# Te whakarapopoto, te whakakaupapa.

## Ko te kereme o Te ORA (Wai2499) i roto i te Uiuitanga o te Ratonga Hauora me nga hua oranga (Wai2575). Te Taraipiunara o Waitangi.

## A brief summary of the Wai2499 claim in the Health Services and Outcomes Kaupapa Inquiry Wai2575

### Te Tuarongo

I whakaturia te Taraipiunara i te tau 1974, oti ake ka timata te whakarongo ki nga aweawe o te iwi Maori mo nga mahi he o te Karauna. Akene ka whakawhanuihia te kaupapa o te Taraipuinara hei te tau 1984 kia whakarongo ki nga ngawe no mua ra ano – mai i te hainatanga mai o te Tiriti. Ka ahua poturi haere te whakarongo ki nga kereme, tae noa ki te tau 1990 ka tipu mai te pirangi o te Kawanatanga kia oti te katoa o nga kereme (i roto i te kotahi piriona tara te kopaki). No reira ka ahua haere totika tae noa nei ki tenei wa, kua tata oti te katoa o nga kereme – a – iwi. Kati, he tokomaha noa nga kereme kai te toi, ka ata whakaarohia e te Taraipuinara kia whakaropuhia – a – kaupapa nga kereme. Ka timata nga kereme-kaupapa i te tau 2016 me te kereme a Ngati Tumatauenga, a hei te 2017 ka timata te kereme-kaupapa mo te Hauora. Ko ia tera ka huaina ko Wai2575 Health Services and Outcomes Kaupapa Inquiry.

Ka tata atu ki te rua rau kereme ka kohia, a ko Te ORA tetehi o nga kai-kereme. Ko nga ingoa o te taumata hei kawe i te mana o te kereme ko nga tiamana o Te ORA me nga rangatira, ara ratou ko Prof David Tipene Leach, Prof Papaarangi Reid, ko Prof Sir Mason Durie, ko Prof Joanne Baxter, ko Assoc Prof Sure Crengle, ko wai atu, ko wai atu – ara ko tatou.

In April 2015 the Waitangi Tribunal published its intention to hold Kaupapa Inquiries. “In the past, claimants with kaupapa grievances have been able to have them heard only under urgency or within the Tribunal's district inquiry programme. From the 1990s, the Tribunal has prioritised the hearing of claims on a district basis in order to assist the Crown and claimants to achieve settlement of historical claims”.[1]

The Health Services and Outcomes Kaupapa Inquiry ( the Wai 2575 Inquiry) began in November 2016 with nearly 182 claims. Wai 2499 was filed in September 2008 on behalf of Te Ohu Rata o Aotearoa (**Te ORA**), the Māori Medical Practitioners Association. The claimant group has since been updated[2]. Te ORA represents Māori medical students and doctors working as clinicians, researchers and teachers. Te ORA’s vision is to provide Māori medical leadership to the health sector to effect Māori health development.

The Wai 2499 claim concerns inequitable Māori health outcomes across the entire New Zealand health system, including primary care. The claim has been pleaded at a broad level at the initial phase in the Inquiry process.

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[1] https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/

[2] Originally by by Dr Rawiri Jansen, Dr George Laking and Terina Moke. Updated to include Prof Sir Mason Durie, Prof Papaarangi Reid, Prof David Tipene-Leach, Assoc Prof Sue Crengle, Drs Peter Jansen, Rees Tapsell, Elana Curtis.

## Our Claim

Ta matou o Te ORA e whakapae atu ka he te Karauna.

The claimants say:

1. that the Crown has failed to adequately protect the rights of individual Māori, whānau, hapū, iwi and all Māori generally as tangata whenua of Aotearoa, in respect of the health of the Māori people in all of its forms.

2. that the Crown's actions, policies and omissions have resulted in a failure of the health, education and welfare systems to adequately protect the health of Māori in all of its forms, including the health of individual Māori, whānau, hapū, iwi and all Māori generally.

3. that the Crown's actions, policies and omissions in respect of the health of Māori people in all of its forms, are:

    a. contrary to Articles II and III of the Treaty of Waitangi; and

    b. inconsistent with the Crown's obligations under the Treaty of Waitangi.

Te ORA (Wai 2499) claim is founded on the determinants of health which include social, environmental, cultural, familial and spiritual dimensions.

Major and subsequent determinants of poor Māori health as a consequence of Crown actions continued over many decades, with persisting and cumulative adverse consequences for the health of all Māori.

(a) **Loss of land**: Including the impacts of punitive confiscation of Māori land by the Crown, decisions of the Native Land Court, Public Works legislation and local authority levies.

