

# Āhurutanga

A mātauranga Māori  
response to racism



Hei  
Āhuru  
Mōwai

Māori Cancer  
Leadership  
Aotearoa



Mana

✕

Whakapapa

✕

Āhuru

✕

Oranga

✕

Riri

✕

Pōuri

✕

Mamae

✕

Whakatika

✕

Wairua

✕

Tapu

✕

Noa

✕

Rongoā

✕

Tū

✕

Ea

✕



Āhuru ki te rangi  
Āhuru ki te papa  
Āhuru ki te ūkaipō





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The front and back cover designs have been inspired by tukutuku art – A visual language system that communicates the values, challenges and histories of our people. The tukutuku stitches are configured into a pattern representing the concept of āhurutanga meaning a 'sheltered haven'. The design represents a sense of warmth and comfort that comes with physical, spiritual, mental and social safety. The 14 stitches highlighted in gold represent the 14 concepts and values that have guided this work as seen on page 2 of this document.



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# Ngā kōrero o roto

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# Āhuru Mihi

## Opening acknowledgements

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**Kei aku mātāwaka, kei aku maunga whakahī,  
e ngā mana, e ngā reo tēnā koutou katoa.**

We send our humble acknowledgements to all the mountains, rivers and ancestors of all peoples reading this report.

We acknowledge the whānau, hapū and iwi knowledge keepers, as well as Indigenous knowledge keepers, who around the globe, tiaki (care) and look after our knowledges, the whakapapa (origin) of our knowledges and their dissemination methods.

We acknowledge all the whānau of Oranga Tū, whos original mahi (work) has guided many areas of this experience.

We acknowledge the Imagining Anti-Racism Project, funded by AUT and the Marsden Society who supported the publication of this report. We also acknowledge the other colleges, organisations, Dr B and individuals who also provided support, either through resourcing, guidance, or peer review.

**Ko wai mātou**

We are kaimahi Māori and whānau members of Hei Āhuru Mōwai Māori Cancer Leadership Aotearoa. As individuals and as a rōpū we are committed to rangatiratanga (sovereignty, self-determination) in cancer control, eliminating cancer inequities between Māori and non-Māori, and accelerating hauora (health) gains for whānau Māori.

# Āhuru tikanga mō te tauwiwi

## Caution for non-Māori and non-Indigenous readers

### **E te whānau tauwiwi,**

There are many benefits for publishing about mātauranga Māori, there are also many risks. These risks include the commodification and weaponisation of mātauranga and the wehenga (separation) of tikanga and reo for the benefit of the colonial programme. Because of this, and as part of our manaakitanga of all peoples and mātauranga Māori, please note that it is not appropriate for non-Māori and non-Indigenous to replicate this model or any part of it, without guidance from Māori. If you see benefit from our approach and learnings and would like to implement some of them in your workplace or industry, please contact the kaitiaki/co-authors or seek guidance from Māori kuia and kaumatua or leaders. This tikanga will ensure the safe and appropriate use of mātauranga Māori, and rightfully affirms Māori as kaitiaki of mātauranga Māori.

**Mā te Māori e tiaki  
te mātauranga Māori,  
hei āhuru mōwai mō  
te katoa**



# Āhuru tikanga mō te iwi

## Caution for Māori and Indigenous readers

### **E te whānau Māori me ngā iwi taketake, kia mataara**

This case study describes racism, prejudice and discrimination. Please proceed with caution. The intent of sharing this experience is to outline the reconciliation and response. However, the kōrero may trigger memories of culturally unsafe experiences, feelings or thoughts of past trauma and mamae (hurt, distress). We share these words with aroha and the greatest levels of respect, in the hopes that this type of incident never happens again.

We also provide this case study as an entirely contextual experience, in that our name Hei Āhuru Mōwai guided our response and will continue to guide our dissemination of this kōrero. We do not posit ourselves as tohunga (experts) of reconciliatory approaches, nor our experience as a blueprint, but humbly, as a koha to Māori, other Indigenous peoples and the anti-racism puna mātauranga (repository of knowledge).

**Āhuru ki te rangi  
Āhuru ki te papa  
Āhuru ki a tātou katoa**



# Whakarāpopoto

## Summary

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Racism is a major and an inexcusable driver of health inequities between Māori and non-Māori. Māori experience inequitable cancer outcomes and have a shorter life expectancy than that of non-Māori. There are many published examples of racism in health, however there are limited published examples of mātauranga Māori led responses to racism. In this case study we describe a racist incident at a professional medical conference and the anti-racism praxis and reconciliation process that was implemented in response. We also highlight the limitations in the Aotearoa health and regulatory system to prevent and adequately respond to racism.

### **Kupu Matua – Keywords**

Āhurutanga, mātauranga led response, institutional racism, leadership, professional conduct, reconciliation



## Tukanga – Methodology

In this report we have used a mātauranga Māori approach and case study methodology<sup>1</sup> to describe and critique the incident and subsequent activities. We have used this dual approach to ensure that the Māori world view was centered, and āhurutanga was structured within the report.

Diverse data were drawn together to provide the basis for a robust analysis of the two year time period. Data included the creation of a timeline of the events based on emails and documentation including minutes of meetings that took place between November 2020-2022.

This case study is focused specifically on the experiences of Hei Āhuru Mōwai members and reflects interactions with a range of individuals as well as medical and government organisations' actions, reactions and inactions. In this case study the Doctor in question is referred to as Doctor B, the doctors association who organised the event is referred to as Organisation A. While we have notified the individuals and organisations involved with this publication, and have received consent to name some of them, it is our decision to not identify them by name, partially in recognition of relational ethics<sup>2</sup> and partially because of our focus on mana (inherent prestige) maintaining approaches. The nature of a mana maintaining approach requires that we consider the potential for unintended consequences for the people we identify, including re-traumatising them because of revisiting a process that is either still being worked through, or that they, and we, consider has been resolved.

