



Noho Haumaru: Reflecting on Māori approaches to staying safe during Covid-19 in Aotearoa (New Zealand)

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Abstract

This article provides a brief discussion of the impact of global pandemics on Māori and provides an overview of a number of the culturally framed responses by Iwi (tribal groups) and Māori organisations during the Covid-19 pandemic. It is highlighted that whilst there was a swift response to Covid-19 in Aotearoa (New Zealand), the response was fundamentally a ‘one size fits all’ approach which failed to deal with inequities within the existing health system. This led to the establishment of a National Māori Pandemic response group, ‘Te Roopu Whakakaupapa Urutā’ and the articulation of a range of Māori responses to engaging the issues surrounding Covid-19. In closing the article provides a discussion of some key Māori cultural concepts and practices which were utilised to support the wellbeing of Māori communities.

Introduction

For generations our whānau, hapū and iwi lived on these islands of Aotearoa free of the diseases that now plague many Indigenous Peoples. However, over the past 250 years the impact of colonisation has been devastating for Māori (Pihama, 2019; Smith, 1999; Walker, 2004). This includes the struggle to overcome the impact of the extreme population decline that came as a result of colonial invasion and the importation of diseases and war. This article reflects briefly on the impact of historical pandemics on Māori and shares some examples of responses by Iwi (tribal groups) and Māori organisations during the Covid-19 pandemic.

Early Māori Experiences of Pandemics

Durie and Naera (2020) highlights that pandemics such as Covid-19 are not new. From 1840 to 1901 Māori population numbers fell from around 98% of the total population to just 6% and by 1911 to 5%. This constituted a loss of around 60% of what our our population size was in 1769 (Pool, 2015). Pool (2015) refers to a key source of population decline as being

“*from disease invasions*” (p.14). While Pool (2015) considers this as unintentional given the limited medical knowledge of the time, Walker (2004) asserts that the introduction of disease had a significant impact on the ability of Māori to deal with the ongoing “*human invasion that lay ahead*” (p.80).

Māori have experienced multiple epidemics and pandemics as a result of colonisation. King, P., Cormack, D., McLeod, M., Harris, R., & Gurney, J. (2020) emphasise that “our collective historical, inter-generational and current experiences tell us that Covid-19 will have differential impacts on our whānau and communities” (p.1). It is clearly documented that Māori were significantly disadvantaged during both the smallpox epidemic of 1913 and the Influenza pandemic in 1918. During the 1913 smallpox epidemic there were 116 non-Maori cases recorded with no deaths, and 1978 Māori cases were reported, with 55 deaths. Similarly, during the 1918 Influenza pandemic it was recorded that Māori died at a rate of five to seven times that of Pākehā (Espiner, 2020; Mason & Tukaki, 2020). The influenza pandemic spread more virulently within Māori communities (Durie & Naera, 2020). Pool (2015) attributes this to factors including access to adequate health care; Māori having less immunity to the disease than Pākehā (white New Zealanders); morbidity rates; and the social impact of colonisation. These factors were further exacerbated by systemic racism and the predominance of deficit ideologies that created a context in which Māori did not receive the medical treatment needed (McLeod, Gurney, Harris, Cormack, & King, 2020; Pihama & Smith, forthcoming 2020; Waitangi Tribunal, 2019). As a result, Māori leaders set out to provide ways to serve the medical needs of our people during the influenza pandemic when the colonial government failed to do so. For example, Te Pūea Herangi established a hospital at Tūrangawaewae to treat those with influenza (Ramsden, 1952). This provided a model of mana motuhake (self-determination), which has also been at the forefront of responses by Iwi and Māori organisations during the Covid-19 pandemic (Mason & Tukaki, 2020).

Entering Covid-19 Lock Down

The first case of Covid-19 arrived in Aotearoa on February 28, 2020. As cases began to enter Aotearoa, the development of, and movement through, a newly constructed Pandemic Level system was swift (Ministry of Health, 2020). At 11:59 pm on 25 March, under section 5(3) of the Epidemic preparedness Act 2006, Aotearoa moved into Alert Level 4-Eliminate status and a State of National Security was declared on March 26 (New Zealand Government, 2020) as the Covid-19 pandemic rapidly evolved. What was equally swift was the recognition by Māori that the ‘one size fits all’ government response to this health crisis would not be adequate

to guarantee the wellbeing of Māori (Reid, 2020). Māori health experts noted that this would particularly be the case if community transmission took hold (Jones, 2020). As Jones (2020) states:

Many Māori health professionals are extremely concerned about the likely disproportionate impacts on Māori, and about the lack of an effective strategy from the government and health sector to deal with these impacts. (n.p.)

