MAORI ILLNESS AND HEALING

Rev. Eru Potaka-Dewes
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Kia Hiwa ra i tenei kupu
Be prepared on this rampart
Kia Hiwa ra i tera kupu
Be prepared on that rampart
Kei apurua koe ki te toto
Or you'll be soaked in blood

Horahia e Matariki Ki te whenua
Shine down thy glowing light O Matariki
Te maramatanga mo te motu e
As a guiding light on Mother Earth
and for this land.
Kia tipu he puawai honore
Nurture the bloom that it may blossom
Mo te pani mo te rawakire e
An honoured benefit for the poor and needy.

Tena koutou katoa te matauranga
Greetings to you all, most learned
Engari ki nga morehu o tenei ao -
nga kanohi ora o koro, - kuia ma
But (of greater regard) to the remnant of this
world - to our old people who are still alive
Tena koutou katoa
Greetings to you all.
OVERVIEW:-

In this working paper I propose to discuss two types of illness which affect Maori people. Part I - Mate Maori (Maori illness), Part II - Mate Pakeha (Pakeha illness), Part III - Conclusion - to see how these two parts relate to the mental health system, and to urge the implementation of Maori kaupapa within mental and other institutions.

INTRODUCTION:- TE TANGATA WHENUA

Before looking at Mate Maori, organisers of this seminar must address the question, why the Physics Lecture Theatre of the Auckland University was chosen as its venue? The thrust of the seminar is about mental health. At Carrington Hospital, there is a Wharehui which has been set up to facilitate the healing processes of Maori patients within this mental institution in Auckland. It is difficult to understand why the Physics Lecture Theatre was chosen instead of the Wharehui.

The continuing success of the Wharehui is dependent on the Maori community's support for it. The aim of the Maori community and the Maori health professional is to prevent the increased rate at which Maori people are entering psychiatric institutions.

The mental health of Maori people depends on the stability and promotion of the extended family system i.e. whanau, hapu, and iwi. A combination of colonisation and the industrial age has all but destroyed whanaungatanga. The disintegration of the whanau structure threatens the very existence of the Maori people.

In spite of these gloomy predictions, the Maori people have already begun to find ways to rebuild the whanau structure. Maori health initiatives and programmes have been implemented to achieve these goals. Initiatives taken during the 1980's include:-

(1) Tu Tangata Programmes
(2) Te Kohanga Reo
(3) Maori Education
(4) Maori Health
(5) Maori Economic Development
(6) Treaty of Waitangi - Te Kotahitanga
(7) Te Reo - Official Language
(8) Maori Radio Broadcasting
(9) Maori Art and Culture - Te Maori
(10) Maatua Whangai

This list, of course, does not mention organisations set up in the Maori community to examine specific issues relating to Maori land, forests and sea-beds. The Maori approach to life is completely holistic. All these things taken together contribute to the mental health status of Maori people - that is to a sense of worth, belonging and
identity. This, in turn, helps attain ultimate goals of Maori sovereignty, economic self-sufficiency and self-determination. In three words, Mana Maori Motuhake.

A philosophy, however, which strives to develop a uniquely Aotearoa health initiative must take into account the "unseen statistics". At the moment, the most urgent and worrying is the totally unacceptable high figures in Maori unemployment created by Government policies which have resulted in massive redundancy. Maoris are "last on, first off", the bottom line.

Other invisible figures are Maori street kids and solvent abuse, child abuse, sexual abuse, alcoholic abuse and its related social and economic problems. After 146 years of Pakeha models in determining roles and maintaining their structures, the time has come to replace these Pakeha models with Maori ones. Pakeha models have been there far too long and have failed. The following statistics prove the point:--

EDUCATION: 80% Maoris leave school with no qualifications. 40% Pakehas leave school with no qualifications.

JUSTICE: Young Maori men are convicted four times more than Pakehas. Young Maori women are convicted six times more than Pakehas.

INCOME: Male Maori workers receive 20% less than non-Maori workers. Maori per capita income is 50% of that of Europeans.

Clearly what is needed today are appropriate strategies which will promote Maori well-being and mental health. Unfortunately, some Pakeha decision makers supported by some "Uncle Tom" Maoris, actively pursue a multi-cultural policy at the expense of Maori bilingual/biculturalism in Te Reo. Architects of multi-culturism deliberately construct policies which spell out the demise of the tangata whenua.