# Whakatakinga

## Introduction

Mātauranga Māori (Māori knowledges) has many terms and understandings.<sup>3</sup> To some, mātauranga Māori is a holistic, multi-dimensional system of knowledges and ‘being’ that is derived from ancestral and environmental teachings<sup>4</sup> and encompasses celestial and terrestrial worldviews, perspectives, practices and experiential learnings.<sup>5 6</sup> There is a growing acceptance within Aotearoa that mātauranga Māori should be normalised<sup>7 8</sup> in hauora<sup>9 10</sup> and everyday life.<sup>11</sup>

Racism is prevalent throughout Aotearoa.<sup>12 13 14 15</sup> Racism is an organised system underpinned by the belief that people can be grouped into ‘races’ which are ranked from superior to inferior.<sup>16 17</sup> Racism has been described as operating at multiple levels including institutional, personally mediated and interpersonal.<sup>18 19 20</sup> Institutional racism has been described as the most powerful form of racism<sup>21</sup> as it is concerned with the production of, control of and access to material, informational and symbolic resources within institutions, laws, policies and practices.<sup>19</sup>

Personally mediated or interpersonal racism is demonstrated through behaviours and actions in interactions that result in prejudice and discrimination.<sup>22 23 24 25</sup> This includes racially driven abuse, ostracism and exclusion.<sup>26 27</sup>

Racism is recognised as a determinant of health and driver of health inequities in Aotearoa.<sup>28 29 30</sup> There are persistent



health inequities between Māori and non-Māori<sup>30 31 37</sup> with Māori having a life expectancy almost seven and a half years shorter than that of non-Māori.<sup>33</sup>

Cancer is a major contributor to life expectancy and Māori experience higher rates of cancer and cancer-related mortality when compared to non-Māori.<sup>32 34 35</sup> Prostate cancer is the most registered cancer for men in Aotearoa. The incident rate of prostate cancer for tāne Māori (Māori men) is lower when compared to non-Māori.<sup>36</sup> However, prostate cancer is an important contributor to avoidable inequity in deaths between Māori and non-Māori<sup>38</sup> and early detection and management of prostate cancer are important contributors to equitable survival rates.<sup>39 40 41</sup>

This case study describes an incident of racism at a national conference in Aotearoa and the mātauranga-led anti-racism praxis that followed. While there are many examples in the literature of Indigenous-led reviews of health systems, largely to identify and determine the impact of racism<sup>42</sup> <sup>43</sup> there are limited case studies that describe in detail a mātauranga Māori response to a racist incident in the Aotearoa health sector.

# Ā mātou tikanga

## Our approach

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Māori have many established customary reconciliation approaches that include tikanga (processes, customs, concepts) based on mātauranga Māori. One tikanga that is commonly used is a three-step concept called Take-Utu-Ea (issue-compensation-settled).<sup>44</sup> The take is the issue or offence and there is an appropriate recompense that satisfies the offended parties so that the matter is now ea - meaning it is resolved and a state of balance is restored.<sup>45</sup>

Our approach was similar but primarily guided by our name Hei Āhuru Mōwai and is shown in Figure 1. Āhuru, take and ea are concepts that can be applied on their own, but together form an anti-racism exemplar that may be beneficial for Māori and other Indigenous peoples. Each concept is described in more detail below.



# ĀHURU

TAKE



EA

*Figure 1. Our reconciliation approach*

---

**Āhuru**      warmth, comfort, safety

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**Take**      issue

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**>**      indicating the process of recompense and solutions

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**Ea**      be settled, to restore balance

Āhuru and āhurutanga meaning warmth, comfort<sup>46</sup> and sheltered haven is a principle and practice which ensures physical, spiritual, mental and social safety.<sup>47 48</sup> The expression of āhurutanga recognises the tapu (sacredness) and the mana of tāngata, kaupapa<sup>49</sup> and all other affected parties, including the environment. Āhurutanga was the overarching tikanga of this reconciliation journey.

Take, meaning issue or topic, is a concept in which a fundamental issue is identified, clarified and agreed upon by all parties.<sup>50</sup> If the take is an offense, as in this case, the wrong doer and those affected are included in its identification and scope before an appropriate resolution and reconciliation is contemplated.<sup>51</sup> In this case the take was both interpersonal and institutional racism.

Our approach for recompense and solutions can be described in numerous ways: mahi whakatika (corrective actions), mahi whakaea (restorative actions) and utu. Utu has numerous meanings including reciprocity, recompense and repayment, and is a practice of restoring balance to relationships between individuals and groups.<sup>52</sup> Observance and application require careful consideration to determine the appropriate reconciliatory deeds. In this case, the compensation included written and kanohi ki te kanohi apologies, further education, critical reflection and commitment to disrupting systemic racism across numerous spaces.

Further, in some situations, recompense is a collective accountability mechanism that is applied not just to the individual but more importantly to his or her family and sub-tribe.<sup>53</sup> In this case we considered that the individual's



work whānau (family, family group) included his workplace and other associated organisations. In this way our lens focused not only on the doctor in question, but also the conference organising committee, his workplace, associated regulatory entities and the wider health system. To us, he was and still is part of their whānau, and therefore as a whānau there was mahi for everyone to do to ensure this type of incident didn't happen again.

Ea is a state of settledness and satisfaction. The word ea is commonly used to signify that a debt has been repaid and the issue is physically, spiritually and socially settled, and therefore relations can continue.<sup>54</sup> We consider ea as the destination for a reconciliation journey. It is also important to note that we interpret ea as specific to the take in question - it does not encompass past or future offences.