(b) **Loss of language**: Including the impacts of active education policies of successive Crown agencies, and the Crown's delay in the establishment of remedial institutions.

(c) **Loss of culture**: Including the impacts of the Suppression of Tohunga Act 1908, in conjunction with the actions detailed above under loss of land and loss of language.

(d) **Loss of family/whānau**: Including the impacts of the implementation of social security legislation that overrode traditional Māori practices for care of young people within their whānau.

(e) **Loss of employment**: Including the impacts of Government-mediated economic restructurings at various times.

Differential access to health care and differences in the quality of care is well documented in the New Zealand health system literature. The inequalities in health outcomes and health system responsiveness are clearly demonstrable within primary and secondary care services.

Specifically, this includes how resources are distributed unevenly between Maori and non-Maori populations.

Both the Ministry and DHBs have a critical role in determining:

(a) the legislative, policy and strategic framework for health care;

(b) actions to reduce, mitigate or remove inequity in health care services and outcomes;

(c) the collection of appropriate reporting and data to enable the health of Māori to be adequately reported on and thereby improved;

(d) access to health care.

The Ministry of Health continues to apply population-based funding formulas for primary health care which do not reflect the existence of persistent and pervasive health inequities for Māori.

*Failure to exercise good governance*

The Treaty of Waitangi allowed the Crown to exercise kāwanatanga, whilst protecting the right of Māori to exercise tino rangatiratanga. The Crown has failed in its exercise of kāwanatanga, including failing to exercise good governance, to include Māori and to provide equitable quality of care. The Crown has actively obstructed Māori participation in the health system.

*Failure to remedy*

The Crown has acted with insufficient and inadequate determination to remedy inequitable Māori health outcomes. These failures include but are not limited to:

(a) successive Crown education and health policies that can be linked to the Crown's failure to achieve workforce parity of Māori health workers and the Māori population;

(b) successive Crown health policies that can be linked to the Crown's failure to establish therapeutic environments that are or were culturally safe for Māori;

(c) successive Crown health structures and policies that have ignored persistent and pervasive health inequities for Māori;

(d) successive Crown housing policies that can be linked to the Crown's failure to address substandard Māori housing, which in turn has lead to illnesses such as respiratory and communicable diseases, and rheumatic fever;

(e) the Crown's failure to exert timely controls on access to harmful substances and activities including tobacco, alcohol, and gambling; and

(f) the Crown's failure to actively protect the ownership, protection, access and possession of Māori data sovereignty in relation to health services.

*Legacy of colonisation*

The processes of colonisation have left a negative legacy for Māori that continues today and will be repeated unless there is purposeful intervention. The underpinning values and legacy of colonisation, including racism, lie at the heart of these issues and are central to this claim both in terms of Crown breaches and potential remedies.

*Insufficient and Inadequate Remediation (Unwilling or Unable)*

The Crown has acted with insufficient and inadequate determination to remedy health inequities for Māori[3] within the scope of the New Zealand health system, including within primary care.

These failures include but are not limited to:

[3] Health inequalities, or more correctly health inequities, are defined as differenceswhich are unnecessary and avoidable, but in addition are considered unfair and unjust.

(a) The Crown's failure to recognise that the longstanding existence of persistent and pervasive health inequities for Māori is a breach of the Treaty of Waitangi.

(b) The Crown's failure to recognise and give effect to the Treaty of Waitangi and its obligations to Māori in the New Zealand health system, including through the NZPHD Act and other relevant legislation.

(c) The Crown's failure to reduce or remove inequities in health outcomes for Māori, despite settings with stated aims to reduce or remove inequities in the NZPHD Act since 2000.

(d) The Crown's failure to address the causes of inequities in health outcomes for Māori, including:

    (i) differential access to the social determinants of health leading to differences in disease incidence (including the impact of colonisation, education, employment, income, housing and other factors);

    (ii) differences in access to and through the health system (including longer and slower pathways through health care for Māori, hospitalisation rates and other access to care); and

    (iii) differences in quality of care received (including in screening, diagnosis and as a result of racism, bias and discrimination).

(e) The Crown's failure to recognise and give effect to the Treaty of Waitangi and its obligations to Māori in the New Zealand health system through relevant policy such as the New Zealand Health Strategy, He Korowai Oranga: Māori Health Strategy and the Primary Health Care Strategy.

(f) The Crown's failure to ensure that Crown or Crown-controlled agencies involved in health services and outcomes in New Zealand give effect to the Treaty of Waitangi and the Crown's obligations to Māori.

(g) The Crown's disestablishment of Te Kete Hauora (Māori Health Business Unit) within the Ministry of Health and its integration of its functions across other Ministry business units.