Maori people, as tangata whenua, cannot be placed on an equal footing with migrants as if Maoris belonged to a minority group and are aliens on their own land and in their own country.

Whether the fact is liked or not, the tangata whenua are the Maori people, the indigenous people of Aotearoa. Maoris are not members of a minority group but rather are in a class of their own, the tangata whenua most of whom are born today in urban areas.

It is because of this unique tangata whenua status conferred by Io-Matua-Kore, and against the backdrop of current tensions, that Mate Maori is now described.
PART ONE - MATE MAORI

The term mate is used to mean both sickness and death. Tense is the vehicle to denote meaning so that present tense with mate means that the person is sick and the past tense means that the person is definitely dead.

For Maoris, man was intermediate between the natural and supernatural world. There existed a mauri (being) with all physical things in nature including man and animals. Man, the human being had breath (ha) spirit (wairua) and heartbeat (manawa).

Over and above the world of nature and man was the supernatural world with its pantheon of gods. They presided over the physical world, over forests, seas, winds and man himself. Io, the Supreme God dwelt at Matangireia, in the twelfth heaven. Inhabitants of the supernatural world also included spirits (kehua) and animal incarnations such as some species of fish, bird, or lizard (kai-tiaki).

The direct cause of mate Maori was some infringement against the restrictions of tapu. When an infringement occurred the spirit afflicted the erring person with malaise, weakness, pain, loss of appetite, fever and even delirium.

In his book, "Eruera, (The Teachings of a Maori Elder)", Eruera Stirling recounts the following experience; (p. 212 - 213)

"Not long after that the same doctor rang me again and asked me to see another sick person, and I said to him "Hah Doctor! You ring me for all your worst cases!"
"No Mr Stirling, I think you're the only one that can deal with this."
Well, I went to that chap's place and when I came up the path to his house I could hear him crashing and banging and rattling inside the house, he was moving around from one room to the next. I knocked on the door and nobody answered, but when I called out the wife heard my voice and she came to open the door.
"Quick, Mr Stirling, come in - I'm frightened!"
I walked in and the next moment her husband jumped on me, cursing and crying out, "Don't kill me! Don't kill me!"
I stood there and listened, and as soon as I heard his voice I knew it was a spirit talking. He said, "Hey, what are you doing here? Are you coming to kill me? Don't kill me! Don't kill me!"
The man was jumping around and I knew I had to do something, so I asked the wife to bring me a bowl of water and I blessed it, and started to sprinkle it all around the house. The spirit began to cry right then and he said to me, "Give me back my adze, that's all - it doesn't belong to them! Don't kill me! Just give me back my adze!" I began to pray, and as I held my service the spirit settled down, and in the finish the man came back into his right mind. I told his wife,
"Now, go and bring me that adze."
She went into the bedroom and came back carrying a beautiful greenstone adze that her husband had found somewhere in Whanganui, he'd picked it up and brought it home. I rubbed the adze and blessed it and then I said to her, "I want you to get in touch with some people from Whanganui and ask them to come here and take this adze away - it belongs to their ancestors, not to your husband!"
A few days later she rang and told me that the Whanganui people had taken the stone adze away, and from that time on her husband started to get better. She thanked me but I told her, "Don't thank me, my dear, it was Almighty God who saved you."

Several interesting points emerge. Firstly the doctor mentioned in the extract is a Pakeha who, obviously, keeps an open mind about the Maori belief system and about Mate Maori in particular. Secondly, Eruera's blessing and sprinkling with water is an act of purification and sanctification conducted in holy baptism within the Anglican tradition. Thirdly, note the violation of tapu by the removal of the adze from its home territory. Finally, the healing process took place once Eruera's instructions were carried out to return the adze.

Bill Subritzky, also an Anglican, who was for many years a senior partner of a very successful law practice in Auckland presents the next extract. This extract does not speak of mate Maori specifically but it does set out the psychological and physical aspects of demon activity based on Dr Derek Prince, a leading American exponent of the deliverance ministry. In "Demons Defeated" Bill Subritzky writes, (p. 96 - 97)

"PSYCHOLOGICAL"

a. Persistent or recurrent evil or destructive emotions or attitudes dominate a person even contrary to his own will or nature, e.g., resentment, hatred, fear, envy, jealousy, pride, self-pity, tension, impatience.

b. "Moods"...unreasonable, sudden, extreme fluctuations, e.g., from talkative exhilaration to taciturn depression. A typical example of such a situation is where we do not know how the person will react to us at a particular time. one moment they will be all right, but the next moment they will have a reaction which we cannot fathom.