In this case study we discuss how we moved through the process to ensure that the take was resolved and is now in a state of ea. This state of ea is between Doctor B, the tāne Māori present at the conference, and Hei Āhuru Mōwai, however we acknowledge that tāngata Māori outside of Hei Āhuru Mōwai and other affected parties will make their own determination of whether ea exists for them, as is their inherent right.

Further to the individual, was the approach to seek ea with other spheres of influence in relation to Doctor B. This approach aligns with research that recommends multi-level solutions are best to address racism in the health sector.<sup>55</sup> We have made initial engagements with Organisation A, their regulating body, and Doctor B's workplace. We consider that the state of ea has only been reached with Doctor B at this point in time.

# Taipitopito kōrero

## Detailed case description

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Due to the complexity and numerous anti-racism activities over the course of the 2-year period, we have only captured key events in the reconciliation process, of which are shown in Figure 2 (**FIGURE 2, P. 26**)

### Āhuru take – The issue

In 2020 a professional medical conference was held in Aotearoa with a range of delegates including specialists, registrars, students, allied health clinicians, associated business representatives and invited speakers. The research team for Oranga Tū: a healthy stand was invited to present their findings. Oranga Tū was a Māori led prostate cancer project working with tāne Māori and exploring their experiences of prostate cancer.<sup>56</sup> Two members of Oranga Tū, attended the conference. One of the presenters is a tāne Māori who is also a member of Hei Āhuru Mōwai. These presenters reported that most of the audience appeared to be Pākehā (New Zealander of European descent). The conference had scheduled a debate to occur prior to the Oranga Tū presentation entitled “Digital rectal examination is a barrier to Māori men being diagnosed with prostate cancer”. A presentation by Doctor B as part of the dissenting debate team included racist commentary and images.



The tāne Māori researcher who presented immediately following the debate recounts his response to the debate:

**“Remarkably there were no Māori speakers in this debate, nor an acknowledgement that this was an issue.....[it] was one of the most offensive and ill-informed racist talks I’ve ever heard”**

**(PERSONAL COMMUNICATION, NOVEMBER 2020)**

In his presentation on the dissenting debate team Doctor B firstly imagined himself as Indigenous, then made racist and discriminatory remarks against Māori with ‘humorous’ references to prison sex, a sports field incident and digital rectal examinations. These remarks were accompanied by objectionable images on a powerpoint presentation.

From the perspective of the tāne Māori, the presentation appeared to be well received by the health professional audience, and there was much laughter throughout Doctor B’s presentation.

**"It was unbelievable, deeply offensive and showed an astounding lack of understanding. As a Māori male sitting there wondering if I was hearing the presentation correctly and the fact that the majority of that audience found it quite humorous, plus understanding that trainees were present and exposed to such ideological crap, again reinstalls to me that racism is alive and well in New Zealand"**

**(PERSONAL COMMUNICATION, NOVEMBER, 2020)**

As well as medical trainees, we note the seniority of some of the attendees, with many providing surgical and cancer leadership in Aotearoa.

