Guest editorial

Returning the indigenous to the centre: a view from Aotearoa/New Zealand

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Colonisation continues to underpin social identities and relationships in Aotearoa/New Zealand. In this editorial we examine these identities and relationships, pointing out that arguments are frequently made against indigenous Maori rights in favour of the rights of other visibly different communities, such as Pacific peoples and ethnic communities. This construction of competing Others is a key technique through which unequal power relationships and the dominance of white-settler institutions are maintained in Aotearoa/New Zealand. We suggest that, with our population projections predicted to make Aotearoa/New Zealand browner and our health workforce increasingly diverse, these social identities and relationships warrant further attention. We advocate for the centrality of Maori rights and the fulfilment of these rights, in order to provide a basis for a broader social justice agenda working for the elimination of both ethnic inequalities in health and racial discrimination more generally. We suggest that, in so doing, the ideal of having a society that is not structured to privilege and advantage one group (white settlers) over others (Maori and other groups, including migrant groups) can occur.

There is a tendency for the impact of colonisation to be minimised or overlooked in contemporary contexts (Wetherell and Potter, 1993), and it is frequently represented as a completed historical process in Aotearoa/New Zealand, as well as in other settler societies (Augoustinos *et al*, 1999). However, Pennycook (1998, p. 2) notes that we need to see 'colonialism not merely as a site of colonial imposition, not merely as a context in which British or other colonial nations' cultures were thrust upon colonized populations, but also as a site of production.' Colonisation therefore continues to underpin social identities and relationships in Aotearoa/New Zealand. White-settler ways of thinking and doing remain instrumental in the construction of social relationships between white settlers and Maori, as well as between white settlers and other Others (Cormack, 2008).

Organised settlement in Aotearoa/New Zealand followed the signing of the Treaty of Waitangi in 1840, which defined the relationship between Maori and Pākehā (white/European peoples), and was signed by the British Crown and some Maori Chiefs. The Maori translation of Te Tiriti o Waitangi is acknowledged as the founding document of Aotearoa/New Zealand. However, despite purporting to recognise Maori sovereignty and land ownership, it was poorly understood by Treaty negotiators at the time, and has been poorly adhered to as a founding document by Pākehā or white settlers since. Consequently, people from ethnic and Pacific communities question their place in bicultural, New Zealand society. As Rasanathan (2005, p. 2) has stated, 'Some argue that we are on the Pākehā or coloniser side. Well, I know I'm not Pākehā ... I have a very specific knowledge of my own whakapapa, culture and ethnic identity, and it's not Pākehā. It also stretches the imagination to suggest we are part of the colonising culture, given that it's not our cultural norms and institutions which dominate this country.' Our discussion is situated in a context in which identities are roughly hierarchically striated into three main categories:

- Pākehā New Zealanders or settlers of Anglo-Celtic background, who only acknowledge their ethnic specificity when their social domination is challenged (Anderson and Taylor, 2005)
- Maori, the indigenous people of New Zealand
- 'migrants', who are the visibly different, such as Pacific Islanders or Asians, who are more likely to be thought of as 'new' New Zealanders (especially Asians) and less likely to be seen as generative of New Zealand nationhood.

Indigenous rights and increased migration from non-traditional source countries have been seen as a risk to the body politic of the nation and, in particular, to its white origins (Anderson and Taylor, 2005).

For readers situated outside white-settler countries, this discussion might seem to have little if any resonance, but if the concerns outlined here are considered transnationally and historically in relation to the making of white imperial Britishness, then they begin to raise some areas for continued theorising. In addition, all states increasingly have to engage with more globally mobile and diverse populations in terms of both the peoples for whom they need to provide appropriate, effective and responsive health services as residents/citizens, and the health workforce that they will have in the future. These factors require all jurisdictions to consider the particular social relationships, including power relationships, between various groups and the implications of these relationships for meeting the health needs and rights of all their citizens, and for the configuration of their healthcare workforce. The lesson we are suggesting from a New Zealand point of view is that if we can't get it right for the longstanding relationship between Māori and the Crown, if we can't meet Māori rights and account for how colonisation continues to structure social relationships and realities in New Zealand, this does not bode well for having meaningful relationships with other groups. In engaging with increasing diversity in health it is timely to reflect on how particular historical, social and political contexts shape social relationships in each society, and what this means for established communities as well as those that are considered to be relative newcomers: Unequal power relationships, and unequal outcomes, will be reproduced if they are not made visible and challenged.

Typically, indigenous and migrant communities have been set up in opposition to one another as competitors for resources and recognition. This construction of *competing Others* is a key technique in the (re)production of whiteness. Chambers (1997) suggests that invisibility and indivisibility are central to whiteness. Indivisibility functions to allow other groups to be divided and categorised, while simultaneously producing the white Self as individual, singular and unmarked. This production of multiple Others sets the scene for the construction of oppositional, and by extension, competing groups. The un-named, universalised and normalised Self is then able to compare Other groups, to play their rights and interests off against each other, distracting attention away from those with the most power and resources in society, and leaving their role in determining common-sense discourse and governing social actions largely unexamined. It is a powerful diversionary tactic to keep the gaze off the elites. This competing interest strategy has, for example, been used by politicians to argue against Maori rights, under the guise of arguing for rights for other communities such as 'Pacific' or 'Asian' (Cormack, 2008).

