

IN THE MATTER OF The Treaty of
Waitangi Act 1975

AND

IN THE MATTER OF Claims by
HUHURERE
TUKUKINO and
OTHERS known
as the HAURAKI
CLAIMS

**STATEMENT OF EVIDENCE OF DAVID COLQUHOUN
ON BEHALF OF THE CLAIMANTS**

My name is David Colquhoun. I have been practicing as a GP since 1981. I have my own practice in Te Aroha, and have been working 3 days each week since April 1997 for Te Korowai Hauora o Hauraki.

In my work for Te Korowai Hauora o Hauraki, I have been working as a mobile GP. I have regularly visited Paeroa, Thames and Waihi. Until September 1998 I visited Coromandel, Manaia, Kennedy Bay, Whangapoua, Colville and Koputauaki Bay regularly. I visit Whangamata, Whiritoa and Kerepehi monthly. I have also visited

Ngatea, Waitakaruru and Hikutaia intermittently. Many of these visits are with a nurse who works for Te Korowai Hauora o Hauraki. I have also been seeing tangata whenua in Te Aroha for some years.

3. I have not been to Whitianga or Tairua, which the nurse covers, nor have I been to Kaiaua or other western Hauraki areas.
4. I work at marae, runanga, kohanga reo, training centres, private homes and street clinics. I see mostly Maori, but also some Pakeha and Pacific Island people.
5. Among the whanau, there is significant poverty. Housing is often basic, and dampness and lack of warmth are problems. Dr Janet Sceats has given figures for house ownership; figures on the values of homes owned (compared to Pakeha) would be quite enlightening.
6. The unemployment rate is high, and job opportunities are lacking. Benefit incomes are barely adequate for daily necessities. Government agencies are not always helpful.
7. Educational achievements overall are not high, though not through lack of ability. It seems to me that those who do achieve qualifications often leave the rohe.
8. Transport, and therefore access to healthcare, is a problem; public transport is not cheap, and is limited. Privately-owned vehicles are often aging, maybe not registered or warranted in some cases, so getting to a distant hospital is not easy.
9. When I see new patients, I make some enquiries about Whakapapa. Most of the people have this knowledge, but not all. I do not know how many are fluent in te reo, but for most English is their first language.

10. I mention the above matters because they impinge very directly onto health and delivery of health care. Clearly, many are struggling, often doing very well with the little they have, but some do not do well and this leads to excessive drinking, drug use, violence and other negative behaviour.
11. Since starting in this work as a mobile GP to iwi in Hauraki, I have seen that there is significant illness within the Maori communities. Among kaumatua, kuia and many of the middle aged adults there is often multiple chronic illness, ie. people have more than one of the following, even as many as 4-5. Heart disease and diabetes are common; so is lung disease, often from years of smoking; hypertension (high blood pressure) and gout are common; all of these, I believe, are more common than among Pakeha. Goitre/thyroid disease seems to be comparatively common among Maori women, although the numbers I have seen are few. Kidney disease (kidney stones, kidney failure) seems to be relatively common (and not only as a result of diabetes). Disease of circulation is common, from diabetes and from smoking.
12. Obesity is relatively common, and also affects management of people's other medical conditions.
13. For many of these people, their health does not get top priority. As one kuia told me, she would make sure that her mokopuna will get the care they need, despite the costs, but that she would hold off getting her own illness attended. Often, if a visit to the doctor is affordable, the cost of getting better is not! Or the medicine is paid for and a bill is run up at the doctor.

14. Many of the men have hearing difficulties, often resulting from work environments (factories, machinery, trucks, chainsaws etc).
15. I see some men who are quite disabled by chronic lower back pain, knee injuries and related problems (I have not seen many acute injuries).
16. I suspect that urinary problems are common among older men (from prostate disease) and women (with incontinence). I do not know how common impotence is among men, but diabetes is, and this often leads to impotence.
17. Among the older people, there are the expected problems with cataracts.
18. Dental care is clearly inadequate among many adults; many have dentures, others have teeth missing, some have rotten stumps (and consequently dental abscesses) and cannot eat without pain at times. Sometimes it is very hard to follow good dietary advice for this reason!
19. There are concerns that face Rangatahi Maori in Hauraki. Issues which act like a magnet for other issues to be drawn to have collectively swamped the hinengaro, the tinana, and the wairua of Rangatahi. These have been identified and have high-lighted Hauraki as a rohe with high youth problems.
20. Hauraki rangatahi have one of the highest youth pregnancy rates in Aotearoa, but this is only the "fruit" of other underlying issues that rangatahi face. Alcohol and drugs have been part of the "root" cause for youth pregnancy but dare I say it, whanau, dysfunctional whanau, organisations, the education system, and the lack of employment have

all contributed and added their weight and their burden upon the shoulders of rangatahi.