# ĀHU

Take  
Nov 2020



DR B

Delivers racist & offensive presentation

Apologises

Starts HAMO reconciliation programme

HAMO initiated regulatory body investigation

ORG A

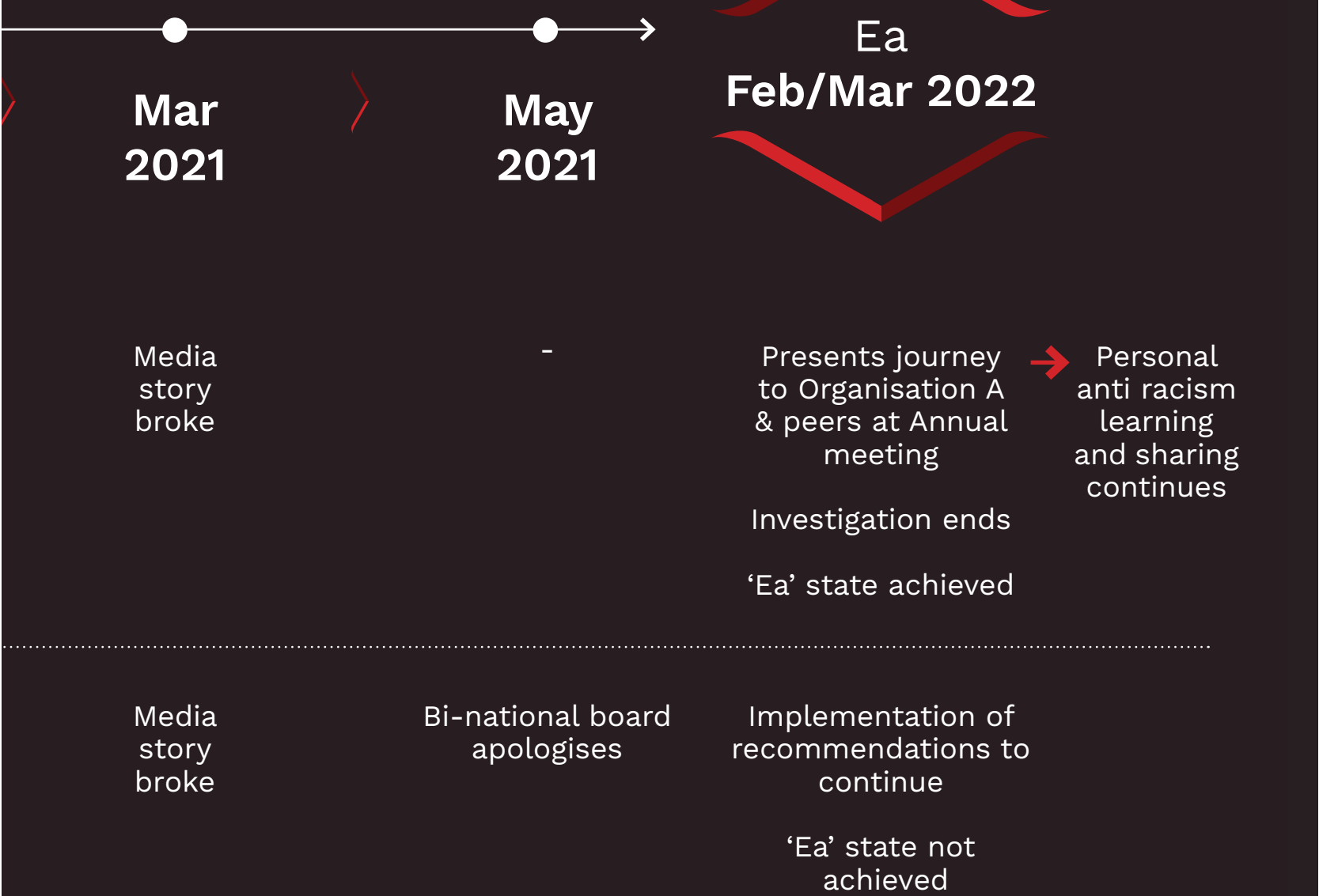
Holds structurally racist debate

Apologises

Starts implementing reconciliation recommendations

Figure 2. Timeline of key events in the reconciliation process

# URU



Mar 2021

May 2021

Ea  
Feb/Mar 2022

Media story broke

-

Presents journey to Organisation A & peers at Annual meeting

→ Personal anti racism learning and sharing continues

Investigation ends

'Ea' state achieved

Media story broke

Bi-national board apologises

Implementation of recommendations to continue

'Ea' state not achieved

One of these leaders, sitting close to the tāne Māori in the audience, turned to him during the offensive presentation, quietly acknowledged how inappropriate it was, and offered apologies “on behalf of all New Zealanders” (Personal communication, November 2020). No one else apologised to the tāne Māori at any time during the rest of the day. Another essential point is that not one attendee, including the chair, other presenters, nor any of the health system leaders stood up and stopped the debate or reprimanded the doctor on stage.

Attendees retrospectively identified mixed reviews from the audience, with the presentation being met with silence at times, and laughter at others. Doctor B received numerous congratulatory comments from attendees and colleagues after the presentation, remarking on how funny his presentation was. Concurrently, the organisation president received approximately eight complaints from the audience later that day.

Upon request of the conference organising committee and the president, Doctor B apologised to attendees of the conference during the next day of proceedings. The Oranga Tū research team were not present. The president of Organisation A offered a personal apology via email to the Oranga Tū presenters the next day.

The Oranga Tū researchers proceeded with their presentation following the debate. The Māori researcher began by pointing out that many tāne Māori feel uncomfortable in a clinical setting, much like he felt uncomfortable being one of the only tāne Māori in the conference room, and witnessing a debate such as that. He then acknowledged tangata whenua (the people of the land) and the important places and ancestral landmarks of the area. He highlighted the lack of acknowledgement of this at the start of conference proceedings.



Following the conference, the tāne Māori debriefed with a fellow Oranga Tū project lead who was unable to attend the conference and is also a Hei Āhuru Mōwai member. The tāne Māori reflected:

**"My personal experience .... at the conference was in the form of racial slurs, jokes and off-hand comments that at the time may have seemed harmless, or even have gone unnoticed by the audience but they had a profound impact and were a defining moment for me"**

**(PERSONAL COMMUNICATION, NOVEMBER, 2020)**

The Oranga Tū project lead notified the executive team of Hei Āhuru Mōwai of the incident and requested that the matter be investigated.

## Recompense and solutions

The incident clearly demonstrated individual and institutional racism in the health sector, thus a core group within Hei Āhuru Mōwai was formed to address the incident. The group was guided by tikanga Māori and the central focus for the group was to ensure the āhurutanga (warmth, safety) of the tāne Māori who was present during the debate. Following that, the group focus was on pursuing the matter, and developing a programme of compensation and solutions to ensure Doctor B, Organisation A, and the system more generally, were made accountable.

The position of Hei Āhuru Mōwai in those early days was to ensure that Doctor B recognised that his behaviour was racist, extraordinarily harmful, and that deep, meaningful internal learning and reflection took place for him. Hei Āhuru Mōwai required an apology and accountability from this doctor. The group also wanted to ensure that the organisation who scheduled the debate and regulatory entities that represent doctors held a zero-tolerance position on racism, critically reflected on their own organisation enablers of racism, and that the wider health system had a strategy in place to address racism.

Following dialogue, Hei Āhuru Mōwai also lodged a formal complaint with the regulatory authority for medical practitioners. For Hei Āhuru Mōwai this complaint was a parallel accountability mechanism and formed part of the process. It required the regulatory entity to take responsibility and investigate their own member's behaviour. Further, it was felt that these entities should be



responsible for preventing and addressing racism within their organisations. While lodging this complaint, Hei Āhuru Mōwai recommended remedial actions including training, written apologies from Doctor B and Organisation A, and a joint position statement on racism from entities within the health and cancer space. Hei Āhuru Mōwai articulated a commitment to supporting entities to develop the position statements, and/or assist with peer review.

A written apology from Doctor B was received by the tāne Māori in the days that followed, and Doctor B asked for an opportunity to apologise in person. In acknowledgement of his apology, Hei Āhuru Mōwai reiterated to the doctor the critical role he had to play in being part of the solution.

A draft position statement from Organisation A was also received along with a draft written apology to all their members from Aotearoa. At this point, other Māori anti-racism experts were invited to join the core group within Hei Āhuru Mōwai to provide further feedback on the documents.

