say that the Reverend Henry Williams used the term 'tino rangatiratanga' as a kind of an interim between the word that Māori would favour, which is ‘mana’, but they mean similar sorts of things, in this context. Māori would say, 'Kei a wai te mana?' Who holds the mana? If we're going somewhere, who's deciding what's gonna happen? That is to say, who has the power to make decisions? And if you think back to those examples I gave, to the Springbok Tour, to the Foreshore and Seabed Act, the Urewera police raids, I think it can come down pretty quickly to who had the decision-making power, who knew what was gonna happen and – regardless of if there were Māori in the room – who had dissenting views. And we know now, for the Foreshore and Seabed Act, Tariana Turia had a dissenting view, but her view was ignored. She was not listened to. She crossed the floor. She left the party; she later formed her own party, and she was later given, uh, a title for that – Dame Tatiana Turia – and well deserved, in my view. But she had a dissenting view, and that view was not listened to. So there were Māori representatives there, but she did not have tino rangatiratanga – the ability to makethe decisions. So we call it a partnership, but actually it wasn't, because someone else had the mana. So it goes to this question – who's in the room? I think that's a really valuable question that we all need to ask. Who's in the room? Who's moderating the thinking? How can we ensure we get authentic debate, so that we don't end up in groupthink and design the same old, same old, like we've always done. But I think a more important question is – who's making the decisions while those voices are in the room?

**Visual**

**The next slide is titled ‘Health and Disability System Review June 2020’.**

* **The fact that Māori health outcomes are significantly worse than those for other New Zealanders represents a failure of the health and disability system and does not reflect Te Tiriti commitments.**
* **The review proposes to create an independent Māori Health Authority.**
* **It would be expected to monitor and reprt on the performance of the health and disability system as it impacts on Māori.**
* **The Māori Health Authority would identify the issues which need to be addressed and develop and test solutions.**
* **Buried on page 173 of the report is an alternative (‘altenative’ is in bold) view supported by four of the seven panel members and the entire Māori Expert Advisory Group.**

Audio

So let's look at another situation, that's occurring right now as we speak. In the next few weeks, perhaps a couple of months, we're gonna hear announcements from the Government about the Health and Disability System Review. The final report came out while we were all in lockdown in June last year. And some cut-and-paste snapshots from the executive summary of that review – ‘the fact that Māori health outcomes are significantly worse than those for other New Zealanders represents a failure of the health and disability system and does not reflect Te Tiriti commitments,’ out of the report. The review proposes to create an independent Māori Health Authority, and hasn't that generated some interesting discussion amongst my peers, Māori health general managers, amongst my colleagues, uh, in DHBs and in PHOs and the Ministry of Health as well? It would be expected— This Māori Health Authority would be expected to monitor and report on the performance of the health and disability system as it impacts on Māori. I thought there was someone already doing that. I thought actually we were all charged with monitoring, uh, the performance of the health and disability system, as it impacts on Māori. So we're recreating, in a different role, something that ought to have already been done and in fact should have been done by the Ministry of Health, as well as DHBs. However, let's create another organisation to do that. The authority would also identify issues which need to be addressed and develop and test solutions. Again, I thought we were already doing that. I thought that's what the role of the Ministry and DHBs was to do. But that's what the review said we ought to do. You'll forgive my facetiousness around that, because it seems like same old, same old. However, interestingly enough, buried on page 173 of that report is an alternative view. And I've highlighted 'alternative' here, because the alternative view was actually supported by four of the seven panel members. So the majority of the panel members supported... The majority supported the alternative view. It seems interesting that the majority are considered the alternative. And the entire Māori Expert Advisory Group. So we *had* a Māori Expert Advisory Group.We commissioned those Māori voices, um, to tell us what their expert opinions were. They gave us their expert opinions, and it was ignored. It wasn't put in the executive summary; it was buried on page 173. So hence my cynical view about this Māori-representation model. Even if they're in the room, if there's no tino rangatiratanga, it's actually a token-box exercise.

**Visual**

**The next slide is titled ‘Māori Health Authority’.**

* **The alternative view envisages a potentially transformational future where the Māori Health Authority has a role to commission health services.**
* **As well as enabling services for Māori, using an indigenous-driven model within the proposed system to achieve equity.**
* **A Māori Health Authority that holds mana, that has tino rangatiratanga; has decision-making authority.**

Audio

So, let's look at this Māori Health Authority that the review panel has proposed. The alternative view, uh, buried almost 200 pages into the report, it envisages a potentially transformational future, where Māori, where the Māori Health Authority has the role to commission health services. So, um, it's an authority which actually *has* authority to determine who gets to deliver services, to fund services, as well as enabling for Māori, using an indigenous-driven model within the proposed system to achieve equity. So, uh, Māori can determine these solutions and how that will work. Cos Māori have said this for a long, long time, but we've never had the money to do it. Just imagine for a moment – if Māori are 16 percent of the population – if we took 16 percent or even 10 percent or 5 percent of health and gave it to a Māori Health Authority, how different would our health services look? I was looking at a dashboard last week, at cervical screening, and noted that in the last decade, not a single DHB has ever hit the target for cervical screening of Māori women. So in 10 years, we have funded I don't know how many millions of dollars into that service, and it's failed for at least a decade, and we've continued to fund it. Interesting how our system does that. Now, I can tell you, if Māori looked at it, we'd stop that, and we'd do something different. So, I don't know what it would be, but we would look at it in quite a different light. So a Māori Health Authority that holds mana, that has tino rangatiratanga and has decision-making authority is a very, very different authority to one that just monitors, uh, and asks people to change things because it's not working so well.