c. Various forms of religious error or bondage, e.g., submission to unscriptural doctrine or prohibitions, unnatural asceticism, refusal to eat normal foods, superstitious observances of all kinds, all forms of idolatry.

d. Resort to charms, fortune telling, astrology, mediums etc.

e. Enslaving habits, e.g., gluttony, alcohol, nicotine, drugs, sexual immorality or perversion of all kinds,
uncontrollable unclean thoughts or looks.

f. Blasphemy, mockery, unclean language.
g. Persistent or violent opposition to the truth of scripture or the work of the Holy Spirit.

PHYSICAL

a. Unnatural restlessness and talkativeness, muttering.
b. The eyes glazed or unnaturally bright and protruding, or unable to focus naturally.
c. Froth at the mouth, fetid breath.
d. Palpitation or unnaturally exhilarated action of the heart.
e. Shunning, recoiling from, or fighting against the power of the Holy Spirit.

In many cases, one of the foregoing symptoms alone would not be conclusive indication of demon presence or activity; but where several of the symptoms are found together, the probability of demon activity is extremely high.

Now the interesting aspect of this extract is Bill Subritzky's assertion that the great characteristic of demon activity is restlessness. He argues that demons fight against inner harmony, peace of mind and physical well-being. He supports his assertion by citing scripture, John 14:27, P.95, "Peace I leave with you, my peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid."

For both Stirling and Subritzky, healing takes place when a person always acts in love. If a person is moving in God's love the Holy Spirit can move through that person. Both Stirling and Subritzky demonstrate how important it is to have confidence in one's personal ministry, to be bold in witnessing to and expressing the love of Jesus Christ whose amazing power sets the captives free and brings inner peace. Both hold the view that evil spirits exist and that prayer is a necessary tool in waging spiritual warfare against the powers of darkness.

Mate Maori is Maori illness caused by the works of the devil. Mate Pakeha, on the other hand, is illness which is caused by the works of the flesh. It is important to distinguish between the works of the flesh and the works of the devil.

Many people will blame the devil for their own lack of self-control. Self-control is a God given gift like peace, love, joy, long suffering, kindness, goodness, faithfulness, gentleness, which are the fruit of the Holy Spirit. There is no demonic activity involved in Mate Pakeha but rather, the illness is caused by the inability to exercise self-control.
The term Mate Pakeha is derived from diseases introduced by the Pakeha. Among others, these include measles, whooping cough, venereal diseases and certain strains of influenza. Although Pomare and others claim that tuberculosis was an indigenous disease, Ian Pool, a sociologist, argues that it became a critical disease when normal village hygiene was undermined as a result of political and social disorganisation after Cook's arrival.

It might be argued, however, that the single biggest disease which the Pakeha has introduced is racism. The Oxford Dictionary defines disease as a serious derangement of health. A theological definition of disease is dis-ease, the reversal or the undoing of the feeling of being at-one-with i.e. atonement. There are different ways which racism, as a disease, operates but put simply, racism is the inability of one ethnic group to provide "cultural space" to another.

As a deadly infection, racism renders the tangata whenua impotent politically, and exploits the tangata whenua economically. Racism aims to "put the Maori down" and assert Pakeha monocultural superiority.

Mate Pakeha, meaning racism, is best examined in two recent letters. They can be case studies.

Case Study 1 - The Appointment of the Race Relations Conciliator

This letter was written to the Auckland University Students' newspaper "Craccum", 28 July, 1986, in response to an Openline article by Craccum editor, Peter Boys, when he investigated the appointment.

"Dear Sir

Tena koe "Craccum". Ka mihi kia koe me Te Rangatahi O te wharewananga O Tamaki-Makau-rau.

"Craccum" must be praised for drawing public attention to the issue of Mr Hirsh's appointment.

Twice now, on Radio Talkback, and more recently at Hone Waititi Marae, I have asked Mr Hirsh to move to one side so that the tangata whenua can take his/her rightful place in the decision making and in the power sharing of responsibilities related to the Conciliator's position.

On both occasions, Mr Hirsh has refused to budge. He continues to shelter behind his "political" appointment as if it were an infallible decree.

Legally, he and Mr Palmer have the letter of the law to
uphold the appointment.