After the incident, a kanohi ki te kanohi hui between the tāne Māori, Hei Āhuru Mōwai core group and Doctor B was held. This hui allowed the tāne Māori to describe his experience, address the racist, discriminatory, inappropriate and incorrect comments made during the debate, and express his concerns about what took place. The core group also addressed the mamae that his presentation has caused, and how that mamae is being felt by Māori, including those that were not present. Within this discussion, the context of the Aotearoa health system and the many layers that encouraged and permitted the behaviour were also explored.



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Doctor B was able to apologise and commit to being part of the solution. A course of action was then agreed between all parties. This included an individual 12-month reconciliation programme, providing recommendations to address some of Doctor B's beliefs, considerable gaps in knowledge of Aotearoa history, te ao Māori (a Māori worldview) and contemporary issues faced by Māori.



This is detailed in Table 1 below.

<p>The doctors' understanding of historical and contemporary racism towards Māori is limited.</p>	<ul style="list-style-type: none"> <li>a. Keep a journal detailing his notes, reflections and learnings over the next 12 months</li> <li>b. Present an overview of these learnings at the next national Organisation A conference</li> <li>c. Read and reflect on the Phase 1 Hauora Report of the Waitangi Tribunal WAI 2575 inquiry into Māori health outcomes</li> <li>d. Read and reflect on the chapter "Racial discrimination and Racial disparities in health" by Naomi Priest and David R Williams.</li> <li>e. Read and reflect on the book "White Fragility" by Dr Robin DiAngelo.</li> <li>f. Familiarise himself with the resources and teachings of STIR (Stop Institutional Racism) and engage for advice on how to be a Te Tiriti o Waitangi ally.</li> <li>g. Familiarise himself with Tāwharautia: Pūrongo o te Wā Report, Royal Commission of Inquiry into State Care Abuses.</li> </ul>
<p>The doctors' understanding of Te Ao Māori is very limited.</p>	<ul style="list-style-type: none"> <li>a. Enrol and complete a post graduate short course at his regional university covering cultural safety and engaging and working with Māori in clinical practice.</li> <li>b. Enrol in self-directed "Te Reo Māori me ōna tikanga" study within the next 12 months.</li> </ul>
<p>Enabling ongoing accountability and support structures.</p>	<ul style="list-style-type: none"> <li>a. Organise and facilitate zoom hui (meeting) with Hei Āhuru Mōwai to discuss his reflection journal and other recommended actions outlined here.</li> </ul>

*Table 1. Reconciliation action plan developed by Hei Āhuru Mōwai*

As is customary practice, the meeting was conducted in line with tikanga and included karakia. Following the hui was the sharing of kai to restore and heal the hinengaro and wairua from the challenging discussions that took place.

An email acknowledgement from the doctor after the meeting was received:

**"Thank you for all giving up time to meet last Wednesday. I found it a positive and productive session. It would be true to say that there was definitely a large degree of apprehension in attending, but I felt very supported. For this I am very grateful"**

**(PERSONAL COMMUNICATION, DECEMBER, 2020)**

Following this meeting, two letters of correspondence were sent from Hei Āhuru Mōwai. The first was to the regulatory authority outlining the agreed action plan for Doctor B over the next 12 months. The second was sent out to four recipients: Organisation A; a further closely related professional and regulatory entity; and two associated government entities who are responsible for the Aotearoa health system. The letter outlined the numerous sites of institutional racism within the associated organisations and the wider Aotearoa health system that enabled this incident to occur. Recommendations to the four key agencies were also made, including but not limited to:

- › refraining from debating Māori health
- › mandating cultural safety training
- › the development of anti-racism position statements
- › increased investment in Māori-led anti-racism research



- › and the establishment of anti-racism leadership and governance groups to address racism across the entire health and disability system.

At this time the regulatory authority proposed further restorative practices for Doctor B. However, these recommendations would have positioned Doctor B as an individual, rather than a part of a system. Further, he would have taken the full blame for the original offense, and be positioned as an expert in inequity, presenting at the next Organisation A conference.

Hei Āhuru Mōwai disagreed with these proposals, noting firstly that the doctor was partway through a process of un-learning which included re-evaluating his belief systems, the whakapapa (origins) of those belief systems, and his place in Aotearoa as a non-Māori man, and as a health professional. Further, it would be inappropriate and unsafe for Doctor B to present himself as an inequity expert. Instead, Hei Āhuru Mōwai proposed that anti-racism and inequity experts should present on racism and inequities at the next conference, and that Doctor B's presentation about his personal journey could be included within this session.

A formal investigation into Doctor B's professional conduct was initiated in mid-2021 with the establishment of a professional conduct review committee which included two non-Māori clinicians, and one Māori non-clinician. At this point, news of this story broke in the media with two articles appearing in the Aotearoa media and one in Australia.

Hei Āhuru Mōwai responded by acknowledging the incident, the restorative justice process that was in progress with Doctor B, and the collaboration taking place with Organisation A to implement anti-racism recommendations. Hei Āhuru Mōwai also called for health entities in Australia

and Aotearoa to commit to acting on dismantling racism in the health sector.

The heightened visibility created by the media articles resulted in unprecedented demands on Hei Āhuru Mōwai Chief Executive Officer who was contacted by multiple national and international entities seeking advice, recommendations and assurances. This commenced with many of the organisations who were engaged with Doctor B expressing concern about their liability and reputational risk. Four key themes came out of these communications, in order of occurrence:

- › The impact on the reputation of the entities by association with Doctor B, as a result of the incident.
- › Lack of guidelines or experience in dealing with this type of incident.
- › Seeking advice on a plan of action.
- › Recognition that the entities could be, and need to be doing more for Māori.

Hei Āhuru Mōwai provided general advice on how the organisations could be more responsive to Māori but would not give specific advice nor recommendations with relation to Doctor B.

