The Future of Rongoā Māori

Wellbeing and Sustainability

A Report for Te Kete Hauora, Ministry of Health
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THE FUTURE OF RONGOĀ MĀORI: WELLBEING AND SUSTAINABILITY

A REPORT FOR TE KETE HAUORA, MINISTRY OF HEALTH

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He Whakarāpopotanga – Executive Summary

Rongoā Māori is a holistic system of healing that has developed out of Māori cultural traditions. It has a long history of usage and credibility among Māori, and increased interest in its revival and sustainability has prompted calls for its formalisation within the New Zealand public health system.

Objective and methods

The objectives of the research project were to:

- Examine the contribution of rongoā Māori to indigenous wellbeing, and
- Identify issues for the ongoing sustainability of traditional Māori healing in New Zealand.

The research process was lead by Māori researchers in collaboration with Māori healers and stakeholders. Two literature reviews were undertaken; one to provide understanding of international developments in traditional medicine, and a second to review national policy/literature related to rongoā Māori. Four focus groups and five workshops were held with groups in five communities to explore current rongoā practice and service delivery and drivers/barriers to its ongoing utilisation. The participant groups were healers and their associates, and health and local authority stakeholders.

Results of literature reviews

Much of the literature promulgated by international organisations discussed future and ongoing utilisation of traditional healing as a component integrated within mainstream health services. This literature framed traditional healing according to western philosophies, focusing on the need for an evidentiary base for healing outcomes and regulation of healing practices. Indigenous writers, on the other hand, remained sceptical about whether successful integration and acceptance within the health system is possible. They cited cross-cultural misunderstandings, the context-specific nature of traditional healing, and conflicting ideas regarding use of knowledge as barriers. Some sources, however, including international bodies, suggested various methods which could ameliorate these differences.

A review of national literature found that a significant amount of work had been conducted in the past decade to document the knowledge and practice of traditional Māori healing, resulting in increased understanding and recognition of rongoā. Traditional Māori healing was noted to contribute to Māori wellbeing and development in a variety of ways through health benefits, employment and vocational opportunities associated with rongoā service development; and perhaps less tangibly, through empowerment resulting from the retention and revitalisation of mātauranga, tikanga and te reo Māori. A number of writers have suggested research and evaluation to further the acceptance and validity of rongoā as a healing modality and service. Some of the literature pointed to the views of ‘the people themselves’, healers and Māori community members, as vital to consider in any efforts to sustain rongoā practice.

Results of healer and stakeholder workshops

The healer and stakeholder workshops surfaced similar issues relating to the sustainability of rongoā, discussed from different positions:

- Healers were primarily concerned about maintaining the integrity of rongoā in any future developments. This was based on concerns about being able to resist potential external pressures, in addition to being able to deal with internal challenges.
- Stakeholders and healers shared similar concerns regarding the dwindling supply of rongoā rākau, noting 1080 poisoning, pollution, deforestation and lack of access to land as major causes.
- Education and training were key foci for healers and stakeholders alike.
- The need to uphold and protect cultural and intellectual property rights associated with rongoā plants, knowledge, traditions and practice was noted by both healers and stakeholders.

- Healers talked about the dilemma of requiring financial support to continue their practice given the shortfall created by the koha system, but the sometimes restrictive conditions associated with accepting public funding. Stakeholders discussed potential solutions to enable maximum autonomy for healers.
- Research to support rongoā was viewed positively by most participants. Healers were particularly opposed to the notion of non-Māori leading any such research, stating the need for this to be undertaken in partnership with healers. Stakeholders supported Māori, iwi, hapū or healer-led research of rongoā practice, but also recognised the need for health gain-oriented research focused on measurement of clinical outcomes.
- All workshop participants expressed a desire to see rongoā practice expand and grow in the future. This was based in general aspirations for Māori advancement, toward self-determination and improved life and health prospects for future generations, and recognition of the role rongoā has to play in this.

Discussion

The sustainability of traditional Māori healing as both a practice and as a service emerged as distinct but linked issues within the current research project. It was generally accepted that the practice of traditional Māori healing would continue regardless of institutional support as its practitioners respond to a 'calling' and commonly have a gift for the work. However, there were concerns about the lack of training opportunities and the loss of mātauranga Māori as healers pass away. Retaining this mātauranga is essential for maintaining an effective practice. The development of sustainable services was seen as a way to enhance awareness and perpetuate the practices/traditions of rongoā, creating opportunities to train a new generation of healers. Stakeholders and healers alike noted the importance of service development underpinned by quality assurance mechanisms acceptable to both healers and mainstream providers, based on traditional practices informed and supported by evidence of effectiveness.

The central themes that emerged from the current research (sustainable development, relationships, quality, capacity and research/evaluation) were consistent with strategic objectives outlined for the development of traditional medicine in the Western Pacific region by the World Health Organisation and the goals of the Ministry of Health Rongoā Development Plan. Understanding the environment, strengthening the practice, enhancing service delivery, supporting the transmission of knowledge, developing appropriate structural mechanisms, and maintaining the integrity of all parties were identified by participants as priority actions for future rongoā development Presented as a framework, these themes and actions constitute key elements that will contribute to the sustainable development of Māori healing practices.

Conclusion

Sustainable development is sometimes regarded as a contradiction in terms, but its significance lies in its increasing relevance to a rapidly changing world. Increased attention to the impact of human activity upon the natural environment, and the consequences for human wellbeing and survival, has driven a quest for knowledge and practices that promote people living in harmony rather than in conflict with ecosystems. The value of traditional ecological knowledge in this regard is increasingly accepted, giving indigenous, holistic understandings and approaches such as rongoā Māori a new-found contemporary significance.

Sustaining indigenous/Māori healing practices also serves to advance indigenous/Māori wellbeing at several levels, through alleviation of symptoms and enhanced wellness for individual clients, as well as the promotion of cultural values and traditions, and maintenance of environmental relationships for Māori, iwi, hapū and whānau collectives. However, while practices such as rongoā Māori have potential to support sustainable development and health outcomes, these very practices are under threat of not being sustained due to changes in the natural environment and human society. Difficulties encountered in retaining access to rongoā rākau, and adapting to meet health system and consumer expectations of 'evidence'-based outcomes constitute significant challenges to traditional Māori healing, and yet anecdotal evidence suggests the demand for Māori healing services is increasing. Thus, the challenge for healers and stakeholders moving forward is a fundamental one with dual accountabilities: to ensure that provision of rongoā Māori to meet demand maintains the integrity of traditional practice, while striving for health service credibility.

He Kōrero Whakataki – Introduction

Background

Traditional Māori healing is a system of healing that has developed out of Māori cultural traditions. Comprised of a range of diagnostic and treatment modalities, it reflects an approach to health that embodies wairuatanga as part of 'the whole', alongside physical, mental and social aspects. It has a long history of usage and credibility among Māori despite the enactment of the Tohunga Suppression Bill in 1907 (Durie, Potaka, Ratima & Ratima, 1993). The past two decades has seen a revival in interest in traditional Māori healing in parallel with 'a renaissance of all things Māori'. The increased interest has prompted calls for its formalisation within the New Zealand public health system (Jones, 2000a).

Movements toward formalising the funding and delivery of rongoā Māori were supported by the development of a framework for purchasing traditional healing services in the late 1990s (Durie, 1996; Jones, 2000a). Subsequently, the Ministry of Health (MoH) published a set of standards for traditional Māori healing (MoH, 1999).

The MoH currently contracts 16 rongoā providers throughout the country, provides financial support to Ngā Ringa Whakahaere o te Iwi Māori[1] and has assisted with the establishment of Te Paepae Matua[2]. Intermittent funding was also provided by the Accident Rehabilitation Compensation Insurance Company (ACC) to a limited number of rongoā providers to deliver services. Through this funding, traditional Māori healing currently occupies a legitimate, albeit marginal position within the New Zealand health system. The next challenge is to secure its sustainability, not only in terms of ongoing funding and strengthened delivery, but also in the more fundamental areas of knowledge transmission and enabling the succession of a new generation of healers. These issues, among others were the focus of the current research, commissioned by the MoH:

Research objectives

- To examine the contribution of rongoā Māori to indigenous wellbeing.
- To identify issues for the ongoing sustainability of traditional Māori healing in New Zealand.

Despite implicit recognition of the significance of rongoā Māori in funding provided to date, the practice nonetheless experiences a number of barriers to inclusion within the formal health system. The first barrier rongoā Māori faces is limited acknowledgement and acceptance of its validity by the dominant biomedical culture. This is related to what is known about the effectiveness of traditional Māori healing in resolving illnesses or specific conditions, and how this is known. In the case of rongoā Māori, its evidence base is founded on knowledge about efficacy passed down from healer to healer, healers' observations and client reports of positive outcomes rather than clinical trials or research that identifies the scientific basis of its effectiveness.

A second barrier involves the requirement that rongoā Māori services meet various criteria, on the basis of needing to be accountable for use of public funds. This includes the fulfillment of administrative and reporting functions, the standardisation of delivery and products, and the quantification of effectiveness, proven and based in 'evidence'. A number of healers and Whare Oranga[3] currently deliver care successfully according to specific rongoā service specifications, although the constraints of working to such criteria are noted.

[1] Network of Māori traditional healers
[2] Rongoā Taumata
[3] Traditional healing clinic/service, literally 'house of wellness or wellbeing'.

These barriers correspond to the stated research objectives, and will be explored in the current report as part of a sustainability analysis. With a holistic, ecosystemic view, a sustainability lens attends to cultural, social, environmental and economic wellbeing. These four ‘wellbeings’ as pillars of sustainability, form the basis of considerations for the future of rongoā Māori.

He Whakaritenga – Methodology

A Māori inquiry/research paradigm

The research process, due to its primary focus upon iwi/Māori, was guided by a Māori research/inquiry paradigm. This aims to conduct research 'for, by and with Māori', based on the premise that following such an approach will result in culturally relevant/appropriate and rigorous research practice directed towards Māori development goals (Cram, 2003; Irwin, 1994; Pihama, Cram & Walker, 2002; Ratima, 2003).

Methods

Literature review/reviews of relevant documentation

Two literature reviews were undertaken to provide understanding of the contribution of traditional healing to indigenous wellbeing, and current practice, implementation and/or service delivery; one of international developments in traditional medicine and another of national policy/literature specifically related to rongoā Māori. Both reviews were based on internet and database searches for items (published and unpublished/'grey' literature) featuring key words/terms (traditional medicine, traditional healing, Māori medicine, Māori healing, traditional Māori healing, Māori traditional medicine; cross-referenced with sustainability; health, wellbeing, indigenous, Māori). Searches were limited to English language material with no restriction by date.

Scoping meetings

Meetings to scope stakeholder perspectives on traditional healing were conducted in Auckland and Christchurch, building on discussions between research team members and community and professional networks. These discussions provided the basis for the design of focus groups, and selection of participants.

Focus groups/workshops

Four focus groups and five workshops were held in five communities (Auckland, Whakatāne, Taumarunui, Wellington and Christchurch) to explore current practice in relation to traditional healing and issues associated with implementation and ongoing sustainability. The researchers relied on local knowledge for advice on which groups ought to be approached. A snowballing sampling technique (Rice & Ezzy, 1999) was utilised, in which initial contacts were asked to identify others with whom to consult, holding similar and/or alternative perspectives. Participant groups were comprised of healers and their associates, and health (including primary health organisation (PHO)/district health board (DHB)/health professional representatives) and local authority stakeholders.

The focus groups/workshops ranged from 4–5 hours and were facilitated by the researchers, with exercises and questions used to guide conversations and group activities (see Appendices C and D). Proceedings were not recorded, but detailed notes were taken for later analysis.

Healer focus groups

Four focus groups were conducted with healers, in Auckland, Bay of Plenty, Taumarunui and Christchurch, with a total number of 51 participants ranging from 5-20 attendees per hui. The hui were structured to gather information from healers in a sensitive and culturally appropriate way, facilitated wholly by Māori researchers with fluency in te reo to enable discussion in Māori if preferred by healers. This served to protect any substantive knowledge discussed, although it was agreed in the beginnings of hui that the focus would be on sustainability rather than the rongoā itself.

Māori processes of 'encounter' were observed with guidance from the hau kāinga; in some instances a pōwhiri process was followed, and in others that of a shorter and less formal mihimihi process. Like the stakeholder workshops, discussions with healers were facilitated to allow for flexibility, responsiveness, and for healers to determine the direction of the discussions. A semi-structured schedule of questions and areas of interest was developed which was used to guide rather than dictate proceedings:

- What are some of the ways in which you ensure your practice is protected?
- What are your relationships like with Māori organisations, the health sector, the medical profession?
- What is the relationship between healing and mātauranga Māori/tikanga?
- How do you see rongoā and other modes of healing being passed on?
- How easy is it to pass this knowledge on?
- What are your views on cultural and intellectual property issues?
- What is your idea of accountability?
- What are some of the issues you see in terms of credibility amongst fellow practitioners?
- What further research would you like to be done in the future?

Stakeholder workshops

Five stakeholder workshops/hui were held in sites around the country, with a total of 61 participants, ranging from 6-17 attendees per hui. Health and local authority stakeholders were represented at the workshops, and at two hui traditional healers also joined these participants. The stakeholder workshops were designed to gather information from key health and local authority stakeholders about perceived issues for rongoā sustainability. Participants were selected on the basis of community and professional networks of research team members, and their knowledge of/involvement in relevant areas. To collect good quality data, workshops provided a forum conducive for participants' reflections on rongoā Māori, and encouraged open discussion and exploration of issues. Community buildings were chosen as hui locations on recommendation from key community informants and/or participants. The workshop structure was also sufficiently flexible to allow participants the freedom to conduct discussion in whatever way was appropriate (see Appendix D).

The workshops began with an introduction of the research team and the purpose of the project (planned outcome, project funder and expectations), followed by mihimihi. Time was allowed at this point in proceedings for participants to ask questions to clarify particular aspects of the project. Participants were then given the opportunity to 'warm up', and brainstorm around the concept of sustainability generally, and more specifically in relation to rongoā. Following this, participants were asked to describe their vision, collectively or individually, for rongoā in 10–20 years time.

Key questions were posed by the research team to prompt discussion, examining key drivers and barriers to rongoā sustainability:

- What is your vision of a sustainable future for rongoā?
- Who is using rongoā?
- Where do the services sit? Who funds these? Who is responsible?
- Is 'evidence base' important in your vision?
- Is rongoā linked to mainstream? How?
- What type of research could help achieve this vision?
- What are the drivers for this vision? Why ought this happen? What/who will make this happen?
- What are the barriers for this vision? What could get in the way, stop this from happening?

Following these general data-collection activities, researchers orientated the workshop towards action planning, and establishing first steps towards the achievement of participants' rongoā vision.

Data analysis

Healer and stakeholder workshops were analysed separately (by Te Whare Wānanga o Awanuiārangi and the Institute of Environmental Science and Research (ESR) Ltd respectively), both according to identification of key themes. Key findings across the literature reviews and workshops were then considered together by the entire research team, informing subsequent discussion and specification of potential ways forward.

Ngā Hua – Results

International literature review

International literature sourced from internet and database searches was reviewed to gain understanding of traditional healing/medicine as it is utilised internationally. Key focus areas included:

- How traditional healing/medicine is viewed, defined and referred to;
- How it is perceived to contribute to indigenous wellbeing generally; and
- In what ways and to what extent traditional healing knowledge and practice is sustained currently within international health systems.

A definition of traditional healing/medicine

The World Health Organisation (WHO) has a fairly extensive description of some of the generic practices of traditional healing. The Traditional Medicine Strategy 2002 – 2005, defines traditional medicine broadly:

"*[It includes] diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.*"

However, while traditional medicine can be said to encompass a wide variety of approaches/modalities, several writers refer to strongly localised definitions, practices and practitioners (Erdtsieck, 1997; Richter, 2003; Whitt, 2004), This highlights the importance of giving due regard to local context and diversity in any attempts to institute/support traditional healing/medicine.

Contribution of traditional healing to indigenous wellbeing

Traditional healing/medicine and self-determination

The international literature connected traditional healing and traditional medicine with indigenous health and wellbeing in a number of ways. At the highest level, retention and utilisation of traditions and practice (including those related to healing) is part of indigenous peoples' pursuit of self-determination. Self-determination and autonomy is central to contemporary conceptualisations of indigeneity; the concept itself has been defined as "the freedom for indigenous peoples to live well, to live according to their own values and beliefs, and to be respected by their non-indigenous neighbours" (Human Rights and Equal Opportunity Commission, 2002). Enshrined as a civil, political, economic, social and cultural right in several international covenants (HREOC, 2002), there is evidence that possessing capacity for self-determination can have positive implications for indigenous peoples' health, wellbeing and sense of identity (HREOC, 2002). As a process for the achievement of human security and the fulfilment of human needs, self-determination equates with the community development notion of empowerment, in terms of individuals and communities having access to and control of resources for health/development (for example, knowledge, skills, power and money).

The converse connection is also drawn, perhaps more frequently: that dislocation of indigenous peoples from their lands and economic bases through colonisation and urbanisation has impacted negatively upon indigenous health status (Cunningham & Stanley, 2003; Montenegro & Stephens, 2001; Gorman, Nielsen & Best, 2006). Strategies to address disparities/inequities in indigenous health resulting from colonisation and subsequent disenfranchisement often include cultural revitalisation and provision of health services according to indigenous worldviews (Durie, 2003a). Reference to the role of traditional healing/medicine practices is often made within these, due to the fact that these are culturally embedded, based in, consistent with and supportive of traditional values and worldviews: maintaining these traditions therefore retains knowledge and language within a cultural context, whilst also yielding practical benefits in terms of providing means for maintaining health and preventing and ameliorating disease and injury (Landy, 1977). Founded on a holistic conceptualisation of health, characterised by a focus on wellness and inclusion of spiritual, environmental and inter-generational considerations (Durie, 2003a), traditional healing/medicine has much to offer health services in terms of culturally appropriate and effective delivery. The likelihood

for health gain is increased with the utilisation of practices that fit logically with people's beliefs about the causes, effects and treatment of illness: these services will be more acceptable to them, and therefore more likely to be effective (Gorman, Nielsen & Best, 2006).