In large part, the racist and Anglo-centric assumptions of a colonial New Zealand have been shaped by the origin of traditional migrants from the UK and Ireland. The colonial/racist discourses of a unified nation have been predicated on a core Pākehā New Zealand cultural group against which other multicultures exist (Maori and migrants) who are but cultural fragments (Bannerji, 2000, p. 10). This mono-culturalism began to be challenged by the increased prominence of Māori concerns during the 1970s and increasing demands for biculturalism, which coincided with a rise in concerns about indigenous rights and the Treaty of Waitangi. The perception of a benign colonial history of New Zealand, an imperial exception to harsh rule, has been supplanted by a growing understanding that the Crown policies which were implemented with colonisation were not there to protect Māori interests, despite the mythology of the unified nation with the best race relations in the world. Thus while countries such as Canada and Australia were developing multicultural policies, New Zealand was debating issues of indigeneity and the relationship with *tangata whenua* (Māori). Increasingly, new migrants have been asking for a shift from a bicultural to a multi-cultural framework. New Zealand has yet to develop a locally relevant response to cultural diversity (multiculturalism) that complements or expands on the bicultural (Māori and Pākehā) and Treaty of Waitangi initiatives that have occurred (Bartley and Spoonley, 2004). However, many are concerned that a multicultural agenda is a mechanism for silencing Māori and placating mainstream New Zealand. Elite claims that we are now a multicultural nation, rather than demonstrating a meaningful commitment to either biculturalism or multiculturalism, can also be a device for diverting the gaze away from the continued dominance of white-settler ways of being, manifested in the structure and traditions of prevailing legal, education, parliamentary, and health and social institutions (including the primacy given to the English language and to holidays and festivals drawn from European traditions).

Māori health has been worsened by the process of colonisation and its ongoing effects. This is evidenced by Māori receiving not only fewer but also poorer-quality services. Proposed mechanisms for redress include maintaining the principles of the Treaty of Waitangi and having a working biculturalism. In identifying Maori health inequalities we do not represent Māori as being deficient or a problem, but rather that Māori health needs have a direct relationship with the breaching of indigenous rights, and further a recognition that Pākehā disproportionately benefit from systems which they created, maintain and control. We emphasise that Māori have a unique status in New Zealand that distinguishes them from migrant and

refugee groups. While the articles of the Treaty of Waitangi are enshrined in health and social policy through various means, the extent to which policy ameliorates the harmful effects of colonisation remains minimal. Māori nurses like Webby (2001) suggest that Māori ill health has a direct correlation with the ways in which the Articles of the Treaty have been un-fulfilled. Webby claims that Article 2 of the Treaty guarantees *tino rangatiratanga,* or self-determination, which provides for tribes to exercise authority with respect to their own affairs, while Article 3 guarantees equality and equity between Māori and other New Zealanders, with an overall objective of the Treaty being to protect Māori well-being. However, Webby argues that Māori do not have autonomy in health policy and care delivery, and the disparities between Māori and non-Māori health status point to neither equality nor equity being achieved for Māori (Webby, 2001). In addition, colonisation led to the marginalising and dismantling of Māori mechanisms and processes for healing, educating, making laws, negotiating and meet-ing the everyday needs of *iwi, hapu, whanau* and individuals. Thus, in addition to experiencing barriers to access and inclusion, Māori face threats to their sovereignty and self-determination. Issues such as legal ownership of resources, specific property rights and fiscal compensation are fundamental to Māori well-being.

Population predictions show that ethno-religious diversity is going to continue to increase. New Zealand already depends on international recruitment to fill vacancies in nursing and medicine. These demographic shifts mean that the common-sense belief that New Zealand is not racist, or that where there is racism it is due to the actions of individual, deviant exceptions rather than being systemic and pervasive, needs to be addressed. The need to address racism and to provide a safe space for the increasingly diverse population that we are often happy to commodify and benefit from, but not engage with meaningfully, becomes more urgent.

We propose an alternative future. We believe that putting indigenous needs at the centre of health policy has benefits for all. We suggest going beyond the con-sumption and celebration of indigeneity for its socially and culturally enriching aspects, which can represent the continuation of a colonial project. Instead, we argue that if we approach inequalities and Māori health from a rights basis, both the right to health and the right to be free from racial discrimination, then action to fulfill these rights, and to hold the government to account for their obligations to protect these rights, provides a basis for a broader social justice agenda working for the elimination of ethnic inequalities in health, and the elimination of racial discrimination for all groups. Moreover, recognising the basis of Māori relationships with the various other social groups living in Aotearoa/New Zealand as underpinned by *manaakitanga,* hospitality and looking after others, visitors and guests, creates the possibility of a society that is not structured to privilege and advantage one group, namely white settlers, over others, namely Māori and others, including 'migrant' groups. Sup-porting claims for *tino rangatiratanga,* sovereignty and authority for Maori provides the potential for the creation of a social space that is mana-enhancing and respectful, and therefore better for all of us.

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