The Chief Executive Officer at the time remembers the week that the story hit the media:



"I remember that week, I worked 75 hours that week on this kaupapa, taking calls from organisations that were trying to figure out their PR stance, all while trying to ensure that the narrative focused on racism, and that everyone was responsible for addressing it, not demarcating from the event or the individual... because he was their whānau member too."

(PERSONAL COMMUNICATION, JUNE 2024)

The media attention also prompted a reaction from the Māori community. There were requests to know what was being done to address racism, and how the individual and entities involved were being held to account. Māori clinicians indicated that they weren't aware of the incident and felt 'out of the loop'. Hei Āhuru Mōwai then held reactive meetings and updates on progress, to provide assurances to the Māori community, that the matter was being addressed. A number of recommended actions for the Māori health community evolved from these meetings, including:

- › anti-racism accreditation standards be tabled with the Medical Council of New Zealand,
- › an anti-racism audit be developed for professional colleges and on-going college membership should be provisional on anti-racism training,
- › an ongoing process to be established with an open letter making a call to action.

Unfortunately, the tāne Māori received abusive messages over Facebook as a result of the publicity the matter received. He reflects:

**"Personally receiving anonymous messages from "you're the bloody racist", "grow a pair of balls you twat" to "how could I have said those comments about [Doctor B] when he has helped so many people in our communities" - the reality is that although Aotearoa sees itself as fair and tolerant, racism continues to thrive in workplaces, communities, education, people's attitudes, law and other parts of our daily life"**

**(PERSONAL COMMUNICATION, APRIL, 2021)**

Shortly after the media report of the incident, an open letter from a Māori doctor to the medical community was published, calling for an end to racism in the profession:

**"Our profession needs to rapidly come to terms with this incident. We need to look beyond the details to the underlying causes. It is hypocritical of us to claim we are addressing systemic inequity and racism when we perpetuate a medical culture that implicitly allows behaviour like this to occur...We all need to own this. We all need to be better than this. Our Māori patients should not be made to wait for the individual cartharsis of doctors to receive fair and equitable treatment"**

**(HARRISON, 2021, P. 92)**

Another public letter followed written by the Royal Australasian College of Physicians Māori Health Committee.



This letter described the racist incident as being ‘the tip of the iceberg’ of racism in health:

**"The [doctors] actions recall the iceberg metaphor because what was said on the surface, its impact and its response failed to centre on the less-visible structures and systems of power and privilege that sustain those actions. These instances of racism are frequently excused as isolated, individual instances of ignorance. Meanwhile, the underlying structures and systems that engage this entrenched contempt towards tangata whenua to occur, without conscience or consequence are perpetuated"**

**(HOTU ET AL., 2021, P. 134)**

Around this time, Hei Āhuru Mōwai met with the full international board of Organisation A. The board apologised, and described how this incident caused some of their members to reflect on their own biases. Hei Āhuru Mōwai was also invited to meet with a small group of senior executives at Doctor B’s workplace. In both meetings Hei Āhuru Mōwai challenged them to look at their own organisations, and provided advice on how to disrupt racism. A Hei Āhuru Mōwai representative also met with Doctor B and a member of his immediate family. The family member expressed their disappointment and embarrassment, described the impact of his actions on them as a family, as well as their own family responses to this incident.

Responses from the remaining key agencies regarding the recommendations made by Hei Āhuru Mōwai because of the incident, were received in the following weeks and remain in progress.

## Āhuru ea – Balance restored

Doctor B provided critical reflections and frequent updates to Hei Āhuru Mōwai throughout the year. Doctor B also embarked on other anti-racism priorities including researching how his family's intergenerational wealth occurred in comparison to local Māori experiences. After completing all the recommendations, he then co-presented his reflections on his journey to his colleagues at a session at the next Organisation A conference in early 2022.

Hei Āhuru Mōwai worked with the organising committee to structurally embed tikanga Māori into the session and ensure that the first and last words were from Māori. Hei Āhuru Mōwai discussed the incident, its impact and our response and concluded the session with evidence of how racism directly contributes to inequitable outcomes. Doctor B's reflections on his personal journey were scheduled in the middle of the session. This intentional scheduling allowed Hei Āhuru Mōwai to express āhurutanga for the tāne Māori, and the kaupapa.

In March 2022, the professional conduct committee provided a summary of their investigation and final recommendations. The committee acknowledged the highly serious nature of Doctor B's conduct, and that it could have been considered serious enough to refer on to the Health Practitioners Disciplinary Tribunal. However, consideration was also given to Doctor B's actions after the incident, the most significant being the comprehensive reconciliation process led by Hei Āhuru Mōwai. The committee acknowledged that they found it difficult to conceive of any counselling programme that would compare to that which the doctor undertook through Hei Āhuru Mōwai.



The committee also acknowledged the feedback from Hei Āhuru Mōwai, that to make any difference to equity and racism, it is necessary to investigate the individual and the wider enablers of racism. The committee noted however, that legislative constraints limited their investigation. Subsequently, Hei Āhuru Mōwai maintains the view that disrupting racism needs to be multi-leveled and that the committee and the regulatory entity should therefore critically review their processes and strengthen their own anti-racism position and regulatory processes to be able to effectively address any further incidents of racism.

Doctor B also reflected on the whole experience and noted the following:

**"The differences between the Māori and Pākehā approaches was stark. It was quite eye opening to me, and through the "restorative" approach that you and your group employed, I, as an individual, was able to grow through the guidance and learning. This would never have happened if I had been purely exposed to the Pākehā process and I would be the same ignorant, privileged white male that I was when giving the debate"**

**(PERSONAL COMMUNICATION, JANUARY, 2023)**

Consequently, the decision was made by the tāne Māori and Hei Āhuru Mōwai that the reconciliation process for Doctor B's offense had been completed. The deciding factors were the face to face apology to the tāne Māori, the commitment

to voluntarily participate in our recommendations, completion of other self-identified anti-racism activity, the professional conduct investigation by his own regulatory entities, the approach taken by his family, consideration of his whānau Māori and possible future uri Māori, and his commitment to ongoing anti-racism activity including supporting the publication of this case study. These activities provided evidence to Hei Āhuru Mōwai that the doctor was held account for his offense.

