

Māori Responses to Covid-19

Abstract

Māori infection rates from Covid-19 are perhaps the only example in Aotearoa New Zealand's contemporary history where Māori have achieved better social outcomes than non-Māori. This remarkable, and unanticipated, outcome is potentially a golden precedent for policymakers if we can determine the critical factors that reversed embedded trends of disproportionate disadvantage. This article argues that, while the national lockdown and science-based approach were important enablers of these outcomes, the nationwide Māori response to Covid-19 should also be recognised as critical. It describes the key components of the Māori response to Covid-19 and argues that, in composite, the Māori response demonstrates the value and positive impact of 'strengths-based' policy at scale, as well as providing insight into key policy settings that would enable the positive outcomes in respect of Covid-19 to be replicated across other important policy areas.

Keywords Māori, strengths-based policy, self-determination, community pandemic response

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In early March 2020, most crystal balls would have predicted that Māori would experience disproportionately higher rates of infection and mortality from Covid-19; some commentators were forecasting a mortality rate twice that of non-Māori (Newton, 2020). The nature of Māori health inequities alone establishes a reasonable expectation that the inequity pattern replicates as new health issues arise. This was exacerbated by Māori having a distressingly high prevalence of risk factors for Covid-19 (World Health Organization, 2020), including diabetes (50% higher rate than non-Māori for type 2 diabetes), cardiovascular disease (mortality rate twice that of non-Māori), chronic respiratory illness (three times the rate of non-Māori) and cancer (1.5 times the mortality rate of non-Māori) (Ministry of Health, 2018). However, as at May 2020, Māori had remarkably low rates of Covid-19 infection: approximately 8% of confirmed cases, far below the 16.5% they make up of the national population (Ministry of Health, 2020). Identifying the factors that led to this desirably atypical outcome should be a priority for policymakers, as it is one of the few

occasions in contemporary history when stubborn trends of disproportionate disadvantage have been displaced by positive variance. Equally, it is arguable that those success factors ought to be woven across wider government policy to reverse existing patterns, prepare for future shocks (pandemics or otherwise) and, importantly, catalyse substantive advances in well-being for Māori and the nation. This article summarises Māori responses to Covid-19, drawn from publicly available information and a nationwide survey with over 300 Māori respondents; this is followed by our identification of critical success factors and recommendations for future policymaking.

We argue that, while the macro-level government policy settings were a prudent enabler of positive outcomes for Māori, the pivotal factors were Māori mobilisation and self-responsibility. In our view, Māori Covid-19 responses and outcomes tangibly demonstrate the strengths-based approach at scale and underscore progressive transition to a distinctive era of Māori practising localised self-determination. Policy responses to Covid-19 adopted a mixed response to Māori self-responsibility. At times this created an awkward and politicised (Hurihanganui, 2020a) lacuna, which could be remedied in future policymaking if there is deeper understanding of the mechanisms and positive value of strengths-based Māori solution-building.

Māori responses to Covid-19

Māori responses to Covid-19 fall within four broad categories: cultural adaptation, social cohesion and information channels, distributive networks and community protection.

Cultural adaptation

Cultural adaptation began in early March, exemplified by a Ngāti Kahungunu meme to replace hongis with the 'Kahungunu wave'. Recalling Ngāti Kahungunu's eponymous ancestor's practice of raising his eyebrows, the iwi encouraged members to revert to this old practice in place of hongis, stating that 'tikanga demands that we do what's tika or what's right for any occasion. Don't be naive, do the "Kahungunu Wave"' (Ngāti Kahungunu Iwi Inc, 2020). Marae

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across the country developed pandemic plans that adapted their specific tikanga and kawa to the dynamics presented by the pandemic (Hayden, 2020), and Māori developed guidance on tangihanga during the lockdown period that subsequently informed government policy (McLachlan, 2020).

These examples are important in two key respects. First, they reinforce a perception that Māori are intentional and proactive in adapting tikanga where there is just cause. Practices embodied in tikanga are reflexive, context-dependent expressions of deeper values (Williams, 2001). Where circumstances challenge those deeper values, such as the threat to whakapapa posed by Covid-19, it can be expected that Māori will actively evaluate and, if warranted, adapt tikanga. Spreading this perception across government is likely to enhance future policy responses and

avoid failed, potentially antagonistic outcomes such as the initial level 2 tangihanga guidelines.