**Visual**

**The next slide is titled, ‘Ko wai roto i te rūma? Who’s in the room?’**

* **There must always be Māori voices in the room.**
* **For partnership to be authentic, Māori must have tino rangatiratanga.**
* **Anything less is token, and the evidence shows that this fails Māori, our system and does not address equity.**
* **Being in the room without authority to make decisions is not partnership.**
* **Quality in health outcomes for Māori are inseperable from (in bold) ‘Mana Māori’**
* **Nothing about us without us!**
* **Ka whawhai tonu mātou.**

Audio

Now, I don't know what that will look like. Minister Little, um, and Stephen McKernan... It's with the Department of Prime Minister and Cabinet to determine what it looks like. I'm a 55-year-old Māori male, and I've watched, my entire adult life, recommendations come out of the Waitangi Tribunal, out of the Ministry of Education, the Ministry of Health, recommending a whole range of things, and almost never are they implemented. So I may be a bit cynical and suspect that the minority view of that review panel might get its way. Andrew Little has been saying different things, but I have to wait and see what pans out there. I can tell you, every Māori I've spoken to who's read that report says the alternative view is what ought to be followed, that Māori need mana. They need tino rangatiratanga, the ability to make the decisions, to commission for services. So anyway, ko wai i roto i te rūma? Who's in the room? That's why I'm talking today. There must always be Māori voices in the room. Despite what I've said about the Māori-representation model, there must always be Māori voices in the room. You need the Hector Matthewses, the Ramon Pinks, the Linda Smiths, the Shelley Campbells, the Tariana Turias – all of those people. Those voices need to be in the room. For partnership to be authentic, Māori must have tino rangatiratanga. Now, I'm not so naïve to say that magically, we're gonna wave a wand, and Māori are going to get tino rangatiratanga over everything. But I'm laying a stake in the ground that for partnership to be authentic, Māori have to have tino rangatiratanga. If they don't, anything less is actually just token. And the evidence shows that when Māori don't have tino rangatiratanga, the system fails Māori, because we haven't got equity, in a whole range of government services, not just health, around the country. It fails our system, and it does not address equity adequately. So being in the room without the authority to make decisions is not partnership. To use a simple example, um, if you look at a marriage, for example, a marriage where one person holds all the money and all the power is not a partnership; it's a dictatorship. A partnership, a marriage, is where everything is shared and everyone— the two parties in that partnership – have the authority, have the tino rangatiratanga, have the decision-making authority. And when they disagree, they have to sit down and sort it out until they can agree. That's what tino rangatiratanga is; that's what partnership actually is, and so often, that's not what happens. We have Māori in the room, and we ask them questions and say, 'Kia ora, Hector. Tell me your opinion.' I tell them my opinion, and then it's ignored. Not always, but it's a really important thing to factor in about— Who's in the room is important, but actually, who has tino rangatiratanga is more important. Um, quality in health outcomes for Māori, uh, are inseparable from mana Māori, tino rangatiratanga, the ability to make decisions about ourselves – nothing about us without us. And to quote the late, great Dr Ranginui Walker, 'Ka whawhai tonu mātou' – this is what our continuous struggle, our struggle without end has been about, from the day the Treaty was signed back on the 6th of February in 1840. The endless struggle is about tino rangatiratanga; it is about mana, our ability to decide for ourselves what will happen to us.

**Visual**

**The next slide is titled, ‘Who’s in the room? What can you actually do?’**

* **Know your population data.**
* **Access to and quality of health care are the determinants of health that we can legitimately impact on.**
* **Understand the existing inequities in your services.**
* **Use evidence and data to understand why inequities exist.**
* **Be prepared to use different approaches to prioritise inequitable populations.**
* **Be prepared to take different risks to change inequity.**
* **‘One size fits all’ (equality) approach invariably fails vulnerable populations.**
* **Decreasing or even eliminating discretion in decision-making supports equality.**
* **Always have Māori voices in the room at every stage and give them tino rangatiratanga.**