**Nā mātou te kī, kua ea.**

The process of achieving ea with Doctor B's professional whānau, who, from our perspective includes the regulatory entities, place of work, and the Aotearoa health system is ongoing.

**Nā mātou te kī,  
kua ea.  
It is done,  
it is settled.**



# Kōrero Discussion

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Despite the substantial body of evidence linking racism to health and calling for anti-racism praxis,<sup>57 58 59</sup> there is a limited number of published examples. While one explanation of this shortage is that anti-racism work has rarely been funded or formally evaluated,<sup>60 61</sup> anti-racism scholars in Aotearoa and internationally have long posited that transformative anti-racism praxis is unlikely to come from those who personally and professionally benefit from the existing power inequities.<sup>62 63</sup>

The responsibility of leading anti-racism praxis in Aotearoa remains undetermined – should it be the responsibility of perpetrators, or Māori who have ‘literal and figurative skin in the game’ and a consequent sense of urgency, and are by default, the experts? A descriptor of the Aotearoa health system has been likened to the ngahere (bush, forest) of pre-colonial times which was subsequently overcome by the introduction of gorse by colonial settlers.<sup>64</sup> In this metaphor, eradication of gorse, much like eradication of institutional racism requires individuals as well as collectives to address the issue consistently and over time.<sup>65</sup> We acknowledge the frequent calling of attention to racism, and the need for anti-racism praxis in Aotearoa in the literature, however we note the lack of published examples and the paucity of resources to support these efforts.



We acknowledge that Organisation A originally included the debate to increase awareness of inequities. We also acknowledge the numerous members that have been impacted by this event. However, we assert that both Organisation A and the organising committee failed to recognise that the structure of the debate was conducive to racism. Namely, it was organised by non-Māori, chaired by non-Māori, included no Māori on the panel, and was set up as a competitive ‘for and against’ debate. We have advised Organisation A that they should refrain from ever debating Māori health rights. Further, we acknowledge the other panel members, who did not include racist or discriminatory remarks in their presentations. Whilst the structure of the debate was conducive to racism, Doctor B, is entirely responsible for his own presentation.

In this case, it became obvious very early that there was no association, entity nor medical regulatory body in Aotearoa that could lead an appropriate response on our behalf, nor any independent resourcing to enable us to respond. Further, we identified that the regulatory bodies themselves have limited understanding of racism and inequities.

We also surmised that the entities the doctor represented may have only employed a risk oriented, punitive approach, may have refrained from using the word racism, may have positioned this as an isolated incident, may not have included critical anti-racism education, or would enforce a programme with limited understanding of the level of violence and trauma that his racist presentation caused. As an example, in the final report from the professional conduct investigation committee, we note – “Doctor B told the professional conduct committee that while he understood his presentation had been offensive, at that point he did not really understand the extent of why.”

Nonetheless, in the interests of building the evidence base we provide our learnings as a contribution to Māori and Indigenous leadership and to the wider body of anti-racism scholarship. We also acknowledge that our approach may not be appropriate in all situations and provide this case study as a contextual experience and acknowledge and endorse non-universalism in anti-racism praxis.<sup>66</sup>

## Kōrero mō te mātauranga Discussion about mātauranga

**"Having hard but necessary conversations and ensuring accountability is also āhurutanga, because it inevitably creates more safe spaces for whānau..." (PERSONAL COMMUNICATION, APRIL, 2024)**

In this case āhurutanga centered the tāne Māori, and Māori needs first, and enabled numerous parties to willingly and voluntarily engage in our process. Take ensured that racism was always centered as the problem statement, recompense was required from all associated parties not just the individual and ea provided an end point.

Our praxis also included and expressed other tikanga and kaupapa Māori including but not limited to tino rangatiratanga (self-determination and authority), manaakitanga (hospitality, kindness), whanaungatanga (relationship and sense of belonging) and wairuatanga (spirituality).

In relation to wairuatanga, Māori, and other Indigenous scholars have long posited that acts of racism create physical,<sup>67</sup> psychological, social and wairua (spiritual) wounds.<sup>68 69</sup> In some cases, some wounds are not always



contained within a particular point in time and can affect multiple genealogic timelines.<sup>70</sup> It is our determination that applying tikanga and ensuring appropriate compensation has sewn up any possible wounds and resulted in a state of ea.

Further, we reflect and look beyond the confines of this experience being a purely intellectual or physical experience that occurred in this moment. The tāne Māori has often reflected on how the incident could have played out differently:

**"I have often wondered what if the person present wasn't me, who has a lot of supportive people, networks and whānau in the health sector? What would have happened then? Or if there had been no Māori in the room?"**

**(PERSONAL COMMUNICATION, MARCH, 2023)**

## **He akoranga - Limitations and lessons from our approach**

There were significant costs to Hei Āhuru Mōwai, its Chief Executive Officer at the time and its volunteer membership whānau for leading and operationalising this mahi. We have voluntarily provided hundreds of hours of āhurutanga and anti-racism expertise, over a significant period with little to no resourcing. Prioritising this anti-racism praxis has been at the expense of core work in the cancer space that we needed to be focused on. Further analysis of the full financial cost of this mahi would be advantageous and would provide further learnings to the sector.

