

CHAPTER 4

RONGOA MAORI – A CASE STUDY OF MAORI INTERESTS IN FORESTS

4.1 THE FOREST AS PHARMACY

The healing practices of Rongoa Maori are among the most cherished customary uses of indigenous flora and fauna. Efficacy depends on intimate knowledge of a forested territory, on purity of river systems, vitality of plant growth, long-term observation of the properties of particular plant communities, and association with ancestors.

4.2 WORLD SYSTEMS OF MEDICINE

Every human society has a system of medical practice. New Zealand's colonial history is reflected in the existence of a number of medical systems which command respect, although only one has received statutory legitimation: current New Zealand Government statutes validate and nationalise a system of medical practice (allopathic medicine) that is historically and culturally specific to Europe.

4.2.1 Allopathic medicine

The medical practice supported by the Crown, popularly called modern scientific medicine or conventional medicine (allopathic medicine), is a recently developed, internationalised system based on the technology of chemical extraction. The chemical constituents of plants are extracted and used in pure concentrations in fixed doses beyond which the drug may be toxic; curative effects are often rapid, but may be accompanied by side-effects and long-term deterioration.¹ Healing is effected through direct intervention in the physical aspect of the human being. Some critics note that allopathic practice ignores the restorative influences of hope, meaning, peace of mind, and high spirits which religious and spiritual practices confer. Other critics note that practitioners of allopathic medicine discredit the religious context of indigenous medicine while failing to analyse the biases of their own medical theory.²

1. As in the use of the chemical Lithium for treating schizophrenia; the use of cancer drugs which prevent cells dividing but also damage healthy cells; the use of hydrocortisone for skin eczema.

4.2.2 Herbal medicine

Herbal medicine is an ancient, worldwide, and resilient practice based on a theory of the efficacy of constituent properties in plant and animal life, involvement of multiple aspects of the human being in illness, and the observation that the body's vital force seeks to return the body to health. The practice employs the energetics of whole plant-parts on the premise that nature has balanced the constituents, so making their absorption by the body effective and gentle; substances are used in small amounts to trigger the body's immune system (indirect intervention); the curative effect is slow; and healing involves a multiplicity of practices, not just a medicinal decoction.³ Healers in many of the world's herbal systems regard their ability to heal and the natural resources they use, as a spiritual gift.

The systems of herbal medicine practised in New Zealand have been transplanted from European, Chinese, Indian and other landscapes, and practitioners participate in a global exchange of knowledge and materials. Many practitioners combine acclimatised plants and imported products with indigenous flora, determining the properties of indigenous plants through an extension of theory or through advice from Maori traditional healers.

Dr Paul Balaiche, professor of herbalism at the University of Paris Nord (France), describes herbalism as the medicine of the 21st century.⁴ In many countries both herbal and conventional systems are practised cooperatively, reducing hospital waiting lists and national health bills.⁵ Herbs are unsurpassed for treating digestive disorders and strengthening the nervous system, while conventional medicine can effect rapid intervention.

4.2.3 Rongoa Maori

Each of the world's systems of medical practice has been intelligently developed in relation to the natural curative resources available to its community, and in response to the particular disorders, misadventures, and psychology of its community.⁶ Maori practitioners adapted their practice to the new diseases introduced by European mariners and settlers: syphilis, gonorrhoea, tuberculosis, influenza, chicken pox, and measles. In 1854, A S Thomson recorded kawakawa being used

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2. The critical literature is reviewed in Malcolm Voyce, 'Maori Healers in New Zealand: The Tohunga Suppression Act 1907', in *Oceania*, vol 60, 1989, pp 99–100.
 3. Practitioners of herbal medicine criticise the use of chemical drugs in allopathic medicine, observing that the complaint may be rapidly cured but the body may remain unbalanced and prone to reoccurrence.
 4. *The Healing Arts*, Television New Zealand (eTV), 16 October 1996
 5. In Britain, nearly 50 percent of doctors refer patients to homeopaths; in France, 25 percent of prescriptions are for homeopathic medicines (Dr Carolyn DeMarco in *New Zealand Herald*, 27 November 1996, p A17).
 6. European doctors had become skilled in repairing sword wounds but had no practice of healing wounds caused by cannon and musket shot: when gunpowder was first adopted during the late Renaissance, hundreds of soldiers died for lack of medical knowledge. Cowan reported that Maori used a decoction prepared from flax for treating gunshot and bayonet wounds (J Cowan, *The Maori Yesterday and Today*, Whitcombe and Tombs, 1930; Christina Macdonald, *Medicines of the Maori*, Auckland, Collins, 1973, p 83).

to treat gonorrhoea, and kareao to treat secondary syphilis,⁷ and during the influenza epidemic of 1918 to 1919 a decoction of fern root was used ‘with good effect’.⁸ Currently, Rongoa Maori employs indigenous and introduced flora and fauna.⁹

Many societies hold written, historical records of the pharmacopoeia of their medical systems. This is not so for Rongoa Maori. Gluckman notes that ‘nothing which can be considered a Maori herbal was written in the first half of the nineteenth century’.¹⁰ When European colonisation began in North America during the seventeenth century, the colonists were familiar with the practice of herbal medicine in their own societies, alert to the value of Indian knowledge of the local flora, respectful of Indian practice, and often dependent on it for their survival. By the nineteenth century, when New Zealand was colonised, conventional medicine was a new product of an industrial community in which authoritative Pakeha tended to distinguish between civilised and uncivilised manners on the basis of technology. Further, as Rongoa Maori has a spiritual component, the disapproval of spiritual mentors was damaging. Reverend Richard Taylor excluded Maori parishioners from evening service in 1852 for seeking healing from a tohunga, and in 1860 he described Maori healing as ‘filthy physic’.¹¹

During early contact however, there was a brief era of reciprocal respect. In 1820 when the *Dromedary* arrived to ship kauri spars, Richard Cruise reported the effective use of Rongoa Maori by the ship’s party.¹² During the early 1840s also, reverend Richard Taylor observed that Maori were eager to use European medications.¹³ From the late 1840s to the 1860s however, Taylor and other missionaries recorded a persistent use of Rongoa Maori.¹⁴

Peata (Hoki, possibly a niece of the Ngapuhi ariki, Rewa) and Suzanne Aubert (‘Meri Hohepa’) became acquainted around 1860 as religious sisters.¹⁵ Peata was ‘a woman of mana’ and possibly a tohunga makutu. When Mother Aubert became famous for her herbal remedies, she said that she was ‘taught everything’ by

7. Gluckman, pp 156–157

8. Macdonald, p 108

9. For example, native and introduced species of plantain (kopakopa) are used in treating festering wounds; native leaf slugs and introduced tiger snails (ngata) are used in treating asthma (personal observation). There has been a debate on the extent of pre-European use of medicinal plants by Maori; the literature is cited in Voyce, ‘Maori Healers’, pp 100–101. During the debate preceding the Tohunga Suppression Act in 1907, Apirana Ngata commented, ‘Real remedies for certain complaints natural to the human being are to be found in our own flora. And the tohunga of old were acquainted with the medical virtues and curative properties of a good many of the plants, which are not in the recollection of the present generation’ (NZPD, 19 July 1907, p 520).

10. Gluckman, p 155

11. L K Gluckman, *Tangiawai, A Medical History of 19th Century New Zealand*, Auckland, L K Gluckman, 1974, p 158

12. Richard Cruise, *Journal of a Ten Month's Residence in New Zealand*, [1823] Christchurch, Pegasus Press, 1957, p 199

13. Gluckman, p 158, citing Richard Taylor, ‘Journal’, Auckland Museum Library

14. Gluckman, p 159. Gluckman attributes this to the theological revivals of the King movement and Hauhauism, in response to loss of racial mana and land.

15. Jessie Munro, *The Story of Suzanne Aubert*, Auckland University Press with Bridget Williams Books, 1996, pp 81, 84, 202

Peata,¹⁶ though Aubert had undoubtedly carried on learning from other Maori in Hawke's Bay and Whanganui. In 1894 Aubert won a court case against Kempthorne and Prosser for diluting her decoctions, and thereafter she stopped commercial production,¹⁷ but the efficacy of the Rongoa had been widely attested by Maori and Pakeha.¹⁸

In 1869 the Crown began disqualifying tohunga and Rongoa Maori, with the Medical Practitioners Registration Act 1869, the Tohunga Suppression Act 1907, and the Quackery Prevention Act 1908, which placed restrictions on the sale of herbal medicines. The British Medical Association and its New Zealand associated doctors discredited herbal medicines.¹⁹ Lange concluded that medicinal herbs comprise a large part of the healing practice of tohunga.²⁰

The indigenous medical system, Rongoa Maori, as defined by the National Body of Maori Traditional Healers, works with four life-support systems: taha wairua, taha hinengaro, taha kikokiko, and taha whanau. The National Body holds that Rongoa Maori is for the benefit of those who need it.²¹ Profit taking and commercial exploitation – patenting of plant extracts and of genetically altered plants by pharmaceutical companies – is antithetical to this ethos.

Rongoa Maori shares theoretical perspectives and practices in common with world traditions of herbal medicine. However, members of Nga Ringa Whakahaere o Te Iwi Maori, the National Body for Maori Traditional Healing, have not identified with New Zealand medical herbalists, observing that many do not practise within the living traditional cultural fabrics from which their hybrid practices derive, and that many have compromised with the prevailing commercial ethos of New Zealand society.

Maori traditional healers practise as a cottage industry, preparing medicines in a traditional way, not charging for their labour, and not charging for their product. The National Body for Maori Traditional Healing has commented that koha does not sustain the practice of Rongoa Maori, nor the research and development needed to meet the rapid changes of the late twentieth century.²²

Colonial and modern scientists have described Maori medicine without analysing the theoretical basis of Maori practice, the methods of preparation, or the range and interaction of curative techniques; and have treated all records as national, not recognising that each hapu uses the resources of its own locality. For example the authors of *New Zealand Medicinal Plants* have analysed the chemical constituents of indigenous flora used in Rongoa Maori;²³ Rongoa however heals through the energetics of whole plant-parts; and plant preparations are used in

16. Munro, pp 118, 202

17. Munro, pp 205

18. Munro, pp 119, 202–207

19. Munro, p 205

20. R Lange, 'The Revival of a Dying Race: A Study of Maori Health Reform, 1900–1918 and its Nineteenth Century Background', MA Thesis, University of Auckland, 1972

21. University of Waikato, Rongoa Maori Workshop, Waitaia Lodge, 1996

22. Ibid

23. S G Brooker, R C Cambie, and R C Cooper, *New Zealand Medicinal Plants*, Auckland, Reed, 1991

conjunction with karakia and other healing techniques. Rongoa Maori has its own theory and practice, and unless the theoretical basis of Rongoa Maori is understood, its medical practices will appear disorganised from other perspectives; one system cannot be explained in terms of another. The practices of Rongoa Maori have not been properly described in any published work to date (1996).