(h) The Crown's failure to comply with or monitor the compliance of Crown or Crown-controlled agencies with fundamental aspects of the NZPHD Act and other relevant legislation, including basic matters such as monitoring Māori membership of DHBs.

(i) The Crown's failure to monitor the performance of DHBs with respect to eliminating health disparities for Māori, despite this having been a statutory requirement since 2000.

(j) The Crown's removal of the requirement of DHBs to create stand-alone Maori Health Plans as part of their annual planning processes.

(k) The Crown's normalisation of a power state with respect to Māori health outcomes that entrenches the idea that it is 'normal' for there to be differences in health for between Māori and other populations.

(l) The Crown's failure to entrench the collection of appropriate reporting and data to enable the health of Māori to be adequately reported on and thereby improved.

(m) The Crown's failure to structure the health system on Māori terms (including Māori world views, life course patterns and data, whanau ora) instead preferring Pākehā terms (including Pākehā worldview, life course patterns and data), which impacts profoundly and negatively on the ability of the health system to provide care across the life course of Māori people that meets Māori needs.

*Primary care*

In respect of primary care in particular, the Claimants say further that the Crown has acted with insufficient and inadequate determination to remedy inequitable Māori health outcomes within the scope of the New Zealand primary care health system, including:

(a) The Crown's failure to address the causes of inequities in health outcomes for Māori in primary care, including:

(i) differential access to the social determinants of health leading to differences in disease incidence (including the impact of colonisation, education, employment, income, housing and other factors);

(ii) differences in access to and through the health system (including longer and slower pathways through health care for Māori, hospitalisation rates and other access to care); and

(iii) differences in quality of care received (including in screening, diagnosis and as a result of racism, bias and discrimination).

(b) The Crown's application of population-based funding formulas for primary health care which do not reflect the existence of persistent and pervasive health inequities for Māori.

(c) The Crown's failure to remedy barriers to equitable primary care for Māori across the primary health care system, including barriers arising through funders, access to care and other causes.

(d) The Crown's inhibiting of Māori design of services or obstructing or failing to support adequately Māori-led primary care services or Māori provider organisations.

(e) The Crown's differential treatment of Māori providers (broader than just Māori Primary Health Organisations), including under-funding and over-auditing.

(f) The Crown's failure to provide culturally appropriate primary care across its primary care delivery framework;

(g) The Crown's failure to adopt approaches to primary health care, including in programme design and delivery, which would result in proven improvements to Māori health, including in health promotion, screening and prevention services. Examples of these failures include smoking cessation programmes, alcohol advertising and SUDI/cot death and waha kura.

(h) The Crown's failure to adopt and deliver adequate health protection policies and programmes, including with respect to immunisation coverage and delivery, the rights of tamariki, housing quality and tenancy Issues.

(i) The Crown's failure to adopt, deliver or support adequate disease prevention policy and programmes, including with respect to sugar, alcohol and gambling.

(j) The Crown's failure to deliver adequate screening programmes or to remedy persistent inequities in screening delivery, including breast cancer screening, cervical screening and bowel screening.

(k) The Crown's failure to structure the primary care system, including health programmes, funding and service delivery for Māori on Māori terms

*Prejudice*

The combination of the Crown's failures, detailed above, have determined the current and historical inequitable health status of Māori compared to non-Māori.

The Crown's catastrophic failures in health system structuring, design and delivery have resulted in:

(a) the extant system which produces consistently worse, but preventable, health outcomes for Māori.

(b) the extant system which has normalised, accepted and tolerates worse, but preventable, health outcomes for Māori.

(c) avoidable illness, disability and health for generations of Māori.

(d) the undervaluing of Māori health and Maori lives in Aotearoa.

*Resolution*

The Claimants say that removing the prejudice to Māori will require a resolution that:

(a) re-orients the health system towards reducing inequities and producing a Treaty-compliant system.

(b) demands Māori participation in decision and policy making and implementation.

*Relief*

The Claimants claim the following relief:

(e) a finding that the Crown's actions, policies and omissions have resulted in a failure of the health, education and welfare systems to protect the health of Māori in all of its forms, including the health of individual Māori, whānau, hapū, iwi and all Māori generally;

(f) a finding that the Crown has acted with insufficient and inadequate determination to remedy inequitable Māori health outcomes within the scope of the New Zealand health system;

(g) a finding that the Crown's actions, policies and omissions in respect of the health of Māori people in all of its forms, have been and are:

(i) contrary to Articles II and III of the Treaty of Waitangi; and

(ii) inconsistent with the Crown's obligations under the Treaty of Waitangi.

