Hipkins is wrong when he claims discrimination by medical workers

When supporting priority to Maori for a range of health care services, including directions to surgeons to take ethnicity into account when deciding major operations, the Prime Minister gave the reason as the need to overcome supposed racial discrimination.

"There is clear evidence that Maori, Pacifica and rural and low-income people have been discriminated against in the health system."[1]

His call was for active discrimination, pushing such as Maori to the front of the queue, before others who fail the ethnicity test.

The claim that some people "have been discriminated against in the health system" implies that there is active and widespread discrimination amongst health workers. This is a lie, an unjustified slur against the many health care workers who do their very best to provide good care to us all.

Those health workers are struggling with a failing system, set up and under-funded by politicians who seek an easy scapegoat. Doctors refuse to follow race-based instructions. None will fail to take notice of the lack of support as they endeavour to carry out their vital tasks, together with the unfounded claims that they are failing to do their jobs properly.

This is no way to act if this country is to hold on to much-needed doctors and nurses when the whole system is close to collapse – only a fool will bad-mouth important workers when they are in fact acting properly and keeping essential services afloat.

Sadly, such divisive nonsense has become all too common. Health Minister Ayesha Verrall said when it came to prioritising healthcare, there were important reasons why ethnicity was a factor. She pointed to the Government-commissioned, independent review of the health system in 2018, which found the system did not serve everyone well and produced unequal outcomes, particularly for vulnerable populations.

"The reformed health system seeks to address inequities for Maori and Pacific people who historically have a lower life expectancy and poor health outcomes." [2]

That lower life expectancy is frequently referred to when claiming unequal treatment. For example, in 2005 United Nations Special Rapporteur Rodolfo Stavenhagen visited New Zealand for ten days, and said that Maori life expectancy "is significantly lower (almost 10 years) than that of non-Maori" – before proceeding to tell a sovereign nation how to run its affairs, and to instruct the Government to change its policy (such as that: "The Treaty of Waitangi should be entrenched constitutionally. Iwi and hapu should be considered as likely units for strengthening the customary self-governance of Maori. The Waitangi Tribunal should be granted legally binding and enforceable powers. The Foreshore and Seabed Act should be repealed or amended. Social delivery services, particularly health and housing, should continue to be specifically targeted and tailored to the needs of Maori.")[3]

Such biased and simple-minded thinking refuses to consider the whole picture. Data for one point in time tells nothing about the trend or why a difference might occur. Consider the

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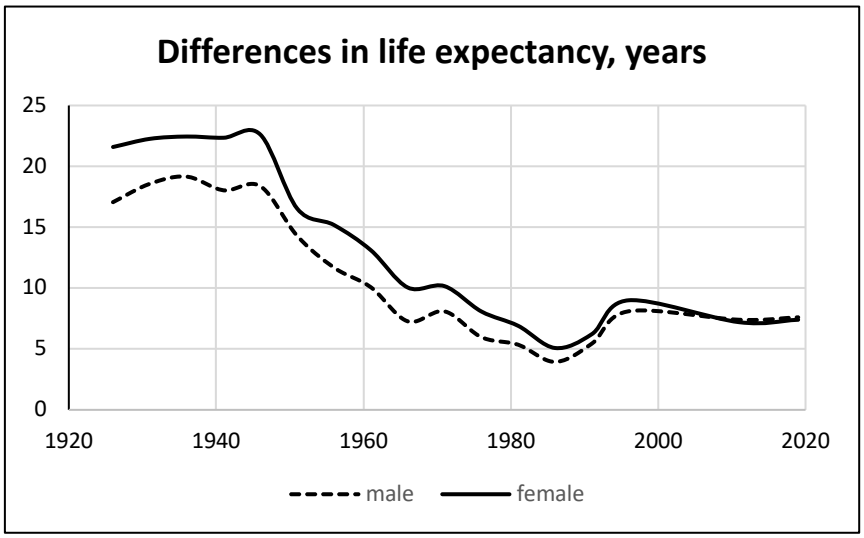
[1] Prime Minister Chris Hipkins speaking on Prime News, 5.30 pm, Monday 19 June 2023

[2] New Zealand Herald report, https://www.nzherald.co.nz/nz/auckland-surgeons-must-now-consider-ethnicity-in-prioritising-patients-for-operations-some-are-not-happy/ONGOC263IFCF3LADSRR6VTGQWE/

[3] Robinson J L 2021, *He Puapua; Blueprint for breaking up New Zealand*, Tross Publishing, pages 51-53

following graph that follows differences between Maori life expectancy, for men and women, over nine recent decades.[4]



The trend from the late 1940s through the 1960s and 1970s is similar to that of many other social statistics. The move into the cities brought many Maori closer to developed health services, and their general health, including life expectancy, improved, with a steady reduction of the gap between Maori and non-Maori rates. It is evident that if that trend had continued, the gap could have disappeared around 2000.

But in a period after 1984 changes in Government policy brought a considerable increase in inequalities, a widening of class differences and even the creation of a new underclass. Working class Maori, in the freezing works, on the wharves, in small factories and in similar manual jobs, were hard hit. The struggles of those whose employment came to a sudden end led to worsening living conditions and poorer health, bringing the resulting pause in the previously increasing life expectancy and indeed an increased difference between Maori and others.

The message from this data is clear. The continuing ethnic gap, and the end to the previous convergence, is a consequence of political and economic policy, and has nothing to do with supposed discrimination against Maori by health professionals.

The claim that differences in life expectancy point to differences in treatment is then wrong, based on a lazy and ignorant misreading of partial information. I worked for around 16 years critically studying and analysing Maori social statistics (social indicators) and I found no evidence whatsoever of any significant actions against Maori. The very opposite was evident: when a problem was significant within any particular group, remedial action was taken.

A careful review of the facts tells us that health workers are acting professionally to help us all. The claimed discrimination against Maori does not exist. Discrimination pushing Maori to the front of the queue is misguided and divisive.

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[4] op cit pages 130-131