Audio

So, who's in the room? What can you actually do? I'm not gonna just throw my toys out of the cot and say, 'Well, you know, if you don't give me tino rangatiratanga, I'm gonna walk away and say, "Bugger you; bugger it," you know, "Play your own game."' So there are some things we can think about. As I said before, there must always be Māori voices in the room. But all of us who are involved in health, we need to know our population data. We need to know that 10 percent of the population in Canterbury is Māori. In Te Tai Rawhiti, it's 49 percent, almost 50 percent. We need to know that a third of our population, Māori population, is under the age of 15. So we need to know how many people, uh, ought to be presenting at our services. We should know the age demographic of our population, not just the individuals. Too often I hear people say, 'I just treat who comes through the door,' and that is simply an excuse not to deal with the fact that our services, our access to our services and the quality that we provide for our population isn't up to speed, cos if we're not seeing them come through the door, we need to change what we're doing. So we need to understand, uh, in really good detail, our population data – what the inequities are, how they've come about and what we can do to change those inequities. If we don't do that, if we don't know that, we can't possibly strive towards equity. Access to and quality of health care are the determinants of health that we in the health system can impact on. We can't impact on employment much, except if we employ more Māori. We can't impact on income, uh, education, housing. All those sorts of things are not in our direct purview. But access to health care – changing who comes through the door, changing who we let through the door – the quality of health care, ensuring that Māori get the quality of health care that is at least the same as everyone else – and we know that it isn't – those are things that we can change, we can directly impact on. So we have to understand that, and we have to own that as professionals who work in health care. Understand the existing inequities in your services, in your DHB, in your PHO – wherever it may be. If you don't understand those and how they came about, then you can't change them. Use evidence and data to understand why inequities exist. We know that those who have less income and less employment have poorer health outcomes. We also know that Māori, proportionately, have less income and less employment, poorer quality of housing. We *know* those things, so we know statistically, that impacts on access to health and quality of health outcomes. So what are we doing about that at our service level? Be prepared to use different approaches to prioritise inequitable populations. If we know that Māori have less access to surgical services, then we need to change that. If we know that Māori, uh, present with, uh, ischaemic heart disease a decade before everyone else, then we need to make sure that our decision-making algorithms get Māori into services and into surgery and into medications and into rehabilitation a decade before everyone else. At the moment, uh, we tend to have a one-size-fits-all. If I turn up to the hospital with certain symptoms, I'm a 55-year-old Māori male, more often than not, I'll be sent home. If I was a 65-year-old Pākehā male, I'd get admitted and get access to services. We have to change those sorts of decision-making algorithms, because they fail. They fail Māori, and they fail equity. So we have to be prepared to take different risks, to change inequity. And we also have to be prepared, uh, for the flak that will come from middle-class Pākehā in New Zealand when that occurs. When you say, 'We're going to immunise Māori for Covid before Pākehā, because they have a higher risk,' you're gonna get flak from middle-class Pākehā New Zealanders. We have to be prepared to take that on the shoulders, because we are doing it because the data says it's the right thing to do, and it addresses inequality. So it takes courage to do the right thing. One-size-fits-all, the 'equality' approach, invariably fails vulnerable populations. Decreasing or even eliminating discretion in decision-making supports equity. Now, what I mean by that is every time— If you speak to Māori, whenever we come into a system – whether it be the health system, the education system, the justice system – whenever someone has discretion, Māori get burned. Um, you know, we know when we look at data that, um, if I get pulled over by a cop, chances are I'm going to get fined, ticketed, arrested, charged. If my Pākehā wife gets pulled over, chances are she's not. That's what the data shows. If you give the cop discretion, Māori come out worse. If you give the doctor discretion, uh, in their decision-making, Māori come out worse. We know that. If you give the pharmacist discretion, Māori come out worse. I'm not throwing these people under the bus; that's what the evidence shows us. Every time someone gets discretion, privileged, well-educated people get advantaged in the system. So we need to find systems, decision-making systems which actually take discretion away from people and say, ‘If it's a Māori that turns up and he's 55 and he has these symptoms, they get admitted; they get access to meds, they get access to surgery, they get access to services.’ Always have Māori voices in the room. We can't avoid that. I'm not a huge fan of the Māori-representation model. It's the only thing we've got at the moment. Tino rangatiratanga is more important. But regardless, we must always have Māori voices in the room. And you notice I've said plural, because too often, I've been in the room, and I've been the only Māori voice in the room. And it's really, really hard. It's a real burden. You feel like the weight of the entire Māori population is on your shoulders, and it's not a pleasant place to be, uh, and invariably you get ignored anyway. So have multiple voices as much as you can. Engage early, not late, and have multiple voices in the room, and give them tino rangatiratanga if that is possible. Don't assume that it's not. Work hard.

**Visual**

**A splotchy, cornflower-blue circle sits in the middle of a new slide. The italicised white heading in the circle reads, ‘Tino rangatiratanga – te aroha ki te tika.’ Below it, white text reads, ‘Tino rangatiratanga, absolute self-determination is about doing the right thing in the right way for ourselves and others.’ Smaller white text below reads, ‘Elder Hinemoa. Aroha (pages 171-172). Penguin Random House New Zealand.’**

Audio

So, tino rangatiratanga, I've taken, uh, a quote out of a wonderful book by Hinemoa Elder, a psychiatrist from Te Rarawa – my own iwi, so I can proudly say she's one of us. And I thought this was a lovely quote that she had. 'Tino rangatiratanga – te aroha hi te tika.' Tino rangatiratanga is absolute self-determination, and it's about doing the right thing in the right way for ourselves as Māori and for others.

**Visual**

**The final slide shows the Tino Rangatiratanga flag.**

Audio

Are there any questions?