New Zealand accords a privileged role to practitioners of conventional medicine. Practitioners of Rongoa Maori are prohibited by statute from describing themselves as doctors, although *rata* and *tohunga* are correctly translated by this term. Hostility to Rongoa Maori has no basis in research, but appears instead to be a legacy of a colonial prejudice harboured in New Zealand.

Outside New Zealand, Maori knowledge of the medicinal properties of indigenous flora and fauna is regarded as an invaluable contribution to world scientific knowledge: 'The knowledge of medicinal plants preserved by indigenous specialists is priceless information . . . Without it we must use random screening, which is like searching for a needle in a haystack'.²⁴ The hostility of New Zealand legislation and state doctors to traditions of herbal medicine²⁵ limits the capacity of Rongoa Maori to incorporate new methods, to respond to internationally spread diseases, and to develop as a modern medical practice.

4.3 THE TOHUNGA SUPPRESSION ACT 1907

During 1907 the Crown legislated against Rongoa Maori with the Tohunga Suppression Bill. Tohunga are responsible for the wellbeing of their hapu, through their training in specialist knowledge. Bountiful harvests, social wellbeing, ecology, and health are allied in a shamanic paradigm:

But the catching of the delectable inanga was restricted to periods fixed by the local tohungas after they had invoked the gods of the tribe . . . To ensure that the fish would be afforded every opportunity of making their way up-stream unmolested by fishermen, the tohungas in certain years declared the banks of the Buller "tapu" for a distance of several miles from the mouth. When the fish were considered to have had sufficient time to advance beyond the tapu boundaries, sprigs of kawakawa were cut by the tohungas who then proceeded along the banks of the river in canoes striking the surface at regular intervals with their kawakawa twigs. The action of striking the water which had previously been declared tapu had the effect of removing the prohibition on fishing. The Maori fishermen were then able to construct weirs, and set their eel baskets preparatory to the return of the fully grown inanga to sea. When all the ceremonies were completed, an offering was made to the god (atua) of the river;

24. Malcolm McNeill, 'Intellectual Property Law Reform and the Marginalisation of Maori', MA thesis, University of Auckland, 1995, p 57, citing Elaine Elizabetsky, 'Folklore, Tradition, or Know-How?', in *Cultural Survival Quarterly*, 1991, p 10. Elizabetsky suggests that 74 percent of the chemical compounds used as drugs in conventional medicine have come into use through the knowledge of societies practising herbal medicine.

25. In 1996 some staff at the Auckland Medical School and at National Women's Hospital opposed the use of herbal medicines during childbirth (*New Zealand Herald*, 29 October 1996, p A3).

the oblation was called 'tiri'. Buller River was called Kawatiri: lifting of tapu and thanks offering made to the atua of the river for a bountiful food supply.²⁶

At times of social crisis tohunga may come to the fore as leaders, as happened around 1900 when Maori had lost control of the process of colonisation, identity was eroded as the result of land loss, and communities were depopulated, lethargic, and without strong leaders as the result of infectious diseases and impoverishment.

In the mid-1890s, Maori population reached its lowest numbers.²⁷ Among the causes were the new infectious diseases introduced by European colonial settlers: measles, chickenpox, tuberculosis, typhoid fever, scarlet fever, diphtheria, influenza, and so on.²⁸ The Minister of Health had failed to provide rural Maori communities with adequate medical services; and while the causes and treatments of the introduced diseases were known in European medical practice, Dr Pomare complained that advice and measures such as vaccination were not made widely available to Maori.²⁹ James Carroll, Native Minister, recognised:

the present is a more critical time in the life of the Maori than any other period previous. He is more in want now of medical attendance . . . than ever before. I would suggest that the amount be increased, and the responsibility placed on the Health Department to appoint proper men to attend medically to the Maori race.³⁰

Apirana Ngata (Eastern Maori) also placed the Bill in the context of Maori health:

I think this is the proper place to point out a real grievance on the part of the Maori people, in the lack of enthusiasm displayed by successive Governments in the matter of medical attendance on the Maori sick . . . When the [1897 measles] epidemic went through the [Urewera] district it denuded the two schools . . . If they had had ordinary nursing the loss would not have been anything like that, but under the advice of tohungas they threw themselves into the nearest creek – into cold water – and in two days they were dead . . . There is, therefore, all the more reason why we should make an advance in respect to this matter [here, Ngata is supporting the Tohunga Suppression Bill], and I hope that this year the Administration will . . . [make] greater provision for the medical needs of the Maori people.³¹

The annual grant for Maori health in 1907 was £3000. 'Amongst forty-six thousand people what is £3000?' Ngata asked the House.³²

26. G G M Mitchell, *Maori Place Names in Buller County*, Wellington, Reed, 1948, pp 45–46

27. The lowest figure was possibly 42,113 in 1896 (P Webster, *Rua and the Maori Millennium*, Wellington, Price Milburn, 1979, pp 143–153).

28. For example, 'In the Urewera district in 1897 there was an epidemic of measles . . . Out of sixteen hundred people one-twentieth died in one year' (A Ngata, 19 July 1907, NZPD, 1907, vol 139, p 521).

29. See the annual reports of Dr Pomare, Health Officer to the Maoris, AJHR, 1902, vol 2, H-31, pp 61–65; 1903, vol 3, H-31, pp 66–83; 1904, vol 3, H-31, pp 56–65; 1905, vol 4, H-31, pp 56–57; 1906, vol 3, H-31, pp 67–68; 1907, vol 4, H-31, pp 52–62

30. J Carroll, 19 July 1907, NZPD, 1907, vol 139, p 525

31. A Ngata, 19 July 1907, NZPD, 1907, vol 139, pp 520, 521

32. A Ngata, 19 July 1907, NZPD, 1907, vol 139, p 520

From 1902 to 1907, annual reports from Dr Maui Naera Pomare, Health Officer to Maori, had sought reasons for the high rate of Maori mortality. Pomare had advocated erecting cottage hospitals in Native districts and adding a special ward or small hospital for Native consumptives, training Maori girls to be graduated nurses, liberally subsidising doctors to do Maori work, introducing a stringent law prohibiting the practice of any kind of tohunga, training instructors to work with Maori advising on baby-care, invalid cooking, and simple medication, carrying out sanitary reforms and propagating knowledge of sanitation, erection of closets, vaccination, deportation of lepers, controlling sale of liquor, abolishing tangi and hui, individualising Native lands and making working the land mandatory, removing poverty and poor living conditions, introducing employment, and improving living standards in Maori kainga.³³ Thus, Pomare intended suppression of tohunga to be one of many measures to improve Maori health. In the parliamentary debates, however, this measure was singled out and the Act was worded to suppress Maori community leaders attempting to restore the wellbeing and political autonomy of their communities.³⁴ The Act became a witch-hunt against popular Maori opposition to colonial government.³⁵

The crisis in Maori health was coincident with the large followings which tohunga attracted, and during the debate in the House tohunga, along with Rongoa Maori, were reviled: ‘there is a class of herbalists, and of massage-treating experts, and charlatans of the worst type it is possible to conceive of . . .’³⁶ To appreciate the perspective of Maori who followed tohunga, it is necessary to understand the shamanic paradigm which connects disease and tohunga. Pomare had reported in 1906 that ‘all diseases which cannot be accounted for are considered *mate Maoris*, and no one can cure a *mate Maori* except a tohunga’.³⁷ *Mate Maori* is a manifestation of an infringement (hara) of sacredness (tapu), causing the withdrawal of supernatural protection and consequent possession by a malignant spirit. As shaman, the tohunga can discern the path by which a spirit has travelled from the underworld, and instruct it to return, thereby releasing the patient from its ill effects. Where *mate Maori* is caused by sorcery (makutu), tohunga can counter with their own powerful techniques.³⁸

During the debate preceding the second reading of the bill, Shortland’s detailed account of tohunga healing was read to the House by Wilford (Hutt), who presented it as an account of pagan witchcraft: ‘There is no doubt that the flax-stick of the tohunga is the magician’s rod of Tchatcha-em-aukh in Egypt’.³⁹ Similarly,

33. AJHR, 1903, vol 3, H-31, p 71. Carroll also told the House: ‘In most of the outlying districts there are no European doctors within seventy or eighty miles or more’ (J Carroll, 19 July 1907, NZPD, 1907, vol 139, pp 524–525).

34. This interpretation is argued by M Voyce, ‘Maori Healers in New Zealand: The Tohunga Suppression Act 1907’, *Oceania*, vol 60, 1989, pp 99–123.

35. This view is argued by P Laing, ‘Tohunga and Witches: Gendered Representations of Maori Healing’, in *Maori and White Women: Gendered Representation in the Colonial Construction of Maori Health*, 1996, unpublished manuscript.

36. A L D Fraser, 19 July 1907, NZPD, 1907, vol 139, p 523

37. AJHR, 1906, vol 3, H-31, p 68

38. The literature is cited in Voyce, p 100.

medicinal prescription of brandy by tohunga was discredited as evidence of demoralisation. However, in a shamanic paradigm, healing takes place through the intercession of ancestral spirits. Tohunga are able to ‘journey’ to realms where illness and healing are dealt with, while common people are assisted by substances which transport the mind to other states of consciousness:

This lady, this tohunga, went from town to town . . . decrepit Maori women who had never allowed spirits . . . to touch their lips were told that it was the elixir of life, that they would be young again and live for ever as long as they drank neat three-star brandy, and they imbibed it with impunity.⁴⁰

Similarly, the prescription by tohunga of immersion in cold water was criticised as tragically inappropriate for the new diseases; in a shamanic paradigm water is used to lift tapu and thereby free the patient of malignant influences.⁴¹

There was a real concern with quackery. Opportunistic tohunga who were not competent to deal with the new diseases exploited an incredulous following by appropriating lands and property.⁴² This is highlighted by noting that the National Body of Maori Traditional Healers holds an ethos of not charging for healing. Some Maori lodged complaints against tohunga; Voyce has cited records from around 1899 to 1907 in which tohunga were accused by Maori of bewitchment, extortion, and appropriation of money and property. Under section 49 of the Indictable Offences Summary Jurisdiction Act 1894; section 40 of the Criminal Code Act 1894; section 16.5 of the Maori Councils Act 1900; and the Tohunga Suppression Bill 1907, tohunga were charged with murder, given prison sentences, licensed, suppressed, and finally outlawed.⁴³

Thus, while Maori directed complaints against the practices of tohunga, and tohunga were convicted and punished, the Crown was withholding from Maori communities knowledge, advice, and medicines appropriate for these new diseases.⁴⁴ During the debate in the House, the astute Hone Heke (Northern Maori) was cautious about medical quackery being the real motive for the Bill: ‘I say to the Native Minister that if he intends this Bill to be an honest attempt to suppress tohungaism, why apply it to the Maori alone – why not extend it to the pakeha as well?’⁴⁵

It is also necessary to place the tohunga Te Whiti o Rongomai, Te Wetere, Te Ua, Te Kooti, Rua Kenana, Tohupotiki Wiremu Ratana, and others in the context of

39. Wilford, reading from Edward Shortland, *Traditions and Superstitions of the New Zealanders*, London, Longman, Brown, Green, Longmans & Roberts, 1854, p 126 (19 July 1907, NZPD, 1907, vol 139, pp 516–517).