Entering Level 4 status saw new language emerge including terms such as: social distancing; physical distancing; essential workers; PPE; bubbles; testing stations; self-isolation and many others (Palmer, 2020). Māori drew upon our own reo (Māori language) resources to reframe the notion of ‘lock-down’ to one that aligns to cultural notions of staying safe. Terms such as ‘noho i te kāinga’ (stay at home), ‘noho haumarū’ (stay safe), ‘rāhui’ (restrictions, prohibitions) and ‘mate karauna’ (coronavirus) were initiated by Māori ourselves. Incidentally or co-incidentally, ‘karauna’ also means the Crown or State here in Aotearoa and ‘mate’ means sickness or death. The language reframing was a part of a wider move by Māori to position our responses within our own cultural approaches and relationships.

Noho Haumarū: Māori Approaches to Staying Safe

As a part of the wider response, Iwi (tribal groups) quickly moved to establish a National Māori Pandemic response group ‘Te Roopu Whakakaupapa Urutā’ (Te Roopu), made up of Māori health experts from across Aotearoa. Te Roopu was formed to provide a Māori voice to challenge the Crown to ensure that our rights, guaranteed by Te Tiriti o Waitangi, were maintained in the government responses to Covid-19. Furthermore, Te Roopu asserted that rights derived from the United Nations Declaration on the Rights of Indigenous Peoples and other international human rights instruments must also be upheld in actions taken in regard to the pandemic. Jansen (2020) describes Te Roopu as being focused upon the wellbeing of Māori and challenging the government to assess carefully the issue faced by Māori during the pandemic.

Reid (2020) emphasised the inequities that continue to impact upon Māori health, stating: *“A national programme, while necessary, will lead to exacerbate health inequities. While things are being done for the general population, they don’t have an equity lens, which is essential from the beginning”* (Reid, 2020, p. 1). An early example of this was evident with the Ministry of Health’s determination that the most vulnerable to Covid-19 included people with respiratory issues and those aged 70+ (Ministry of Health, 2020). Māori argued against the 70+ age group by asserting that the age for elderly Māori at risk is 50-60+ (Pihama, Smith,

& Smith, 2020). It was also argued that the incidence of respiratory issues among Māori is significantly higher than for non-Māori and there was a need to be more proactive in providing health services directly to Māori in culturally appropriate ways (McLeod et al., 2020). The need for culturally determined provision of health services and testing by Māori, and the ongoing impact of health disparities and inequities has been highlighted throughout the Covid-19 lockdown by Te Roopu (McLeod et.al. 2020; Jones 2020; King et al., 2020). It was very quickly noted that it was critical that hapū (subtribal groups) and iwi determined what was required in their own contexts for the wellbeing of our people. Iwi and Māori organisations employed a range of strategies using social media platforms and community engagement to provide focused and critical information to Māori. In the next section, we discuss some examples of those strategies and responses that were framed around three key cultural practices: (i) rāhui (ritual restrictions/prohibitions); (ii) tikanga (protocols and practices); and (iii) manaakitanga (embracing others through care and support).

Rāhui

Rāhui usually refers to a ban, restriction or prohibition from an area (Mead, 2003) and is part of a “holistic and articulate system of tikanga” (McCormack, 2011, p. 45). Prohibitions or bans can occur in three particular contexts: for the purpose of conservation (marine resources, cultivated crops, depletion of seafood); when death has occurred (to enable personal and spiritual safety, as well as acknowledgement of the dead); and the political rāhui where a claim over land, water or resource is necessary (McCormack, 2011). In the context of Covid-19, rāhui is the process of putting in place ritual restrictions or prohibitions to safeguard Māori communities. Rāhui occurred at multiple levels, including creating protective boundaries; setting up iwi checkpoints; and supporting the movement to restrict entry into Aotearoa. Iwi checkpoints were set up across Aotearoa for the purpose of protecting Māori communities, in particular kaumatua and those with underlying health conditions. In Taranaki, for example, checkpoints were set up at Iwi expense and were continued through to 08 May 2020 to protect Iwi within the Taranaki region (Ngarewa-Packer, 2020). The Tai Tokerau (Northland region of Aotearoa) Community Borders initiative, designed to protect both Māori and non-Māori, was put in place and people were turned back who posed a threat to the health and wellbeing of people in the North (Ngapuhi Iwi, 2020).

Tikanga

The basis of the concept of tikanga is ‘tika’, which means to be right or correct in our

actions and as such it focuses us on “the correct way of doing something” (Mead 2003, p.5). Mead (2003) states that tikanga may be viewed as a cultural form of “social control”, noting that “from this point of view tikanga Māori controls interpersonal relationships, provides ways for groups to meet and interact, and even determines how individuals identify themselves” (p.5). During Covid-19 a wide range of tikanga came to the fore, and some were placed within the rāhui in order to protect and safeguard the collective wellbeing of our people.