(h) a finding that the Crown has acted with insufficient and inadequate determination to remedy inequitable Māori health outcomes within the scope of the New Zealand primary health care system;

(i) a finding that the Crown's actions, policies and omissions in respect of the primary health care system, have been and are:

(i) contrary to Articles II and III of the Treaty of Waitangi; and

(ii) inconsistent with the Crown's obligations under the Treaty of Waitangi.

(j) a recommendation that the Crown takes immediate steps, in conjunction with the Claimants, to remedy inequitable Māori health outcomes within the scope of the New Zealand health system;

(k) a finding that the Crown's failure to actively protect Māori Data Sovereignty in relation to health services is inconsistent with the Crown's obligations under the Treaty of Waitangi;

(l) a recommendation that the Crown takes immediate steps, in conjunction with the Claimants, to actively protect Māori Data Sovereignty in relation to the health system; and

(m) such further or other relief as the Tribunal considers just.

## Wai2575 Claimants

In late 2017 there were more than 180 claims (see Appendix 1) that related to the Health Services and Outcomes Kaupapa Inquiry, and a final date for submitting a claim has not yet been announced.

## Wai2575 Process

On the 30th November 2016 the Chairperson of the Waitangi Tribunal, Chief Judge Isaac issued directions establishing the Health Services and Outcomes Kaupapa Inquiry, and appointed Judge Stephen Clark as the presiding officer. Judge Isaac named the panel members as Dr Tom Roa, Dr Angela Ballara, Miriama Evans, Tania Simpson in directions of 15 March 2017 (note that Miriama Evans has since been replaced by Prof Linda Tuhiwai Smith). The first judicial conference was held at Pipitea Marae, Wellington on 11 May 2017.

The Tribunal requested the claimants, claimants' counsel and Crown law to work together to address issues around inquiry scope, focus, priorities and inquiry process by holding "roundtable discussions."

Wai 2499 (Te ORA, the Māori Medical Practitioners' Association represented by Ms Walker (Kahui Legal) highlighted a need in this inquiry for basic information about how the health sector works: its agencies; Crown boards; providers; non-government organisations and other bodies; their responsibilities, and funding. Ms Walker submitted thatTe ORA claimants and others could arrange a one day workshop to provide this information for the Tribunal and inquiry parties. The Tribunal agreed that all parties to this inquiry would benefit from such an overview of the health sector. However, Judge Clark considered that this need could be met by the filing of relevant information and directed Crown counsel to file a document providing an overview of the health sector and all its component parts, including all publically funded agencies, organisations and bodies (noting the responsibilities of each of the agencies, organisations or bodies, how they are funded and what their key relationships are with one another). The Crown eventually filed documents three times variously attempting to describe the NZ health system. Wai2499 has contested the versions filed.

Subsequent to the Roundtable meeting the Crown agreed to provide further background information about the current functioning of the New Zealand health system, including information about the management of the health system and funding flows, and to produce agreed data sets, and the Crown agreed to commission an independent expert to prepare a background paper on historical issues and

the history of Maori health on the 1840s to the 1990s. Wai2499 claimants attended and assisted with the process and procedures for agreeing the data sets and in identifying the scope of the historical report. The independent report became a difficult and contested process as the Ministry of Health attempted to meddle in the process by unilaterally re-issuing a request for proposals with the budget reduced by 65%. The approach to agreeing to the data sets was also contested, and the Ministry of Health eventually agreed to Wai2499 in respect of some key data that needed to use a non-Maori/non-Pacific comparator group. While a Treaty based approach sometimes uses Maori / non-Maori comparator the concern was that some key inequities could be obscured if the Pacific inequities were effectively diluting the comparator group.

As the pre-casebook review was developed a bibliography was co-produced by the Tribunal secretariat with help from claimants and the Ministry of Health. Te ORA claimants were helpful in contributing to the bibliography and Maori medical practitioners are predictably very generous and visible contributors to that literature.

The second Judicial Conference was held at the Tribunal offices in Wellington. Discussions covered the progress on the Pre-Casebook paper, the commissioned research, the data reports and the hearing planning.

## Wai2575 Stage One

Judge Clark decided that Stage One would be hearings into two specific claims – Wai1315 and Wai2687. These claims are both Maori Primary Health Organisations, and were considered to be nationally significant and ready to proceed. Originally Wai1315 was the claim for both sets of claimants, but some the National Hauora Coalition sought a separate claim number in 2017, and in December 2018 the 1315 claimants split again with Timi Maipi (North Waikato PHO which supported Ruakura Hauora o Tainui provider practices) and Hakopa Paul (Te Kupenga a Kahu PHO supported Maori provider practices in Te Arawa) likely to be granted a separate claim number this year. Wai2499 did contest some of Judge Clark's decisions, submitting memoranda on 22 December 2017 and 28 February 2018 – we were concerned that the denial to be included in Stage One was close to prejudicing our right to be heard. Nonetheless Stage One got underway at Turangawaewae with the focus on Wai 1315 / 2687 regarding contemporary primary health care legislation, policies and practice and how this is prejudicing Māori today.