Morally however, growing public awareness which, thankfully, your newspaper has helped to generate, precipitates discussion on important questions about the role of the Race Relations Conciliator; lack of consultation with the tangata whenua; provisions of the Treaty of Waitangi; the need for Reform to the Race Relations Act; selection processes; what is appropriate criteria; qualifications; and bilingual/bicultural in Te Reo me nga tikaanga Maori.

Mr Hirsh and others have argued that the Act does not specify that the appointee must be Maori. To reinforce this point of view and also to promote multi-culturalism, a Samoan was appointed as Race Relations Conciliator in the South Island.

The question is who determines, and what constitutes appropriate criteria for the job?

I wait with bated breath to see which ethnic group will be represented for Wellington. Certainly, there will be no consultation with the tangata-whenua and I suspect that the search is on for a likely "Uncle Tom" whatever race.

Were the Auckland District Maori Council consulted on criteria, it would insist, among other things, on bilingualism in Te Reo. This would have eliminated Mr Hirsh from the very outset.

Curiously, Mr Hirsh argues that he is not a Pakeha. I am a Maori. It's obvious that Mr Hirsh is a non-Maori. I think that he has a serious identity problem.

But let me refute the argument that a non-Maori should be Race Relations Conciliator. Look at the following population figures:

<table>
<thead>
<tr>
<th>Statistics - 1981 Census</th>
<th>Total Population</th>
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<tbody>
<tr>
<td></td>
<td>3,143,307</td>
</tr>
<tr>
<td>European</td>
<td>2,728,307</td>
</tr>
<tr>
<td>Maori</td>
<td>282,897</td>
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<tr>
<td>Pacific Is.</td>
<td>91,155</td>
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<tr>
<td>Chinese</td>
<td>18,859</td>
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<tr>
<td>Indian</td>
<td>12,573</td>
</tr>
<tr>
<td>Other</td>
<td>12,573</td>
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</tbody>
</table>

The two dominant groups are Pakeha and Maori. When the Maori signed the Treaty of Waitangi he did so as an equal partner. Certain provisions guarantee the "full, exclusive and undisturbed possession of.....other properties", and the Race Relations Conciliator's position is one such property which, in my view, Mr Hirsh has usurped.

By refusing to resign Mr Hirsh is demonstrating the
dominance of Pakeha culture and that the Race Relations office is just another Pakeha institution controlled by the Pakeha. Furthermore, the education system that Mr Hirsh came from along with the support he enjoys from the Justice Department serve to reinforce Mr Hirsh in extending Pakeha dominance, Pakeha-determined criteria and Pakeha-determined goals.

To sum up, what has happened in the whole issue of the Race Relations Conciliator is, firstly, a real "put down situation" for the Maori people generally and for Maori candidates, specifically, who are as well qualified if not better qualified than Mr Hirsh. Secondly, his appointment strengthens the perpetuation of Pakeha political and economic power. Finally, the appointment is symbolically and in reality the continued dispossession of Maori taonga.

It's for these reasons that I call once more for Mr Hirsh to resign."

Case Study 2 - The appointment of H.O.D. Transition Education, Manukau Technical Institute.

One morning in August, I got a ring from a Maori Tutor at the Manukau Tech asking for assistance from the Auckland District Maori Council. As a spokesman on Educational matters, I became involved with this issue and record my appreciation to David Lee who was short listed, interviewed, and subsequently, wrote this letter to the Manukau Technical Institute Council.

He patu tangata kei te haere!

E nga mana, e nga mata waka
Mai, Te Hiku o Te Ika
Tae atu ki Te Waipounamu
Whakawhiti atu ki Te Whare Kauri
Tena Koutou, Tena Koutou Katoa.

TO THE COUNCIL OF MANUKAU TECHNICAL INSTITUTE

STATEMENT

This letter is written from the pain and anger felt by myself; pain because I see the continuing oppression of Maori people in Aotearoa and he tragic result this has: anger because those who hold power in the education system already know what must be done but have not yet made significant public commitment to real power sharing and challenging racism.

I believe there are clear moral and pragmatic imperatives for change. The acknowledgement of the Maori as Tangata Whenua demands equitable sharing of decision making and
resources between Maori and Pakeha and with all other cultural groups that constitute our society.

THE INTERVIEW

Irrespective of winning the position or not this letter would still have been written by me. I feel very strongly about the lack of cultural sensitivity displayed during my interview. Considering that there were three Maori applicants recognition should have been given to the way in which they feel culturally comfortable in handling the interview situation. There is more than one way.

