



133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000

21 November 2022

By email: s 9(2)(a)  
Ref: H2022016251

Tēnā koe,

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 3 November 2022 for:

*“Racism: the belief that different races possess distinct characteristics, abilities, or qualities, especially so as to distinguish them as inferior or superior to one another. Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others. Now we have the meaning of Racism out the way and we understand its meaning can you please explain on what premis on what grounds in what reality is putting Maori and Pacific Health before all others in New Zealand not by the very definition Racism.... Can you please show me a link to a legal document or laws that have been passed to allow such blatant disregard for all other blood types in New Zealand...By basing Health on merely a blood type you have missed thousands upon thousands of people with the wrong blood type who are in just as much need if not more need purely because they are the wrong blood type, you have made some wild assumption that ONLY Maori and Pacific are vulnerable this is completely unaccurate and 100% racism based on the very meaning. How much common sense is required to base things on MEANS testing yes that means ALL people who need shall receive nobody is creating segregation is not feeding animosity towards certain blood types and the well of Maori and Pacific can not take advantage of the system when they are clearly not in need....I was told you would reply to this email but I personally think you wont touch this with a brage pole as it speaks common sense and you have no legal right to be this racist, I mean the weakest foot hold you could use is “treaty of Waitangi” a very weak old excuse that holds zero water due to Pacific people also being put in the same group thus making any claims of the treaty 100% null and void... I look forward to a reply I am actively fighting government Racism so a clear understanding will be required to respond to this email as it will probably be used as evidence.”*

While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. Your questions and the statements that support them appear designed to engage in a debate rather than a request for official information. The Act does not support requests where an opinion, comment, argument, or hypothetical statement put to the Ministry for a response, couched as a request for information.

I have attached to this letter an excerpt from a Manatū Hauora report that emphasises the relationship between racism in health outcomes and its disproportionate impact on Māori and Pacific population groups in New Zealand.

Further information about racism and anti-racism in the health system in Aotearoa New Zealand is available at: [www.health.govt.nz/publication/position-statement-and-working-definitions-racism-and-anti-racism-health-system-aotearoa-new-zealand](http://www.health.govt.nz/publication/position-statement-and-working-definitions-racism-and-anti-racism-health-system-aotearoa-new-zealand).

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'John Whaanga', written over a horizontal line.

John Whaanga  
**Deputy Director-General**  
**Māori Health | Te Pou Hauora Māori**

## Equity

1. There are well cited examples of the different manifestations of racism and its impacts (direct and indirect) on health outcomes, including structural<sup>12345</sup>, institutional<sup>678910</sup>, interpersonal and individual<sup>111213</sup>, this includes but is not limited to:
  - a. **Structural racism** – examples include the marginalisation of indigenous knowledge<sup>14</sup> (the Tohunga Suppression Act 1907), the assimilation of Māori into Pākehā society (the New Zealand Settlements Act and Native Schools Act 1867)<sup>151617</sup> which dislocated Māori from their ancestral lands, cultural infrastructure and economic power base – leading to the unfair distribution of the broader determinants of health.<sup>18</sup>
  - b. **Institutional racism** – examples include cumulative patterns of practice such as insufficient, patchy and poor-quality ethnicity data collection,<sup>19</sup> universal funding and commissioning models which fail to account for different health and social needs and cultural differences,<sup>20</sup> Māori and Pacific peoples experiencing physical and financial barriers in accessing healthcare services<sup>21</sup> and dispensed medicines<sup>2223</sup>.
  - c. **Interpersonal and individual racism** – for example, Pacific peoples accessing general practice services at higher rates than the general population but experiencing worse outcomes and fewer referrals, despite a higher burden of disease.<sup>24</sup> In addition, Māori are more likely to experience unfair treatment on the basis of ethnicity<sup>25</sup> and more likely to experience slower, longer pathways through the health system<sup>26</sup>.
2. The cumulative impacts of such forms of racism have meant that some groups in Aotearoa are more likely to experience disproportionate rates of health risk factors, including higher rates of obesity, smoking, alcohol use, physical inactivity and psychological distress.<sup>27 28</sup>

<sup>1</sup> Waitangi Tribunal. 2011. Ko Aotearoa Tēnei: A Report into Claims Concerning New Zealand Law and Policy Affecting Māori Culture and Identity. Wellington. Waitangi Tribunal. pp. 601-627

<sup>2</sup> Ministry of Social Development. 1988. Puao Te Atā Tu: The report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. Wellington. pp 57 - 58

<sup>3</sup> Calman, R. 2012. Māori education – mātauranga – The native schools system, 1867 to 1969: Te Ara – the Encyclopedia of New Zealand. Retrieved from <http://www.TeAra.govt.nz/en/maori-education-matauranga/page-3>.