Demand and utilisation

References to need/demand for and utilisation of traditional healing/medicine practices in international literature demonstrate previous, existing and future contributions to health/wellbeing. As a response to the need to maintain health and treat disease/illness, traditional healing/medicine has been practiced to some degree in all cultures and societies (WHO, 2000). However, retention of traditional healing following the introduction of modern/allopathic medicine has varied across countries and regions. In colonial settings, traditional health systems were frequently outlawed by authorities, leading to large-scale reversion to introduced approaches and a monopolistic situation in which modern medical doctors had the sole right to practice medicine (Bodeker, 2001). In contrast, formalised traditions such as the Ayurvedic health care system and traditional Chinese, Unani and Tibetan medicine prevailed in Asia, where contact with western culture was considerably less. In Africa and Latin America, those poorer and rurally-based communities with inadequate access to mainstream health services have continued to rely on indigenous health traditions for primary health care (Bodeker, 2001; Western Pacific Regional Office/WHO, 2002; Montenegro & Stephens, 2006): WHO estimates that 80% of the developing world's rural population depends on traditional medicines for its primary healthcare needs (WHO, 2003). Thus, traditional medicine has maintained its popularity in all regions of the developing world and its use is rapidly spreading in industrialised countries and among urban populations as well (Bodeker, 2001; WHO, 2003).

This growing interest in and utilisation of traditional healing/medicine practices has led to varying patterns of integration with modern medicine. In many countries, indigenous communities have mobilised and developed their own health services, incorporating indigenous health expertise and reviving the use and management of medicinal plants. In other countries, national institutes have been established with similar aspirations and a specific focus on indigenous medicines (Montenegro & Stephens, 2006). In these cases, consumer satisfaction with services, in combination with the perceived and actual effectiveness of traditional medicine plays an important role in maintaining and increasing public interest in traditional medicine (WPRO/WHO, 2002).

Evidence-based practice/efficacy

Many traditional therapies have been used for centuries and are trusted as efficacious medicines by indigenous peoples. Several authors refer to traditional medicines having 'stood the test of time', their efficacious use validated by consistent practice over many generations (Bodeker, 2001; Shankar & Venkatsubramanian, 2005; Gorman, Nielsen & Best, 2006). Further testament to their efficacy is the extent to which many traditional treatments constitute the basis of contemporary pharmaceutical products (for example, commonplace treatment of malaria by quinine first discovered by the Jivaro people of the Amazonian region) and that some are under patent challenge from pharmaceutical developers (United Nations Economic and Social Council, 1996; Bodeker, 2001). Some sources would go so far as to suggest that western medicine is indebted to indigenous and traditional healing sciences and practices. It is estimated that a quarter of all prescription drugs are derived from plants and that three-quarters of these have been developed from information provided by indigenous peoples (UNESC, 1996). The figure of US $43 billion of annual sales has been attributed to the value of medicines derived from plants discovered from indigenous peoples (UNESC, 1996; WHO, 2003). Ongoing recognition of the value of traditional medicine in development of future treatments is evident in the establishment of research programmes within industrialised countries to study the use of traditional medicine in treating conditions such as diabetes, cancer and HIV/AIDS (Shankar & Venkatsubramanian, 2005).

Implications for research and evaluation

It has been well argued in international literature that traditional medicine has its own internal quality standards (descriptions, advice and recommendations for identifying, collecting and processing plants/raw materials for medicines) and track record of effectiveness based on generations of beneficial use (Shankar

& Venkatsubramanian, 2005). However, Shankar and Venkatsubramanian (2005) note that although traditional and local standards are entirely suitable for practice at traditional and local levels, producing traditional medicines and applying traditional practices in modern settings demands a set of standards for quality, safety and efficacy that can be verified independently by regulatory authorities. This reflects concerns voiced by consumers, government and other stakeholders in consultation undertaken by WHO (2000), that quality, safety and efficacy in traditional medicine is assured. Indeed, some health professionals continue to express doubts about the usefulness of traditional medicine, based on perceived lack of scientific validity (WPRO/WHO, 2002).

Current research in this area goes some way toward evaluating the safety and efficacy of traditional medicine, and as noted earlier, a number of researchers are engaged in investigations of new drugs and other products derived from plants. The widely differing philosophical backgrounds of traditional and modern medicine pose a key barrier in such research, rendering it difficult for one system to judge or evaluate the other (WPRO/WHO, 2002). However, a driver for such research is that as traditional systems of medicine become better documented, and more scientifically credible, usage is only likely to increase further (WHO, 2000).

Overall, herbal trial reports represent some good preliminary evidence of the efficacy of herbal medicine in a number of clinical disorders (WHO, 2000). The process of acquiring quantifiable clinical trial evidence on traditional oriental herbal medicine is underway. For example, extensive modern scientific research (including double-blind studies) in Japan has validated the effectiveness of kampo medicines (Rister, 1999; Tsumura, 1991). However, whilst some good quality research has been reported, there is a dearth of good clinical trials and systematic reviews of the practice of traditional herbal medicine, and most remain published in non–English journals. Whilst the outcomes of the trials largely support the efficacy of herbal medicine, many are compromised by methodological flaws, which weaken the credibility of the outcomes (WHO, 2000).

WHO (2000) promotes an evidence-based approach to traditional medicine, aiming to acknowledge and support the existing evidence base whilst clarifying its extent and limitations through methodologically sound research, including randomised controlled trials (RCTs) and study designs such as case series, retrospective studies, cohort and case–control studies, with involvement of traditional healers in documentation of treatment outcomes. Balancing the scientific/medical focus of such research, WHO recommends a holistic approach in inquiry, with multi-dimensional outcome measures in clinical trials necessarily relevant to the whole health of patients, and related to quality of life, health and wellness.

Integration for health

The WHO Traditional Medicines Strategy (2002) presents four key areas for action to maximise the potential role of traditional/complementary and alternative medicine (T/CAM) in public health (see Table 4, Appendix E). **National policy and regulation** relates directly to the need to integrate T/CAM within a national health care system on the basis that T/CAM and its providers are sufficiently recognised and regarded, appropriate regulatory and legal mechanisms are established, and adequate resources are allocated to T/CAM development and capacity-building. The safety, efficacy and quality area pertains to the compilation of an adequate evidence-base for T/CAM therapies and products, the establishment of and adherence to appropriate **safety, efficacy and quality** standards, regulation of herbal medicines, registration of providers and support of research in the area. A research or monitoring function is linked also to measurement of access to and affordability of T/CAM, with cooperation between T/CAM providers and allopathic practitioners, and sustainable use of medicinal plant resources perceived to strengthen **accessibility. Rational use** is linked to demand for T/CAM, the provision of information to potential clients, interaction and cooperation between T/CAM and allopathic practitioners, and ongoing training and support for T/CAM providers.

Building on this strategy, Bodeker and Kronenberg (2002) consider T/CAM in terms of a public health/policy framework, outlining six integral components (see Table 5, Appendix E): equity (including

improved access to health care), **ethics** (of clinical research, safety and efficacy mechanisms, consideration of intellectual property rights and community representation), **sustainability and integration** (regulation of practice, finance and insurance coverage); **knowledge generation and/or management** (including funding for research, utilisation/dissemination of information); **capacity-building** (greater understanding of potential benefits, risks and costs of T/CAM approaches); and **research environment** (use of alternatives to randomised controlled trials in support of T/CAM, including ethnographic, epidemiological, observation, survey and cohort methodologies). Bodeker and Kronenberg consider political and scientific intent/support in relation to all six components necessary to shift T/CAM from the marginal status it holds in most countries, to having a significant role in national health care. From their perspective, *"ultimately, nothing would be considered complementary or alternative, orthodox or conventional. Rather, all possible contributions to health would be evaluated for their promise and harnessed for the good of the public's healt*h" (p.1590).

Similar to the two previous strategies, but couched within indigenous thought and experience, Hill (2003) presents Canadian First Nation elders and healers' desired directions for traditional medicine (see Table 6, Appendix E). A key area emphasised by elders/healers was the importance of community-based education and 'decolonisation' of traditional medicine. From their perspective, this must include outreach to children through schools, enabling healers/elders to enhance their skills/knowledge and mentor youth, and creation of an educational space in which western biomedicine, naturopathic and traditional medicine learn together. Intellectual property rights comprised the second key area for traditional medicine, reflecting its importance in the eyes of healers. This included appropriate policies supporting the protection of indigenous knowledge and prevention of exploitation. Divergent from previous considerations, the final direction identified by healers/elders focuses upon maintenance of autonomy from 'the State'. They expressed some apprehension regarding Government control of their practice, were concerned about the implications of giving and receiving payment for traditional medicine, and noted the need to develop codes of ethical conduct to prevent ill harm by inauthentic healers. This demonstrates considerable wariness on behalf of indigenous peoples, as the guardians of traditional knowledge and practitioners of traditional medicine, with regard to integration.

Conclusion

Much of the literature promulgated by international organisations in relation to traditional healing appears to be concerned with integrating traditional healing methods within mainstream services. This may occur through the regulation of healing, through requiring an evidentiary base for healing outcomes, or through the general framing of traditional healing within western philosophies. Indigenous writers, on the other hand, refer largely to the impacts of colonisation on traditional healing.

In a much larger context, the debate of traditional versus western mechanisms of healing centres on the acceptability of traditional healing forms over dominant, allopathic ones. Whether the sustainability of indigenous and traditional healing methods is possible within evidence-based methods remains to be seen. Many indigenous writers on the area remain sceptical that this can occur 'cleanly', due to such factors as misunderstanding, the context-based nature of traditional healing, and conflicting ideas regarding the use of knowledge. Some sources, however, including international bodies, suggest that various methods exist which can ameliorate the inherent differences.

National literature review

National policy/literature was sourced from internet and database searches to gain understanding of traditional healing as it is utilised within New Zealand. Key focus areas included:

- How traditional healing/rongoā Māori is viewed, defined and referred to;
- How it is perceived to contribute to Māori health and wellbeing generally;
- In what ways and to what extent traditional Māori healing knowledge and practice is incorporated within New Zealand's health system; and
- Issues related to its contemporary use and sustainability.

Rongoā Māori and its derivative terms (traditional medicine, traditional healing, Māori medicine, Māori healing, traditional Māori healing, Māori traditional medicine) yielded 161 references in a 2001 search of literature databases[4], the majority of which were from international publications. Forty were publications of New Zealand origin, or featured a reference to Māori traditional healing. A Google Scholar search for more recent papers resulted in the location of a further 33 relevant articles. Of the 73 total articles found, many have a health or health service focus (including Māori health and health beliefs, management/policy and health reforms, psychology, mental health, pharmacy and integration within health services). Sustainability featured as a key concept in two of the references.

Definition of rongoā Māori: scope and practice

Commentators in the literature discuss rongoā as a locally specific tradition, with bounds beyond that of a herbal health practice. Although an array of views is evident in publications to do with rongoā, there is a degree of consensus regarding its broad, holistic focus, the underlying spiritual element, and the importance of authenticity in definition and practice (Durie et al, 1993; Jones, 2000a; McGowan, 2000).

Durie et al (1993) refer to a broad range of healing practices encompassed within rongoā Māori, underpinned by a Māori worldview and conceptualisation of wellbeing. Several modalities are identified, including ritenga and karakia (incantations and rituals involved with healing), rongoā (physical remedies derived from trees, leaves, berries, fruits, bark and moss), mirimiri (similar to massage/physiotherapy), wai (use of water to heal), and surgical interventions. Durie et al (1993) are quick to note that healers do not practice uniformly, and that there can be considerable diversity in the application of particular modalities.

This is supported by Jones (2000a), citing rongoā literature that identifies that contemporary Māori healers do not follow a prescribed model or approach to healing. Jones relates this to cultural tradition and a long history of oral transmission of knowledge, leading to a specificity of traditional healing methods employed by Māori that vary according to region, iwi, hapū and whānau. Responding to the broad/holistic nature of traditional Māori healing, a central proposition of McGowan's thesis (2000) is of taha wairua as the basis of rongoā Māori. This is linked to the traditional beliefs held by Māori regarding causes of sickness, those being that illness occurs as a result of not living 'harmoniously' or in a balanced way (Parsons, 1995), or committing a breach/transgression of tapu (Jones, 2000a). The rituals of karakia and incantation invoked in traditional healing address what Māori consider to be these key factors in the aetiology of illness (McGowan, 2000). However, although there is increasing acceptance of aspects of rongoā Māori pertaining to physical remedies, the spiritual dimension is less amenable to 'mainstream' health validation.

Contribution of traditional healing to Māori wellbeing

In accordance with international settings, traditional Māori healing has been noted to contribute to Māori wellbeing and development in a variety of ways. In the healing environment this includes health benefits associated with diagnosing and treating illnesses or conditions for clients/patients, and employment or

[4] Medline, Embase, Current Contents, Cinahl, Psychinfo, Web of Science, Index New Zealand, New Zealand Bibliographic Database, National Library of Medicine, Copac; New Zealand Health Technology Assessment Clearinghouse, 2001

development benefits associated with the appointment of individuals in healer, administrative or management roles. More broadly, rongoā practice inherently values and promotes Māori perspectives and understandings, and supports the retention and transmission of mātauranga, tikanga, and te reo Māori, culminating in the strengthening of Māori cultural capital.

Māori self-determination and rongoā

Revaluing traditional practices and beliefs (including those associated with rongoā Māori) and empowerment and strength resulting from cultural revitalisation are part of the broader Māori quest for self-determination (Durie et al, 1993; Harmsworth, 2002). Initially formalised within the Treaty of Waitangi, Māori aspiration for control over their current and future circumstances and resources has been referred to since using various terms: sovereignty, autonomy, independence, self-governance, tino rangatiratanga and mana motuhake (Durie, 1998b). Durie defines Māori self-determination as "*the advancement of Māori people, as Māori, and the protection of the environment for future generations"* (p.4). The notion of advancement encompasses strengthening of cultural (personal, whānau, hapū, iwi and Māori) identity, as well as the economic standing and social wellbeing of individuals and collective groupings (Durie, 1998b). The ability to exercise power and control is integral to this development, giving Māori the influence and authority to, for example, manage natural resources, increase Māori land productivity, and inform and participate in decision-making that reflects Māori realities and aspirations.

In a pathway towards self-determination/tino rangatiratanga, the integration of rongoā within publicly funded health services is a significant step, enabling Māori clients/consumers wider health service delivery choice, and culturally appropriate care that is consistent with Māori values and worldviews 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 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).

Putting these developments in perspective, however, Jones (2000b) notes that the contribution of rongoā Māori services to Māori health status overall is unlikely to be significant. He attributes this to the focus of health services upon curing illness and promoting wellbeing at the individual patient level and relative limitations in thereby influencing population health status. Rather, Jones argues, socioeconomic, cultural and environmental factors will primarily determine Māori health development, and traditional healing will have the most to offer in terms of heath gain as part of a wider movement towards Māori self-determination.

Demand and utilisation

Evidence of demand for traditional healing has formed the basis of a rationale for publicly funded rongoā services. 'Well demonstrated need' was a key factor identified for the purchase of a contract for traditional healing with Te Whare Whakapikiora o te Rangimarie in 1995 (Durie, 1996). Jones (2000b) also refers to use of rongoā at levels exceeding the expectations and awareness of mainstream health professionals. The reported increase in demand is based on anecdotal information however, and has not been validated formally with empirical data (Jones, 2000a). There remains uncertainty about the extent to which traditional Māori healing is practiced and utilised at a national level.

Several commentators note limited access to and appropriateness of mainstream and primary health care services as motivating factors for Māori utilisation of traditional healing (Durie et al., 1993; National Advisory Committee on Core Health & Disability Support Services (NACCHDSS), 1995). A growing disillusionment with biomedical methods in treating 'lifestyle' illness/conditions, and the perceived strength of rongoā Māori to address broader cultural, psychosocial and spiritual dimensions of health and illness have also contributed to increased uptake of these services by Māori (Durie et al, 1993; Jones, 2000a). Jones (2000a) argues a case for rongoā Māori assuming a greater presence within the health sector

starting with health need (evidenced in poor Māori health status) and growing demand, building to capitalise upon synergies between traditional healing and existing mainstream medical care, and meet Treaty of Waitangi obligations. He posits that primary care, as the first point of contact with the health system, is the most appropriate setting in which to incorporate traditional healing services.

Efficacy/effectiveness of traditional Māori healing

Like traditional medicine practiced elsewhere in the world, traditional Māori healing has a lengthy history of beneficial utilisation. As Durie (1998a) notes, Māori systems for treating illness were well developed in pre-European times. This included detailed knowledge and understanding of anatomy and physiological principles, recognition of the healing properties of various plants and a lack of clear separation between mind and body. According to Beresford, Covavich, Luke & Napier (2006), early European visitors such as whalers and missionaries noted the use of a number of plants to treat wounds and other skin problems, and others to treat digestive ailments. Later visitors and settlers observed the use of plants to treat other internal medical problems (Beresford et al., 2006; Riley, 1994). In contrast to traditions such as Ayurvedic medicine, rongoā knowledge and information was not documented formally, but rather passed down from one generation to the next (Cram, Smith & Johnstone, 2003). The retention of particular treatments for administration with particular health conditions over time illustrates a degree of efficacy, based on the assumption that use of ineffective therapies would likely not be maintained. Efficacy has thus been determined through practice rather than evaluation in controlled research settings, something the NACCHDSS (1995) noted as a limitation for assessing suitability for public funding. Nonetheless, rongoā practitioners have a desire to see rongoā Māori acknowledged as a genuine form of medicine, on the basis that it provides tangible benefits to many who utilise it (McGowan, 2000). Indeed, patient satisfaction is perceived by many traditional healers as the only real validation required (Jones, 2000a). For many such practitioners, clinical trials do not assume the same importance as adhering to traditional Māori doctrine (Jones, 2000a).

In the most recent writing on the integration of rongoā Māori within the health system, Durie (2006) builds upon his previous work, proposing an evaluation of the effectiveness of rongoā according to its three key aims: the alleviation of spiritual, emotional, physical or social distress, improved mental, spiritual, physical and social wellbeing and the modification of lifestyle including achievement of balance, review of patterns of living, consolidation of identity and development of positive relationships. By aligning potential outcome measures with existing aims, Durie hopes to ground measurement within a Māori worldview and avoid the imposition of inappropriate evaluation criteria. He provides a framework for outcome-based validation and legitimacy of rongoā services/practice, providing a platform for further research and evaluation.