40. A L D Fraser, 19 July 1907, NZPD, 1907, vol 139, p 523

41. Voyce, p 101

42. Particular cases are cited in Voyce, pp 104–107

43. *Ibid*, pp 102–107

44. See the annual reports of Dr Maui Pomare. For example, Pomare advocated training Maori nurses to work in Maori communities (AJHR, 1903, vol 3, H-31, p 71). However, over the decade 1901–1911, the Maori Health Nursing Scheme, a Maori initiative, was assimilated by the Public Health Department. Instead of Maori nurses, Pakeha were appointed to the service (Laing and Pomare, ‘Maori Health and the Health Care Reforms’, *Health Policy*, vol 29, 1994, p 146).

Pacific-wide millenarian movements which have organised indigenous opposition to colonial government. Rua followed Te Kooti in advising Tuhoe to stand against the ‘rule of law’ by which Maori land had been confiscated; he foresaw that Tuhoe prosperity lay in making their land productive; he was conscious of the need for hygiene and good quality housing.⁴⁶ Nevertheless, during the debate in the House, James Carroll, Native Minister, stated:

The effect of these tohungas is to paralyse the industries in which the Natives are engaged. To create notoriety for themselves, they generally take a hostile attitude to the laws which are in force and which are intended for the general benefit of the community. They also, by the advice they give to their followers, endeavour to as far as possible resist the progress of the higher branches of our civilisation . . . I am now quoting, as a type of this class of practitioner, the notorious Rua . . . Rua started his work in . . . the Tuhoe or Urewera Tribe, who had estranged themselves from all law and order by the non-recognition of Crown rule over their territory . . . This tohunga, Rua, assumed control over the major portion of those people, and persuaded them to part with their belongings, to sell their stock, to leave their cultivations, to withdraw their children from attendance at schools, and to pervert the good effect of all our laws, persuading them that he, constituted as he was, was allied with powers beyond human ken, and would set matters right ultimately . . . What I would ask the House to do is to view the evil effect of the professions of such people – the disastrous result it has on the well-being of a section of our community – and institute such checks as may be advisable.⁴⁷

He was supported by another Maori member, Wi Pere:

I agree in every sense with the provisions of this Bill . . . I would have had this man collared long ago. This man Rua is exciting a bad spirit. he has told his followers that presently the white people will all be removed from these lands.⁴⁸

Pakeha public opinion also, represented the pacifist political resistance of tohunga as disreputable. Carroll read to the House an article from the Whakatane County Press:

Fanatical Natives like Rua should be early subdued . . . As a whole, the Native population is much more content with British rule than in days past. Nevertheless, when we hear of sedition being openly preached . . . firm steps on the part of the authorities should be taken to quench it . . .⁴⁹

45. H Heke, 19 July 1907, NZPD 1907, vol 139, p 513. George likewise told the Legislative Council: ‘Why should we pass a special Act dealing with the Natives in regard to their tohungas when, I venture to say, as pointed out by nearly everyone who has spoken in this debate, we Europeans have a greater number of tohungas than the Natives ever had?’ (22 August 1907, NZPD, 1907, vol 140, p 380).

46. Webster, p 272; J Binney, G Chaplin and C Wallace, *Mihaia: The Prophet Rua Kenana and His Community at Maungapohatu*, Auckland, Auckland University Press with Bridget Williams Books, 1979, pp 26, 52, cited by Laing.

47. J Carroll, 19 July 1907, NZPD, 1907, vol 139, p 511

48. W Pere, 19 July 1907, NZPD, 1907, vol 139, pp 374, 375

49. J Carroll, 19 July 1907, NZPD, 1907, vol 139, p 511

Several scholars have argued that the Tohunga Suppression Bill was motivated by Pakeha fear that Rua's movement might serve as a focus for Maori resistance to expansion of Pakeha settlement and Pakeha domination in Maori areas.⁵⁰ During the debate Stevens (Manawatu) was explicit:

But in order to bring about a better state, and make the Natives understand there is only one law, some such legislation as this is necessary . . . I think the Maori must be brought into line; and the only way in which to bring him into line is by passing some Act that will give greater and wider powers than exist in the Police Offences Act or Criminal Code Act.⁵¹

Protestant Christian ministers of the era were widely opposed to pagan witchcraft and included tohunga practices in this category; some support of the Tohunga Suppression Bill may have come from Maori Christians.⁵² Within the Catholic church, however, Aubert had worked closely with Peata and other Maori in the preparation and administration of rongoa.⁵³

Voyce places the Tohunga Suppression Act also in the context of other coercive legislation adopted by the Liberal Party in conjunction with its social welfare program: female 'repeat offenders' were sent to a mental institution; 'surplus' labourers were sent to a state farm; there were attempts to control tramps and swaggers; and tohunga 'of the Rua type' were described in the House as 'no good to the country'.⁵⁴

Munro has examined the reasons for Mother Suzanne Aubert's decision to stop public sale of her rongoa: the unauthorised dilution of decoctions by her distributor, the court case, and the unwelcome publicity. Munro comments:

But her growing involvement with the medical world led her away from patent medicines. By 1908 the Quackery Prevention Act had, at least officially, tightened up on them. The British Medical Association and its New Zealand associates would have nothing to do with the purveyors of patent medicines. One doctor referred to her disparagingly as 'Mother Seigel', the ever-present American medicine-maker in the newspaper columns. Suzanne, fiercely proud of her integrity in medicine and wanting to be associated with professionalism, was stung. 'New Zealand's vegetatist' stopped making her medicines.⁵⁵

Concurrently, Maori names were disappearing from scientific papers in the *Transactions of the New Zealand Institute*. Colonial men of science were establishing the integrity of their new professions by discrediting and disparaging all other systems of knowledge.

50. Laing cites Binney, Chaplin, Wallace; Webster; Voyce.

51. Stevens, 19 July 1907, NZPD, 1907, vol 139, p 514

52. This is explored by Laing.

53. Munro, pp 119, 206–207. Aubert and Peata met in 1861. Aubert's practice of Rongoa Maori probably continued until the Quackery Prevention Act 1908.

54. Voyce, pp 108–110; Wilford, 19 July 1907, NZPD, 1907, vol 139, pp 517–518

55. Munro, p 205

Some insight into one faction of support for the suppression of tohunga comes from the 1962 repeal of the Act, when Eruera Tirikatene (Southern Maori) stated:

I prefer the old idea of social and economic advancement towards perfection according to Western culture . . . After all, we could not follow the old culture and at the same time live as Europeans . . . After the 1914–18 war, the late Tohupotiki Wiremu Ratana stood out against the power and authority of tohungaism, and proved the power of Christianity . . . He taught the Maori that the power of God transcended everything and that the Maori should foresake his belief in tohungaism.⁵⁶

The Tohunga Suppression Bill was supported by Maori doctors trained in western medicine and by the Maori members of Parliament: Maui Pomare, Te Rangi Hiroa (Peter Buck), James Carroll (Native Minister), Hone Heke (Northern Maori), Henare Kaihau (Western Maori), Apirana Ngata (Eastern Maori), Tame Parata (Southern Maori), Wi Pere (Legislative Councillor), Mahuta Tawhiao (Legislative councillor), Potatau te Wherowhero (Legislative Councillor) all supported it or did not speak against it.⁵⁷ Laing argues that Dr Maui Pomare and Te Rangi Hiroa, as did the popular press, constructed tohunga in a new way, as medical charlatans and pseudo-priests, in order to stop indigenous healers from practising. Laing attributes three agendas to this representation of tohunga. Firstly, Pomare, Buck, and others were emerging as a new kind of leader whose authority lay in their modern, western education, that is, they were challenging the leadership of tohunga. Pomare repeatedly wrote in his annual reports that contemporary tohunga were diverting their followers from the sanitary reforms that would reduce deaths from contagious diseases. Secondly, the tide of colonial medical opinion was against traditional healers and herbal medicine.⁵⁸ Thirdly, Buck and Pomare had been trained in western professions and believed that prosperity lay in assimilation: ‘There is no hope for the Maori but in the ultimate absorption by the pakeha’ Pomare wrote in an annual medical report.⁵⁹ Laing and Pomare state unequivocally that the Act was passed as a ‘tool of assimilation . . . an attempt to curtail the role of traditional Maori healers (tohunga) in favour of conventional Western medical practice’.⁶⁰

Laing summarises the dilemma: ‘It was an assertion of colonial power over the Maori body using medical men as agents of empire which impacted profoundly on a contest over Maori leadership.’⁶¹ Te Whiti o Rongomai, Rua Kenana, and other tohunga sought to counter Maori demoralisation through retrieving the religious and political force of hapu-based society. Leaders of the Ringatu, Ratana, and Anglican religions displaced ancestral powers with Christian faith-healing.⁶²

56. E Tirikatene, 13 December 1962, NZPD, 1962, vol 333, pp 3359, 3360

57. 19 July 1907, NZPD, 1907, vol 139, pp 510–525; Te Rangi Hiroa, *The Coming of the Maori*, Wellington, Maori Purposes Fund Board, 1949, p 407

58. Munro, p 205–206

59. M Pomare, ‘Report of Dr Pomare, Health Officer to the Maoris’, 2 August 1906, AJHR, 1906, vol 4, H-31, p 67

60. P Laing and E Pomare, ‘Maori Health and the Health Care Reforms’, *Health Policy*, vol 29, 1994, p 146

61. Laing, ‘Tohunga and Witches’, p 12

Pomare, Buck, Eruera Tirikatene, and other new Maori leaders sought greater Maori participation in colonial society to bring about sanitation, land reform, and rise in standard of living.