At my interview before the selection committee I noted the following points which I found culturally repugnant.

a. Not one member offered to greet me by hand shake.
b. In the case where one member, who was the closest to me, did shake my hand, it was I who initiated the greeting.
c. In spite of my giving notice through the Principal's secretary of my intention to 'mihi' to the Maori woman and the panel, I noted that several panel members were visibly startled by this courtesy.
d. Before my 'mihi' the chairman informed me that the interview was of 20 minutes duration. After my mihi the only response I received was again from the chairman who then informed me that the duration of my interview was now 16 minutes.
e. Allowing for one question from each of the panel this left me less than two minutes "under pressure" to adequately answer each question.
g. After the interview which concluded with some brief comments e.g. when I would be notified as to the outcome of the interview, I was thanked and was expected to leave the room.

I left the interview room frustrated and angry, hence the opening statement to this letter.

It is imperative that in future interviews involving Maori or any other cultural group this experience should not be repeated. One should not have to suffer indignity because of his ethnic background.

FURTHER COMMENT

I believe the needs of the Maori people have again been ignored. When there is a department that consists of more than 50% Maori tutors and more than 90% Maori trainees and based in the centre of the largest Polynesian population in the Pacific and when also those Maori tutors have indicated a strong preference for a Maori H.O.D. and finally when there are three well qualified Maoris on the short list then one wonders at the reasoning behind the decision to choose an H.O.D. other than a Maori.
Manukau Technical Institute has yet to prove to the community and to Aotearoa that it has a genuine desire to promote the Tangata Whenua into its ranks of status and the sharing of power. I feel that technical institutes remain elitist at their own peril.

CONCLUSION

I raise these points because of their relevance to this new department. Perhaps the Council has been unaware of these issues. However whatever its stance has been I trust that my comments and actions will activate the Council into more progressive thinking in the area of cultural awareness and sensitivity and then to enforce that change of thinking through positive action.

CHALLENGE

I would welcome a response from the Council to this letter concerning assurances that in future, especially where applicants of other cultures are involved, there will be a fair representation of other groups on the selection committee and a recognition that there are more appropriate ways of handling interview situations than monoculturally.

Kia ora mai ano.

Na

David Lee (B.A. Dip TESL. Dip TEACH)

Both letters raise interesting points individually. Taken together, both letters aim at asserting the rights of the tangata whenua. Both demand a share in the decision making. Both target racism and challenge the structures which are instrumental in facilitating this pathological disorder.

PART II - CONCLUSION - Te Wairua Maori me te kaupapa Maori (Maori spirituality and perspective).

If the healing processes are to be really effective throughout society, then a massive educational and awareness campaign should be launched to explain the significance and meaning of Maori spirituality and the Maori perspective.

Too many Maori professionals have become caught up in the power game. Some of these Maori professionals are quite prepared to step into the role of oppressors to oppress their own people.

When Maori social workers, teachers, prison officials, medical auxiliaries, trade unionists, and others are faced with a choice between Te Keo me nga tikaanga (the Maori language and things Maori), and Pakeha models and structures
these Maori professionals compromise their wairua Maori by supporting the very models and structures which refuse to grant "cultural space" to the tangata whenua.

These Maori professionals need to be untrained and de-mythologised because they have become colonised in their thinking processes. These "brown skinned" Pakehas are ruthless in "putting down" the tangata whenua.

The problem here is that two entirely different structures exist, one Maori, the other Pakeha. Maori workers and professionals are expected to straddle both camps. Both structures make demands of time and loyalty.

The complexity and difficulties posed by trying to serve two masters is reflected clearly in the choice between Christianity and Maoritanga. Christianity is a choice. There is no choice to being Maori. Either one is Maori or one is non-Maori but it is not a choice.

Being Maori means that te wairua Maori is within the person, the essence or te mauri, and not something outside.

Maori spirituality recognises that the parents of all things are Rangi and Papa, heaven and earth. Consequently everything about the Maori is related to the environment. Trees, stone, animals, birds, all are connected.

The trees belong to Tane. They are Tane because Tane is a-tua, something beyond, transcendent, ultimate reality. The same is true of Tangaroa, Papa, and others. Maori belief holds that everything has life, the adze which Eruera Stirling spoke of, trees, everything. They have mauri.

Thus Maori spirituality helps to explain the Maori perspective to Mate Maori and to Mate Pakeha. Maori spirituality - te wairua Maori - helps to explain where the tangata whenua is coming from.