Durie sees the measurement of the effectiveness of rongoā as a subset of measuring the outcomes of traditional healing. He notes that while certain plant preparations have effects that can be predicted, their use as healing agents depends on a range of associated protocols that must therefore also be included in assessments of effectiveness. These considerations culminate in two important conclusions in relation to future research appraising the effectiveness of rongoā:

- That the significance of rongoā to health and wellbeing should be determined using appropriate measures (i.e. alleviation of symptoms and enhancement of wellbeing), closely aligned to Māori worldviews and indigenous paradigms. Measurements appropriate to medical outcomes, for example curing disease states, are not necessarily most suitable for assessing the impacts of rongoā, due to the major differences in focus between the two systems; and
- Any assessment of the effectiveness of rongoā needs to be made within the broader context of traditional healing, including other aspects such as karakia, a focus on wider natural and social environments, and the application of tikanga Māori (Durie, 2006).

Research and evaluation

Despite some contention surrounding the appropriate evaluation of rongoā, the development of an evidence base is viewed as important within national literature (NACCHDSS, 1995; Durie et al, 1993; Durie, 1996;

Durie, 2006; Jones, 2000a). This is deemed necessary in order for rongoā services to gain credibility sufficient for incorporation alongside mainstream services (Jones, 2000a).

A key issue for resolution is how rongoā might be evaluated, and according to which criteria. As mentioned above, Durie (2006) has considered this, recommending an outcomes-based evaluative approach. Other commentators have similarly noted the need to apply valid research tools in the evaluation of rongoā. Anderson (1991, cited in Jones, 2000a) noted the need to move beyond anecdotal evidence and measures of patient/client satisfaction to observational studies, and a report by Te Puni Kōkiri (1999, cited in Jones, 2000a) proposed that qualitative methods may be more relevant to such an enquiry, more acceptable to participants and therefore capable of producing more useful results. These modes of inquiry overcome the limitations of the RCT, the widely accepted 'gold standard' of biomedical evidence. While RCTs provide valuable information about the efficacy of medical treatments, they evaluate therapeutic 'success' from a viewpoint that is considerably different from indigenous healing paradigms. There are unique ethical and feasibility problems associated with conducting intervention studies such as RCTs, including the selection of a suitably large proportion of the population for study, and the assignment of individuals to treatment or placebo (Hennekens & Buring, 1987).

RCTs are also designed on the assumption that particular aspects of treatments can be isolated and observed in relation to therapeutic outcomes. This may not be appropriate for rongoā, in which a number of treatment modalities may be utilised in conjunction with one another, and the context in which healing occurs is deemed equally important to treatment outcomes. In contrast to RCTs, observational studies involve the study of patient responses to treatment, without comparison to a control group and use of 'blinding'. Qualitative methods also differ significantly in their approach and potential outcome, being more easily tailored to unique 'cultural' situations or circumstances, encompassing worldviews other than those that are science/positivism-based, and utilising evaluators/practitioners with the necessary cultural, language, subject and research competencies.

As yet, these assumptions about how best to research or evaluate the therapeutic benefits associated with rongoā have not been tested in New Zealand. However ESR, in conjunction with other researchers and rongoā practitioners with the support of a Health Research Council (HRC) seeding grant, developed a 'pūrākau'/case study methodology for application with those who utilise rongoā Māori. This methodology attempts to integrate information from rongoā practitioners and 'mainstream' services relating to common clients/cases, to document outcomes of collaborative service delivery arrangements. This is a first step in gaining recognition for the contribution that traditional healers make towards health outcomes for their patients/clients.

The HRC has also recently funded a three-year ESR-led research project to develop measures of traditional healing wellness outcomes. 'Ngā Tohu o te Ora' will explore understandings, values and approaches related to health/wellness that inform the practice of rongoā Māori. wellness outcomes will be identified and measures of these developed and applied in conjunction with healers, stakeholders and tangata whaiora. The research team also plan to integrate the identified outcomes with the 'pūrākau' methodology. This work marks a move towards appropriate evaluation of rongoā Māori, making a significant contribution to an emerging evidence base.

Current status of rongoā Māori

Research on rongoā Māori is relatively scant, which belies the fact that traditional Māori healing has developed and been in use over a considerable period of time, from pre-European colonisation and settlement of New Zealand, through to current day. Despite active attempts to suppress healing practice and deny its legitimacy (the Tohunga Suppression Act 1907), rongoā Māori has survived and in recent years, experienced something of a revival (Jones, 2000a). Durie et al (1993) cite several reasons for this:

- The removal of any legal barrier to healing practice with the repeal of the Tohunga Suppression Act in 1964;

- A resurgence of interest in all aspects of Māori culture, in conjunction with a call by Māori for greater autonomy and self-determination;
- Some loss of confidence in western methods of treatment;
- Disparities in Māori access to primary medical services; and
- The identification of a 'missing link' in health services, taha wairua/a spiritual dimension.

Establishment of Ngā Ringa Whakahaere

Ngā Ringa Whakahaere o te Iwi Māori (Network of Māori Traditional Healers) was established in 1993. This was a conscious move taken by healers and their followers to adopt a more public profile and seek recognition as part of the national health service (Durie, 1998a). Although Ngā Ringa Whakahaere does not represent all healers, it advocates on behalf of affiliated members and for more formal recognition of traditional healing practices. Ngā Ringa Whakahaere has also been involved in formulating accreditation procedures for healers, and has contributed to the development of national traditional healing service standards (Durie, 1996; MoH, 1999).

The current goals of Ngā Ringa Whakahaere o te Iwi Māori are;

- To have Māori traditional health and healing recognised and accepted as a legitimate healing practice both nationally and internationally, and governed by Māori,
- To develop and support a credible network of effective providers of Māori traditional health and healing services, and
- To establish and maintain a respected national organisation to govern Māori traditional health and healing.

Rongoā Māori contracts

In the midst of the 1990 health reforms, movements were made towards formalising the funding and delivery of rongoā Māori services (Jones, 2000a). Following several consultation hui, a background paper from Te Pūmanawa Hauora (Durie et al, 1993), and a policy advice paper from Ngā Ringa Whakahere o te Iwi Māori, the National Advisory Committee on Core Health and Disability Support Services recommended, on the potential basis of improved Māori access to effective services and improved health outcomes, that Regional Health Authorities purchase aspects of Māori traditional healing in conjunction with other primary care services. Two small-scale services were subsequently contracted to the Midlands and Central Regional Health Authorities in 1995.

Following the development of a framework for purchasing traditional healing services (Durie, 1996), and production of Māori traditional healing standards in 1999, the Health Funding Authority funded 10 new services at a more substantial level (MoH, 2006). A survey commissioned by Te Kete Hauora in 1998 documented the service needs of 15 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 (Jones, 2000a). Funding for rongoā has steadily increased to the point at which currently, the MoH administers 16 rongoā contracts with providers throughout the country, of which a small number (3) have also been funded by Accident Rehabilitation Compensation Insurance Company (ACC)[5] to deliver accident treatment and rehabilitation services. Funding of a rongoā training programme to support practising and emerging healers is currently provided by the Clinical Training Agency (CTA), delivered through Te Wānanga o Raukawa, and a Rongoā Development Plan, recently released by the MoH, is underway.

'Taonga Tuku Iho: treasures of our heritage' (MoH, 2006) aligns rongoā development with the Māori health strategy, He Korowai Oranga (MoH, 2002a) through its overall aim of whānau ora and its key threads of rangatiratanga, building on gains and reducing inequalities. Through Whakatātaka, the Māori Health Action Plan 2002-2005 (MoH, 2002b), the actions to progress He Korowai Oranga are outlined, and

[5] National no-fault accident insurance provider

within them, traditional healing is specifically noted as needing to be recognised and valued by the health and disability sector, alongside Māori models of health.

'*Taonga Tuku Iho*' outlines a framework for strengthening the provision of quality rongoā services throughout the country, in four main areas: improving the quality of rongoā services; creating leadership to strengthen safe practice through networking and quality assurance; increasing the capacity and capability of rongoā services; and constructing a workplan for research and evaluation activities (MoH, 2006). Funding and policy development has served to legitimise traditional Māori healing practice, although it remains marginal within the New Zealand health system.

Te Paepae Matua mō te Rongoā

Te Paepae Matua mō te Rongoā is a newly established National Rongoā Taumata (National Advisory Board for Rongoā) whose purpose is to protect, nurture and grow rongoā. The Paepae Matua is made up of representatives of contracted clinics and will supported by the Paepae Whenua (regional representative structure) and the Paepae Mahi (secretariat). While its development has been supported by the Ministry of Health it is developing an operational model that maintains a modicum of independence from the crown. It is envisaged that the kaumātua on the taumata, as "keepers of the knowledge", will provide advice; help maintain the integrity of rongoā; protect rongoā (now and for future mokopuna); and, also protect the mana of the taumata.

Dimensions of sustainability applied to traditional healing

Sustainability (or sustainable development as it is also known) is a western term coined in relatively recent times, but relates to a concept understood and practiced by indigenous peoples for centuries (Matunga, 2002). It fits within a broad, ecological understanding of health, encompassing notions of prudent resource utilisation in order to ensure these for future generations[6]. Equity, conservation of biodiversity and local/global accountability are key sustainability principles (Brown, Grootjans, Ritchie, Townsend & Verrinder, 2005).

Several components of sustainability are identified in the literature, consistent with both a Māori conceptualisation of health and a health determinants approach in terms of an emphasis on holism and balance. The link between health and environment in the context of sustainable development has been established in international settings, and within New Zealand is enshrined in several key pieces of legislation. The Resource Management Act, 1991 focuses upon sustainable management of resources enabling "*people and communities to provide for their social, economic and cultural wellbeing and for their health and safety while sustaining the potential of natural and physical resources to meet the reasonably foreseeable needs of future generations; safeguarding the life-supporting capacity of air, water, soil and ecosystems, and avoiding, remedying or mitigating any adverse effects of activities on the environment"* (Kawharu, 2002). Promoting community social, cultural, economic and environmental wellbeing is also a stated purpose of local government under the Local Government Act 2002 (Department of Internal Affairs, 2001). At the local business and organisational level, triple/quadruple bottom line approaches have been adopted, which involves reporting against social, environmental and/or cultural bottom lines in addition to economic/financial imperatives (Morgan, 2004). This focus on determinants for sustainability reflects a global movement, in which key societal issues are perceived to be relatively complex, and accordingly, require solutions or approaches that can accommodate and deal with complexity.

Local and holistic knowledge has a key role in the development of sophisticated, responsive sustainability approaches (Brown et al, 2005; see Figure 1 for depiction of sustainable development in relation to wellbeing, knowledge and key stakeholders). Traditional values and knowledge are increasingly relevant in

[6] Sustainable development was defined by the World Commission on Environment and Development in 1987 as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs." This definition has become the most widely cited (enHealth Council, 1998), including by the Parliamentary Commissioner for the Environment in New Zealand (1998: 2).

enhancing understanding of the environment, providing a basis for strengthening cultural identity, and in developing economic opportunities (Harmsworth, 2002). Māori have adopted and adapted notions of sustainable development to incorporate Māori autonomy and self-determination within holistic development and a strategic direction towards advancement. Potential measures of achievement of Māori sustainability are improved Māori wellbeing and standards of health, increased human and social capacity, strength of cultural identity, retention and use of Māori knowledge, sustainable management of natural resources, and culturally appropriate strategies for economic growth (Harmsworth, 2002).

In the case of rongoā, sustainability applies in two primary ways: sustainability of environmental resources supplying the rongoā (environmental wellbeing), and sustainability of the practice of rongoā Māori in terms of knowledge retention, validation of the practice and its utilisation (cultural and social wellbeing). Economic wellbeing, although not often emphasised in considerations of rongoā, is central to enabling healers to sustain their rongoā practice. A sustainability focus fits with rongoā Māori, given that it enables a holistic focus beyond health, to include matters such as patent rights, conservation issues and intellectual property, all issues brought to the attention of the NACCHDSS in the early 1990s, but considered by them to be beyond their brief (NACCHDSS, 1995).

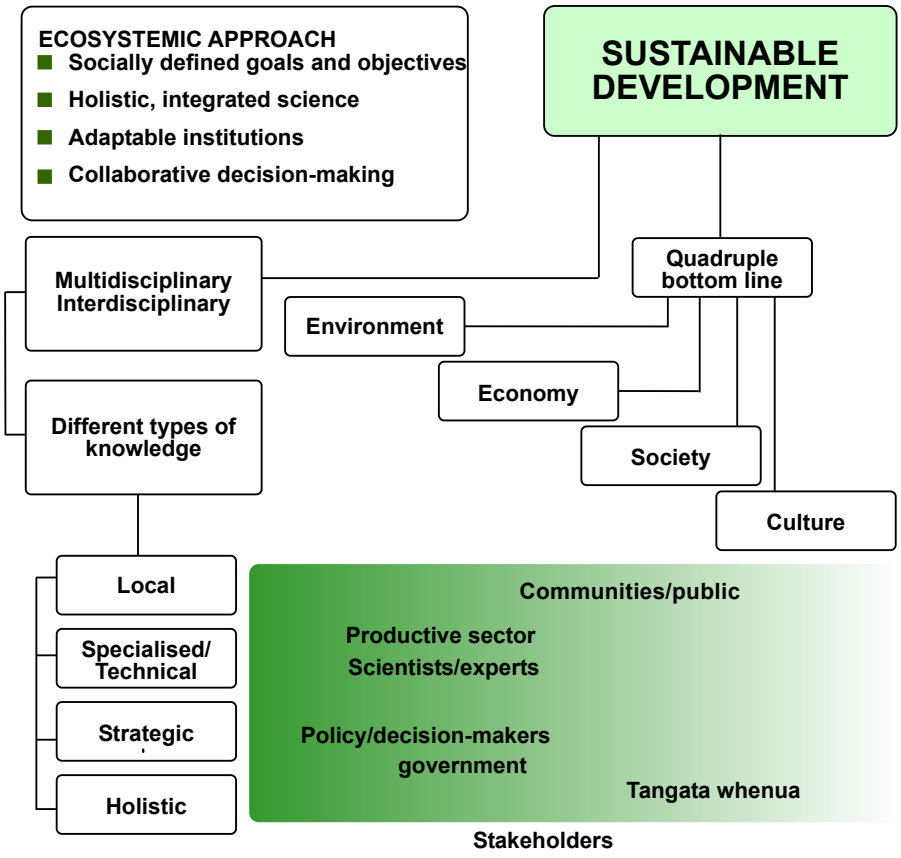


Figure 1: Sustainability in terms of wellbeing, knowledge and stakeholders (Ahuriri-Driscoll, 2005)

A number of unresolved questions pertaining to sustainability exist that should be considered: ***"sustainable for how long?*** *A generation, one hundred years, one thousand years?* ***Sustainable for whom?*** *Present generations, all future generations, all species of this generation, all species for all future generations?* **Sustainable at what level?** *Families, cities, nations, globally, economies?* ***Sustainable under what conditions?*** *Present western standards of living, small subsistence communities, some future 'Star Trek' culture?* ***What ought to be sustained?*** *Personal income, social and cultural diversity; GNP, bio-diversity, individual consumption, personal freedom and choice, material frugality?" (Luke, 1995:21-22 quoted in Perkins & Thorns, 1998: 7)*

With regard to rongoā, the temporal element most often discussed is its traditional nature, and the need for it to continue to exist and be applied in a contemporary context. The length of time that rongoā practice should be sustained is not discussed in the literature, but presumably this is intended to be of unlimited duration, spanning all future generations. The question of for whom rongoā should be sustained is also not specifically addressed, but it is discussed mostly in relation to Māori health gain and development (Durie et al, 1993; Durie 1996; 2006; Jones, 2000a; McGowan, 2000), and rongoā service standards and specifications mention tangata māuiui and clients as key recipients (MoH, 1999; n.d). Lack of information about demand for rongoā Māori is cited as a major shortcoming of current understandings (Jones, 2000a), with the proportion of people that would use traditional Māori healing services if they were more readily available unknown.

The literature notes the locally specific nature of rongoā practice, among hapū and iwi (Durie, 1993; 1996; Jones, 2000a; 2000b; McGowan, 2000; Parsons, 1995), but national-level development has also taken place with the establishment of Ngā Ringa Whakahaere and the work of the Ministry of Health (Durie, 1998a). Jones (2000b) cites the importance of maintaining regional and tribal distinctions in healing traditions, as well as individual differences between healers, but he also emphasises the importance of some form of collective activity for healers to have any influence at a political level. The conditions in which work to sustain rongoā has been undertaken are primarily health system based, and health gain/benefits have been most commonly proposed as the rationale for retention of rongoā knowledge and practice. Durie (1996) perceives that traditional Māori healers have significant advantages in being able to deliver Māori health gain; firstly through having the confidence of a large number of Māori people who may experience difficulty accessing mainstream health care, and secondly being at a stage in organisation and development where they can enter into dialogue with health authorities. Retention of the practice for its own sake is not widely supported, and in fact Durie warns against this. Herbal remedies have been the primary focus of efforts to sustain rongoā, although a range of diagnostic and treatment modalities are mentioned in the literature, including taha wairua (Durie et al, 1993; Durie, 1996; Jones, 2000a; 2000b; McGowan, 2000).

Thus, literature-based considerations of rongoā at the current time lie generally in sustainability for health, and the perpetuation of the practice with support from and integration within the health infrastructure. Some concerns are raised with regard to the implications of integration, namely in subjecting a traditional practice to western scientific/medical criteria (Jones, 2000a; McGowan, 2000; Parsons, 1995). Mead (1997), in his discussion about Māoritanga, notes that Pākehā are: "*reaching into Māori culture and pulling out features with which they can identify, taking hold of quite generous portions which they then try to fit into a Pākehā cultural world*" (p.92). This raises concerns about the extent to which traditional healing practiced from a Māori paradigm can fit within these mainstream, more western, frameworks, such as health systems.

Integration and integrity

Relatively recent attempts to formally incorporate rongoā Māori within the public health system belie the fact that Māori have utilised western and traditional health practices in an integrated fashion for generations. Cram, Smith & Johnstone (2003), in their mapping of themes in Māori 'talk' about health, reported that a number of participants openly used both Māori and Pākehā medicines, with the knowledge and support of medical practitioners. These participants perceived rongoā to have value and relevance in relation to the health of themselves and their whānau, and saw their continued use of rongoā as entirely

compatible with the use of western medicines. Despite some reservations about the incorporation of a distinctly Māori practice within a 'mainstream' health system, several proponents have outlined potential approaches to integration, based on upholding the integrity of rongoā and respecting it as a taonga, whilst acknowledging its contribution to health gain. Considerations to integrate traditional Māori healing within the health system have been apparent since 1995, with the 4th NACCHDSS Annual Report. At this time the committee considered whether to fund particular services publicly, based on proposed benefit, cost, effectiveness, fairness and alignment with community values.