Other costs, include identifying and being affronted by further systematic racism. Whilst writing this case study, Te Aka Whai Ora (the Māori Health Authority) has been disestablished, a new policy direction is being implemented that seeks to and is structurally silencing equity and Te Tiriti o Waitangi, and we have been privy to other examples of systemic and structural racism being acceptable within the medical system. The tāne Māori concludes;

"I'm quite an articulate person and have been able to advocate for myself in most parts over the years, but through this experience I have struggled through yet another tsunami of racism that has threatened at times to wash me away as an Indigenous person of Aotearoa. At times feeling worn out by the nagging feelings of self-doubt when dealing with the medical system.

What happens to people who aren't articulate, or who don't speak English as a first language, or are unable to defend themselves? I look back in hindsight as to what unfolded in front of me at the conference. The acceptability of both the content of the presentation and delivery of racist remarks was unacceptable.

Surely all Māori have a right to expect treatment,



compassion and care that is every bit as good as the outstanding service my elderly dog receives from our wonderful vet doctors and vet nurses. Or am I setting the bar too high in a country that must still come to terms with its racist beginnings and entrenched white privilege?"

(PERSONAL COMMUNICATION, JUNE 2024)

There have also been learnings, tohu (signs) and wānanga about how we could and should disseminate this kōrero. We have learnt that this kaupapa not only required āhurutanga during the journey, but also required us to reflect, revisit and re-think about the dissemination phase. Further understanding about āhurutanga in the translation, uptake and impact of learnings would be beneficial to Māori as well as the wider body of anti-racism scholarship.

**Mai te kōpū ki te urupā kei te ako tonu mātou**  
**From the womb to our final resting place**  
**we are continuously learning.**

# Huinga kōrero

## Conclusion

Kāti, it is our determination that we would describe the take between Doctor B, the tāne Māori and Hei Āhuru Mōwai as resolved and in a state of ea. It is done, it is settled.

**"Kua ea - it is done, it is settled"**

Doctor B's organisation and associated regulatory bodies are still to implement our reconciliation recommendations and have not yet achieved a state of ea.

Whilst we believe our approach was comprehensive and restored or maintained the mana of numerous associated parties, this should be viewed by the doctor and all parties as entirely contextual, and a privilege. Quite simply, the racist incident should never have happened, and racism itself should not be a fixture within our health system.

This case study highlights the limitations of the medical regulatory bodies and the wider medical community in preventing, identifying and adequately addressing racism in health. Current mechanisms position individualism, and do not adequately engender kotahitanga (unity) and whānau approaches when preventing, identifying and addressing racism.



The complex power dynamics around racial justice urgently need more local and Māori led theorising. Theorising mātauranga Māori anti-racism praxis may allow a deeper exploration about what is possible of anti-racism and help us create, measure and narrate from within our own epistemological framing.

Lastly, it is important that we mihi (acknowledge) to the tāne Māori and researchers who were involved Oranga Tū. Oranga Tū speaks of male virility, of standing in health, and standing in power. The tāne Māori researcher who was forced to stand on the stage right after such a devastating presentation exemplified the mana, strength, and presence of Oranga Tū in its fullest meaning.

"Kei wareware i a tātou ngā rākau e toru. Ko te rākau tuatahi, he tupu mai i te nuku, he rākau nā Tāne – he ora. Ko te rākau tuarua, he rākau riri, he rākau nā Tū – he mate. Ko te rākau tuatoru, he rākau nō te tangata, he rākau nā Tiki – he ora, he mate.

We acknowledge Oranga Tū, who continue to bring forth the sacred virility of Tāne."

## Kuputaka – Glossary

<b>āhuru</b>	warmth, comfort, safety, a sheltered safe haven
<b>āhurutanga</b>	warmth, comfort, safety, a sheltering safe haven
<b>Āhuru-Take-Utu-Ea</b>	Warmth-Issue-Compensation-Settled
<b>Aotearoa</b>	New Zealand
<b>ea</b>	be settled, to restore balance
<b>hauora</b>	health
<b>hinengaro</b>	mind
<b>hui</b>	meeting
<b>Kai</b>	food
<b>kanohi ki te kanohi</b>	face to face
<b>kaumātua</b>	an elder
<b>kaupapa</b>	topic, matter for discussion
<b>Kia mataara</b>	Proceed carefully
<b>kupu</b>	words
<b>Mahi</b>	Work
<b>Mahi whakaea</b>	Restorative actions
<b>Mahi whakatika</b>	Corrective actions
<b>mamae</b>	hurt, distress
<b>mana</b>	inherent prestige
<b>manaakitanga</b>	Hospitality, kindness
<b>Māori</b>	Indigenous people of New Zealand
<b>mātauranga Māori</b>	Māori knowledge
<b>mihi</b>	acknowledge

<b>ngā take</b>	the issues
<b>noa</b>	ordinary
<b>Pākehā</b>	New Zealander of European descent
<b>rangatiratanga</b>	sovereignty, self-determination
<b>take</b>	issue
<b>Take-Utu-Ea</b>	Issue-Compensation-Settled
<b>tangata whenua</b>	people of the land
<b>tapu</b>	sacredness
<b>te ao Māori</b>	a Māori worldview
<b>te reo Māori</b>	the Māori language
<b>te reo Māori ōna tikanga</b>	the Māori language and process, customs, and concepts
<b>Te Tiriti o Waitangi</b>	an agreement made in 1840 between the British Crown and Māori
<b>Tikanga</b>	process, customs, concepts
<b>Tino Rangatiratanga</b>	Self determination and authority
<b>tohu</b>	sign, guide, direct
<b>tohunga</b>	experts
<b>utu</b>	compensation and repayment
<b>wairua</b>	soul
<b>wairuatanga</b>	spirituality
<b>whakapapa</b>	genealogy, genealogical table, lineage, descent, origins
<b>whānau</b>	family, family group
<b>whānau Māori</b>	Māori family groups
<b>whanaungatanga</b>	Relatedness, relational spaces
<b>whenua</b>	land



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### Highlighted excerpts

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