<sup>4</sup> Bielby, S. 1988. Section 3 (1)(g) of the Town and Country Planning Act 1977. HeinOnline. Pp 53 – 55.

<sup>5</sup> Curtis, E., Jones, R., Tipene-Leach, D. et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). <https://doi.org/10.1186/s12939-019-1082-3>

<sup>6</sup> Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

<sup>7</sup> Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

<sup>8</sup> Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/>

<sup>9</sup> Carswell, S., Donovan, E., & Pimm, F. 2018. Equitable access to medicines via primary healthcare – a review of the literature. PHARMAC. pp 27

<sup>10</sup> Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/>

<sup>11</sup> Ministry of Health. 2020. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. Wellington: Ministry of Health.

<sup>12</sup> Ministry of Health. 2015. Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition). Wellington: Ministry of Health.

<sup>13</sup> Reid, P. and Robson, B. 2007. Understanding Health Inequities. Hauora: Maori Standards of Health IV. A Study of the Years 2000-2005. 4.

<sup>14</sup> Waitangi Tribunal. 2011. Ko Aotearoa Tēnei: A Report into Claims Concerning New Zealand Law and Policy Affecting Māori Culture and Identity. Wellington. Waitangi Tribunal. pp. 601-627

<sup>15</sup> Ministry of Social Development. 1988. Puao Te Atā Tu: The report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. Wellington. pp 57 - 58

<sup>16</sup> Calman, R. 2012. Māori education – mātauranga – The native schools system, 1867 to 1969: Te Ara – the Encyclopedia of New Zealand. Retrieved from <http://www.TeAra.govt.nz/en/maori-education-matauranga/page-3>.

<sup>17</sup> Bielby, S. 1988. Section 3 (1)(g) of the Town and Country Planning Act 1977. HeinOnline. Pp 53 – 55.

<sup>18</sup> Curtis, E., Jones, R., Tipene-Leach, D. et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 18, 174 (2019). <https://doi.org/10.1186/s12939-019-1082-3>

<sup>19</sup> Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

<sup>20</sup> Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

<sup>21</sup> Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/>

<sup>22</sup> Carswell, S., Donovan, E., & Pimm, F. 2018. Equitable access to medicines via primary healthcare – a review of the literature. PHARMAC. pp 27

<sup>23</sup> Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/>

<sup>24</sup> Ministry of Health. 2020. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. Wellington: Ministry of Health.

<sup>25</sup> Ministry of Health. 2015. Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition). Wellington: Ministry of Health.

<sup>26</sup> Reid, P. and Robson, B. 2007. Understanding Health Inequities. Hauora: Maori Standards of Health IV. A Study of the Years 2000-2005. 4.

<sup>27</sup> Ministry of Health. 2020. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. Wellington: Ministry of Health.

<sup>28</sup> Ministry of Health. 2015. Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition). Wellington: Ministry of Health.

3. Ao Mai Te Rā is about '*mana tangata*' - treating all people in the health system with respect and dignity. It is designed to ensure all people, including Māori, Pacific peoples and communities of colour, can live and thrive on their own terms according to their own philosophies, values and practices.
4. Ao Mai Te Rā is action-oriented and promotes a discourse of change for the health system. It will provide evidence-based guidance, tools and resources to support the system in taking pragmatic steps to eliminate various forms of racism as a means for advancing health equity.
5. At its core, anti-racism is considered a bridge to a fair and just society – it is not the endpoint. Anti-racism practice actively seeks the same rights and privileges of citizenship, ensuring that all people, particularly groups who have been systematically disadvantaged, are provided with equitable access to services, high quality of care and equitable health outcomes.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982