It found, following several consultation hui, that rongoā Māori had a significant role to play in supporting community values, including cultural integrity and the promotion of partnerships between health professionals and Māori as part of efforts to improve Māori health status. In terms of fairness, delivery of rongoā services was perceived as potentially improving Māori access to health services, encouraging those who tended not to attend such services by providing an appropriate access point into the system. Effectiveness was considered similarly to fairness, from the point of view that primary care should be effective for Māori, and if it could be provided in a form that encouraged use and access (i.e. through provision of rongoā services), this could enhance health maintenance, health promotion and early intervention for Māori. In the absence of 'evidence' of benefit, the committee recommended funding of traditional Māori healing services if future studies could document or confirm this.

Subsequently, Durie (1996) proposed a framework to assist in policy development relating to the purchase and provision of traditional health services. The framework outlined the many factors to be taken into account with the formalisation of traditional healing within services, based on eleven criteria according to the acronym T.R.A.D.I.T.I.O.N.A.L: a **traditional** basis for healing activity, **relevance** to current day, **accessibility**, **demand**, development of an **integrated** body of knowledge to rationalise treatment, **training** of practitioners, establishment of **internal** arrangements for maintaining excellence, **openness** to other approaches, guarantee of **no harm**, **accountability** and **liaison** with other parts of the health sector.

Following extensive documentation of the necessary considerations for integration of rongoā Māori within health services (2000; under the headings of Treaty of Waitangi, interaction, professional and financial, see outline in Table 3, Appendix E), Jones (2000b) presented a promising option based on partnerships between existing Māori primary health care providers and traditional healers. He argued that from a Māori health providers' perspective, the addition of traditional healing services would serve to supplement and strengthen existing delivery. Traditional healing would thereby remain within a Māori context, and tino rangatiratanga, intellectual property rights and accountability would also stay under an iwi or similar authority. Jones posited that in the course of such collaboration, Māori networks and community development could be strengthened. He cautioned against the potential for domination of traditional healers by conventional health care providers, and suggested incorporating mechanisms to minimise the likelihood of this. It is worth noting that several currently contracted rongoā providers deliver services as part of primary health care.

Conclusion

A substantial amount of work has been conducted in the past decade, documenting and affirming the knowledge and practice of traditional Māori healing, resulting in significant increases and shifts in mainstream understanding and recognition of rongoā. Rongoā services are funded and provided nationwide in accordance with established standards, both independently of and in conjunction with 'conventional' health care services. The MoH has embarked on the implementation of a rongoā development plan, which will establish an infrastructure to further support traditional Māori healing. So, where to from here? A number of writers have helpfully provided some direction (in terms of ideas for further research and evaluation), and there are international developments to take account of, where appropriate. The views of 'the people themselves', healers and Māori community members, are equally important considerations. This will be built on in the following section, where the views of traditional Māori healers and various stakeholders regarding the sustainability of rongoā are presented.

Analysis of focus groups with healers

Four focus groups were conducted with a total of 51 healers/associates, local to four main regions; Auckland, Bay of Plenty, Taumarunui and Christchurch. Workshops were publicised and organised through Māori health and community networks (including Ngā Ringa Whakahaere o te Iwi Māori) in these four areas. Discussion was framed according to the research objectives, and included a focus on the current practice of rongoā, its contribution to wellbeing, and matters of concern relating to integration and sustainability warranting further consideration.

Nature of healing and healers

Healers at each workshop identified a number of issues around the nature of healing generally, and discussed the diverse nature of practitioners working in the area. They were quick to indicate that the profession requires a great deal of integrity, despite any setbacks that may be encountered. The Taumarunui workshop identified that it is primarily spiritual work, which requires a great deal of personal skill and which is necessarily immersed within a specific community. In this sense, the attendees pointed out, its spiritual nature dictates that the work undertaken focus on prevention rather than cure. Auckland participants referred often to wairua as the foremost focus for healers, with rongoā being a tool to facilitate healing.

Contribution of rongoā to wellbeing

In discussing the sustainability issues around their practice, healer workshop participants did not explicitly describe the efficacy of their work or explore their indispensability in their communities in great depth. However, there were some general comments made which alluded to the impact of their practice on the wellbeing of Māori. Here, wellbeing refers to both political and individual wellbeing.

While mentioning the impacts of colonisation on the health of Māori, some participants talked about how their practice collectively taught people how to "…*honour the pain and celebrate our courage"*. Such a comment suggests that traditional healing has as much a collective impact as an individual one. It could be described as a tool of resistance against the effects of colonisation, especially when considered as a tool for "creating identity", which was one Auckland workshop participant's approach. The adherence to Māori values and principles, whakapono, tumanako and aroha, encompassing wairua, hinengaro, tinana in relation to the client/tangata was perceived to enhance this strengthening process and associated wellness outcomes.

It was made clear at the Auckland healer workshop that rongoā encompasses a number of modalities. Rongoā itself was a term often resorted to for the use of flora and fauna but has been embraced by some as a general rubric for many forms of healing. Occasionally workshop participants did list the modalities. The Auckland participants for instance placed emphasis on the benefits of addressing wairua, and assisting people to change mindsets. All participants were clear that rongoā, including wairākau, counselling, wai, mirimiri, and kōrero whakapapa all facilitated healing.

Many of the healers shunned the administrative role of healing, preferring instead to focus on the healing itself. One healer from Christchurch stated that: *"I just do the rongoā and that's all I'm interested in – to help our people in getting well"*. She continued that rongoā assisted with pain relief: "*some people die but they die happier because they have had the rongoā, they're not in pain"*. Another healer from Christchurch – a matakite healer – was said to be particularly in demand because she was able to ask questions that doctors could not. People telephoned her every day apparently, to access her help: "*whānau return to wellness, people get better quickly with matakite"*.

Most of the healers were content simply to undertake their practice. The Taumarunui participants were pragmatic in their approach to the community; they believed that simply attending to the needs of community members culminated in wellbeing. They maintained that their spiritual knowledge was of great benefit to the community. One Bay of Plenty healer was a proponent of hauwai, a particular form of

healing. He claimed that this modality was suitable for pain relief and it was being used with cancer sufferers.

The importance of integrity in the profession

Discussing the theme of integrity, the Taumarunui attendees were quick to highlight the danger of 'charlatanism' within the profession. This deception could include relentless suggestion; as one practitioner said, these types of practitioners resorted to "you've got to get well, you've got to get well" tactics to try and appear as though they could heal. Mandate from their people was seen as one way to ensure a quality of practice, although the attendees acknowledged that such mandate was not easy to obtain. They also alluded to the danger of egoism between healers and rangatira.

In addition, attendees at the Christchurch workshop placed the issue within a spiritual dimension, suggesting "*there are those who practice in the light, and those who practice in the dark"*. In the case of matakite practitioners, this distinction was perceived to be particularly important. These attendees advocated the use of particularly stringent systems of accountability where necessary, using those who were already working credibly in the area to assess the would-be practitioners. According to these attendees, who is able to practice can be easily ascertained, regardless of the modality of healing. Rongoā practitioners at the Christchurch workshop also were concerned at those who might be *"gung-ho"* in their practice, as this could compromise the safety of the treatments.

What constitutes a healer was a recurring theme throughout the workshops. Sometimes it was talked to directly. A 'good' practitioner was one who could bring about results, according to the Taumarunui attendees, so that the client achieved a state of good health. These attendees believed that clarity of mind and self-discipline in practice was necessary. The Auckland attendees believed that it was common for healers to focus on the rongoā, whereas clients focused on the healer, and that the healers' concern for rongoā was a necessary part of the profession.

Maintaining the wellbeing of practitioners

All workshops mentioned the difficulties that practitioners face, particularly those practitioners who are called on frequently and are therefore overworked, or those who are simply ageing. These often unrealistic workloads were referred to by the Taumarunui attendees; at the Christchurch workshop it was pointed out that those who spearheaded the WAI 262 claim, for instance, were becoming tired, and that there was an urgent need for people to support them so that the area of healing could continue to be protected. As one healer indicated: *"I can't be bothered with paperwork – with the educated way the only use for paper is for the wharepaku therefore I'm glad there are researchers who will do that mahi.*" This attendee was equally adamant that their work had to proceed without interference by western institutions.

Christchurch attendees continued that they were concerned about the expectations being placed on their healers. As one participant said: "*Tohunga and matakite get worn out – the demand is increasing – 80% of manuhiri go past [their matakite practitioner]. Every day people ring up and it is her they want."* Demand often outstrips availability, with the more successful practitioners being referred to constantly. Often, for instance, where hospitals are not servicing people well, these same people turn to alternatives. Christchurch attendees referred to the Cancer Society, who request contact numbers so that clients can be referred. Thus, the workload is often huge: as one attendee at the Bay of Plenty workshop said, rongoā is a "24/7 mahi". Another Christchurch participant remarked that: "*when I go down to Murihiku I'm the only healer there. I go down to do 6 people and end up doing 60"*.

The Auckland attendees believed that this dilemma could be partially alleviated through the education of younger people, who would then step into the role of healing. However, the Taumarunui attendees alluded to the difficulties inherent in conveying knowledge to the young when the practice and application of tikanga in healing have become prescriptive. They believed that there was a progressive loss of knowledge around the varying layers of tikanga.

One of the Auckland attendees believed that the younger people were inheriting a burden through the continued adherence to notions of tapu. He stated that the world needed to be liberated from tapu – *"me whakanoatia te ao*" – so that something new could be created for the younger generation. Presumably, for him, the belief in tapu constricted the full extent of healing practices.

Incredulity towards traditional healing

Some of the participants in the Christchurch workshop were quick to indicate that in many cases they were working against a tide of disbelief. Scepticism toward their practice, from a number of quarters, was an undermining force. They felt that greater communication with other healers elsewhere would affirm their practice, as well as allow for greater dissemination of substantive knowledge. One healer intimated that sceptics alone were at fault here, due to a basic myopia, and then highlighted the circuitous nature of the bind that sceptics were in: *"if you don't even believe in the dimensions of those things, the questions won't even be there, if you don't understand something then the question cannot come to mind"*.

Another Christchurch attendee was glad to have been given the opportunity to participate in such a forum, where all present were receptive to other realms: *"it is nice to be in a forum where people can talk freely about the intangibles. The reflection on that has informed my life journey. People don't want to hear that stuff, they turn their receivers off."*

Another Christchurch participant alluded briefly to the media and its portrayal of traditional medicine, grouping rongoā practice under the broad heading of 'alternative'. She felt that this could compromise the true meaning of rongoā healing and homogenise what was essentially a highly specialised modality.

Loss of tikanga

Discussion turned to the Tohunga Suppression Act 1907, one of the mechanisms that colonised Māori notions and practices of healing. The Taumarunui workshop identified that hapū and iwi were affected differently, some losing their tikanga altogether, but this workshop also considered colonisation as ongoing, particularly at times that tauiwi and Māori meet. When these meetings occur, workshop participants perceive a loss of tikanga, which is sustained.

During the Taumarunui workshop focus also turned on hypothetical scenarios. For instance the question was posed: how would tikanga cater for Ngāti Whatua, as an example, accessing Ngāti Raukawa's rongoā? Would that be stealing? The attendees answered that Māori are merely caretakers of the rongoā, which allows for a process of sharing. Whether knowledge should be accessed from outside the hapū was another consideration; here the participants believed that one should have local knowledge before going elsewhere.

The Taumarunui attendees asserted that colonisation broke down traditional structures of intergenerational knowledge transfer. Those who were knowledgeable were passing on. Given that rongoā was the "beginnings of the world" they inevitably saw the preservation of this knowledge as urgent. Because of its importance they also believed that rongoā should only be practiced with support of whānau and hapū, regardless of the number of qualifications held.

Impact of the environment on healing

Aerial spraying was a concern of the Taumarunui participants, who saw it as totally destructive to rongoā. The participants therefore believed that the cultivation of plants needed to occur within areas that are not affected. They cited the potential for rahui in these situations, given that rahui would halt aerial spraying. The attendees also referred to the devastation to rongoā caused by possums and other pests.

Generally there was a feeling, again expressed in the Taumarunui workshop, that rongoā was becoming harder to obtain. In Kawhia, for instance, spraying killed kawakawa in the harbour. Increased employment has had its downside, with concomitant deforestation and destruction of rongoā sites. Fifty acres around Taumarunui remain in native forest, with 15 acres in Waimea put aside specifically for rongoā.

The Christchurch workshop also highlighted the dangers of sprays and the particular scarcity of ngahere in the Canterbury area. Participants referred to the need for extensive travel to access rongoā, with little or no financial assistance from the Ministry of Health through rongoā service contracts. The West Coast was seen as the only place that had not been sprayed and which had the best quality rongoā; subsequently, rongoā practitioners would often travel there to access what they needed. The participants were disturbed by the appearance of 1080 during rongoā preparations. They feared that soon there would be no rongoā left to collect.

In addressing these concerns the Christchurch proffered some solutions. They talked about firstly normalising rongoā for their whānau, so that it was not merely viewed as peripheral. They felt that rongoā had to "stand on its own" as a health practice and were concerned that allopathic medicine was considered the norm.

Discussion arose around the need to revert whenua to the growing and harvesting of rongoā; riparian margins/strips, for instance, could be widened to accommodate rongoā, so that they were not just being used for one purpose, such as dairy. This ensured the preservation of tikanga around trading of rongoā resource. These solutions were echoed by the Auckland participants, who also suggested that marae grow rongoā around whenua, wharenui and so on.

Education and training

The spiritual component was seen as a deciding factor in who was to be trained in traditional healing practices, according to the Taumarunui workshop. These participants believed that children would display certain qualities that would be identified early on by older practitioners; anyone therefore could be taken into the bush but only some would be meant to learn the practice of rongoā.

How practitioners were to be educated and mandated was an issue discussed at all four workshops. Some participants in the Christchurch workshop were adamant that "*in te ao Māori a mandate comes from your people not from a certificate.*" They thus advocated wānanga for healers so that other mandated practitioners could affirm their practice – not through certification but through words. The Taumarunui attendees believed that learning about rongoā had to occur early, preferably in kōhanga reo. They referred to the present reliance on "*Pākehā books*", which, they believed, were incapable of either teaching or accrediting the practice of rongoā healing. Nowadays there was a lack of side-by-side learning, according to these attendees. The danger in this was that those who possessed the knowledge were going to pass on without transferring the information. They continued that the lack of appropriate accreditation also made matters more urgent; however, they did not describe what appropriate accreditation might look like.

One of the eminent rongoā practitioners in the Christchurch workshop believed that only a willingness to learn was needed, and that she would be eager to teach anyone the practice. She talked about her dining room being her wharepuni, where anything in the realm of rongoā practice could occur! Attendees at the Taumarunui workshop, however, said that they were very careful about whom they divulged information to.

Having introduced the idea of rongoā practice being incorporated at kōhanga reo level, the Taumarunui attendees believed that children involved in kura kaupapa learning could bring knowledge back into their tribal areas. Many of the participants' own grandchildren were already being trained in the various faculties of healing. One healer in the Bay of Plenty workshop referred to his desire to pass on the knowledge of a very specific healing modality to his mokopuna, but this had not yet occurred.

Indeed training young people was an overriding concern to attendees at all focus groups. The Auckland participants, for instance, alluded to a need for mentorship of younger, emerging healers, and for those healers working outside of their rohe. They believed that access to kaumātua and kuia was imperative, as many young people were finding it hard to deal with mate attaching to them in the course of healing practice. Young people often were often identified and nurtured, but were under huge pressure to meet

expectations; in this respect, kaumātua were seen as having a specific role. Young people were also seen as being vulnerable to the gifts that healing can bring and so were in need of guidance. Examples include women needing teaching around whare tangata, and teaching being introduced at an early stage. They also discussed the need for clinical supervision. By whom, and in what context, were aspects not clarified.

Making it into qualifications/involvement with western medicine

A general scepticism towards the western approach to traditional healers emerged in the workshops. All attendees believed that it was up to other healers to mandate prospective practitioners. In conceptual terms, attendees found it difficult to see how western accreditation processes could be reconciled with tikanga. The Taumarunui attendees saw that tensions could occur in attempting to adapt tikanga to the "Pākehā world". They cited a traditional healer who would not be concerned with quality standards. Christchurch healers also questioned the validation of knowledge by western accreditation processes and highlighted the additional tension between having qualifications in healing to access funding and the requisite empiricist standards that attend the funding.

Christchurch attendees continued this theme by alluding to the compromises made in engaging with mainstream funders. Some believed that their core practice would be undermined by the necessary focus on "*learning the rules of the game*". One attendee nevertheless recognised the need for keeping records: *"I hate the paperwork, but I've still got to do it. It keeps you and your clients safe."*

In a similar fashion, Bay of Plenty participants remarked that health service contracts for funding were restrictive, stating that practitioners should be qualified. These participants were sceptical of this demand, saying that there are no training courses that could teach the kind of healing they are involved in, and moreover the western system is incapable of accrediting qualifications for traditional healers.

Both the Taumarunui and Bay of Plenty workshops discussed working with allopathic doctors. An attendee at the Bay of Plenty workshop talked about how some medical practitioners referred clients to him. Interestingly, he did not believe that allopathic medicine could help his clients, but nevertheless used the terminology of diagnosis provided by allopathic medicine. Some healers at the Taumarunui workshop worked closely with medical practitioners; in one instance, medical and rongoā practitioners worked out of the same premises.

Cultural and intellectual property

Waitangi Tribunal

Discussions around cultural and intellectual property issues prompted varying reactions. There appeared to be a lack of knowledge about the specificity of this area, although awareness of its importance was growing, given the WAI 262 Flora and Fauna claim and its recent hearings. Many attendees had heard of terms such as patenting; some of them were aware of the patenting of plants. Generally, attendees acknowledged the necessity of protecting knowledge relating to traditional healing. The form that this protection would take and the degree of protection were issues which emerged and which evoked a variety of responses.

Some attendees at the Christchurch workshop expressed their doubts about the Waitangi Tribunal process and the WAI 262 claim, saying it would be better not to rely on that claim to address their concerns. Auckland participants specifically addressed the Therapeutic Products and Medicines Bill and expressed concerns that this prospective legislation would limit access to healing agents. One participant believed that working with government agencies such as Department of Conservation would assist healers in the protection of knowledge. One attendee at the Bay of Plenty workshop maintained that rongoā as a traditional medicine was a Treaty right and therefore should not be described merely as alternative medicine.