While Maori leaders vied, colonial society instated its own values and secured its own prosperity; and a ragged body of rural Maori waited in vain for health assistance.

4.3.1 The suppressed agenda of the parliamentary debate

My reading of the debates in the House (19 July) and in the Legislative Council (22 and 23 August) is this: If the objective of the Government was to improve Maori health, the Bill undermined this by outlawing all *tohunga*, both charlatans and profoundly knowledgeable health practitioners, as Rigg told the Legislative Council: ‘besides the mystic and quack there is also a genuine healer of diseases . . . persons who may possess this healing-power and who should not be interfered with’.⁶³ Maori health would have been better served by the provision of funding and training, as McCardle told the Legislative Council: ‘What is wanted is that medical men should be appointed to go amongst the Natives and induce them to adopt proper sanitary methods, to see that they get proper food and attention during illness . . . and if that were done I think we would soon see the last of *tohungaism*’.⁶⁴

Pomare in his reports, and Heke and others who debated the Bill in Parliament, advocated that the suppression Act should apply to both Maori *tohunga* and Pakeha untrained medical practitioners.⁶⁵ The passing of a Bill which treated Maori differently from Pakeha required judicial compromises. George expressed his reservations to the Legislative Council:

But I do not altogether believe in this method of passing Acts dealing with one portion of the people of the colony . . . it is not right that a measure should be passed simply for the purpose of dealing with the one race when the Europeans are even more guilty than the Natives’.⁶⁶

So did Samuel:

this is to a certain extent exceptional legislation . . . We should be extremely careful how we add to the category of crimes, and we should be still more careful how we discriminate between one portion of the people of the colony and another.⁶⁷

So did Findlay:

62. Voyce, p 114

63. 22 August 1907, NZPD, 1907, vol 140, p 377

64. Ibid, pp 381

65. M Pomare, ‘Report of Dr Pomare, Health Officer to the Maoris’, AJHR, 1904, p 60; H Heke, 19 July 1907, NZPD, 1907, vol 139, p 513

66. 22 August 1907, NZPD, 1907, vol 140, pp 380, 381

67. Ibid, p 381

The first point we should keep clearly in mind is that we should not impose upon the Native race of this colony a law which differs from the law imposed upon ourselves without the best and most conclusive reasons.⁶⁸

Other judicial reservations were voiced by Kelly:

[The Bill] gives the power to two Justices of the Peace to fine or imprison for practising as a tohunga. Now, that is a most improper power to place in the hands of mere Justices of the Peace, who may have no judicial minds or legal knowledge. Such a power should only be exercised by a Stipendiary Magistrate.⁶⁹

Further, if the objective of the Bill was to suppress charlatans, legislation already existed under which tohunga had been successfully prosecuted.⁷⁰ This was pointed out during the debate:

so far as this debate is concerned I question whether the Bill is necessary. It seems to me that the power which the Government possess at the present time under three different Acts quoted by the Attorney-General ought to be sufficient to deal with the gentleman who seems to have caused the introduction of the Bill – the so-called prophet Rua.⁷¹

The use of the Bill to suppress Rua Kenana was widely acknowledged during the debates:

Tonight we find it necessary to bring down special legislation to deal with an individual . . . the raising . . . to statutory fame – a contemptible illiterate Maori called Te Rua. That is the whole object of this Bill.⁷²

What did Rua and his fellow tohunga represent that the New Zealand Government was prepared to suppress, at the expense of depriving Maori of much-needed health practitioners and to the prejudice of judicial fairness? What does the National Body of Maori Traditional Healers mean when they say the Tohunga Suppression Bill struck at the core of Maori culture?

During the 1907 parliamentary debate, tohunga were described as the repositories of tribal history and tradition, propitiators of the gods to secure sufficiency of food and success in war, seers, and mediums between the living and dead.⁷³ Tohunga represented Maori leadership in domains of deeply learned religious knowledge and skilfully executed political power outside the ken of colonial society: ‘The law that governed the tribe emanated from [the tohunga]’.⁷⁴

These domains of Maori culture were designated primitive, pagan, and evil during the parliamentary debate. Collins proposed, ‘with the help of those Maoris

68. 23 August 1907, NZPD 1907, vol 140, p 404

69. 22 August 1907, NZPD, 1907, vol 140, p 378

70. For example in 1894 Mapu, a Kaikohe tohunga, was convicted under section 49 of the Indictable Offences Summary Jurisdiction Act for prescribing open air dips for a child, who then died (Voyce, p 104).

71. G J Smith, 22 August 1907, NZPD, 1907, vol 140, p 384

72. A L D Fraser, 19 July 1907, NZPD, 1907, vol 139, pp 522, 523

73. Captain Tucker, 23 August 1907, NZPD, 1907, vol 140, pp 400–401

who have been trained for the medical profession and also with the assistance of a Bill of this kind, these things will have a great effect in averting the evil influences of the tohungas'.⁷⁵ Jones was similarly convinced that 'all that is necessary to abolish this superstition [tohungaism] is intellectuality and education'.⁷⁶ Wigram proposed, 'we might eliminate the word "tohunga" from the Bill altogether. The measure, I think, should be called "The Maori Superstition Act," and its object should be to protect the Maori race from the improper exploitation of its superstitions'.⁷⁷ Stevens proposed that 'one solid example . . . will do more to suppress Hauhauism and witchcraft than all the attempts at persuasion'.⁷⁸

Laing comments that characterising the practices of all Maori tohunga as witchcraft and medical quackery denied to tohunga their dignity as respected teachers, healers and leaders, and instead positioned tohunga as disreputable, marginal to society, and objects of a legitimate suppression.⁷⁹

Under the leadership of tohunga, Maori had the force to determine their own uses of Christianity, education, and medical practice, and to recover their own political will. Wilford indirectly made this point: 'The tohunga has started to undo practically the whole of the good work done by this colony through its legislation by means of educating the Maori race'.⁸⁰ Stevens concurred: 'in order to bring about a better state, and make the Natives understand there is only one law, some such legislation as this is necessary'.⁸¹ McCardle announced: 'I will support the Bill. It is a dangerous thing to give the Natives the idea that there is something superior in tohungaism'.⁸² Captain Tucker was equally frank: 'the concourse of a large number of strangers in one place living a life of idleness, and breathing . . . a desire that the whole of New Zealand should come back into the hands of the Natives, and that the Europeans should disappear – these sentiments are not calculated to inspire a very great deal of confidence in settlers'.⁸³

The Suppression of Tohunga Act gave the colonial government a legal means to suppress Maori identity, Maori resistance, and Maori political autonomy.

4.3.2 Repeal of the Tohunga Suppression Act

Regulation of tohunga was re-enacted in section 14 of the Maori Purposes Act 1949. Voyce examined National Archive records up to 1955, when tohunga had

74. A Ngata described the pre-colonial tohunga: 'The law, which meant life and death, which dealt with everything pertaining to their cultivations, everything pertaining to their industries, everything pertaining to their moral life, and everything pertaining to their religious life, emanated from the tohunga. His word was law' (19 July 1907, NZPD, 1907, vol 139, pp 518–519).

75. 22 August 1907, NZPD, 1907, vol 140, p 379

76. *Ibid.*, p 383

77. 23 August 1907, NZPD, 1907, vol 140, p 402

78. 19 July 1907, NZPD, 1907, vol 139, p 515

79. Laing, 'Tohunga and Witches', p 3

80. 19 July 1907, NZPD, 1907, vol 139, p 516

81. *Ibid.*, p 514

82. 22 August 1907, NZPD, 1907, vol 140, p 381

83. 23 August 1907, NZPD, 1907, vol 140, p 401

become uncommon in Northland and the East Coast, but could not establish definitively what the impact of the Act had been.⁸⁴ In 1962 the Maori Welfare Act repealed the Tohunga Suppression Act.⁸⁵

Laing and Pomare argue that as a result of the 1907 Act, Maori indigenous healers went underground, and did not begin to publically assert themselves until the 1980s; traditional Maori leadership was discredited; the challenge to the assimilationist visions of the new leaders such as Sir Maui Pomare and Sir Peter Buck was annulled; and stigmatism was added to the demoralising stresses affecting Maori wellbeing: 'In terms of Maori having control over their own health care, the suppression of indigenous healers was potentially disastrous.'⁸⁶ The National Body for Maori Traditional Healing argues that the Act disqualified Maori from legally practising Rongoa Maori. Many whare wananga disappeared overtly. The Act struck at the core of Maori culture.⁸⁷

Hostility to Rongoa continued after 1962 (see chronology). Te Puea validated traditional healing but feared prosecution.⁸⁸ In 1974 the medical psychiatrist L K Gluckman described Rongoa Maori as 'a negative influence'. He made no analysis of the theoretical basis of Rongoa Maori, believed the practice to have developed after colonial settlement, and represented Maori knowledge as disorganised.⁸⁹

During the 1990s, United Nations working papers, reports, charters and conventions formulated the right of indigenous communities to custody of their traditional resources. In 1992 a United Nations preliminary report included those physical resources (biodiversity) indigenous to the territory of an indigenous people, in intellectual forms of property.⁹⁰

In 1993 the First International Conference on the Cultural and Intellectual Property Rights of Indigenous Peoples was held at Whakatane. Here, the Mataatua Declaration was signed by 150 indigenous communities and tabled before the United Nations. The Declaration stated:

Indigenous flora and fauna is inextricably bound to the territories of indigenous communities and any property right claims must recognise their traditional guardianship'.⁹¹

84. Voyce, pp 113–116

85. NZPD 1963, vol 333, pp 2693–2704, 3357–3361. In 1960 the Hunn Report had recommended the legal differentiation between Maori and Pakeha be eliminated (Voyce, p 116).

86. Laing and Pomare, pp 144, 149; Laing, 'Tohunga and Witches', p 17

87. Chairman (A Clark), Nga Ringa Whakahaere O Te Iwi Maori, personal communication, 1996

88. M King, *Te Puea: A Biography*, Auckland, Hodder, 1977, p 171

89. Gluckman, pp 153–159: 'originally the Maori had a minimal system of medical practice . . . After European contact . . . The pseudopriests began to find curative properties in different plants which they kept secret so as to acquire more followers . . . Beyond the few plants used for minor ailments, the possibilities of herbal remedies were not explored by the Maoris . . . the tohunga to try and retain his influences in the face of missionary activity was compelled to imitate the healing techniques of the missionary and a debased form of medical practice developed in the 1850s.'