I ana korero whakatuwhera e penei ana te Tiati – "*i kōrerohia kētia te nuinga o ngā kaikōrero i tēnei ata mō ngā moemoeā o Te Puea Herangi. I waihangatia e ia tana moemoeā ki te waihanga tētahi whare hei hohipera mō te iwi. I whakamārama mai a Tuku i te ata nei, kāhore te Kāwanatanga o taua rā i whakaae. Nō reira, kāhore i whakatinana ōna moemoeā. Ehara mātou i te Kāwanatanga o ēnei rā, ehara mātou i te hohipera, heoi anō, e hīkaka ana mātou ki te āta whakarongo ki ngā kerēme e pā ana ki te hauora.*"[4]

Roimata Smail, Counsel for Wai1315 noted the significance of meeting at Turangawaewae "It is 100 years since the 1918 influenza pandemic and the death and suffering it caused was part of the inspiration for Princess Te Puia to build Māhinārangi. She intended it as a hospital for her people but was denied a license."[5]

Wai 2499 was granted 'interested party' status for Stage One and Te ORA members who presented evidence include Professor Papaarangi Reid and Assoc Prof Sue Crengle. Dr Rawiri Jansen presented an evidence brief for Wai2687 and and Dr Peter Jansen presented evidence for Wai1315. Many of our

[4] Wai 2575, #4.1.4 page 8

[5] Ibid p 18

members were present in addition to the witnesses giving evidence – Prof David Tipene-Leach, Dr Nina Scott, Dr Lily Fraser, Dr Myra Ruka, and Dr Jade Tamatea.

The Tribunal panel appears to have grasped both the clearly obvious contribution of Crown failures (see section above) and the complexities of the health system. By the end of week one Judge Clark noted "*the Crown have made a number of concessions or admissions about the status of Māori health. The briefs of evidence talk about the unacceptability of the current inequities."*[6]

The difference between a 'concession' and 'acknowledgement' is an important point. Acknowledgements simply recognise that things have gone terribly badly. But, a concession accepts that the things that went terribly badly were actually in breach of the Treaty. And up until that point, two years into the Kaupapa Inquiry the Crown Law position was to acknowledge and not to concede. The truth was that any reasonable reading of the Crown's own witnesses who were yet to present evidence was that the Crown's actions and indeed the ***inaction in the face of need*** are clearly a breach of the Treaty.

So by the end of the first week of Stage One the momentum is inexorable.

## Remedies, resolution, recommendations

The claimants for Stage One have now separated out into three groups, seeking three different sets of findings and recommendations. Part of Wai1315 are seeking a cash settlement reflecting the years of underfunding of Maori PHOs – some $342M. This is somewhat problematic – for while some of the Maori PHOs no longer exist, and the Crown settlements are usually for 1.5c in the dollar, the cash settlement would hardly address inequities in Maori health outcomes (and may in fact create impossibly difficult issues for claimants who have been excluded from Stage One). The other parts of Wai1315 were seeking a specific apology relating to the demise of one Maori PHO, and seeking a place in the health system of the future. Wai2687 were seeking a Hauora Funding Authority to be established that would have diverse (and reasonably complex) roles including policy development, allocative funding, commissioning services, monitoring functions – all protected and enshrined in legislation. All of Wai1315 and 2687 claimants agree that the Treaty of Waitangi provisions in the health legislation needs to be strengthened.

## Wai2499 Final Submissions

The final submissions from Wai1315, Wai2687, interested parties including Wai2499, and from the Crown are due to be delivered to the Tribunal in late March 2019.

Our claimant group and our legal counsel are now preparing final submissions on Stage One. Wai2499 claimants agree that compelling evidence exists and sufficient evidence has been provided for the Tribunal to find that Maori PHOs have been underfunded, unsupported, obstructed, that the legislative and policy settings should be improved, that the funding should be reviewed and that there have been (and continue to be) significant failings in the monitoring and accountability of Crown agencies in respect of this part of the primary health system.

Further, Stage One has demonstrated (predictably) that there have been significant and persistent failures by the Crown:

- Failures of good government/good governance:
    - Maori representation in the health system structures (such as DHBs) has been inadequate and not influential
    - MoH and DHBs have been ineffective in addressing Maori health needs

[6] Ibid p 628

    - Systematic failure to adequately ensure that Maori health was protected
- Failure of monitoring:
    - MoH and DHBs were not held accountable for their performance
    - MoH and DHBs did not address their own performance nor was underperformance by PHOs addressed
- Inadequate resources
    - Funding of Maori PHOs (and Maori provider organisations) was not adequate, and when the underfunding was demonstrated it was not remedied
    - Maori provider funding has decreased over time

And, these failings exist beyond the PHO/primary care settings and are likely to be demonstrated across all of the Primary Care system, and through the breadth of the Health and Disability system including:

- Prevention services
- Health promotion services
- Screen services
- Diagnostic and treatment services.