General discussion around protection of knowledge

The Bay of Plenty attendees were adamant that rongoā needed to be protected. They cited an instance where a French company patented rongoā plants in 2005. Some attendees believed that a research centre was necessary to gain control over the rongoā. One healer at the Christchurch workshop referred to the need to share knowledge pertaining to rongoā – strictly without karakia – so that people could heal themselves. She believed that omitting karakia when sharing this knowledge would ensure that the spiritual side of healing would not become commercialised. She also advocated giving the knowledge, not selling it. Some Auckland participants further questioned the process of commercialising knowledge and supplies, saying that this process would potentially deplete resources.

The public domain of knowledge and its subsequent uses was a recurring sub-theme within the overarching discussion around cultural and intellectual property. Auckland participants were particularly vocal at this stage, focusing on the way knowledge might be used. They believed it could not be presumed that knowledge shared about traditional healing would be used in line with the values of healers. However, they addressed the fear of exploitation, and felt that further work was needed on the integration of the two distinct bodies of knowledge growing together with their own distinct integrity.

Auckland attendees also enquired how information could be retrieved from governmental institutes so that it could be accessed easily. They suggested that, once retrieved, it be stored with Ngā Ringa Whakahaere. Where profits should return to, in the event of commercialisation, was another issue raised by the Christchurch participants. One attendee saw benefits accruing to healers from royalties collected by businesses selling rongoā; however, another healer felt that the royalties should return to Māori communities generally. Another healer questioned the suggestion of aligning healing with money. In a vein similar to issues about cultural and intellectual property, discussion arose around how much information to give funders, specifically substantive knowledge. It was generally agreed that only limited information should be given over, as the remaining knowledge came from a paradigm that governmental funding agencies could not cope with.

Relationships

Relationships between healing modalities

Alongside a general acceptance of a diversity of healing practices, healers obviously had their own focuses. This meant that there are different potential views of the place of healing modalities. Since healing practices are governed by Ministry of Health contracts, according to the Bay of Plenty participants, some healers have separated modalities out so that the infusion of wairua throughout rongoā can remain. Some of these healers believed that Ministry of Health contracts approached rongoā in a highly reductionist way.

Many Christchurch attendees were clear about the distinction between different modalities. One participant alluded to the apparent discomfort around matakite as a healing modality; he indicated that rongoā was the most widely known healing modality but there was a general lack of knowledge around the area of matakite. He therefore advocated that modalities be separated, that there be mandate for each one, and that research be undertaken into them separately. Through the specification of modalities it was perceived there would be more efficient mandating processes.

However, another attendee at that same workshop resisted the idea of separating out healing modalities, simply because the client had to be assessed in their entirety. She drew an analogy between the proposed separation and the funding silos occurring in the west, saying that it was a western phenomenon to fund for different ailments. She asserted that in fact all healing modalities are tied too closely together to be separated out. Another attendee felt that Māori need to accept the validity of all modalities and that this would help sustain the different fields.

Contractual relationships in terms of funding

There was a wide divergence in views between those healers who thought closer relationships should be struck with government agencies, and those who thought this approach would in some way compromise their practice. One Taumarunui attendee believed that *"aroha was not a recipe for staying poor."* He felt that financial assistance from Ngā Ringa Whakahaere was acceptable, but he was also aware of the conditions that are associated with accepting the money. He believed that this could hinder their practice, as accepting funds could undermine their mana. One Christchurch attendee expressed a similar concern, saying: *"if we're willing to sell our principles for pūtea, then God help us."*

At the Taumarunui workshop, participants saw that record keeping, necessary to secure government funding, would be beneficial to funders. They also noted money problems in the three clinics in Taumarunui. Christchurch attendees all talked freely about experiencing overwhelming financial problems, and would often have to use funds allocated for one task to pay for another. Restrictions on their Ministry of Health allocated funding meant that they could not undertake consultations with people requesting rongoā from overseas, for instance as this was not part of the 'quota'.

Christchurch attendees alluded to difficulties in securing funding. They said they do what they can in this regard, but that it really is a fulltime job in itself. One healer felt that it could detract from their core business: "*to try and do the mahi, do clinics, cook rongoā, collect rongoā, reporting- it's a lot of mahi."* She believed that funding from Ministry of Health was not sufficient to both keep up with compliance and also demand. This demand resulted from the nature of the work itself: "*the only thing involved is aroha for tangata māuiui. For me I need a workshop to extend my skills of cooking rongoā. Admin gets done because that's what 'Māoris' are like they work 24/7 – it's not a 9 to 5 job working for your people."*

One healer alluded to an auditing process that they had previously been involved in which had not been very favourable. Some of their healing modalities were considered extraordinary, so this healer remarked on how these modalities had to stay hidden in order to be protected.

Auckland participants voiced this same concern. They noted the high administrative and infrastructural requirements of contracts. Along with Bay of Plenty participants, they also remarked on the need for money from somewhere, for travel, resources, rent and so on, as the koha system was not necessarily meeting these demands. Frequently, healers found that they struggled with limited resources in situations where health services referred clients to them without any assistance. The Bay of Plenty healers therefore suggested that practitioners interact carefully with health services, setting up boundaries so that the integrity of their practice could remain intact.

Some of the Bay of Plenty participants had established trusts, which dealt with the administration of contracts, leaving healers to meet their practising demands. However, they also noted the inequity in funding, with rongoā services allegedly being grossly under-funded compared to other services. For these practitioners this has led to, as one attendee remarked, a *"sense of powerlessness",* where an inability to access funding has limited their potential to work with Māori. This situation is exacerbated by levels of poverty and ill-health experienced by many Māori in the Bay of Plenty.

Relationships with Māori organisations

Some Christchurch attendees saw the role of Ngā Ringa Whakahaere as mainly administrative, dealing with what they termed *"legal beagle"* issues. Another healer felt they should be primarily a political body, dealing with Government on issues of traditional healing practice. This healer thus believed Ngā Ringa Whakahaere could make a real difference in ensuring Māori were in decision-making positions. One attendee at this workshop also remarked on how Ngā Ringa Whakahaere needed to adhere more closely to its original task – supporting healers – and focus less on administration. However it was also pointed out that Ngā Ringa Whakahaere is poorly funded and this limits the ability of the organisation to call hui, for instance.

There appeared to be very little engagement between healing organisations and iwi authorities. At the Christchurch workshop, there were two reasons cited for this – a lack of interest on the part of iwi authorities due to preoccupation with settlement and resource issues, and a general lack of certainty around what types of relationships were possible. Attendees felt that post-settlement iwi authorities in particular had paid scant regard to the needs of traditional healers. One remarked on the general belief, held by iwi authorities, that it was incumbent on the Government to support healers.

Further research

Proposed approaches to research

Attendees at all workshops were generally supportive of research being conducted in the area of rongoā practice. Indeed, one participant at the Christchurch workshop stated that "*the tīpuna have said 'do not fear research'"* and that research was therefore necessary. However he was quick to point out that the research should not just have a Māori title but that it should live up to iwi expectations. In terms of research into matakite healing, for instance, this would take the form of collecting stories. This healer was clear that healers and communities should undertake research themselves, with guidance from acknowledged researchers. Bay of Plenty participants were also adamant that research should not be undertaken without the total involvement of healers, as were the Taumarunui attendees, although the latter did indicate the potential for competition between healers for funding.

The Christchurch workshop was concerned that any research should incorporate protection as a significant focus, so that healers were not disseminating anything that should be retained exclusively with them. They pointed to a definite need for safety checks. They also did not want non-Māori leading any research, or for non-Māori to have access to healers' knowledge before Māori. To this end, both Taranaki and Bay of Plenty practitioners had established whare whose exclusive task was to undertake relevant research. They assured the others who were present that they were capable of researching their own issues.

Topics to be researched

Auckland participants were keen to engage in research that would mentor young emerging healers. This would entail examination of how traditional healing practices and methodologies could be integrated into the area of mental health so that wellness results. More specifically one participant indicated that there was a need to weave traditional healing through clinical practice; research could consider ways in which this could be achieved while ensuring the distinctiveness of traditional healing is protected. These areas of research, for the Auckland participants, would culminate in interventions that would support young healers when they are trying to cope with the stresses of their work.

Christchurch participants were keen to have a wānanga, over a minimum of three days. This wānanga would involve the transfer of healing knowledge as well as provide a forum for discussion of political issues. Researchers could set up the wānanga, leaving healers to share knowledge. Again referring to the overwhelming workload of their main rongoā healer, one participant thought that research could record the rongoā recipes, thereby freeing the healer up to do her core practice. Another healer suggested that there be a wānanga about cooking and preparing rongoā. There were also requests for broader forms of research around the definition of rongoā and the anecdotal efficacy of matakite in helping people to a state of wellness, as well as for research that would capture and depict the wide variety of rongoā modalities/practice.

Analysis of workshops with stakeholders

Five focus groups/workshops were conducted with a total of 61 Māori health and community stakeholders, local to four main regions; Auckland, Bay of Plenty, Taumarunui, Christchurch and Wellington. Workshops were publicised and organised through Māori health and community networks in these five areas. Discussion was framed according to the research objectives, and included a focus on the current practice of rongoā within services, its contribution to wellbeing, stakeholders' visions of future practice and matters of concern relating to integration and sustainability warranting further consideration.

Scope and practice of traditional healing

Stakeholders were at times reluctant to define traditional Māori healing, even as part of a workshop exercise, as they felt it is more appropriately defined by the healers themselves. Where stakeholders did define rongoā in their own terms, it was often as a broad concept, recognising the many aspects that give strength to Māori, including whakapapa and kapa haka. As one stakeholder noted: *"it's not just herbal remedies, it's walking on the beach, 'the whole thing'."*

Participants at the Auckland workshop listed several modalities, including mirimiri and romiromi, but emphasised the importance of these being applied within a Māori context: *"mirimiri, the ethos, background, if it doesn't come from a Māori background, it's just massage. It needs to come from a te ao Māori perspective".*

The wairua/spiritual component of traditional healing featured significantly in discussions at the Christchurch workshop, and was seen as a strength rongoā has to offer: "*with rongoā you can treat the person's spirit, this is different from western medicine."* One Wellington workshop participant pointed to the possibility that in the eyes of some, the spiritual element might serve to minimise the credibility of rongoā: "*we're talking about a mystical element in a country that declares itself to be secular".* The taha wairua was also mentioned as an expected attribute of a traditional Māori healer: "*who decides who a traditional healer is? Many Māori are more secular than spiritual, but if someone was to seek out a healer they would expect the taha wairua".*

Several participants expressed a desire to see more of a distinction between this and other aspects of rongoā: *"I don't want to be placed into one pot, I'm totally opposed to it. It's a whole different ethos (matakite). There are different needs between matakite and rongoā, for example, not to have rongoā design what the whare oranga would be like and then for matakite to fit into that. It needs to be able to develop. It needs an alliance with the mental health area".*

This movement towards independent modalities was not supported by others in workshops however, with many cautioning against adopting a 'mainstream' fragmentation approach: "*they're all components, but of one whole system. We need to be careful not to compartmentalise them. They're a whole kete".* Participants saw fragmentation in perspective as a first step in dissipating or reducing rongoā, and perceived this to be a fundamental concern with bringing indigenous knowledge into a western framework.

Contribution of rongoā to wellbeing

The contribution of rongoā to wellbeing was noted frequently in stakeholder workshops, although it was also an implicitly assumed starting point in the discussion of efforts and strategies to sustain rongoā Māori and integrate traditional healing within publicly funded health services. In the Wellington stakeholder workshop in particular, participants specified that *'rongoā Māori is for the use and benefit of Māori people'* as their key assumption in developing strategies for the future.

Contribution to Māori development

Some participants talked about rongoā in relation to broader Māori development aims; for one stakeholder its importance extends beyond the realm of health: *"from my world, rongoā Māori is a lifestyle, is life itself, it doesn't belong to health providers, it brings in waters, the bush...*" One stakeholder located traditional healing within an indigenous and ecosystemic view, contributing in a number of ways to positive

outcomes: *"the land has supplied the medicine or food. There is reciprocity between man and the environment. When the language of the country is sung or chanted, the plant is revived, the land replenished. The heart, head, spirit, there is no separation, all is related, whole. It is not fragmented as with a western system"*.

The foundation of rongoā Māori within a holistic, strengths-based and wellness-focused approach was noted by other hui attendees: *"rongoā is bigger than just the plants, it is about the whole wellbeing"*. This approach itself was perceived to have positive health outcomes: "*for example, if rongoā is encouraging a healthy lifestyle then that helps with drug/alcohol/obesity et cetera"*. The inclusion of a spiritual component/wairua, was also viewed as a strength by workshop participants: "*the power of a greater source that we blithely call wairua is there for all of your life, use it. The higher self, greater source – get in touch, you will be told by inclination how to help yourself and the environment"*.

Many participants viewed rongoā as a 'vehicle' or means of addressing issues resulting from colonisation and urbanisation. Examples cited by stakeholders included combating loss of traditional knowledge, nurturing and transmitting te reo and tikanga Māori, establishing and utilising delivery structures that are more effective for Māori, providing Māori clients with increased choice and linking Māori health to iwi development, subsequently leading to a degree of empowerment, where Māori people have knowledge of how, and a desire to, take responsibility for their own health and wellbeing.

One Wellington-based stakeholder, in spite of acknowledging the importance of rongoā to Māori health and wellbeing, challenged the notion that this will play a large part in improving Māori population health status (i.e. in treating population illness). He argued that traditional methods are unable to meet the considerable health demand due to the scale of rongoā production and practice in comparison to that of western medicines and treatment: "*rongoā will only play a small part of the future of Māori wellbeing because western medicines have a huge infrastructure that is international, it is geared up for western institutional medicine"*. He did, however, cite successful examples of rongoā Māori product development and distribution (for example, widespread use of manuka honey and flax seed oil), which when utilised in illness prevention in everyday circumstances contribute significantly to health, and more broadly to Māori business and economic development.

Evidence-based efficacy

In support of the continuation of rongoā Māori, stakeholders in general recognised the importance of evidence-based practice/medicine: *"do we need to go through a research process? Yes we do! We already know what works, but we need to document it"*. This was perceived to be a necessary step in rongoā gaining equal recognition to, or standing alongside 'mainstream' medicine, similar to traditional Chinese medicine, Ayurveda or homeopathy. However, participants questioned what form that might take: "*evidence is not necessarily what we think it is, it is not necessarily fitting into science boxes"*. There was quite a lot of consternation expressed by stakeholder workshop participants regarding the application of western biomedical or scientific criteria to rongoā: *"are we ploughing the wrong ground?* What if there aren't appropriate tick boxes?" These concerns were not fully resolved, but were later tempered by pragmatic considerations. Among these was acknowledgement of the need to verify rongoā practice in relation to health gain. Some participants perceived particular value in linking its efficacy to specific high priority health conditions, for example Type II diabetes.

Two stakeholder workshop participants gave personal testimonies of positive results/clinical benefits from use of rongoā Māori. Both had turned to rongoā when 'mainstream' or 'tauiwi' treatments failed to yield results, one on recommendation from a medical specialist who noted "*your people should go back to your own traditional medicine, it is good"*.

Research and evaluation of health benefits

Participants noted that clinical and patient experience such as the personal testimonies provided by participants could be said to be 'evidence-based', although not in a strictly scientific way. As anecdotal

evidence, participants accurately pinpointed some of the limitations of this data in establishing effectiveness: *"There's a whole lot of anecdotal stuff…how do you capture that and put it across?*"

Participants viewed research as vital in ensuring ongoing development, linking research to theory generation and advances in practice: "I believe that rongoā has a great future. *Without practice there is no healing, without theory there is no healing/practice, therefore I would like to see more research"*.

Some alternative suggestions for research and evaluation included investigation of the biochemical properties of rongoā, (*"in-depth understanding of the properties of rau will come from scientist input, it will be complementary"),* and adverse events associated with rongoā (perceived to be very few, providing a focus on the 'flipside' of efficacy). One participant noted the lack of investment in research as a significant shortcoming of the current rongoā infrastructure.

Current knowledge of rongoā effectiveness

Most notably at the Taumarunui stakeholder workshop, participants discussed existing understandings of rongoā efficacy/effectiveness, and the need for future research and evaluation to build upon these. Rongoā providers noted the considerable amount of information currently supplied to the Ministry of Health in service reporting, which, from their view constitutes a type of evidence, at least of service use and demand. Documentation of patient/client satisfaction was reported by a number of providers, in their view providing knowledge of health status improvements and service excellence. One stakeholder noted: "*for me, we're already doing it, we just have to remind ourselves that we are doing well, really well"*.

One provider noted the engagement of their rongoā service already in research, through the development of a database of treatment provision in relation to specific modalities and conducting interviews with tribal elders on traditional healing beliefs and practices. Overall, many providers reported feeling capable of conducting their own research on rongoā effectiveness, compiling existing and additional data and perhaps receiving some assistance in 'working with it'. One respondent deemed the development and application of research strategies in association with traditional healers particularly important: "*what's possible to access in terms of researchers or research? (Can they) work with healers to compile evidence, establish the evidence?*" Starting with Māori-defined and negotiated measures was mentioned, indeed welcomed by another respondent: *"it's useful to have realistic scrutiny, how we measure success, moving from 'gaps' thinking to strengths. Set a realistic Māori based framework, that's a good research angle."*

The question of **how** to research the effectiveness of rongoā was discussed by stakeholder workshop participants. Despite the aforementioned difficulties in studying particular aspects of the traditional healing process in isolation, this was mentioned by some participants as necessary in determining the contribution of specific components to health, for example, cultivation of rākau, preparation of rongoā or assessment of clients. Other participants suggested the need to begin with health outcomes and 'work back', assessing retrospectively the contribution of particular elements. This would necessarily canvas broader environmental and lifestyle factors, and wellness and whānau focuses. However, stakeholders acknowledged the subsequent difficulty of minimising or dealing with confounding in relation to such a holistic research approach. This is because healing was perceived by many to result from the therapeutic encounter in its entirety, encompassing kōrero/talk, tohunga guidance, the quality of the relationship between the client and healer, and client motivation.