90. McNeill, p 53, citing UN E/CN.4/Sub.2/1992/30:2

91. McNeill, pp 60–61, citing section 2.6

Also in 1993 the United Nations Working Group on Indigenous Populations released a report stating that ‘each indigenous community must retain permanent control over all elements of its heritage’.⁹² Rongoa Maori is an intellectual property which has been acquired through ‘research and development’ over many centuries to the present.⁹³ However, under GATT legislation, to which New Zealand became a signatory in 1993, indigenous resources, and knowledge of their uses, are treated as ‘public domain’ and are appropriated without recompense to indigenous peoples for their right of ownership. Yet once the resources are commodified (made into drugs) they become subject to patent laws and are sold at profit-taking levels.⁹⁴

In 1994 the United Nations released a report, ‘Principles and Guidelines for the Protection of the Heritage of Indigenous Peoples’, stating that ‘Indigenous peoples’ ownership and custody of their heritage must continue to be collective, permanent and inalienable, as prescribed by the customs, rules and practices of each people’.⁹⁵

McNeill’s researches suggest that this declaration was made in response to expropriation of indigenous biodiversity and scientific knowledge: the gene poor ‘North’ has long relied on and exploited the genetically rich ‘South’ for food and plant materials. An intensified search for new drugs, and improvements in biotechnology, has seen the rate of this gene and knowledge transfer accelerate.⁹⁶ He cites King: ‘The age of biotechnology has given rise to . . . “the last great resource rush” as companies . . . search the world for the new raw materials of their industry: wild strains of plants and animals from which they can extract genes to develop new chemicals, flavorings, food, drugs . . . biotechnology is expected to grow from a \$4 billion to a \$50 billion industry.’⁹⁷

Notwithstanding the dissemination of United Nations statements on the rights of indigenous peoples, the New Zealand Government has continued to pass legislation which does not recognise and protect Maori interests in flora and fauna (see below). Rongoa Maori is taught skilfully in the Centre for Continuing Education at the University of Waikato, otherwise the theoretical bases of Maori classification of flora and fauna, and the tenets of Rongoa Maori are not taught in any New Zealand scientific or medical institution.

In 1996, issues of concern to Nga Ringa Whakahaere o Te Iwi Maori, the National Body for Maori Traditional Healing (MTH), included:⁹⁸

- (f) Rangatiratanga granted under the 1840 Treaty is the right of Maori to determine their own destiny. Conservation statutes have pre-empted and fragmented Maori management of indigenous flora and fauna.⁹⁹

92. McNeill, pp 66–67, citing Daes (UN) E/CN.4/Sub.2/1993/28:para 30

93. For example, Aubert ‘applied her knowledge of chemistry and botany [to native medicinal plants] . . . [Maori] seemed to relate to her as a developer of Maori medicine’ (Munro, pp 202, 206).

94. McNeill, p 56, citing Elizabetsky, p 12

95. McNeill, pp 67–68, citing Daes (UN) E/CN.4/Sub.2/1994:5

96. McNeill, p 55, citing Jack Kloppenburg, ‘No Hunting! Biodiversity, Indigenous Rights and Scientific Poaching’, in *Cultural Survival Quarterly*, 1991, pp 14–18

97. McNeill, p 56, citing Jonathon King, ‘Breeding Uniformity: Will Global Biotechnology Threaten Global Biodiversity?’, in *The Amkus Journal*, 1993, p 25

98. University of Waikato workshop at Waitaia Lodge (Tauranga), October 1996.

- (g) Maori traditional healers are the guardians of Rongoa. The National Body (MTH) seeks control of flora and fauna with medicinal uses.
- (h) Under present legislation, the Patent Office has allowed 17 patents over indigenous plant properties. Maori question the validity of these patents, and seek their revocation and a cessation to the issuing of patents. Further patents have been applied for. Some processes of gene manipulation are being used to circumvent patent rights (koromiko is no longer koromiko).
- (i) Biogenetic manipulation produces bastard species, which cross with wild species, producing species of unknown properties. As these are released, Maori will lose control of the medicinal properties of the true wild species on which their medicinal practice depends. The New Zealand Government has stringent statutes, and departments of research scientists, working to prevent foreign agents such as fruit fly that would endanger agriculture, from entering the country. Maori seek similar protection for the wild medicinal plants, from the release of nursery hybrids and genetically altered species which have the capacity to cross with indigenous species.
- (j) Resources are finite and rapidly disappearing. The National Body seeks right of access to the medicinal resources in reserves and, where necessary, limitation of access to Maori traditional healers only.
- (k) On the principle of oritenga (equity and parity), the National Body (MTH) is seeking recognition of Rongoa Maori as a legitimate medical practice, and direct funding for Nga Ringa Whakahaere o Te Iwi Maori to establish a research and training centre.
- (l) Maori have not been adequately consulted – note their exclusion from the six years of consultation during the GATT (Uruguay Round), 1986 to 1993.

McNeill also has commented on the exclusion of Maori from the writing of the legislation, and he has given examples of Maori rights not being recognised in New Zealand statutes. His examples include the signing the GATT Agreements. Here, New Zealand is participating in the universalisation of a western intellectual property model which is antithetical to Maori interests and may disadvantage, marginalise, and disenfranchise Maori. He gives the example that there are three limitations on the usefulness of patents for the protection of indigenous peoples' heritage: (a) patents only apply to 'new' knowledge; (b) rights are ordinarily granted to individuals or corporations, rather than to cultures or peoples; and (c) the rights granted are of limited duration. Patents are therefore not useful for protecting traditional or 'old' knowledge, or knowledge which people wish to retain as confidential.¹⁰⁰

McNeill has also addressed international copyright legislation. This legislation does not protect orally transmitted knowledge; some rights are threatened by the operation of the statutes; and Maori are denied the right to use their own cultural definition of 'intellectual property' (which for Maori has a spiritual dimension) and

99. The Crown took over management of wildlife through the schedules of the Animals and Plant Protection Acts, from 1867 on.

100. McNeill, p 57, citing Daes (UN)E/CN.4/Sub.2/1993/28:para 136

of ‘ownership’ (which in the terms of the legislation, for Maori is neither a national ‘social good’ nor ‘individual’, but is hapu-based).

When New Zealand signed the GATT (Uruguay Round) Agreement in 1993, the Agreement on Trade Related Aspects of Intellectual Property (TRIPS) required member countries to standardise domestic legislation to accord with international intellectual property law.¹⁰¹ New Zealand, however, is a bicultural country, requiring unique legislation. The final GATT Agreement did not contain provision that ‘nothing in this legislation will contravene the Treaty of Waitangi’. The legislation has placed Maori on the back foot, and will require Maori to participate in an expensive legal contest.

McNeill describes in detail how Maori are being marginalised in the Justice Department’s reform process and how they are unable to influence its outcome.¹⁰² The National Body of Maori Traditional Healers confirmed the experience of being unable to influence legislative reform through the scepticism of Government departments (‘Is Maori healing real?’), lack of clear explanation, and brevity of consultation.¹⁰³

4.4 CHRONOLOGY

The chronology records pre-colonial practice of Rongoa Maori; adoption of European medicines during the 1840s; practice of Rongoa Maori during the 1850s and 1860s; suppressive legislation around 1900; recognition of the rights of indigenous people internationally from 1980; exclusion of Maori from the writing of New Zealand statutes on intellectual property rights and from policy advice; absence of research and development funding for Rongoa Maori; protection of indigenous fauna under the Biosecurity Act; Crown versus Maori on the issue of poison drops; Crown versus Maori on the issue of introducing viral diseases; Crown versus Maori on the issue of forest sanctity and water purity.

1774. At Queen Charlotte Sound, Cook reported the curative use of a ‘sauna’ with herbs (tutaekoau).¹⁰⁴

1820. Richard Cruise observed that Maori ‘have recourse to different herbs and plants, with which they seem extremely well acquainted; and one of the gentlemen who was afflicted with an eruption on his lips, was cured by the application of a decoction of herbs given to him by a native’.¹⁰⁵

1816 to 1826. John Rutherford observed the use of herbs to staunch bleeding and ease pain.¹⁰⁶

101. McNeill, p 47

102. McNeill, p 51

103. University of Waikato, Rongoa Maori Workshop, Waitaia Lodge, 1996

104. Macdonald, pp 116–117

105. Macdonald, p 32

106. Gluckman, p 152

1840. John Johnson observed the use of steam baths at Ngawha, lined with flax, and the therapeutic value of the waters of Rotorua.¹⁰⁷
- Early 1840s. Reverend Richard Taylor observed Maori were eager to use European medications.¹⁰⁸
1852. Reverend Richard Taylor excluded Maori from evening service ‘for having their sick to a native doctor’.¹⁰⁹
1857. Reverend T Chapman observed that whereas Rotorua Maori had formerly sought European medicines they were now making their own [Rongoa Maori].¹¹⁰
1857. Reverend C Baker observed that Maori were using their own medicines to cure illness. ‘I have protested against this most strongly and have posted up a notice on the church door condemning the practice.’¹¹¹
1858. Reverend William Puckey observed that Kaitaia Maori had ‘cast away medicine we had sent them and were using a Maori nostrum’.¹¹²
1860. Reverend Richard Taylor blamed the ‘filthy physic’ of Maori medical practitioners for the death of a woman.¹¹³
1861. Reverend William Puckey observed, ‘the greater part of the Maoris throughout the land seem to . . . place more confidence in the Native Doctor than in their European medical attendant’.¹¹⁴
1869. Medical Practitioners Registration Act imposed state control on the medical profession.¹¹⁵
1893. Criminal Code Act. Section 240 of this Act followed English statutes suppressing witchcraft and was used to prosecute tohunga.¹¹⁶
1894. Indictable Offences Summary Jurisdiction Act. Section 49 of this Act was used to prosecute tohunga.¹¹⁷
1898. *Otago Daily Times*, 11 August carried a sensational story about tohunga.
1899. New Zealand police were alerted to an increase in the activities of tohunga.¹¹⁸
Tohunga were warned by public notice that they should not practice faith healing.¹¹⁹
1900. *New Zealand Herald*, 14 September carried a sensational story about tohunga.
1900. Liberal government practiced a policy of assimilation of Maori by western civilisation. The Maori Councils Act gave limited powers of regulation to the councils in respect to tohunga.