Indeed it is likely that further evidence will be provided through the next stages of the Kaupapa Inquiry that these failures will be demonstrated through services design and delivery across the entire Health and Disability system including mental health, dental health, and disability services. These failings are likely to be evidenced across the wider social determinants of health including housing, education, employment,income, justice, police and corrections services.

The staged approach that has begun with looking at one part of primary healthcare, and proposes to move on to disabilities, mental health, alcohol and other drugs, and wider primary care in stage two, has a built-in complexity potentially obscuring the combined and cumulative effects of Crown failures.

A partial response (such as may be considered by the Tribunal in regards to two claimant groups) is at risk of **underestimating** the full requirement to remedy the repetitive, sustained and comprehensive failings. A partial response also risks consuming resources (including funding, public goodwill and support) as further predictable and necessary responses are added in later stages of the Inquiry. Nevertheless, properly funded, designed, delivered and accountable health services are likely necessary, but much more is required. And one final thought given all of the evidence and discussion about **equity of outcomes**, it is useful to remind ourselves that in the Treaty arena equity is note the end-game. Mana motuhake,  tino rangatiratanga, sovereignty are the legitimate goal.

## Wai2575 – Stage One interim report

Judge Clark has indicated that he will dedicate himself for one month to write a report. He is quite driven around this as he has made it clear that the interim report should be influential in the Health and Disabilities Services Review that is underway now (led by Heather Simpson).

Appendix One

| Wai No. | Claim title |
|---|---|
| 49 | Taumarere River and Te Moana o Pikopiko-i-whiti claim |
| 58 | Whangaroa Lands and Fisheries claim |
| 87 | Whakatohea Raupatu claim |
| 88 | Kapiti Island claim |
| 89 | Whitireia Block claim |
| 121 | Ngati Whatua Lands and Fisheries claim |
| 144 | Ruapani Lands claim |
| 179 | Maori Affairs Act and Burials and Cremations Act claim |
| 246 | Puhipuhi State Forest claim |
| 421 | Puketotara Block claim |
| 433 | Te Whanau O He Putea Atawhai claim |
| 507 | Mangatu Block claim |
| 558 | Ngati Ira O Waioeka Rohe claim |
| 593 | Taraire 1E2 Block claim |
| 605 | Te Waimimiti Block claim |
| 619 | Ngati Kahu o Torongare/Te Parawhau Hapu claim |
| 662 | Mangaohane No 1 Block claim |
| 682 | Ngati Hine Lands, Forests and Resources claim |
| 745 | Patuharakeke Hapu Lands and Resources claim |
| 774 | Waitangi Lands and Resources claim |
| 861 | Tai Tokerau District Maori Council claim |
| 864 | Moutohora Quarry claim |
| 869 | Inland Kerikeri claim |
| 874 | Mangatu Block claim |
| 884 | Te Pa O Tahuhu (Mt Richmond, Auckland) |
| 914 | Te Atatu Lands (Auckland) claim |
| 966 | Ngapuhi Ti Tiriti o Waitangi claim |
| 972 | Ngati Kauwhata ki te Tonga surplus lands claim |
| 996 | Ngati Rangitihi Inland and Coastal Land Blocks claim |
| 1028 | Ngati Hineoneone Te Tuhi Block claim |
| 1072 | Ngati Ruakopiri Waimarino Block Alienation claim |
| 1247 | Kororipo Lands and Resources claim |
| 1261 | Ngati Tara Lands claim |
| 1308 | Patuharakeke Hapuu ki Takahiwai claim |
| 1315 | Primary Health Organisations claim |
| 1341 | Ngati Rehia Hapu claim |
| 1383 | Kauwhata, Rangi and Wharetotara claim |
| 1460 | Tauhinu ki Mahurangi Claim |
| 1464 | Te Kapotai and Ngati Pare hapu claim |
| 1479 | Hapu of Te Parawhau (Moera Wairoro Hilton) Claim |
| 1524 | Pomare Kingi Claim |
| 1531 | Land Alienation and Wards of the State (Harris) Claim |
| 1536 | Descendants of Te Kemara uri o Maikuku raua ko Hua Claim |
| 1541 | Descendants of Hinewhare claim |
| 1544 | Descendants of Hairama Pita Kino claim |
| 1546 | Waikare Inlet claim |
| 1589 | Descendants of Turongo (Native Lands Act) claim |
| 1622 | Ngati Toa and Muaupoko (Taueki) Claim |
| 1629 | Muaupoko (the descendants of Taueki) Claim |
| 1666 | Ngati Hine, Ngati Kawau, Ngati Kawhiti and Ngä Uri o Te Pona (Taniwha) Claim |
| 1670 | Descendants of Te Uri o Ratima Claim |
| 1673 | Ngati Kawau (Collier and Dargaville) Claim |