The merits of a 'story-telling' or narrative approach based in a Kaupapa Māori methodology were mentioned by participants, including upholding mātauranga Māori, preventing loss of knowledge and contributing to internal te ao Māori strength/robustness. However, it was generally agreed that investigations of health gain would need to be expanded beyond this scope in order to more fully validate service delivery. Scoping current practice was identified as a starting point by participants, in order to better understand rongoā service demand and supply and provide a basis for further service development, with a view to moving toward outcomes-based research. Stakeholders talked about their desire to see a study of

magnitude conducted, nationwide, in relation to Māori health priorities, to determine if and how rongoā assists Māori people to reach wellness and experience improvements in their health.

Vision of rongoā for the future

The common view held by stakeholders with regard to a vision for rongoā, was *"rongoā Māori as a mainstream service, the first port of call for Māori and others"*. In the first instance, rongoā was acknowledged as being of particular value to Māori to retain and apply in the future, but some participants saw relevance for a wider population also: *"my vision is of rongoā available for every New Zealander, regardless of their background. That it is recognised and it's accepted that this is of value to every New Zealander"*.

For the Auckland workshop participants, it was deemed important that "indigenous medicine of this country is sitting alongside western medicine, with equal recognition". Whakatāne workshop participants discussed the need to develop levels of rongoā utilisation, with widespread usage of basic rongoā in the home for preventative care, followed by a visit to a tohunga/healer to access specialist knowledge when needed, and lastly, supported by health services connecting rongoā clients to other forms of health care.

An alternative, but uncommon view of rongoā was raised at the Wellington stakeholder workshop. This was a pragmatic view, that rongoā should continue to be used and sustained within the health system only as long as there is demonstrated health benefit, that it should not be sustained only for the sake of retaining traditional knowledge. Perhaps not surprisingly, given this perspective (experienced as challenging by many workshop participants), some scepticism was voiced with regard to the future of rongoā, in light of historical and political circumstances: *"how can we expect rongoā Māori developments when mainstream doesn't accept us being Māori, give us the space to be Māori?"*

Sustainability issues associated with rongoā

Consideration of sustainability issues associated with rongoā was the main focus of the stakeholder workshops, and constituted the main topic of discussion. Although the term sustainability was largely accepted among workshop participants, at the Wellington workshop this was challenged: *"the word sustainability, where did that come from? This is a Pākehā word, but looking around this table I see kaitiakitanga. Where is that word sitting within a Māori worldview, what are the implications? Kaitiakitanga is a better word, for the preservers of the tradition of rongoā"*.

Despite reservations about the concept of sustainability, participants agreed on the need for preservation and protection of rongoā, based on its neglect and dwindling practice following Pākehā settlement. One Taumarunui participant summarised her perception of the plight of rongoā in the following statement: *"in the past, there was embarrassment about tradition, rongoā. The belief that you don't look behind, you go forward, we believed the Pākehā way was the one we needed to follow. To our detriment as a people, we left some of our taonga behind, one of them was rongoā"*.

Sustainability of rongoā was framed in several ways, depending upon the background of workshop participants. Those with a service delivery/business background talked about the future of rongoā in these terms, in two instances resulting in the development of specific frameworks/approaches (see Figures 2 and 3, p.41 & 42 respectively). Some participants chose to consider the issues with reference to analogous situations: the two examples cited were the revival of te reo Māori and the professional and 'mainstream' acceptance of acupuncture, with the former explored more extensively. Participants recognised that the successful retention and growth of te reo Māori within contemporary Māori society provided valuable lessons potentially applicable to rongoā: "te reo is a good example, there have been different initiatives to nurture it (kōhanga reo etc). In te ao Māori, te reo and tikanga are nurtured together".

It was important participants that rongoā Māori is nourished within a Māori context, but mention was also made of utilising contemporary structures to support its retention: *"it's a bit like te reo twenty years ago. Māori were told to go back to the marae to learn, but for many Māori that was highly impractical. Giving*

more people access to the reo through a formal education system, is that a better way? I think so. We shouldn't be afraid of these sorts of things".

Finance and funding

Economic sustainability was recognised as an important aspect for future rongoā development by stakeholders: "maintaining funding is the main thing". The issue of financial support was central to discussion in the Auckland stakeholder workshop, with participants particularly interested in clarifying where this would come from in future. This reflects the significant representation of DHB and PHO personnel, wanting to reach some understanding of how they could support rongoā service delivery within the current health infrastructure. Many participants perceived that integrating rongoā within general practice and PHOs made sense, given that many Māori access health care via such services. The question then was how to best support this in terms of funding.

Stakeholders stated a preference for a funding stream that allows a degree of independence, based on third party funding and supplemented by a koha payment system. The possibility of utilising Services to Improve Access (SIA) and health promotion funding, thereby drawing on a mix of PHO/DHB support was suggested, described as *"a good fit for rongoā"*. Others mentioned potential for combined public/private funding, in order to minimise dependence on government, and one respondent suggested the commercialisation of rongoā products to financially support Whare Oranga. The need for rongoā service providers to possess business acumen, alongside a strong administration function enabling comprehensive reporting and/or monitoring, was recognised as integral to accessing and retaining mainstream health funding.

Stakeholders viewed current funding of rongoā services with some ambivalence. Participants pointed out that while funding demonstrated a degree of mainstream acceptance, there are many rongoā providers who are not funded, and that funding provided to those contracted significantly undervalues their services. Some felt this took advantage of the tendency of Māori to abide by the principle of aroha ki te tāngata, and provide services to those in need despite their inability to pay: *"they take advantage, knowing that we're not going to throw people out on the street"*. It was also pointed out that there are significant differences between the value of contracts from one funded provider to another.

Provision of high quality products and services

A theme developed at the Auckland workshop related to the ability of rongoā providers to deliver high quality products and services. At the heart of these considerations was the sustainability of the ngahere, and the maintenance of the very source of rongoā materials. Without this, stakeholders recognised that maintenance of the tradition of rongoā would be near impossible. Participants noted the difficulties in accessing plentiful, healthy rākau, as a result of loss of land, deforestation and increasing pollution: *"the areas you can collect rongoā are fewer and fewer, and the population is growing"*. As another respondent stated: "*it's not just about the people, it's about Papatūānuku, the ngahere, it's all sick"*.

The need for inter-sectoral collaboration, between health and other relevant sectors was noted to establish plantations/crops of rongoā: "*recognising that DOC, MAF and District Councils should be encouraged to grow rongoā trees- this enables access, opportunities, they need to have that built into their areas of responsibility"*. Participants also noted the potential for healers to have access to Department of Conservation land rākau through appropriate access arrangements, although it was acknowledged that this would require trust on behalf of DOC, that healers would harvest only what was needed and no more.

Assuming that a steady supply of rākau is maintained and available in the future for rongoā product development, consideration also needs to be given to the types of services through which these products could be distributed or administered. Within the workshops, potential services were discussed according to their location, including 'stand-alone' or marae-based, compared with delivery within a PHO or general practice; their location on the prevention-treatment continuum, including services based on wellness/health promotion and illness prevention compared with primary care or treatment of illness; and modality, mirimiri/rongoā compared with matakite. For participants, the notion of quality was closely associated with

cultural authenticity: "*quality or not determined by kaumātua or people in the marae who could observe this. We need to show how this exists, there's a support mechanism that already knows that, there's a transparent framework around that"*. Potential mechanisms such as a wānanga process to talk through complaints, and kaumātua councils at national and provider levels to provide cultural guidance and oversee service management and delivery were suggested, although it was acknowledged that these are largely not accepted in the 'mainstream'.

Stakeholders were concerned with the definition of quality, and posed the question 'according to whom?' Ideally from their perspective, this should be defined and assessed by Māori. The risk of subjecting rongoā to inappropriate criteria was noted at several workshops as a fundamental tension: "*do we want to subject our taonga to these criteria/measures/boxes? You can't fit a circle into a square, and that's what we're trying to do with rongoā in a Western health system"*. One participant commented on the contradictions inherent in the situation: "we want to have our cake and eat it too. We want to be recognised and we want to drive it. How can you own it yourself but be accepted by the mainstream?" Some feared that *'bastardising Māori healing'* would be the ultimate price of integrating within mainstream health services and being subject to mainstream-defined regulations/prescribed requirements.

Workforce development

A third area identified pertaining to provision of quality of rongoā services was the existence of a skilled, knowledgeable and reputable workforce. A range of issues were discussed in this area, including cultural sustainability (based on the concerns that *"allour people are dying and taking knowledge with them"*, and "*with dwindling numbers of kaumātua, who can do it?*" necessitating establishment of mechanisms for identification of and transmission of knowledge to willing and able learners), the need for leadership within Māori communities to support this process, adequate, educationally and culturally sound structures for training emerging healers within competency-based frameworks, and regulation of practice.

Participants at the Auckland workshop proposed a three-year phased approach to rongoā workforce development:

- **Year 1**: Assessing existing practitioners/capacity, and meeting training and development needs of existing practitioners.
- **Year 2**: Bringing others over from related health professions or areas who are interested, and
- **Year 3**: Seconding rangatahi to rongoā training through identification, mentoring and support from existing healers.

In terms of meeting the needs of current rongoā practitioners, the recent move toward certification was criticised as disrespectful and potentially undermining: *"who are we to ask how our koroua are trained? It is for koroua to say 'yes you are ready"*. Participants agreed that supporting healers in their development should be the first priority, although it was noted that there are not many places where healers can access either plentiful rākau rongoā or individuals with more extensive knowledge to learn from.

Forging relationships with other health professionals who show an interest in rongoā was noted as important in gaining wider support for the practice. Undertaking training and workshops with general practitioners for example, so that their *"worldview is opened",* was perceived as beneficial in the medium term, with potential for increased understanding and support from 'conventional' health services.

To provide training to 'new recruits', participants recommended a dual system entailing traditional/cultural guidance and support from healers, iwi, hapū and whānau structures, supplemented by institution-based curricula. This incorporates quality assurance at the hands of established, experienced healers, meeting practical and cultural standards, in addition to the provision of a tohu/certificate to demonstrate compliance with educational standards. Although both aspects were regarded as important, the enduring *"need for tohu, acceptance, legitimacy that just doesn't go away"* was noted by participants. Participants appeared to have more trust of traditional structures to nurture and produce a new generation of healers however, and there were many questions about how and whether an education institution could match this: *"who is the Tertiary*

Education Commission to accredit a rongoā course? What makes a student qualified? Completion of, or attending the course, or comprehension? Understanding comes much later, after learning, and at the heart, wairua level". Further questions included: *"what is competency? Who defines this? What does it look like in practice? How do we measure and sustain it?"*

A number of rongoā training initiatives were mentioned in the course of stakeholder workshops. One operates from Wellpark College in partnership with Ngāti Whatua, a programme being delivered from Te Wānanga o Raukawa with support from the Clinical Training Agency, and iwi-based training in Taranaki, through tribal structures and the support of Karanga Ora. According to participants' reports, these initiatives are attempting to balance theoretical learning with practical experience, thereby also maintaining a culturally rigorous training programme: *"with trainees we encourage them to go to hapū and iwi, they provide the practical apprenticeship side"*. A concern about rongoā curriculum development requiring documentation of traditional practices was raised in one of the workshops, and was not comprehensively addressed or resolved within the scope of the workshop.

Regulation

Subsequent to discussion of training issues, the importance of having standards and mechanisms in place to regulate practice was raised. In pragmatic terms, participants recognised that a poor/low quality rongoā practitioner would be distinguished by low demand for his/her services: "*anyone not practising in a way acceptable to Māori, you will see in people not accessing it. Word of mouth justifies credibility, quality control".* This was not deemed a sufficient quality control measure on its own, however. Participants were adamant that rongoā practice should be regulated and monitored by others, peers and perhaps an external regulatory body. It was agreed that with this in place, issues of liability would be resolved and assurances of safety could be made, further supporting the incorporation of rongoā in health service delivery. It was emphasised that an external regulatory body would need to have cultural integrity, which would be more likely with "a group of elders, put up by their own, as "*a group to advise on future developments at a national level".*

Participants talked about the need for individual healers to establish a mandate for practice, which would be a beginning point of regulation: "*te whare oranga is the pito – it is the awa, maunga, whenua the whakapapa connections – this is where the potency of it comes from, it is beyond money and it gives you the mandate to work with people. The mandate doesn't come from a Pākehā tohu, but a tohu from one's own whānau".*

Marketing/information

Stakeholders discussed demand for rongoā as a key justification for maintaining current service delivery and potentially increasing it. From this perspective, demand would only be maintained or increased given the provision or availability of information and increased awareness about rongoā services, how to access them and the potential advantages of doing so. Participants felt that understanding current rongoā utilisation would assist in future marketing or targeting of rongoā products and services. In the course of the workshops, participants discussed the growth of the rongoā industry in Rotorua as a result of demand from tourists, and the general pattern that younger generations tend not to utilise rongoā, rather kaumātua and kuia. Linking particular rongoā interventions to health demand (e.g. for a high priority health issue such as Type II diabetes) was also noted as important in linking rongoā to health gain. The issue of intellectual property rights was raised in relation to the development and marketing of rongoā products, with participants agreed on the need for these and any benefits thereof to be retained by Māori.

In terms of compiling high quality, reliable information on rongoā service/product effectiveness and health gain, participants discussed the need for an evidence base. The ongoing problem of applying western criteria to an indigenous traditional practice was integral to this discussion. The importance of supplementing existing measurements of effect (client report, subjective, anecdotal) with more 'objective', clinical/service outcomes was recognised by workshop attendees: "*we're doing something we know works, but we can't prove that it works. How do we measure good outcomes?"* Participants believed that a

convincing start on research into the effectiveness of rongoā practice could be made from the data that contracted rongoā providers currently collect in the course of service delivery.

A way forward

In the Wellington workshop, several summary scenarios for the future of rongoā were developed. The first was based on the premise of rongoā for the use and benefit of Māori people, and was primarily focused on the establishment of an infrastructure to support this, necessitating:

- Widespread understanding of and advocacy for various rongoā and its associated practices, and creation of a demand for these;
- Sharing and transmitting this knowledge, including consideration of succession-planning for healers; and
- Delivering rongoā to people in appropriate, acceptable and innovative ways.

The second scenario centred around three key principles, and associated actions:

- Quality control: recognising and incorporating iwi, locale-specific and Māori perspectives in selection and training of future healers and supply of rākau;
- Mutual respect: healers, western health practitioners and whānau working together for the best of the patient; inter-sectoral and interagency communication and/or collaboration; and
- Integrity: limiting the practice of inexperienced healers and eliminating inauthentic practitioners; promoting understanding of both tikanga Māori and Pākehā within rongoā, and of the rongoā itself.

A participant in the Wellington stakeholder workshop cited the proverb "*where the kaupapa is common there should be no conflict"* as a basis for rongoā development within the health infrastructure. From her perspective, greater appreciation of the fact that rongoā holds the same aims as other health approaches will pave the way for more widespread acceptance that "*it's just a different way of achieving it"*.

Summary of healer and stakeholder workshops

The healer and stakeholder workshops surfaced similar issues relating to the sustainability of rongoā, discussed from different positions. Stakeholders presented their views on rongoā as being from outside the practice, asserting that it was preferable to discuss many of the key issues with healers themselves. It is evident from the workshop data that healers talked more specifically in relation to their practice of rongoā, and associated traditions, mātauranga and tikanga, whereas stakeholders were better positioned to discuss potential integration within the health system, based on their health service experience and knowledge. In general, all participants acknowledged the contribution that rongoā Māori has to make towards Māori wellbeing, although views of the extent of this, and the implications for integration within mainstream services differed in some cases.

Key issues

Healers were primarily concerned about maintaining the integrity of rongoā in any future developments. This was based on their concerns about being able to resist potential external pressures (for instance, pressure to alter practice in response to imposition of 'mainstream' service delivery standards or regulations), in addition to being able to deal with internal challenges, in the form of 'charlatan'/inauthentic practitioners. Healers talked about struggles within their practice, in terms of being significantly overworked, having to fulfil hefty administrative requirements and shouldering the responsibility of transmitting their knowledge to emerging healers, all within an environment that is unsure, suspicious and not particularly supportive of traditional Māori healing.

Stakeholders and healers shared similar concerns regarding the dwindling supply of rongoā rākau, noting 1080 poisoning, pollution, deforestation and lack of access to land as major causes. Some suggestions were made to address this, including establishment of rongoā nurseries specifically to supply healers, and planting of indigenous flora in riparian margins.

Education and training was a key focus for healers and stakeholders alike. Healers were more supportive of practice-based/internship-style training with those displaying particular attributes, while stakeholders focused on issues associated with training provision in formal institutions. Both agreed that there is a need for training to be embedded in or closely associated with te ao Māori, recommending mechanisms for tikanga and cultural guidance at the hands of kaumātua and kuia.

The need to uphold and protect cultural and intellectual property rights associated with rongoā plants, knowledge, traditions and practice was noted by both healers and stakeholders. Both groups expressed some concern about increased integration facilitating more widespread access to knowledge and thereby increasing the likelihood of exploitation.

Healers talked about the dilemma of requiring financial assistance/support to enable their practice to continue given the shortfall created by the koha system, but the sometimes restrictive conditions associated with accepting public funding. Stakeholders understood this dilemma, and discussed potential solutions to give healers maximum independence/autonomy. Funding and delivery through PHOs was well supported within and across workshops. Stakeholders also talked at length about strategies to develop rongoā services further from a business perspective, including identifying demand through monitoring and research, and increasing demand through marketing of services and products.