107. Gluckman, p 152

108. Gluckman, p 158, citing Richard Taylor, ‘Journal’, Auckland Museum Library

109. Ibid

110. Gluckman, p 158, citing T Chapman, ‘Letters and Journal 1830–1869’, Auckland Museum Library

111. Gluckman, p 158, citing C Baker, ‘Journal 1827–1867’, Auckland Museum Library

112. Gluckman, p 158, citing W G Puckey, ‘Letters and Journals 1831–1868’, at Auckland Museum Library

113. Gluckman, p 158, citing Richard Taylor, ‘Journal’, Auckland Museum Library

114. Gluckman, p 159, citing W G Puckey, ‘Letters and Journals 1831–1868’, Auckland Museum Library

115. Munro, p 118

116. Voyce, ‘Maori Healers’, pp 103–104

117. Voyce, ‘Maori Healers’, p 103; Laing, ‘Tohunga and Witches’ (no page numbers)

118. Voyce, ‘Maori Healers’, p 103, citing Justice Department files

119. Voyce, ‘Maori Healers’, p 103

1902. *Poverty Bay Herald*, 24 March carried a sensational story about tohunga.
1907. Tohunga Suppression Act. ‘Whereas designing persons, commonly known as *tohungas*, practise on the superstition and credulity of the Maori people by pretending to possess supernatural powers in the treatment and cure of disease, the foretelling of future events, and otherwise, and thereby induce the Maoris to neglect their proper occupations and gather into meetings . . . ?’
1908. Quackery Prevention Act placed restrictions on the sale of herbal medicines.¹²⁰
1949. Peter Buck concluded from his ethnographic researches that Maori had highly developed systems of medical, surgical, and psychological practice.¹²¹
1961. Crimes Act repealed witchcraft legislation.
1962. Maori Welfare Act repealed the Tohunga Suppression Act.
- 1970s. Cultural pluralism (multiculturalism) was publically debated.
1977. 30th World Health Assembly of the World Health Organisation passed a resolution promoting training and research in traditional systems of medicine.¹²²
1981. Minister of Justice established the Intellectual Property Advisory Committee to examine reform of copyright law (Copyright Act 1962). There was no Maori input.¹²³
1982. The United Nations established a Working Group on Indigenous Populations, under the Sub Commission on Prevention of Discrimination and Protection of Minorities. The group completed a draft declaration on indigenous people’s rights, which Te Puni Kokiri released in 1994.¹²⁴
1982. Neuman and Lauro identified ‘the pervasiveness and persistence of traditional medicine’ as one of three leading factors in the expansion of health care services.¹²⁵ In 1994 Laing and Pomare noted that health care reforms in New Zealand had still not accommodated this factor and improvement in the health of Maori had not been realised.¹²⁶
1984. Labour government adopted a policy of biculturalism. Maori slowly developed a strong partnership with the Department of Health.¹²⁷
1984. The findings of the Hui Taumata were used by the Labour government to justify privatisation and minimalist Government intervention, as consistent with Maori desire for self-determination. To 1994 the Government had not provided funding and resources for Maori to achieve this.¹²⁸
1985. Minister of Justice released a discussion paper, ‘Reform of the Copyright Act 1962’.¹²⁹

120. Munro, p 205

121. Peter Buck, *The Coming of the Maori*, Whitcombe and Tombs Ltd, 1949

122. Laing and Pomare, p 148

123. McNeill, p 32

124. McNeill, p 65

125. A K Neuman and P Lauro, ‘Ethnomedicine and Biomedicine Linking’, in *Social Science and Medicine*, vol 16, 1982, p 1818.

126. Laing and Pomare, p 153

127. Laing and Pomare, p 146

128. Laing and Pomare, p 152

129. McNeill, p 32

1986. Uruguay Round of the GATT negotiations was launched in Punta del Este (Uruguay).¹³⁰
1988. Ministry for the Environment Hui at Maketu Marae (Kawhia). Maori stated the need for New Zealand scientists to accept the validity of Maori scientific perspective. Discussion on new organisms.¹³¹
1988. Ngaati Awa and Ngaati Te Ata introduced a ‘Draft Article on the Cultural Property Rights of Indigenous People into the United Nations Draft Declaration on the Rights of Indigenous People’.¹³²
1988. Labour government adopted a policy of privatising health. Maori developed partnerships with Area Health Boards.¹³³
1989. Minister of Justice released an analysis of reform alternatives, ‘The Copyright Act 1962: Options for Reform’.¹³⁴
1991. Wai 262 Flora and Fauna Claim lodged with the Waitangi Tribunal by six iwi: Ngaati Kurii, Te Rarawa, Ngaati Wai, Ngaati Porou, Ngaati Kahungunu, Ngaati Koata. The claim notified Government of Maori concern at the release of genetically modified indigenous flora and fauna ‘without Maori sanction or input’.
1991. Government commercialised health, necessitating that Maori develop a relationship with the Regional Health Authorities and Crown Health Enterprises. Maori petitioned for the inclusion of Maori traditional healers among the list of practitioners who could provide core health services for Maori.¹³⁵ Laing and Pomare concluded that ‘A Maori reading of the Green and White Paper suggests that policy-makers have seriously misunderstood and misrepresented Maori criticism of the old health care system . . . [The replacement of a holistic definition of health with a fragmented ‘integrated’ approach] attempts to alienate Maori from their indigenous healing system’.¹³⁶
1992. Maori expressed unease at the absence of a Treaty clause in the Health and Disability Services Bill. Government advised that health was not an Article 2 issue.¹³⁷
1992. World Conference of Indigenous Peoples On Territory, Environment and Development was held at Kari Oca [known as the Rio or Earth Summit]. The conference addressed the erosion of the world’s resources of biodiversity. Agenda 21 stated that indigenous peoples should be allowed to actively participate in the formulation of national policies, laws, and programmes. The Convention on Biodiversity stated that governments shall support local

130. McNeill, p 47

131. McNeill, p 90

132. McNeill, p 66

133. Laing and Pomare, p 146.

134. McNeill, p 32

135. M H Durie, U K Potaka, K H Ratima, M M Ratima, ‘Traditional Maori Healing: Paper Prepared for the National Advisory Committee on Core Health and Disability Services’, Palmerston North, Department of Maori Studies, Massey University, 1993

136. Laing and Pomare, p 151

137. Laing and Pomare, pp 146–147

populations to develop and implement remedial action in degraded areas where biological diversity has been reduced.¹³⁸

1992. The United Nations included flora and fauna (biodiversity) and knowledge of medicinal plants in definitions of indigenous intellectual property which has been subject to expropriation by western commercial and scientific enterprises.¹³⁹

1992. Rongo Wirepa/the Core Health Services Committee – now the National Health Committee – received a report on policy advice to the Government from Apera Clark. The report requested recognition and direct funding for Maori traditional healing. The report was commissioned by the Ministry of Health and Te Puni Kokiri. Policy was also being developed by the Central Regional Health Authority, who questioned whether Maori healing is real.¹⁴⁰

1992. ‘Nga Kaiwhakaora Turoto me te Hurihanga Hauora’ hui held at Takapuwahia marae (15 to 17 May). This was a congress of Maori healers: rongoa consultants and practitioners, who challenged the Government for the failure of its health reforms to recognise and fund Maori traditional healers. Present at the hui were Katheryn O’Reagan and Sharon Crosby. The Conference resolved that an interim task force would develop a constitution for a National Board for Maori health; this would be a fifth Regional Health Authority which would receive direct funding from the Government, rather than being slotted into the existing health structure.¹⁴¹

Outcome: a National Board for Maori health was established and named Te Waka Hauora. This board was formed by the National Maori Congress, the National Maori Council, and the National Maori Women’s Welfare League. The board’s purpose was to provide advice and guidance to the Minister of Health, the Public Health Commission, the RHAs and CHEs, and to support Maori health initiatives. The National Body for Maori Traditional Healing (MTH) was excluded.¹⁴²

1992. ‘Nga Whare Watea’ hui held at Porirua (28 to 30 August). Following the Tohunga Suppression Act of 1907 a great deal of curative knowledge had been lost, healing practices had become insular, and a multiplicity of new healing methods had been developed independently in each tribe. Practitioners recognised there was a need for a national healing agency with a charter of healing practices. At this hui a national board for rongoa was established and named Nga Ringa Whakahaere o Te Iwi Maori, the National Body for Maori Traditional Healing (MTH).¹⁴³

1992. ‘Rongopai’ hui (25 to 27 September), convened by Nga Ringa Whakahaere o Te Iwi Maori. At this hui, a constitution was drafted and adopted in principle. Delegates were officially installed from all the nine iwi regions, so that the body

138. McNeill, pp 68–69

139. McNeill, p 53, citing E/CN.4/Sub.2/1992/30:2

140. Chairman (A Clark), Nga Ringa Whakahaere o Te Iwi Maori, personal communication, 1996

141. Apera Clark, personal communication, 1996

142. Laing and Pomare, p 151

143. Chairman (A Clark), Nga Ringa Whakahaere o Te Iwi Maori, personal communication, 1996

speaks for all Maori. Two delegates were appointed to the Aotearoa Science Network.¹⁴⁴

1993. Hui at Ngati Otara marae (26 to 28 February), convened by Nga Ringa Whakahaere o Te Iwi Maori. At this hui, the constitution of the National Body of Maori Traditional Healers was officially registered; Clark and Pang instituted a research programme on interfacing; and the need for accreditation was tabled.¹⁴⁵

1993. The First International Conference on the Cultural and Intellectual Property Rights of Indigenous Peoples was held at Whakatane (June). The Mataatua Declaration was signed by 150 indigenous communities and tabled before the United Nations in July.

1993. The United Nations released its study on the Cultural Rights of Indigenous Peoples.¹⁴⁶

1993. New Zealand ratified the Convention on Biological Diversity (September). Biosecurity Act 1993.

1993. Hui at Otiria marae (2 to 5 November) convened by ‘Te Waka Hauora’, the Government’s National Board for Maori Health. Te Waka Hauora had excluded Maori traditional healers from its composition, but it now convened a conference on indigenous healing. At the hui, Te Waka Hauora was challenged by Nga Ringa Whakahaere o Te Iwi Maori for developing policies based on the kaupapa, tikanga, and taonga of Maori traditional healing. The National Body for Maori Traditional Healing advised the Crown: ‘We are the guardians and the gatekeepers of the intellectual properties of rongoa rakau, rakau rongoa, and tikanga rongoa pertaining to Maori Traditional Healing.’