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|---|---|
| 1677 | Orokawa 3B Block Claim |
| 1681 | Pukenui Blocks Claim |
| 1712 | Descendants of Toi Te Hua Tahi and Te Maawe Claim |
| 1758 | Upokorehe Hapu Ngati Raumoa Roimata Marae Trust Claim |
| 1775 | Ngati Patumoana (Hata) Claim |
| 1787 | Rongopopoia Hapu Claim |
| 1794 | Turangapikitoi Hapu Claim |
| 1804 | Descendants of Tokotahi Moke Claim |
| 1813 | Maori Health and Social Development (Wolfgramm) Claim |
| 1821 | Kirikiriroa Marae Claim |
| 1835 | Ngati Paki and Ngati Hinemanu (Winiata, Lomax, Cross and Teariki) Claim |
| 1841 | Ngati Manu (Victor Campbell) Claim |
| 1843 | Te Aeto Hapu Claim |
| 1864 | Coroners Act Claim |
| 1868 | Oruamatua Kaimanawa Block (Hoet) Claim |
| 1877 | Vietnam Veterans (Moffitt and McCallion) Claim |
| 1890 | Te Whiu and Kin Hapu Claim |
| 1918 | Native Rock Oyster (Lyndon and Collier) Claim |
| 1940 | Waitaha (Te Korako & Harawira) Claim |
| 1957 | Maunga Kawakawa Block Claim |
| 1968 | Tutamoe Pa Claim |
| 1998 | Tikapa (Kiwara) Lands Claim |
| 2003 | Ngati Korokoro, Ngati Wharara &Te Pouka (Turner & Others) Resource Management Claim |
| 2006 | Upokorehe and Whakatoia Hapu Claim |
| 2008 | Pakowhai Hapu and Whakatohea Mäori Trust Claim |
| 2049 | Hatu Lands and Resource Claim |
| 2051 | Kenrick Whanau Mental Health Claim |
| 2053 | Muaupoko Health (Kupa and Ferris) Claim |
| 2059 | Puketaua and Utukura Blocks Claim |
| 2060 | Apetera Whanau and Te Parawhau Whanau Claim |
| 2066 | Ngati Ruatakena Lands and Resources (Papuni) Claim |
| 2072 | Te Ihutai Lands (Robinson and Others) Claim |
| 2097 | Whakatane Lands (Hillman) Claim |
| 2108 | Children, Young Persons and Their Families Act 1989 (Epiha, Armstrong and Stead) Claim |
| 2109 | Ngati Kapo (Tibble) Claim |
| 2145 | INA Health Issues (Mack and Others) Claim |
| 2165 | Te Taura Here O Ngati Porou ki Tamaki Makaurau Lands (Naden) Claim |
| 2173 | Muaupoko Health (Murray) Claim |
| 2179 | Nga Uri o Tama, Tauke Te Awa and Others Lands (Dargaville) Claim |
| 2183 | Ngati Hikairo, Ngati Patupo and Ngati Te Wehi Lands (Mahara) Claim |
| 2237 | Maori Health Disparities (MacDonald) Claim |
| 2244 | Descendants of Ngatau Tangihia (Dargaville) Claim |
| 2257 | Te Whanau Apanui Mana Wahine (Stirling) Claim |
| 2306 | Arawhata Stream and Lake Horowhenua Urgency Claim |
| 2380 | Te Whānau a Taupara Trust Empowering Act 2003 and Kokoariki Marae (Terekia) Claim |
| 2382 | The Tahawai (Aldridge) Claim |
| 2476 | Tohunga Suppression Act (Te Hira) claim |
| 2494 | Racism Against Māori claim |
| 2499 | Māori Health Disparities (Jansen, Laking and Moke) claim |
| NYR | A claim by Lily Stone concerning how Maori are disproportionately over represented and prejudiced by institutional and interpersonal racism in respect of cancer. |
| NYR | A claim by Dr Keri Lawson Te Aho concerning the institutional and interpersonal racism and the Crown's failure to adequately address the underlying causes of Maori youth suicide. |
| NYR | A claim by Leanne Te Karu and how institutional and interpersonal racism actively prejudices Maori in respect of gout. |
| NYR | A claim by Susan Mary McKenna in respect of the health of Māori living in Canterbury and |