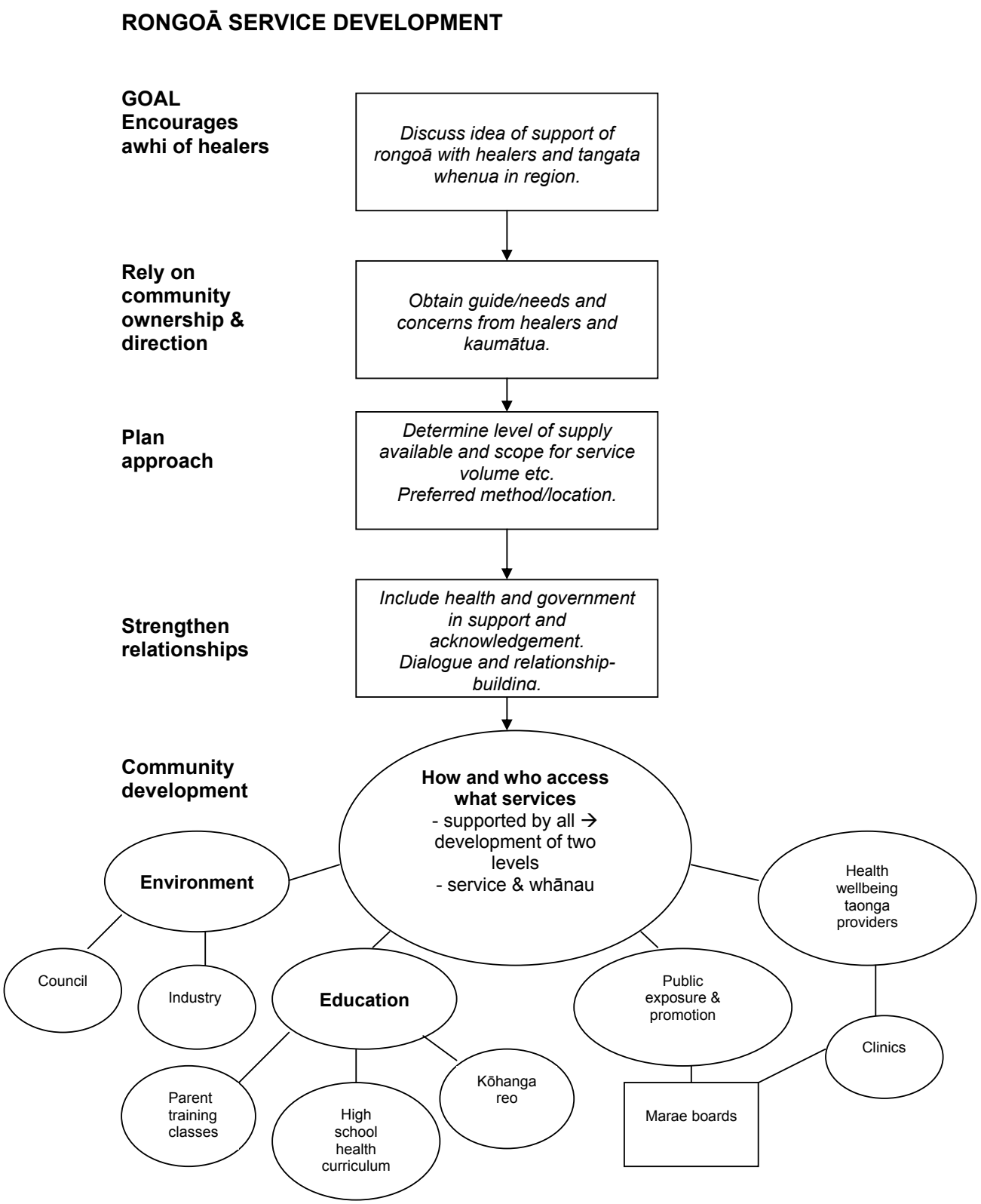
Research to support rongoā was viewed positively by most participants at the stakeholder and healer workshops. Healers were particularly opposed to the notion of non-Māori leading any such research and asserted that any undertaken should be in partnership with healers. Stakeholders supported the idea of Māori, iwi, hapū or healer-led research of rongoā practice, but also recognised the need for health gain-oriented research focused on measurement of clinical outcomes.

All workshop participants expressed a desire to see rongoā practice expand and grow in the future. This was based in general aspirations for Māori advancement, toward self-determination and improved life and health prospects for future generations, and recognition of the role rongoā has to play in this. Thoughts on how this should happen varied among participants and across workshops however, primarily due to the fundamental tensions and contradictions inherent in the coming together of two distinctly different worlds, te ao Māori and te ao Pākehā in the development of traditional Māori healing as a health service.

Figure 1: Sustainability framework, Auckland stakeholder workshop

Sustainability Issues for Rongoā Māori- 18 August 2006		
Finances	**Products and Services**	**Marketing and Communications**
Funding Sources: - Public - Private or - Social Enterprise (Combination)	**Location:** - Source of Supply - Facilities **Workforce development:** - Recruitment - Training and Education **Quality Systems:** - Standards - Competency - Ongoing improvement etc	**Access and Participation:** - Stakeholder communication - Stakeholder participation - Stakeholder evaluation
Centre of Excellence Research and Development		

Figure 2: Rongoā service development diagram, Whakatāne stakeholder workshop



He Kōrerorero – Discussion

Rongoā Māori, sustainability and wellbeing

Sustainability is a topical issue given the environmental and cultural concerns facing indigenous communities. The natural environment is under threat from various impacts associated with continued development, and cultural knowledge and practices are likewise subject to the pressures of a globalising western society (Harmsworth, 2002). Traditional Māori healers find themselves at the nexus of both of these issues and experience a unique set of tensions in their efforts to sustain a healing tradition dependent on the integrity of both the environment and mātauranga Māori.

There is a clear connection between sustaining rongoā Māori and advancing indigenous/Māori wellbeing. Both encompass the same elements: social, cultural, economic and environmental wellbeing. Ensuring indigenous wellbeing necessitates strengthening cultural identity, and the social and economic standing of individuals and collective groupings, in addition to self-determination sufficient for meaningful participation in decision-making, effective natural resource management and optimal land productivity. The continued existence and utilisation of traditional values, knowledge and practices such as rongoā Māori signify positive cultural wellbeing, and an enduring and respectful relationship with the natural environment, both attributes with potential economic/market application.

The integration of rongoā within publicly funded health services is a significant step in both sustaining the practice, and contributing towards Māori advancement. Rongoā Māori offers health benefits to clients/patients via a range of diagnostic and treatment modalities, and its availability/accessibility enables wider health service delivery choice. Provision of care consistent with Māori values and worldviews also works potentially to improve Māori access to care as a result of enhanced cultural appropriateness. This delivers cultural benefits, nurturing cultural identity and validating and affirming the legitimacy of mātauranga Māori in relation to health and wellbeing (Jones, 2000b). Economic benefits are delivered via employment and vocational opportunities for those associated with rongoā service delivery. Thus, the further development of rongoā Māori services has wide-ranging relevance, with considerable potential to support a variety of outcomes, including those aligned to non-health sector organisations and ministries.

Minimising barriers and accentuating drivers to rongoā Māori sustainability

It is apparent from international and local research and discussion that the long-term sustainability of traditional healing practices will also depend on demonstration of effectiveness in addressing contemporary health problems, and the continued development of processes and mechanisms to integrate traditional healing services with the health system. In the course of the research, healers and stakeholders often spoke of the inherent difficulties of integrating traditional practices within the contractual arrangements of the health system. However, there were examples where individual healers had developed relationships and processes that mitigated some of these concerns. While these examples might prove useful in assisting other healers to negotiate similar situations/service arrangements, they do not provide a generic model by which all healers might engage with the health system. While Māori healers are often spoken about as a collective ‘grouping’ they have not yet structured or formalised their diverse practice and service delivery activities as a singular ‘profession’. The infrastructure of a health system that prefers to engage with professions rather than individual practitioners is thus a barrier to integration. Characteristics associated with professions and professional bodies including specified scope of practice, certification, accreditation, registration and regulation raise a raft of concerns for healers. Ngā Ringa Whakahaere o te Iwi Māori has prompted discussions with healers about these issues, but has encountered difficulties associated with developing and coordinating a national response, reflecting a broader debate in Māori communities regarding tino rangatiratanga and the limits of iwi and/or national mandates.

Health providers, both Māori and mainstream, have expressed frustration with difficulties they face in accessing funding for rongoā service development. Rongoā Māori services are viewed positively by health and community stakeholders, for the provision of healing and therapeutic practice specifically, and as a

way of engaging Māori in primary healthcare services more generally. Creating opportunities for healers and health providers to work together in developing service arrangements will be beneficial in the development of Māori healing. Te Kete Hauora's recent publication of a plan for rongoā development (2006) provides an overarching framework which healers themselves will ultimately be responsible for implementing. The plan is orientated towards addressing the issues expressed by healers and stakeholders in previous publications, which have been reiterated in this study.

The sustainability of traditional Māori healing as both a practice and as a service emerged as distinct but linked issues within the current research project. It was generally accepted that the practice of traditional Māori healing would continue regardless of institutional support as its practitioners respond to a 'calling' and commonly have a gift for the work. However, there were concerns about the lack of training opportunities and the loss of some of the depth of mātauranga Māori as healers pass away. Retaining this mātauranga is essential for maintaining an effective practice. The development of sustainable services was seen as a way to enhance awareness and perpetuate the practices/traditions of rongoā, creating opportunities to train a new generation of healers. Stakeholders and healers alike noted the importance of service development underpinned by quality assurance mechanisms acceptable to both healers and mainstream providers, based on traditional practices informed and supported by evidence of effectiveness.

Healers stressed the importance of maintaining the integrity of their practices in the course of service development. This applies equally to the setting of standards and the passing on of knowledge. The practice of traditional Māori healing is likely to naturally evolve and develop, but concerted intervention will be required to address the new challenges posed by further integration.

Building upon findings from workshops/focus group discussions and reviews of relevant literature, the following diagram (Figure 4, p.45) outlines key elements that contribute to the sustainable development of Māori healing practices. The key areas to the side of the diagram reflect central themes that emerged from the research, which also align with the goals of the Rongoā Development Plan (MoH, 2006). The interrelated nature of the pyramids indicates that development of sustainable Māori healing is not a linear process but rather a set of overlapping and interlinked activities. As a whole, the diagram is consistent with the issues identified and strategic objectives outlined for development of traditional medicine in the Western Pacific region, based on the work of WHO and the Western Pacific Regional Office[7] (WPRO/WHO, 2002).

Sustainable development

Sustainable development for traditional Māori healing refers to the recognition of rongoā Māori practices and services as a legitimate and viable option for clients/consumers of health services. Sustainability of traditions and practices is sought via development of services. For this to be achieved, services need to be widely available, in operation alongside, and with the support of healthcare providers. The holistic nature of Māori healing practice means that the issues that impact upon its sustainability will not only be confined to the traditional health sector. Other agencies, Māori and mainstream, at both national and local levels can contribute to the development of traditional Māori healing by supporting the following key areas; the establishment of relationships, the maintenance of quality, and the enhancement of capacity.

[7] **Issues identified:** need for political support; need to establish appropriate standards for traditional medicine; need for an evidence-based approach; need to protect and conserve indigenous health resources.
Strategic objectives: To develop a national policy for traditional medicine; to promote public awareness of and access to traditional medicine; to evaluate the economic potential of traditional medicine; to establish appropriate standards for traditional medicine; to encourage and strengthen research into evidence-based practice of traditional medicine; to foster respect for the cultural integrity of traditional medicine; to formulate policies on the protection and conservation of indigenous health resources.

Suggested research pathways

- Ascertain a national picture of the numbers of active rongoā Māori practitioners.
- Identify consumer/community demand for rongoā Māori services.
- Collate stories relating to rongoā Māori use from kaumātua/kuia and traditional healers.

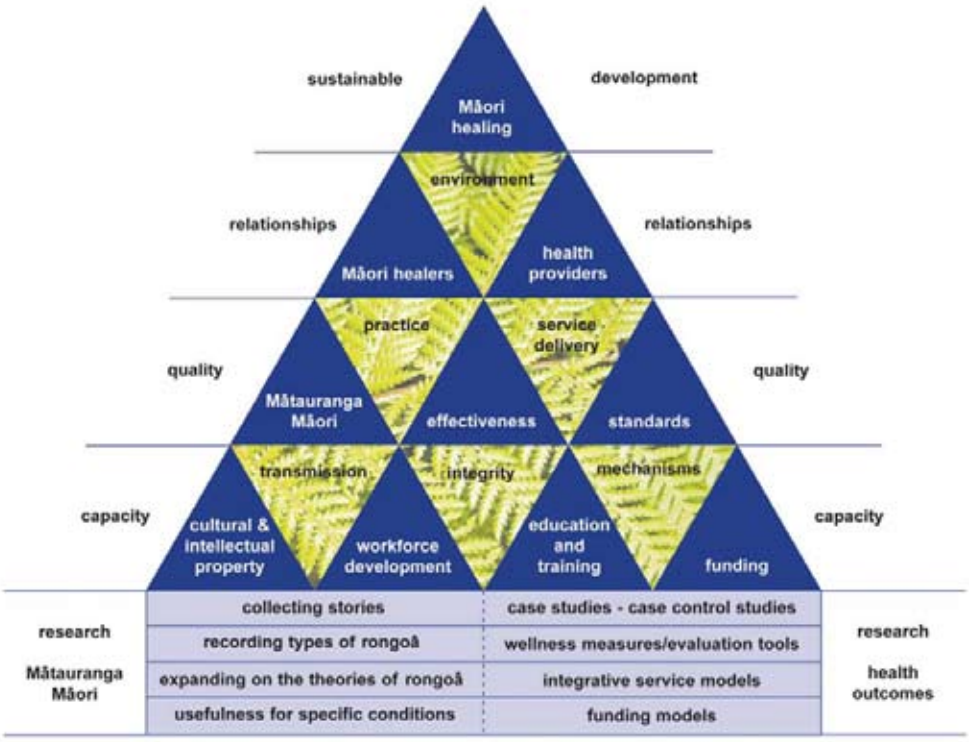


Figure 4: Key elements that contribute to the sustainable development of Māori healing practices (diagram adapted from pathways to whānau ora depiction, He Korowai Oranga (2002))

Relationships

Relationships have been central to the development of rongoā Māori services over the past decade and will remain an important feature for the foreseeable future. Healers are responsible for maintaining relationships with a growing number of parties to support their ongoing practice, increasingly with agencies from outside the health sector whose activities impact on their kaitiaki responsibilities in the environment. Effective leadership from healers, health providers, funders and environmental agencies will be required to progress relationships and develop effective policies at a national level.

Suggested research pathways

- *Document examples of working relationships between traditional healers and health services.*
- *Document examples of working relationships between traditional healers and researchers.*
- *Identify non-health agencies (Department of Conservation, councils etc) whose activities impact on the collection of rongoā; explore potential for collaborative projects with these parties.*

Quality

Quality is another key area supporting the sustainable development of Māori healing as a practice and a service. Maintaining the mātauranga Māori underpinning the practice of Māori healing and establishing quality standards to inform service specifications are equally important. This area also encompasses the development of a rigorous and robust evidence base to show the effectiveness of both the practice and specific services.

Suggested research pathways

- Develop case studies that demonstrate effective outcomes for clients.
- Develop indicators that measure progress towards wellness.
- Identify conditions that respond well to rongoā Māori.
- Document mātauranga Māori that supports the practice of traditional Māori healing.
- Identify the theories that underpin the rongoā Māori approach to healing.

Capacity

Capacity to deliver and sustain Māori healing was highlighted by a number of participants. Moving from local, individual healer-based practice towards coordinated profession-based activities requires an increase in the organisational capacity of practitioners, drawing upon expertise in administrative, legal, policy and research areas. This support is necessary to address issues ranging from the transmission of knowledge, acknowledgement and protection of cultural and intellectual property rights, and provision of training opportunities through to developing mechanisms that support funding and workforce development, including considerations of certification and registration.

Suggested research pathways

- Identify development pathways for professions and other indigenous healing traditions.
- Identify mechanisms to protect traditional health knowledge.
- Identify safe practices for emerging traditional healers.

Research and evaluation

Research and evaluation have a role to play in providing a supportive foundation for many of the elements identified in this framework. These functions will directly support the consolidation of the existing evidence base and can assist in further developing processes and measures to assess the effectiveness of Māori healing practices. Findings pertaining to the generation and documentation of mātauranga Māori may also result, that will support ongoing practice and potentially inform the development of future service standards. The focus of any further research will likely determine the most appropriate funding avenues. Research in the area of mātauranga Māori can potentially be funded by iwi, Te Puni Kōkiri or the Ngā Pae o te Māramatanga Research fund. Health service oriented projects could potentially be funded through PHOs, DHBs or the HRC.

Research and evaluation to support the development of rongoā Māori was viewed positively by most participants at stakeholders' and healers' workshops. Healers were particularly opposed to the idea of non-Māori leading any such research and asserted that any research should be in partnership with healers. Stakeholders supported the idea of Māori, iwi, hapū or healer-led research of rongoā Māori practice, but also recognised the need for health gain-oriented research focused on measurement of clinical outcomes.

Suggested pathways

- Establish targeted support for research into Māori healing practices.
- Develop a research strategy in conjunction with Māori healers.
- Evaluate data collected as part of contracted rongoā Māori services.

In addition to central themes and goals, Figure 4 identifies the pathways necessary for development. These comprise a central focus, surrounded by relevant issues to be negotiated or particular parties to be engaged. These are outlined below:

The **environment** itself plays a central part in the philosophy and processes of Māori healing. The close connection of Māori healing to the natural environment places healers in the unique position of being able to develop relationships that span the 'divide' between environmental health and population health sectors and agencies. Healers are most likely to engage with the primary healthcare environment through existing health providers who can provide administrative support and provide strategic advice.

The **practice** of Māori healing has existed for centuries, however the structures that traditionally sustained it are slowly eroding. People and societies today are less connected with the natural environment, and traditional systems of education and training are not accorded the same status as in the past. For traditional Māori healing to move forward, it must be based on a sound understanding of mātauranga Māori in addition to knowledge of the effectiveness of specific interventions. This will likely require a change in the way mātauranga Māori is recorded and passed on.

The delivery of Māori healing **services** will be optimised through a foundation comprised of evidence-based practice and quality standards. Demonstrating effective service delivery to funders or health providers will require robust standards, comprehensive record keeping and the development of an independent healer supported quality control organisation. In the course of the research it was evident that no single model of Māori healing service operation existed and that accordingly, a degree of flexibility is required in service structure to account for regional and individual differences.

The **transmission** of mātauranga Māori is integral in ensuring continuity of rongoā Māori practitioners, and enabling them to carry on the work of their tīpuna. There is a discernable difference between the notion of healers as people responding to a 'calling' and those learning a trade. A distinction was made by healers themselves between those with in-depth knowledge and a deep spiritual connection as tohunga, and those who acquire skills associated with rongoā preparation and mirimiri as kaiāwhina. Unease associated with documenting mātauranga Māori remains, although a number of healers recognise the importance of this in retaining knowledge for future generations.

The **integrity** of Māori healing is evident in the conduct and effectiveness of its interventions. Integrity, relating also to the notion and maintenance of tika, and tikanga Māori, is the essence of the practice and needs to be retained despite potential changes in the way future healers are educated and trained. Many stakeholders recognised that the development of services necessitates an increase in the number of healers and the advent of new styles of learning. Several training programmes were discussed as currently making valuable contributions towards these ends.