A proposal to establish a database in Tahiti for all indigenous healers and healing, was opposed by the Chairman and Secretary on behalf of Nga Ringa Whakahaere o Te Iwi Maori, the National Body for Maori Traditional Healing, on the grounds:

- (a) Maori needed to go pan-tribal before going pan-pacific;
- (b) cultural intellectual property rights and safety were not guaranteed;
- (c) Maori did not have ready access to French Polynesian territories (a visa was required for entering Tahiti).¹⁴⁷

1993. Hui at Ngati Tukorehe marae (13 to 15 November). At this hui Dr Bob Boyd and Dr Susan Martindale gave assurances that:

- (a) The Government will not legislate nor impose controls on Rongoa Maori and has no political agenda to do so;
- (b) Rongoa Maori has been exempted from the Medicines Review Act, because practitioners do not charge for services and medicines;
- (c) Product Licences will not be required for Rongoa Maori medicines.¹⁴⁸

144. Ibid

145. Ibid

146. McNeill, p 66, citing Daes (UN) E/CN.4/Sub.2/1993/28/paras 4,5,19,20

147. Apera Clark, personal communication, 1996

148. Ibid

1993. Conclusion of GATT Uruguay Round. Agreement on Trade Related Aspects of Intellectual Property (TRIPS) signed by New Zealand (December). McNeill comments that this agreement required New Zealand to comply with the 1971 revision of the Berne copyright convention, and to standardise domestic legislation to accord with international intellectual property law. The New Zealand legislation has no statement protecting Maori interests.¹⁴⁹
1994. Laing and Pomare concluded, 'The reformed health care system does not recognise the indigenous healing system [Rongoa Maori]'. They noted that no Maori member was included in the task force that prepared the Green and White Paper (1991) on which the health care reforms were based; that there were no plans to include traditional healers among the practitioners providing core health services; and that although Maori 'have held strong to a Maori vision of autonomous health care', Government has not provided the resources for the vision to be realised. They recalled the WHO resolution of 1977 promoting training and research in traditional systems of medicine.¹⁵⁰
1994. The United Nations released 'Principles and Guidelines for the Protection of the Heritage of Indigenous Peoples'.¹⁵¹
1994. Te Puni Kokiri released 'Te Ara o Te Ao Tuuroa: Biodiversity and Maori'.
1994. Te Puni Kokiri released 'Mana Tangata: Draft Declaration on the Rights of Indigenous Peoples 1993'.
1994. Maori Congress hui held at Takapuwhaia marae (Porirua) (February). The Congress rejected New Zealand's ratification of the GATT (Uruguay Round) Agreement.¹⁵²
1994. Copyright Bill. McNeill notes that the legislation on Intellectual Property was rushed to meet the deadline for ratification of the GATT:TRIPS agreement; the public was given little time to consider its implications and to prepare submissions. 'Ultimately ... the passage and form of the act was ... dramatically affected by New Zealand's international relationships; specifically, by our emergent obligations under the GATT:TRIPS Agreement'. Maori interests were not protected. Tau Henare's proposal that a Treaty of Waitangi protection clause be included was rejected.¹⁵³
1994. Intellectual Property Law Reform Bill. A Treaty of Waitangi protection clause was not included, and Maori interests were not protected.
1994. The International Association of the Mataatua Declaration made a submission to the Ministry of Commerce select committee affirming to the New Zealand Government the Declaration of Cultural Property Rights of Indigenous People (August).¹⁵⁴
1994. Submission to the Minister of Maori Affairs (Koro Wetere) by Apera Clark on behalf of the National Body of Maori Traditional Healers (MTH), objecting

149. McNeill, p 47

150. Laing and Pomare, pp 150, 153

151. McNeill, citing Daes (UN) E/CN.4/Sub.2/1994:5

152. McNeill, p 97, citing J Kelsey, 'Submission', 15 August 1994

153. McNeill, pp 47, 48, 85

154. McNeill, p 66

- to the use of 1080 poison drops and noting that 1080 sours the ground and alters the medicinal properties of plants. The submission was discounted by the Minister on the advice that 1080 poison dissipates quickly.¹⁵⁵
1994. During December 9 to 14, the Ministry of Commerce held four hasty consultation hui for Maori on topics relating exclusively to the Intellectual Property Law Reform Bill (specifically not to the GATT (Uruguay Round) Bill). The Copyright Bill was enacted 15 December.¹⁵⁶
1995. Ratification by New Zealand Government of the GATT (Uruguay Round) Agreement (January). McNeill comments that the GATT:TRIPS Agreement ‘can accurately be described as the internationalisation of US intellectual property law . . . intention is primarily to facilitate the opening up of new markets for its growing, technology based industries’. Maori interests were not protected. A Treaty of Waitangi protection clause was not included.¹⁵⁷
1996. Auckland Regional Council published ‘Plant Pests of the Auckland Region’, as part of its ‘Regional Plant Pest Management Strategy’, to meet its responsibilities under the Biosecurity Act 1993. The scheduled plant pests comprised introduced species which displace indigenous plants. One hundred and nineteen introduced species were banned from sale, propagation, and distribution, as by garden centres, and so on. Land owners became responsible for their eradication: ‘This strategy places requirements upon land occupiers to control plant pests to prescribed standards’.
1996. Waikato Regional Council Hearings Committee heard submissions from Moehau Nga Tangata Whenua Trust Board and Te Ruunanga A Iwi o Ngati Tamatera, opposing an application from Coeur Gold for water and discharge permits at Waitekauri. The submissions notified the council of the nature of tangata whenua relationships with the natural and physical resources of the Waitekauri forest, citing in particular the intrinsic value to Maori of water. The submissions were over-ruled.¹⁵⁸
1996. 60th anniversary commemoration of the death of Sir Maui Pomare. Naere Pomare addressed the hui and called for the banning of 1080 poison, citing reports from professional hunters and trappers of large numbers of dead birds, including kiwi, kereru, and tui.¹⁵⁹
- Estimate by the Government’s Biosecurity Advisory Group that \$38 million dollars was spent in 1996 on aerial poison drops to control possums in forest blocks. The Department of Conservation spent \$15 million; Regional Councils spent \$5 million; Animal Health Board spent \$18 million.¹⁶⁰
- Conservation Director of the Royal Forest and Bird Protection Society reported that 50 percent of the robins in Pureora Forest and a significant number of the tomtits had been killed by the winter 1080 campaign to poison possums.¹⁶¹

155. Chairman (A Clark), Nga Ringa Whakahaere o Te Iwi Maori, personal communication, 1996

156. McNeill, p 83

157. McNeill, p 75

158. Environment Waikato, ref 60 14 20A

159. *Evening Post*, Wellington, September 1996

160. *Rural News*, 7 October 1996, p 3

Rural News reported ‘a large and growing antipathy to mass 1080 airdrops’ in the West Coast and Taranaki regions. A petition was signed by 7000 Taranaki ratepayers, requesting an end to poison drops, the introduction of a national possum bounty, and the commercialisation of possums. The petitioners noted that large areas of forest throughout the country were being destroyed, airdrops of poison were not effective, and incurred huge national cost. The petition was supported by Taranaki’s eight Maori tribes.¹⁶²

1996. Opposition to the release of a ‘rabbit calicivirus’ in Australia and New Zealand became global. Chinese scientists reported that the virus may be a parvovirus with the capacity to jump species; American veterinary pathologist Dr Douglas Gregg supported this interpretation; veterinary scientists at Cambridge University described the release as ‘inherently risky’; Professor Al Smith at Oregon State University warned ‘New Zealand and Australia could be playing with fire’.¹⁶³ In New Zealand the Royal Forest and Bird Protection Society opposed the release, while four regional councils, the Commissioner of Crown Lands, and South Island High-Country Federated Farmers’ groups have applied to import the virus.¹⁶⁴ Environment Waikato announced it supported the release of the virus and would act as an agent for its release in the Waikato area.¹⁶⁵ The release of the virus is opposed by the National Body of Maori Traditional Healers.¹⁶⁶

4.5 INTERESTS OF MAORI TRADITIONAL HEALERS

The practice of Rongoa Maori depends on accurate knowledge of the properties of each life-form, acquired through many generations of practice, using wild plants. Wild plants transmit their properties from generation to generation, and establish footholds in particular localities. Maori practice is based on the premise that each named plant-form has the properties traditionally accorded to it, and for this reason the practice of Rongoa Maori cannot be separated from Maori classification of indigenous flora and fauna. Traditional healers have interests in the research and teaching of Maori classification, as a science.

Plant properties are not used as a recipe book. A substance may occur in different amounts in different parts of the plant, so that an extract prepared from the root would be toxic while an extract prepared from the leaf tips would be restorative; new leaves may contain different quantities from old leaves; a plant-form growing in one location may be more potent than the same plant-form growing in other places; plant parts harvested in the early morning may be more potent than plant parts harvested in the heat of the day. Experienced practitioners develop a practice

161. *New Zealand Herald*, 28 October 1996, p A8

162. *Rural News*, 7 October 1996, p 3

163. *Farm Equipment News*, 1 October 1996, pp 1, 17

164. *New Zealand Herald*, 2 November 1996, p A4

165. *Hauraki Herald*, 8 November 1996, p 34

166. University of Waikato, Rongoa Maori Workshop, Waitaia Lodge, 1996

which integrates inherited knowledge, new observations, new materials, and new knowledge. Traditional healers have interests in the teaching of Rongoa Maori alongside world traditions of herbal medicine.

Restoring and retaining the integrity of the forest is most important for Maori practitioners of herbal medicine, whose medicinal materials are harvested from indigenous flora and fauna. Practitioners of Maori medicine need:

- (a) Forest blocks within their own rohe. Here practitioners can attend to the ancestral presences and sacred places in the forest; intercede with their ancestors to protect the mauri of the forest and its life-forms; and harvest legitimately.
- (b) Stable forest blocks. Here practitioners can come to know intimately the locations of particular plants; harvest each plant according to their own wise judgement of how much harvesting it can sustain; husband the forest so that the plants they need thrive in accessible locations; observe and experiment over long periods of time; control variables, knowing which particular plant-material has been gathered; and so develop their practice scientifically.
- (c) Forest blocks large enough to be self-sustaining. In natural communities seasonal cycles are completed, while birds, fruits, insects, stream floods, fish migrations, and so on, fully interact, so that medicinal resources thrive; a full range of materials needed in the preparation of medicines can be found; and the materials harvested are potent.
- (d) Husbanded forest blocks. Forests are currently degenerating because of opossum, deer, pig, and goat grazing do not meet medicinal standards.
- (e) Authority to place tapu and rahui on forest blocks used as pharmacies. It is antithetical to Maori practice to prepare herbal medicines from a poisoned or soiled environment. Trampers, deer-stalkers, pig-hunters and their dogs, and trail-bike riders damage plant associations and disturb the careful husbandry which medicinal healers maintain through karakia and methods of rotational harvesting. Bait-poisons contaminate stream waters and enter the ecosystem. Mining, forestry, milling, and agricultural enterprises release effluents and toxins into waterways.