Second, these examples reflect what social scientists refer to as institutional transformation. Institutions are theorised as a sense of a shared understanding that has normative force (Lawrence and Phillips, 2019). Tikanga, under this approach, is an institutional system which contains a number of discrete institutions, such as tangihanga and hongis. Social scientists recognise that changing institutions requires discursive legitimacy (a perceived right to speak on institutional change) and culturally resonant framing (drawing from shared cultural repertoires) (Dorado, 2005; Tracey, Phillips and Jarvis, 2011). Arguably, the successful Māori-led changes to tikanga reflected these components, whereas the level 2 tangihanga guidelines did not. Future policy may benefit from heeding the paired insights that not only are Māori proactively engaged in institutional transformation; Western knowledge theorises that only Māori can do this work.

Social cohesion and information networks

Māori networks were highly active as channels conveying information and maintaining a sense of community throughout and beyond the lockdown period. Existing networks, including iwi, hapū, marae, Whānau Ora commissioning agencies and pan-Māori organisations such as the New Zealand Māori Council, were critical in ensuring information on government and other support reached Māori communities. New organisations also emerged, such as #Protectourwhakapapa, a grassroots response that was motivated by the view that there was a lack of information that engaged with, or was relevant to, whānau (www.protectourwhakapapa.co.nz).

Māori networks were also rich with uplifting and community-building content, from haka challenges (Te Ao Māori News, 2020) to prominent vocalists releasing a dedicated waiata (Retisma, 2020), nightly karakia by video-link that anyone could join, and beyond (Hurihanganui, 2020b). Te Pūtahitanga o Te Waipounamu led the #Manaaki20 campaign, which included daily interviews with prominent local community champions and was anchored

by a web platform that aimed to promote a manaaki movement through whānau sharing inspiration and resilience-building insights (<https://www.manaaki20.org>).

These networks were also commonly bilateral, with Māori organisations collecting data and insights into Māori community needs during the lockdown period. For example, Te Pūtahitanga o Te Waipounamu collected insights into the needs of over 18,000 Māori (Te Pūtahitanga o Te Waipounamu, 2020), and Ngāi Tahu phoned all registered kaumātua to identify their needs.

Māori channels to distribute information, build communities and collect insights are important for two reasons. First, they are a further demonstration of innovation within Māori communities. Face-to-face engagement is particularly important under tikanga Māori, but was obviously inappropriate for the Covid-19 response. Digital tools may have a more prominent place in future policy and community processes, noting that the digital divide is real. For example, Te Pūtahitanga o Te Waipounamu found that 23% of whānau they engaged with did not have access to the internet. Second, channels and access barriers are recognised as one of the key contributors to inequity outcomes: many Māori either cannot access or will not access mainstream services, because of practical barriers, such as inadequate transport, experiential barriers, such as encountering systemic bias, or perceptual barriers, such as that the service 'doesn't fit'. During the lockdown Māori channels were shown to have reached those who may have been unreachable by other parties, and commonly to have had a pre-existing level of trust that enabled higher-quality engagement and more effective outcomes.

Distributive networks

Māori networks distributed a phenomenal amount of food and practical resources to Māori communities across the country during the lockdown period. For example, Ngāpuhi distributed 8,000 kai packs (de Graaf, 2020), Waikato Tainui 5,000 kai packs (Tantau, 2020), and Te Pūtahitanga o Te Waipounamu 1,734 kai packs. Te Pūtahitanga also distributed 1,371 grants for home heating, 1,104 data

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supports, 600 devices to enable digital connectivity and 25,000 hygiene packs. It is disappointing that there was no centralised stocktake of the volume of resources distributed by iwi and Māori organisations.

The scale and nationwide reach of these distributive networks is, in our view, a notable achievement that carries three particularly salient insights. First, rapid and expansive distribution of resources is not unique to the Covid-19 response. Recent disasters, such as the 2011 Christchurch earthquake and 2016 Kaikōura earthquake, saw the mobilisation of comparable distribution networks,

albeit regionally focused. Following the 2011 earthquake, the Māori Recovery Network reached 10,000 whānau in the worst-affected suburbs, providing food, clothing, medical assistance and transport to access necessary services (Phibbs, Kenney and Solomon, 2015; McMeeking, 2018). There was similarly rapid deployment following the Kaikōura earthquake, and after both earthquakes marae provided food and shelter for the Māori and wider community (Towle, 2016). Arguably, distributing resources in this way is an embedded ethic within tikanga Māori, reflected across a range of enduring and pervasive practices, such as gifting mahinga kai (customary food) to kaumātua after each dive, or weaving resources along whakapapa lines when a whareniui is built or restored. In our view, these distributional networks enact manaakitanga and reflect an intrinsic obligation on the part of the organisations engaged in distribution to do what they believe is right for the community. Networked mobilisation is also a community 'muscle' that is regularly exercised. Tangihanga, for example, require rapid and passionate mobilisation. Whether large or small, there are teams of people involved in different functions, all of which require organisation and coordination. Mobilising for Covid-19 drew on the same capabilities.