The **mechanisms** used to develop service standards, funding models and education pathways must incorporate input from healers. Given the history of contempt towards Māori healing, there is an aversion on behalf of healers to processes associated with western healing professions. Processes of certification and registration associated with education pathways are viewed sceptically by some as mechanisms for exclusion, however the opportunity exists for healers to develop models that draw upon and integrate the best of both traditions and worldviews.

Funding is an equally contentious topic. Many healers would like to be recognised and funded on the basis of Treaty responsibility and their work in the community, however the criteria of funding agencies are oriented towards accountability and risk minimisation for both patients and funders. The fulfillment of these criteria, involving maintenance of detailed financial and clinical records places additional administrative workloads upon healers.

Effectiveness occupies the centre triangle in this framework. This encompasses both the accumulated knowledge of rongoā practice that has developed over time and the focus of the current health environment with evidence-based practice. Integrating these two sets of knowledge in a way that upholds the integrity of both is the key challenge. Research can provide a foundation for developments associated with each of the framework elements; however the most important area to progress will be validation of the effectiveness of Māori healing as a form of treatment. Most healers and stakeholders accepted the necessity for this type of research, with the proviso that principles of Kaupapa Māori research are adhered to, and that researchers work closely with healers in these endeavours. Building associations with skilled researchers will support the development and framing of research projects to ensure the usefulness and value of outcomes according to healers and key stakeholders. Healers can contribute to this process by applying the same level of rigour to the collection of information as that they apply in the collection of rongoā.

Conclusion

Sustainable development is sometimes regarded as a contradiction in terms, but its significance lies in its increasing relevance to a rapidly changing world. Increased attention to the impact of human activity upon the natural environment, and the consequences for human wellbeing and survival, has driven a quest for knowledge and practices that promote people living in harmony rather than in conflict with ecosystems. The value of traditional ecological knowledge in this regard is increasingly understood and accepted, giving indigenous, holistic understandings and approaches such as rongoā Māori a new-found contemporary significance.

Sustaining indigenous/Māori healing practices also serves to advance indigenous/Māori wellbeing at several levels, through alleviation of symptoms and enhanced wellness for individual clients, as well as the promotion of cultural values and traditions, and maintenance of environmental relationships for Māori, iwi, hapū and whānau collectives. However, while practices such as rongoā Māori have potential to support sustainable development and health outcomes, these very practices are under threat of not being sustained due to changes in the natural environment and human society. Difficulties encountered in retaining access to rongoā rākau, and adapting to meet health system and consumer expectations of ‘evidence’-based outcomes constitute significant challenges to traditional Māori healing, and yet anecdotal evidence suggests the demand for Māori healing services is increasing. Thus, the challenge for healers and stakeholders moving forward is a fundamental one with dual accountabilities: to ensure that provision of rongoā Māori to meet demand maintains the integrity of traditional practice, while striving for health service credibility.

E tipu, e rea,
Mō ngā rā o tōu ao
Ko tō ringa ki ngā rākau a te Pākehā
Hei ara mō tō tinana
Ko tō ngākau ki ngā taonga a ō tīpuna Māori
Hei tikitiki mō to māhuna
Ā, ko tō wairua ki tō Atua
Nāna nei ngā mea katoa.

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Ngā Āpitihanga – Appendices

Appendix A: Invitation to healer workshop

Nau Mai - Haere Mai

An invitation to Maori traditional healers

The Kaupapa:

How can we make sure that Rongoa Maori is around for future generations?

What kind of relationship should Maori traditional healing have with mainstream health services?

Is more information or research required?

Introduction

Traditional Māori healing experiences a number of barriers to inclusion within the formal health system. The Ministry of Health is supporting this scoping project to explore issues of sustainability for traditional Maori healing. It will involve workshops with healers and stakeholders to assist the:

- Generation of discussion amongst traditional healers about the merits of engaging in research
- Instigation and continuation of positive dialogue by traditional Māori healers, DHBs, PHOs and other stakeholders about issues of integration and sustainability: and
- Development of a research platform (relationships, research skills and capacity) from which to explore the effectiveness and evidence base of traditional Māori healing

Project Team

This project is a collaborative exercise involving the Institute of Environmental Science and Research Ltd (ESR), Te Whare Wananga o Awanuiarangi (TWWoA), and Nga Ringa Whakahaere o te Iwi Maori (NRW). The various parties bring skills in multi-agency facilitation, kaupapa Maori research, community dialogue and networks amongst Maori health organisations and traditional healers

The team is made up of Maui Hudson, Annabel Ahuriri-Driscoll, Maria Hepi, Virginia Baker (ESR), Sarah-Jane Tiakiwai, Carl Mika (TWWoA) and Mark Ross (NRW)

Workshops

We will be holding 4 x one-day facilitated workshops with traditional Māori healers to surface issues impacting on the sustainability of their practices in Taumarunui, Whakatane, Tāmaki Makaurau and Ōtautahi. ***Please note*** that these workshops are designed to discuss issues and do not seek information about the actual practices or rongoa itself. Notes and reports deriving from the workshops will be made available to all participants

We would like to extend an invitation to you to participate in the Tāmaki Makaurau workshop for Traditional Healers to be held at: **Whatua Kaimarie Marae**
[Cnr Sutherland and Carrington Rds, Point Chevalier]

! NEW DATE >>> on Friday 22nd September 2006

Whakatau at 10am. Finishes at 3.30pm

If you would like to know more about attending the workshop please contact:

Maui Hudson on (ESR), 04-914 0795, 027-2061183, maui.hudson@esr.cri.nz

or the NRW Office on 07-349 6467, rongoa@xtra.co.nz [www.nrw.co.nz]

please RSVP for catering purposes

Appendix B: Invitation to stakeholder workshop

Nau Mai - Haere Mai

An invitation to all Stakeholders in Maori Health

Purpose:

What are the sustainability issues that relate to providing for Rongoa Maori within mainstream health organisations?

What kind of relationship can Maori traditional healing have with mainstream health services?

Is more information or research required?

Introduction

Traditional Māori healing experiences a number of barriers to inclusion within the formal health system. The Ministry of Health is supporting this scoping project to explore issues of sustainability for traditional Maori healing. It will involve workshops with healers and stakeholders to assist the:

- Generation of discussion amongst traditional healers about the merits of engaging in research
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The team is made up of Maui Hudson, Annabel Ahuriri-Driscoll, Maria Hepi, Virginia Baker (ESR), Sarah-Jane Tiakiwai, Carl Mika (TWWoA) and Mark Ross (NRW)

Workshops

We will be holding 5 x one-day facilitated workshops involving DHB representatives, PHO representatives and other key stakeholders to surface issues relating to the sustainable uptake of traditional Māori healing within mainstream health organisations in Tāmaki Makaurau (Auckland), Whakatane, Taumarunui, Wellington and Ōtautahi (Christchurch)

We would like to extend an invitation to you to participate in the Ōtautahi workshop for Stakeholders to be held at: **ESR, Christchurch Science Centre**
[27 Creyke Rd, Ilam (next to the University of Canterbury)]
on Wednesday 6th September 2006
Starts at 10am. Finishes at 3.30pm

If you would like to know more about attending the workshop please contact:
Maui Hudson on (ESR), 04-914 0795, 027-2061183, maui.hudson@esr.cri.nz
or the NRW Office on 07-349 6467, rongoa@xtra.co.nz [www.nrw.co.nz]
please RSVP for catering purposes

Appendix C: Healer workshop outline

Key questions

- What are some of the ways in which you ensure your practice is protected?
- What are your relationships like with:
    - Māori organisations;
    - The health sector
    - The medical profession
- What is the relationship between healing and mātauranga Māori/tikanga?
- How do you see rongoā and other modes of healing being passed on?
- How easy is it to pass this knowledge on?
- What are your views on cultural and intellectual property issues?
- What is your idea of accountability?
- What are some of the issues you see in terms of credibility amongst fellow practitioners?
- What further research would you like to be done in the future?

Appendix D: Stakeholder workshop outline

Māori Traditional Healing Focus Group

Date & Time: 6th September
Location: **Christchurch**
Organiser: Maui Hudson
Schedule:

Time	Topic or Activity
10.00 am	*Mihi whakatau & introductions*
10.30 am	*Morena kai*
10:50 am	**Sustainability of rongoā project** **Leader:** Maui A brief presentation of the ESR/NRW/TWWA/MoH research relationship, the focus, aims and scope of the project and the hui purposes.
11.15 am	**What does sustainability mean- for rongoā, for Māori, for the health sector?** **Leader:** Maui Key issues including access, current service delivery and funding, key relationships, transmission of knowledge, access to resources and environment, 'evidence-base'.
12.00	**Creating the vision (10-20 years time)** *What is your vision of a sustainable future for rongoā?* **Leader:** Maui Building on the key issues from the previous discussion, what is needed to move forward?
12.30 pm	***Lunch***
1.15 pm	**What are the drivers for the vision?** • Why ought this happen? What/who will make this happen? What things are working well that could be applied more widely? **What are the barriers to the vision?** • What could get in the way, prevent the vision from being implemented? What things might make the situation worse?
2.15 pm	**Action Planning** • First steps to the vision • Who needs to take these steps, how can the researchers help? What research is needed to move us to the vision of a sustainable future for rongoā (research on what, by whom, which aspects)?
3.00- 3.30 pm	*END OF HUI, CLOSING & THANK-YOU*

Appendix E: Tables 1-6: Literature-based frameworks applied to rongoā Māori

NACCHDSS, 1995 New Zealand Framework for guiding the specification of services to be publicly funded	Benefit	Cost	Effectiveness	Fairness	Community values
			Ensuring primary care for Māori is effective, available, provided in forms that encourage use by Māori for health maintenance, health promotion, and for use early in disease.	Access to health services	Cultural integrity Partnership between health professionals and Māori

Table1: NACCHDSS, 1995: Framework for guiding the specification of services to be publicly funded.

Durie, 1996 New Zealand Framework for purchasing traditional healing services	Traditional basis for healing activity	Relevant to today	Accessible	Demand	Integrated body of knowledge to rationalise treatment	Training for practitioners
	Evidence of traditional basis. Developed over a long period of time, based on cultural knowledge handed down over the generations, associated with philosophy of health & illness integral to the wider cultural belief systems.	Traditional health services/healing methods with limited contemporary relevance are of limited value. Traditional healing needs to keep pace with change.	Sufficient information about the service, method of payment? Geographic, tribal or tikanga factors in access? Concern about being able to access two methods of treatment simultaneously.	Makes good market sense to determine need. Difficult to assess numbers of potential clientele for traditional healing service, but growing demand. Māori health service providers have knowledge of health needs of Māori communities.	Traditional healing has its own philosophical and knowledge base, pragmatic but spiritual foundations. Healers practice within context linking people with culture, family and their own worldviews.	More decentralised learning & training, personalised, based on oral tradition. More difficult to decide issues of accreditation solely on basis of training or relying on teachers for verification of skills and competence.
	Internal arrangements for maintaining excellence	**Open to other approaches**	**Not harmful**	**Accountable**	**Liaison**	
	Internal body of peers with consumer representation. Recognised, acceptable body to set standards and monitor developments for consumer confidence in products and to negotiate with MoH in deciding issues of quality and ethics.	Medical pluralism is a two-way process based on reciprocal respect for other systems of healing	Healers' awareness of own limitations, working with other health professionals to have sufficient knowledge of the wider health system to make informed decisions about referral elsewhere.	Accountability to clients (ethical/moral obligations and achievement of best outcomes for health); purchaser (appropriate indicators: effectiveness & efficiency measures appropriate to service aims & objectives); community.	Liaison with other parts of the health sector (particularly primary health) critical for development of an integrated system enabling client access to different modalities with minimal duplication, confusion or barriers.	

Table 2: Durie, 1996: Framework for purchasing traditional healing services.

Jones, 2000a New Zealand Rongoā and primary care: summary of the major issues	Treaty of Waitangi	Interaction	Professional	Financial
	• Partnership • Participation • Active protection • Intellectual property issues	• Communication • Professional boundaries • Adverse reactions • Structural relationships	• Training & qualifications • Registration • Standards • Evaluation • Attitudes to knowledge	• Charging for rongoā • Funding of services • Commercialisation • Business infrastructure

Table 3: Jones, 2000a: Rongā and primary care: summary of the major issues.

WHO Traditional Medicines Strategy, 2002 International Areas for action to maximize the potential role of T/CAM in public health	National policy & regulation	Safety, efficacy & quality	Access	Rational use
	Recognition of T/CAM and T/CAM providers; Regulatory and legal mechanisms; Integration into national health care systems; Equitable distribution of benefits in indigenous TM knowledge and products; Adequate allocation of resources for T/CAM development and capacity-building	Adequate evidence base for T/CAM therapies and products; International & national standards for ensuring safety, efficacy and quality control; Adequate regulation of herbal medicines; Registration of T/CAM providers; Support of research; Research methodology	Data measuring access levels and affordability; Official recognition of role of T/CAM providers; Identification of safe & effective practices; Cooperation between T/CAM providers and allopathic practitioners; Sustainable use of medicinal plant resources.	Training for T/CAM providers; T/CAM training for allopathic practitioners; Communication between T/CAM and allopathic practitioners and between allopathic practitioners and consumers; Information for public on rational use of T/CAM.

Table 4: WHO, 2002: Areas of action to maximise the potential role of T/CAM in public health

Bodeker & Kronenberg, 2002 International Public health/policy framework	Equity	Ethics	Sustainability & Integration	Knowledge	Capacity-building	Research environment
	Access to affordable, high-quality services for those who currently rely mostly on traditional medicine or who have little or no medical care.	Clinical research: Safety, efficacy, mechanism of action Intellectual property rights: Customary owners hold rights over knowledge. Who represents a community and what constitutes full consent?	Regulation or practice & practitioners. Finance and insurance coverage.	Generation: adequate funding for research. Management/ utilisation: information and dissemination across a wide range of professional and commercial areas.	Strengthening of safety, efficacy, standardization, current utilization, cost-effectiveness, client satisfaction, priority diseases, disease prevention and wellbeing. Greater understanding of potential for benefit, risks & costs of these health care approaches.	When funds are available and priorities are set, CAM research will grow exponentially. Limitations of RCTs. Ethnographic, epidemiological, observational, survey, and cohort methodologies can make a contribution.

Table 5: Bodeker & Kronenberg, 2002: Public health/policy framework

Hill, 2003 International Elders' and healers' direction in traditional medicine	Community education & decolonisation of traditional medicine	Intellectual property rights	Maintaining autonomy from the State
	• Indigenous medicine & knowledge decolonized. • Reaching children in schools. • Enabling healers/elders to enhance their skill/knowledge. • Creation of an educational space for western biomedicine, naturopathic & traditional medicine to learn together. • Mentorship between youth & elders.	• Appropriate policies & protection for indigenous knowledge - ownership with communities. • Ethical guidelines developed to prevent further exploitation of indigenous people or their knowledge.	• Apprehension re. Government control. • Debate of paying for traditional medicine. • Exploitation and authenticity: development of codes of ethical conduct to protect against further exploitation by inauthentic healers.

Table 6: Hill, 2003: Elders' and healers' direction in traditional medicine

Appendix F: He rārangi kupu – glossary

aroha	love, empathy, sympathy
aroha ki te tangata	love/empathy to the people
awa	river
awhi	care, embrace, aid
hapū	sub-tribe, clan
hau kāinga	the home people/true home
hauwai	damp; type of healing known as body sauna
He Korowai Oranga	Māori Health Strategy (MoH, 2002)
hinengaro	mind, intellect
hui	meeting
iwi	tribe
kaiāwhina	helper/support worker/assistant
kaitiaki	guardian
kaitiakitanga	guardianship
kapa haka	performance, including haka, poi, waiata
karakia	prayer
kaumātua	elders
kaupapa	agenda
Kaupapa Māori	'for, by and with Māori' approach
kete	basket, kit
koha	gift
kōhanga reo	early childhood Māori language nest
kōrero	to speak/talk
koroua	grandfather/elderly man/men
kuia	grandmother/elderly woman/women
kura kaupapa	Kaupapa Māori school
Māori	indigenous people of Aotearoa New Zealand
Māoritanga	things Māori
mahi	work
mana	prestige, charisma
mana motuhake	autonomy, independence
manuhiri	visitor, guest
marae	meeting area of whānau or iwi, focal point of settlement, central area of village and its buildings
maunga	mountain
matakite	seer, second sight, prophecy, intuition
mātauranga	knowledge
mate	sickness, death, problem
mihimihi	greetings
mirimiri	stroke, form of massage
mokopuna	grandchild/grandchildren
ngahere	bush
Ngāti Raukawa	a tribe of the Waikato and Horowhenua/ Manawatū regions
Ngāti Whatua	a tribe of the Auckland region
paepae	beam, perch, threshold
Pākehā	non-Māori, European, Caucasian
Papatūānuku	Mother Earth
pito	navel, end, at first
pōwhiri	welcome
pūtea	fund/s

rahui	embargo/ban
rākau	tree/wood
rangatahi	young people
rangatira	chief
rangatiratanga	sovereignty
rau	leaf
ritenga	custom, meaning
rohe	area
romi(romi)	squeeze, type of massage/bodywork
rongoā	medicine, drug, antidote
taha wairua	spiritual side
tangata	person/people
tangata māuiui	sick or ill person/people
tangata whaiora	literally people in pursuit of wellness, health service consumers
tangata whenua	people of the land
taonga	treasure
tapu	sacred/restricted
tauiwi	foreigner
taumata	standard, level, pinnacle, summit
te Ao Māori	the Māori world
te reo	the language
te reo Māori	the Māori language
tika	right/correct
tikanga	meaning, custom, obligation, traditions
tinana	body, physical
tino rangatiratanga	self-determination
tīpuna	ancestor(s)
tohu	emblem, sign
tohunga	expert, specialist, priest, artist
tumanako	hope, trust
wai	water, liquid
wairākau	infusion of plants
wairua	spirit
wairuatanga	spirituality
wānanga	learning, seminar, series of discussions
whakanoatia	free from tapu, make ordinary
whakapapa	genealogy
whakapono	belief, faith, religion, trust
whānau	family, immediate and extended
whānau ora	family wellness
whare	house/building
wharenui	main whare on marae
whare oranga	house of wellness
wharepaku	toilet
wharepuni	dormitory, guest house, main house of village
whare tangata	house of people, used to refer to female reproductive system
whenua	ground, land, country

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