For example, the practice of hongī (to greet through pressing of noses) was restricted during formal and informal gatherings, with guidance offered that concentrated on prevention. As a part of their messaging, Te Roopu stated, “it’s ok not to harīru, hongī, awhi or kihi anyone who does not live with you” and during funerals “at the funeral home, the funeral director will manage all health and safety requirements. No hongī ...”(Te Roopu Whakakaupapa Urutā: National Māori Pandemic Group, 2020, p. 1). Another example included the restrictions placed on tikanga concerning tangihanga (the ceremonial process of grieving and burying our dead). A critique by Elena Curtis, a member of Te Roopu, highlighted that the government-imposed restrictions, which included only permitting 10 people in attendance at tangihanga or funerals, did not have Māori rights at the core, nor did they affirm mana motuhake (Māori self-determination) (Tyson, 2020). Given the rapidity of the process, it was determined by Māori that we would take every precaution to ensure that tikanga was able to be enacted in ways that would reduce the risk of Covid-19 transmission. Innovative practices such as online streaming of tangihanga and the fulfilment of tikanga through digital platforms enabled the cultural practice of tangi (grieving) to take place (Television New Zealand, 2020).

Manaakitanga

The concept of ‘mana’ is central to manaakitanga in that it affirms a specific Māori way of providing care and support. Manaakitanga refers to supporting and taking care of others in ways that enhance and uplift the ‘mana’ (status, prestige, standing) of others. Providing care and checking on whānau was activated in multiple ways. For example, Iwi and Māori organisations were actively engaged in food provision and providing wellbeing packages, with a focus on ensuring the wellbeing of kaumatua (elders) and staying connected (Durie & Naera, 2020; Pihama et al., 2020). In our tribal areas, and across many different Iwi, a range of initiatives for manaakitanga have been put in place. In Ngāti Rereahu, social media became a necessary tool during the Rāhui with initiatives such as ‘Whakapiki Wairua’ (spiritual uplifting), uploading self-isolation videos, on-line karakia (blessings), tamariki (children) sessions and disseminating information regarding food and wellbeing parcels (Mangapeehi

(Rereahu Marae) Covid, 2020). The focus of these initiatives was to ensure connectedness and to provide support to Iwi members, which included an emphasis on the physical, mental and spiritual wellness of Māori. In Taranaki, Māori organisations came together to provide food and wellbeing packages that were delivered door-to-door, with kaumatua being a particular focus (Te Ati Awa Iwi, 2020; Te Kāhui o Taranaki Iwi, 2020). Other Iwi such as those in the Manawatū also supplied food and hygiene packages, with up to 30,000 health packs being distributed throughout Manawatū and Whanganui (Heagney & Jacobs, 2020).

Concluding Reflections

As we continue to live with Covid-19 as a global health crisis, Te Roopu has identified key issues that must be addressed in the event we see an increase in cases and there is an escalation of Covid-19 into our communities, including (i) the need for the Crown to stop its ‘one size fits all’ model and to ensure that specific Māori needs are addressed; (ii) to make systemic and structural changes within the health system that mitigate against existing inequities and institutional racism that underpin many Māori disparities in health; and (iii) for there to be a whole of government collaboration with Māori that deals with wider systemic issues such as poverty, housing and wider economic issues that are faced disproportionately by Māori. What is important to understand is that these key issues are not new; in fact they remain the same issues that have been voiced and struggled for by Māori for generations. That struggle is grounded upon the fundamental principle that the Crown must honour our place as tangata whenua and the rights enshrined within Te Tiriti o Waitangi (Te Roopu Whakakaupapa Urutā: National Māori Pandemic Group, 2020). The implications for the failure of the Crown to implement processes that deal with the inequities and disparities faced by Māori in the health system will mean that in the case of any future rapid escalation of Covid-19 and community transmission, Māori will be significantly impacted (Steyn et al., 2020).

Māori responses to Covid-19 have been framed within cultural, social and political frameworks that align to our wider aspirations within Aotearoa. While the government of the day has made clear and decisive decisions to prevent spread within Aotearoa, it became very clear that there was little consideration for the specific needs of Māori as tangata whenua, as Treaty partners and as a people who experience daily the failure of the current health system. The actions of Iwi and Māori organisations were critical to ensuring the wellbeing of Māori throughout the pandemic and Te Roopu Whakakaupapa Urutā continues as a national expert voice for Māori. Durie and Naera (2020) states that the low rate of Covid-19 within Māori communities (8% of all cases are Māori) indicates that “additional preventative measures have

been taken” (n.p). Those “additional preventative measures” have been taken by Māori ourselves, and as Durie and Naera (2020) affirms “Māori action to prevent infection has shown positive results” (n.p). Māori are actively planning longer-term preventative measures to ensure the wellbeing of current and future generations, including the re-establishment of communal māra kai (gardens); the strengthening of our iwi social services; and continuing the challenge to the Crown in regards to our Treaty rights. These all align to our capacity, as Māori, to use our traditional knowledge and practices to strengthen our communities and continue to enact our own cultural and political systems to ensure the wellbeing of our people.

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