Second, many of the Māori distribution networks utilised social capital to access resources and to redistribute to whānau. Ngāpuhi, for example, drew on whānau relationships with a supermarket owner to access goods in bulk (de Graaf, 2020), Waikato Tainui drew on corporate relationships to partner with a food supplier (Tantau, 2020), and Te Pūtahitanga o Te Waipounamu developed a relationship with a local businessperson to supply personal protective equipment (PPE). This pattern is similarly not unique to Covid-19. Following the 2011 Christchurch earthquake the Māori Recovery Network received contributions from iwi and Māori organisations across the country: doctors from Waikato Tainui, nurses from Te Arawa, a container from Ngāti Toa and well beyond – including the proceeds of a goat raffled on Ngāti Porou radio. The critical insight is that Māori networks can and do unlock resources that would otherwise not

have been available for community relief. Contrary to the popular view that Māori 'drain' resources, these patterns demonstrate that Māori networks unequivocally increase the total pool of resources available. The policy implications of a 'resource rich' view of Māori networks is an element we return to in our concluding section.

Māori networks both directed their own financial resources to the response and became distribution channels for government support. Given that we are only just reaching critical scale in the post-settlement phase (in which iwi become, to varying degrees, financially independent), New Zealand is not yet accustomed to iwi and Māori organisations bringing financial resources to the table and the ripple effects this is likely to have on the nature of partnership dynamics. The triggers and quantum for iwi to self-fund community contributions is, however, an area that will require careful navigation so as not to unduly stretch primary fiduciary responsibilities to current and future generations.

Government partnering with iwi and Māori organisations as distribution channels for Crown resources is a welcome demonstration of both trust in, and recognition of, the unique value of iwi and Māori partners. An additional Whānau Ora fund was distributed through the three Whānau Ora commissioning agencies. Some iwi and Māori community organisations also received government Covid-19 grants and negotiated directly with various government departments (de Graaf, 2020). This type of precedent arguably has wider value across government policy, particularly if complemented with enhanced data collection to more fully understand the positive impacts of Māori contributions.

Community protection

The Māori response to Covid-19 also included the politicised 'checkpoints' (Scoop, 2020). Iwi checkpoints were established in Taranaki, on the East Coast and in Northland. The checkpoints involved iwi volunteers, supported by local police, stopping cars to query whether the occupants were complying with level 3 restrictions on inter-regional travel. If occupants were in contravention

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of government rules they were asked to return to their point of origin (Hemi, 2020). The checkpoints attracted some heated opposition on the grounds that they were unlawful and intimidating, with close to 6,500 people signing a petition calling for an end to 'vigilante iwi-gangster' roadblocks. However, the commissioner of police wrote in an opinion piece that the checkpoints were lawful when in partnership with police, as well as being aligned with government policy and enhancing community safety (Coster, 2020).

Context is valuable in stepping beyond the polemic. This is not the first instance of Māori establishing roadblocks as a

community protection mechanism. During the 1918 influenza pandemic Māori established roadblocks in various areas of the country. The catalyst was that Māori mortality during that pandemic was vastly higher than of non-Māori, and checkpoints were established at that time to decrease transmission and mortality (Ministry for Culture and Heritage, n.d.; Harris and Williams, 2020). The century between pandemics has not, for many whānau, obscured the stories of those lost in 1918 or of how tupāpaku were unceremoniously treated. Nor has a century materially altered the high vulnerability of Māori communities to higher infection and mortality risks, given the prevalence of Covid-19 risk factors highlighted in our introduction and presence of intergenerational households. The 2020 checkpoints were a practical response to heightened vulnerability, especially among kaumātua (Newstalk ZB, 2020). Arguably, the checkpoints reflected a broad, tacit expectation among many Māori communities that the government either would not or could not provide adequate protection for the distinctive realities within Māori communities, and therefore it was necessary to take a DIY approach (Coster, 2020). This expectation has accreted over time as historical examples of the government being unable or unwilling to protect Māori have accumulated, producing both low trust towards government and precedents of high self-reliance. When humanised, the checkpoints were people acting from the basis of love and responsibility to their community, with a fierce determination to do right by those they love in the belief that no one else would step up to the plate. In comparable future circumstances it should be expected that Māori communities will respond in comparably self-reliant ways. Policy responses can either anticipate these responses, or, as in the Covid-19 situation, leave Māori responses in a legal lacuna, exposed to politicisation. The former, naturally, is likely to lead to more constructive and considered outcomes for Māori and the public interest.