21. Rangatahi today deal with issues that the more "mature adults" have trouble dealing with, let alone understanding. In essence rangatahi are in a world where they can no longer just be rangatahi, they are in a world where they have to be adults before their time.
22. In my observations and working with young people in Hauraki there has been a predominant theme that has within it various components that need to be addressed quickly and effectively:
 1. Drugs/alcohol
 2. Whanau dynamics/dysfunctional whanau
 3. Relationships
23. Out of all these issues stem: Low self esteem, emotional damage, sexual issues, and various other abuses.
24. If these concerns are addressed effectively the potential of Hauraki rangatahi will soar and so will that of the whole whanau and that of the whanui of Hauraki.
25. Among the tamariki, I have seen significant problems with glue ear, colds, asthma, eczema, skin infections and nits. At some kohanga, the nurse and I have found glue ear to be affecting more than half of the children at times (this has improved in the last year); glue ear causes major hearing difficulties, with all the social and educational difficulties that result from this. Skin infections are very common among some families, with recurrent boils and other infections needing many courses of antibiotics. There has been a major infestation of nits

- in Hauraki for two years now; treatment is costly, especially when it has to be repeated.
26. I cannot give figures on immunisation rates of tamariki, but they probably are not as high as in the Pakeha community.
 27. I have not seen any cases of active hepatitis B among Hauraki Maori, but there are some people who are carriers of the virus.
 28. I have identified some people with hepatitis C within the last year (among people who have been IV drug users). I have not seen anyone with HIV infection (yet).
 29. There is much psychiatric disease among rangatahi and younger adults. Mostly it is psychotic disease, such as schizophrenia, or dual diagnosis (invariably schizophrenia-type illness from, or combined with the effects of, heavy drug use, especially of marijuana). My impression is that some users are particularly susceptible to its worst effects.
 30. Addictions are very common. Cigarette smoking is the most visible, most common and, overall, probably the most destructive. It is regarded as "normal", it is the "valium" of many, it is what many reach for when stressed. It is responsible for or contributes to, low birth weight babies, cot death, glue ear, asthma, and the emphysema, heart disease and other diseases of the elderly (and not so-elderly).
 31. Then there are addictions to alcohol (often to binge drinking), marijuana, other drugs and to abusive violent behaviours.
 32. Sexual abuse victims are suffering major damage to their self-esteem. This is apparent in their general health, their relationships, parenting, in personal behaviours. Invariably, it seems that a parent was abused, or

an abuser, or one who was abused married an abuser - one frightened victim meets one who is frightened of exposure.

33. Marital violence exists, and I have seen women who suffer from "battered woman syndrome".
34. These problems reflect parts of a society where normal controls on behaviour are reduced or non-existent.
35. Access to secondary and tertiary care has been restricted at a time when identified needs are increasing. Services at the Base Hospital in Thames have been reduced. Waiting times for outpatient appointments and operations have lengthened in recent years; for some procedures, such as varicose vein operations and some skin operations (tattoo removal, for instance), the waiting time is indefinite, so the suffering continues indefinitely. For tertiary care, the nearest hospital is Hamilton.
36. I believe that many primary services in Hauraki are under threat; rural GPs live with major stress. It is possible, even likely, that some towns will lose GPs. From a discussion with a midwife, I believe that rural midwives are now starting to be similarly affected. Although Hauraki has its own iwi services, these other services are needed.
37. In my view, the "health reforms" of this decade are a sick joke.
38. I wish also to present my concerns for the health of those of us involved in health care delivery (this applies also to others in caring roles, eg. caregivers, parents, teachers etc). All who work in primary care, including the administrators and trustees, run the risk of BURNOUT (which has happened during the last two years). Caring for people is demanding, and does become draining.

39. I have seen some of the trustees and administrators looking worn out; I suspect they have to face unnecessary hurdles in their dealings with authorities. I am concerned also that the kaumatua and kuia run the same risks; they have much to do, especially at this time, and I doubt that their loads will get lighter.
40. The magnitude of these health problems could be depressing (although the work itself is not). I understand, from what I have learnt over some years, that similar health problems exist in other colonised cultures throughout the world.
41. You have heard of the effects of colonisation within Hauraki. Experience elsewhere (eg. Australia, Scotland, Norway) shows similar effects and health outcomes.
42. My main fear for the future health of Hauraki Maori is to do with the use of an introduced weed - tobacco which wields a major influence on health behaviour within Hauraki. Its use is thinning the ranks of future kaumatua and kuia now.
43. I estimate 2000 Hauraki Maori smoking one packet of cigarettes daily paying \$3 tax per packet contribute over \$200,000 per annum to the government (This estimate is probably conservative). The government has not been generous in handing money back for Auahi Kore programs. I suggest they give us the money taken in the last two years, to be used over the next two years to tackle tobacco addiction among Hauraki Maori.
44. There are positive aspects as well. I see benefits in communities such as Manaia where there are still enough fish that can be caught and eaten. I see the strength of whanau working together. I see the mana

or dignity of people doing their best in difficult circumstances. I can mention examples of students sitting School C, doing better than expected, by organising the way they prepare for the exams. And I see the bright eyes and busy fingers of inquisitive mokopuna. It is possible for Hauraki iwi to have a bright future.

45. I wish to acknowledge the good work being done by the workers and Trustees of Te Korowai Hauora o Hauraki; I see some of the benefits of their work. Finally, I wish to acknowledge "the kaumatua and kuia of Hauraki, especially of Ngati Tumutumu", who have accepted me among them, and have guided me on my path.