4.6 RONGOA MAORI AND THERAPEUTIC LEGISLATION

In 1907 the Tohunga Suppression Act disqualified Maori healers from legal medical practice. The National Body for Maori Traditional Healing describes the Act as gross cultural injustice: many whare wananga disappeared, and there was a great loss of traditional knowledge. The Act was repealed in 1964, but the Crown has remained hostile to the practice of Rongoa Maori, excluding Maori teachings and teachers from medical schools, medical degree examinations, and medical research funding.

New statutes may again marginalise Rongoa Maori. Pending legislation, being drafted by the Ministry of Health,¹⁶⁷ may prohibit growing and use of scheduled non-indigenous medicinal plants, and would thereby prevent practitioners of Rongoa Maori from incorporating herbal medicines used in theoretically compatible systems of medicine, such as practised by Chinese and North American healers. As a consequence New Zealand legislation could block Rongoa Maori from participating in the international development of herbal medicine.¹⁶⁸

Current New Zealand Government statutes (Therapeutic Legislation, Medicines Review Act) have been designed for synthetic chemical drugs; they validate and nationalise a system of medical practice (allopathic medicine) that is historically and culturally specific to Europe. Rongoa Maori draws its strength from a spiritual dimension, through karakia, and its medicines from whole-plant preparations whose efficacy is known from generations of use, not from chemical analysis. Most plant-parts do not contain a single active principle, but are complex. Complexes are not easy to assess by the available experimental methods used in chemical laboratories. That is, exact chemical proof of the mode of action of analgesics, sedatives, tranquilisers, and anxiolytes cannot be provided by chemical analyses; if the same criteria are applied to the plant medicines of Rongoa Maori, and to herbal traditions worldwide, only a few of the powerful curative plants will be able to meet these criteria, using currently available scientific methods.

In the practice of herbal medicine globally, and in the practice of Rongoa Maori locally, clinical experience demonstrates that the complexes of active principles found in whole plant-parts offer particular advantages in terms of tolerance, better absorption, and lower toxicity. Practitioners of herbal medicine employ decoctions in conjunction with fasting, exercise, diet, massage, laughter, karakia, stress reduction, and lifestyle changes, to balance energy flows and revitalise the immune system, so that the patient self-heals. ‘Wholistic medicine’ is beyond the capacity of analysis by the methods used in testing synthetic drugs. Current New Zealand statutes marginalise the tradition of holistic medicine, and thereby marginalise Rongoa Maori.

The statutory definition of medical proof of medical efficacy is derived by chemical analysis of the constituents of a drug. This definition of what constitutes proof (chemical analysis) and what constitutes efficacy (chemical components) forces practitioners of Rongoa Maori to argue their case on the terms of an alien medical system, instead of on the terms of their own practice. This is inconsistent with the Mataatua Declaration of 1993. Maori are forced to defend their rights within a disempowering political structure. This is inconsistent with the Treaty of Waitangi.

167. For example, the new Medicine Act currently being drafted by the Therapeutic Legislation section of the Ministry of Health, and the limitations on usage of herbs scheduled by the Medicines Advisory Committee.

168. For example, *Lobelia inflata* is legally used by registered medical herbalists in the United Kingdom. In New Zealand, however, the Medicines Advisory Committee has proposed restricting the use of *Lobelia* to pharmaceutical companies.

Rongoa Maori has been marginalised in legislation, in universities, and in medical schools, and excluded from pharmacy prescriptions. Meanwhile, pharmaceutical companies are currently making a global search for plant extracts which have medicinal properties. Knowledge of these properties derives from the techniques of herbal medicine practised in each locality where the plants are indigenous, and not from the discipline of conventional medicine.

The New Zealand Government funds and recognises conventional medical practice, but it does not fund and recognise herbal medical practice. This has brought about a situation where New Zealand statutes permit private commercial companies to patent and market a plant product because they have made a chemical analysis of its constituents and produced a product which is technologically measurable. Thus, legitimation of the product's healing qualities is derived from its proven use in folk medicine, while Rongoa Maori, its practice, and its preparations, has not received legitimation from the New Zealand Government.

This contradiction in New Zealand Government legislation can be demonstrated with a product called 'Zinax', released in 1996. 'Zinax' is marketed by the transnational pharmaceutical company Bionax, and contains a patented ginger extract HMP-33. Bionax advertisements state:

Dried ginger has been prescribed for more than two millennia by the Chinese for the relief of a number of conditions associated with pain and inflammation . . . With Zinax you are assured of a potent but stable ginger product, where the active ingredients in the ginger remain in their natural form yet are concentrated so as to be far more effective . . . one capsule of Zinax contains the equivalent of approximately 6600mg of dried ginger . . . Morten Wiedner, who made the scientific breakthrough . . . has centred on ethnopharmacology, offering medical treatment from plants. He has sourced ancient medical texts from throughout the world to find the herbal remedies of our ancestors, and used the information to make it more potent. The core of his work has been a new method of extraction that strengthens and standardises the amount of herbal extract in each tablet. His work is said to herald a new way in alternative health care, which combines the best ancient knowledge with today's technology. Zinax is just one of many revolutionary products expected to be produced by this leading biochemist in coming years. He says the new health care is called 'high technology herbal medicine'.¹⁶⁹

Substances used effectively and safely in herbal medicine for many generations are moved across into the practice of pharmaceutical medicine where they receive legitimation through short-term chemical analysis:

The discovery of the active principals of ginger have made possible pharmacological investigations of the effects and mechanisms of the action. In several experiments the active ingredients of ginger were found to inhibit the enzymes of arachidonic acid metabolism. The phenolic ketones of ginger are powerful inhibitors of cyclooxygenase and 5-lipoxygenase, being dual inhibitors of arachidonic acid metabolism . . .¹⁷⁰

169. *New Zealand Herald*, 10 October 1996, p E5

'Zinax' obtains its legitimation from folk medicine, while the pharmaceutical company discredits the techniques used by herbal practitioners:

One of the main problems with herbal medicine previously was that the amount of herbal extract in each tablet or capsule was not standardised . . . [The chemist's] extraction of the healing properties of ginger eliminates a compound called shogaoles, the part of the plant that can irritate the stomach . . . What we are seeing at the present time in Europe is a lot of the big pharmaceutical companies entering into this natural health market; they know it is the way of the future . . . Through selective cultivation, careful handling, and the extraction method, the vagaries of nature are eliminated in Zinax to produce a 100 per cent uniform ginger dosage of active compounds.¹⁷¹

Plant properties can be healing or detrimental to human well-being according to dosage. Toxic alkaloids such as morphine and strychnine are poisons extracted from plants and used internationally in conventional medical practice. Maori herbal practitioners are alike managers of purity, safety, consistency, and effectiveness. Their practice is undermined by the failure of the statutes to accord their monitoring techniques equal validity.

The New Zealand Government Centre for Adverse Reactions Monitoring (CARM) in Dunedin is publicly hostile to herbal medicine:

Dr Pillans [Peter Pillans, Director of CARM] says it is very important for the public to realise that unlike medicines, the purity, safety, consistency and effectiveness of herbal products are largely unchecked. He says consumers should be satisfied that the potential benefits outweigh any risks . . .¹⁷²

4.7 A NEW BIOTA

Maori traditional healers do not wish to lose the undiluted life-forms existing at 1840.¹⁷³ From this perspective, the inventory of indigenous flora and fauna is a taonga; it is a pharmacopoeia of known properties which heal.

Many New Zealand scientists believe that an accommodation between indigenous and introduced species is a natural process which is taking place and cannot be stopped: 'We can't preserve the environment as it is. This concept hasn't got across yet'.¹⁷⁴ Scientists who have recognised this, have adopted a strategy of slowing down the process, and husbanding it.

Within wild forests, hybridisation takes place occasionally and slowly. Because the medicinal properties of indigenous flora and fauna are known through long-term observation, Maori practice is undermined by rapid change in these properties,

170. Ibid

171. Ibid

172. *New Zealand Herald*, 10 October 1996, p E3

173. University of Waikato, Rongoa Maori workshop, Waitaia Lodge, 1996

174. The Parliamentary Commissioner for the Environment, Helen Hughes, in *Rural News*, 7 October 1996, p 16

and by sudden introductions of genetically altered species which bear no outward mark of their altered properties. Mis-identification is seriously harmful to the discipline.

Currently nurserymen are hybridising indigenous flora to create plant varieties with commercial appeal, for example a 'Wiri' hebe with new flower colours. Hybridised hebes spread into the wild and alter wild hebes, just as pohutukawa introduced from the Kermadec Islands are cross-pollinating with mainland pohutukawa; after the twentieth century the annual mass flowering of deep red pohutukawa will become unknown. In this process, the wild plant-forms lose and gain properties. Maori practice has techniques for discovering new properties, but the process is slow. The commercial interests of nurserymen are antithetical to the interests of Maori healers.

The release of genetically altered indigenous plant-forms is also antithetical to Maori interests where the genetically altered forms have the ability to cross breed with wild forms, and where the genetically altered forms cannot be distinguished from wild forms.

Actions which are not natural processes, but are the choices of human society, are subject to public discussion, public policy, parliamentary debate, and legislation. Maori traditional healers have interests in writing and passing of statutes regarding: hybridisation of indigenous life-forms; genetic alteration of indigenous life-forms; introductions of life-forms for biological control which may compete, endanger, or disease indigenous life-forms; introductions of genetically altered life-forms which may hybridise with indigenous wild forms; commercial marketing of plant extracts; intellectual property rights in plant extracts; and writing and signing of international conventions. Exclusion of Maori from these decisions during the 1980s and 1990s has been documented by McNeill.

In summary, continuing interest in indigenous flora and fauna by Maori traditional healers implies research and development to meet rapidly changing conditions; changes to statutes; scientific recognition of Maori classification of life-forms; medical diplomas or degrees in Rongoa Maori; and a funded national foundation to ensure continuity of practice.