Insights from the Māori response to Covid-19
In our view, the most important insight from Māori responses to Covid-19 is one

of orientation: is the Māori community framed as vulnerable or as self-reliant? Both are true, but have very different consequences for policy responses.

Māori vulnerability, in statistical terms, is unequivocal. Māori death rates during the influenza pandemic of 1918 were seven times higher than those for Pākehā (Espiner, 2020; Charania and Turner, 2018, p.51). During the H1N1 influenza pandemic of 2009, rates of influenza were twice as high for Māori compared with Pākehā, and Māori were three times more likely to be hospitalised and almost three times more likely to die than Pākehā (Wilson et al., 2012). The fear of the Covid-19 pandemic was apparent in a nationwide survey conducted during lockdown: 71% of Māori were worried about vulnerable family members catching Covid-19 and 35% were worried about catching it themselves (Kus-Harbord, 2020).

However, it is equally true that the Māori community is 'resource rich' with established infrastructure akin to 'neural pathways' that support rapid, effective mobilisation. The prevalence of media commentary portraying Māori as 'mad, bad and sad' arguably obscures recognition that Māori communities are highly resilient, accustomed to high self-reliance, and anchored on inherited responsibilities: *atawhai ki te tangata* (to care for people).

The demonstration of responsibility throughout the Māori response to Covid-19 is, in our view, the rising meta-narrative for Crown–Māori relations, and it has three key transferrable insights for future policy. First, the Māori response was multidimensional (cultural adaptation, information and social networks,

distribution networks and community protection), the breadth of which is far more akin to the sphere of central and local government responsibilities than a community or industry sector response. Second, Māori have knowledge, capability and resources that government needs, but cannot access without partnering with Māori. Māori are increasingly in a position to, uniquely, help the Crown discharge its responsibilities through providing bilateral channels to disseminate information and gather insights into community needs, distribute resources, and increase the total pool of resources available for community triage. Third, the Māori community has all the components of a social movement geared to positive social transformation: organisational infrastructure, financial resources, human talent, deep insight into the needs and aspirations of the community, and an abiding commitment to creating a limitless future for generations to come. In our view, the connectivity across nationwide Māori responses to Covid-19 will add impetus to this social movement and strengthen the appetite for an increased sphere of empowered autonomy within Māori communities. There is likely to be value in reconsidering the calibration of centralised and localised decision making, with the track record of the Māori response to Covid-19 providing additional evidence of the benefits of increased localisation.

In conclusion, the Māori response to Covid-19 is an example of what a 'strengths-based' approach means in practice. It means looking first not at the 'vulnerabilities', but at the resources, capabilities and potential that exist. Māori enacted a 'just do it' ethic and the outcomes were compelling, both in terms of the

current proportion of Māori who have experienced Covid-19, and in respect of the scale and impact of the response effort within the Māori community. Whether these outcomes can be fairly attributed to the Māori response will no doubt be contested, and there is no opportunity to meet the evidential standards of a randomised controlled trial. In response, we emphasise that the early predictions were that Māori would experience much higher rates of infection and mortality, even with the courageous strategy to 'stamp out' the virus (Newton, 2020). Covid-19 policy was predominantly without specific consideration of Māori, which on all prior evidence could be expected to worsen the forecasts (Jones, 2020). The reality, however, is the good news story no one predicted of low Māori infection rates. Yes, the Māori community gained from the macro-policy regarding level 4, and there is an argument that more isolated communities had an additional buffer. However, the extent of that gain, in our view, is principally attributable to the Māori responses. The extent of that gain should encourage reflection on the policy settings that both enabled and constrained the Māori response, with a future commitment to empowering the distinctive strengths and capabilities of Māori organisations and communities. Policy following this trajectory would be highly congruent with *te Tiriti o Waitangi*, but notably premised on a compelling evidential track record of Māori delivery, in effect stepping towards the spirit of our founding document not only because it is a constitutional imperative, but because it has been proven to be the most effective means of achieving outcomes for Māori and our nation.

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