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| | how the Canterbury District Health Board is prejudicing the health of Maori living there in breach of the New Zealand Public Health and Disability Act 2000. |
| NYR | A claim by Pauline Kopu and the prejudice suffered by Maori in respect of oral ill-health. |
| NYR | A claim by Marion Wilkie in respect of institutional and interpersonal racism and how the same disproportionately prejudices Maori in respect of meningitis and coronial practices. |
| NYR | Sir Edward Taihakurei Durie - On behalf of himself and the New Zealand Maori Council |
| NYR | Wanda Brljevich - On behalf of herself and Ngati Huarere ki Whangapoua |
| NYR | Taipari Munro - On behalf of himself and the Whatitiri Maori Reserves Trust |
| NYR | Mereti Taipana - Tahuriwakanui Hapu of Ngati Kauwhata |
| NYR | Ngaio Te Ua |
| NYR | Edward Taihakurei Durie - Raukawa District Maori Council |
| NYR | Hamuera Hodge |
| NYR | An amended claim by Tina Latimer and James Eruera, on behalf of ourselves and Pamapuria Maori and Maori of Kaitaia generally [SOC submitted 13 Mar 2017] |
| NYR | Claim by Ranginganana Noke Wade, chairperson of Ngati Wahiao Maori Committee |
| NYR | Claim by Kereama Pene, Apotoro of Ratana Church, Auckland |
| NYR | Claim by Tina Latimer, James Eruera and Ricky Houghton, on behalf of ourselves and Pamapuria Maori and Maori of Kaitaia generally |
| NYR | Claim by John Hooker on behalf of myself and as a tribal member of Ngaruahine |
| NYR | Claim by Rangimahuta Easthope, a Co-Chair of the Ngati Rangiteaorere Maori Committee |
| NYR | Claim by Harvey Ruru, Archdeacon of Nelson and Chairperson of Te Tau Ihu District Maori Council |
| NYR | Claim by Dennis Emery, an Iwi Health Adviser at Arohanui Hospice, Palmerston North and elected Chairperson of Nga Kaitiaki o Ngati Kauwhata Incorporated in Feilding |
| NYR | A claim by Eru Peter Loach and Maori and the health effects of gambling |
| NYR | A claim by Rex Timu concerning methamphetamine |
| NYR | Bruce Wright (contemporary claim) |
| NYR | Richard Takuira (contemporary claim) |
| NYR | Pauline Haapu (contemporary claim) |
| NYR | Stephen Henare (contemporary claim) |
| NYR | Te Rarua Kui McClutchie-Morrell (contemporary claim) |
| NYR | Lorraine Akuata (contemporary claim) |
| NYR | Claim by David Ratu and the Turehou Māori Wardens ki Otara Charitable Trust |
| NYR | Claim by Rosaria Hotere & Jane Hotere |
| NYR | Claim by Wiremu Baylis on behalf of himself and his whanau |
| NYR | Claim by Teresa Goza on behalf of herself and her whanau |
| NYR | Claim by Maraea Katene on behalf of herself and her whanau |
| NBR | Hickey claim |
| NBR | Claim by Jack Rifle on behalf of Ngati Te Wehi |
| NBR | District Maori Council claimants - (1) Cletus Maanu Paul, Co-Chairperson of the New Zealand Maori Council ("NZMC"), and Chairperson of Mataatua District Maori Council (2) Desma Kemp Ratima, Chairperson of Takitimu DMC, for and on behalf of himself and the Takitimu DMC (3) Rihari Richard Takuira Dargaville, Chairperson of Tai Tokerau DMC, for and on behalf of himself and the Tai Tokerau DMC (4) Titewhai Harawira, Chairperson of Tamaki Makaurau DMC, for and on behalf of herself and Tamaki Makaurau DMC (5) Willie Jackson, Chairperson of Tamaki ki te Tonga DMC, for and on behalf of himself and Tamaki ki te Tonga DMC (6) |
| NBR | Urban claimants - John Tamihere, for and on behalf of Te Whānau o Waiparera, the Manukau Urban Maori Authority ("MUMA"), the National Urban Maori Authority ("NUMA"), Te Roopu Awhina ki Porirua, and Kirikiriroa Marae |
| NBR | A claim concerning contemporary issues the deficiencies in health legislation, lack of consultation and support for Maori health care providers, and failure to incorporate tikanga Maori into National Health system |
| NYR | A claim by Mark West and Tuta Ngarimu concerning Tairāwhiti DHB funding and the failure to provide drug and methamphetamine rehabilitation facilities to the Tairāwhiti region |