Let us take an example to highlight the cultural clash of the two different systems. Supposing two social workers of equal merit applied for the same job. One applicant is Maori, the other is Pakeha.

No matter how competent a Pakeha social worker might be, capable of working cross culturally, the Pakeha social worker should recognise that the tangata whenua must be the preferred candidate.

This is because the Maori is born with te mauri and te wairua Maori whereas the Pakeha is born into a completely different spiritual system. In Aotearoa, the Maori as tangata whenua is the better qualified of the two applicants, all else being equal, because the Maori is linked into a network of whanaunga-tanga. (The extended family).
There is a need to clarify the different value systems within the two conflicting structures. Some Pakeha think that the family is the same as the whanau, that the funeral is the same as the tangihana, adoption the same as whaangai but they are not. There is a world of difference.

A true understanding of the differences will facilitate the healing processes. A positive step is to build up the dynamics of whanaungatanga based on the kinship network of both sexes and all generations supporting and working alongside each other. Maori families are expected to interact with each other and with their marae to strengthen the whole community.

This is the kind of strategy which should be used to deal with unemployment, particularly unskilled Maoris who have no idea where to go. Every attempt should be made to get them to relate back to their whanau, and to their marae.

Genealogy - whakapapa - is an important part of the whanau system. It is the basic right of the Maori child to know who his or her natural parents are even if adopted. Every Maori child should know its kinship group. The extended family is the group that supports the individual through a crisis. Whanau, hapu and iwi identity is most important. Affection, physical warmth, closeness of members, mutual support are the characteristics which link the kinship group. It is this network that the matua whaangai seeks to promote and tap into.

As far as Carrington Hospital is concerned and all other mental institutions where Maoris are located, the whanau network is vital to recovery. For one thing, mental institutions do not allow children to be with their mothers. Official policy is to separate mother from child. Perhaps a state house near the hospital can be found to enable mothers to care for their babies. Moreover, in the wharehui, the Social Welfare Department, should encourage mothers to have their children with them, running about, to bring life and vitality to the place. For another thing, the whanau support group should press for the needs of Maori men in these institutions. Five or six Maori men should be allowed the use of a house where they can do their own cooking, write letters, go out to do shopping, listen to music, activities aimed at giving them self confidence and independence.

This concept is already in the community. They are called Rest Homes. But while Rest Homes are available for the Pakeha, very few are set up for Maoris.

The fact that Maoris do not live as long as the Pakeha partly explains why this is so. In part too, there are not enough Maori proprietors of Rest Homes with whom Maoris can be placed. Also, the questions should be asked, on what criteria are licenses for Rest Homes issued, who issues them, and why aren't Maoris granted licenses?
Let me remind us all of the question asked at the beginning of this paper, why the wharenui was overlooked as a venue? It seems clear that most course organisers have still to make their own programmes sensitive to the needs of the tangata whenua. To avoid mere tokenism, course organisers must come to grips with the crisis Maori people are going through in mental health. The latest figures released by the Mental Health Foundation confirm the worst fears.

-55% of inmates at Paremoremo are Maori.
-50% of inmates in prisons are Maori.
-30% of the people committed to Oakley Hospital are Maori
-15% of all psychiatric admissions over 15 years are Maori.

In the light of these figures, appropriate Maori health initiatives and programmes should be devised based on the tribal runanga, and kaupapa Maori. On the one hand, Social Welfare has travelled a fair way down the track. The Health Department is flexing its muscles in preparation for a clean start but the Justice Department is not even in the hunt.

As a note to end on, the last time I visited Carrington Hospital I jotted down this verse from off the blackboard in the Wharehui:

Life is like a path
of freshly falling snow
Be careful how you tread it
For every step will show.

-Chrissy.

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The Rev. Eru Potaka-Dewes, M.A., Dip. Tchg., T.H.C., (West Aust.) is a priest in the Anglican Church based at Kelston, in the Auckland Maori Mission. He is P.R.I Taha Maori at Edgewater College, and holds several positions in the Maori community. He is Chairman of Te Runangs O Nga Kai Mahi Maori O Tamaki - Makaurau; Chairman of the Sub-Committee on Health, Auckland District Maori Council; Member of the Maori Advisory Board, Carrington Hospital. He is also a candidate for Auckland Central onto the Auckland Hospital Board. He is an Executive Member of the National Council of Maori Nurses.
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