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Community-Based Commentary

Rongoā Māori is Not a Complementary and Alternative Medicine: Rongoā Māori Is A Way Of Life

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Abstract

Rongoā Māori (RM), traditional Māori healing, encompasses Māori values, customs and healing practices that have existed in Aotearoa/New Zealand for more than a thousand years. Increasing global interest in commercialization of Indigenous knowledge, has resulted in misuse, misrepresentation, and misunderstanding of this Indigenous knowledge. Amalgamation of RM practices under the umbrella of Complementary and Alternative Medicine (CAM) for ease of classification and categorization displaces RM from its place as a culturally appropriate healing treatment for Māori. This community-based commentary premises the right of Indigenous peoples to maintain the cultural integrity of their healing practices, separate from CAM, and that recognises Indigenous healing practices as integral to a culturally appropriate way of life.

Keywords: Rongoā Māori; Indigenous health and healing; Indigenous rights

Rongoā Māori (RM), traditional Māori healing, encompasses Māori values, customs and healing practices that have existed in Aotearoa/New Zealand for more than a thousand years, more than 800 years longer than the current western medical system (Jones, 2000). However, increasing global interest in commercialization of Indigenous knowledge, has resulted in gross misuse, misrepresentation, and misunderstanding of this form of Indigenous knowledge. Amalgamation of RM practices under the umbrella of Complementary and Alternative

Rongoā Māori, Donna also provides her expertise to a number of research teams across the country. She is the mandated spokesperson for Te Kahui Rongoā, the New Zealand national collective of Maori healers and has been appointed to a number of Māori, Government and professional body advisory groups for her expertise in Māori medicine. donna@oranewzealand.com

Medicine (CAM) for ease of classification and categorisation displaces RM from its right to be respected as a culturally appropriate healing treatment for Māori. This community-based commentary premises the right of Indigenous peoples to maintain the cultural integrity of our healing practices, which includes maintain an identity separate from CAM, and in a way that recognises Indigenous healing practices as integral to a culturally appropriate way of life, rather than a mere set of universally applicable healing techniques. We argue that all Indigenous peoples have the same right of access and opportunity to their own culturally appropriate healing practices in their respective nations, in addition to government supported and funded healing practices. Such a set of rights is unique to Indigenous traditions and must be viewed as distinctive from CAM therapies. Embedded in this commentary is a discussion of the state of RM within the Aotearoa/New Zealand community, which provides examples of the reasons why Rongoā is a *cultural treasure* (taonga), ultimately supporting the argument that this is one approach or model for how Indigenous healing practices should be treated in their respective contexts.

We write as three Indigenous Māori women, two researchers and one Rongoā practitioner, who feel that the need to stand up and speak for the rights of traditional healing is extremely important, now more than ever, given dominant threats to Indigenous ways of life, including the exploitation of Indigenous knowledges for commercial benefit. Combining academic practice and experience with Rongoā knowledge and wisdom, this article advocates for the recognition and acknowledgement of the true cultural meaning and value of traditional healing for Māori and all Indigenous cultures. We assert the rights of Indigenous peoples to their traditional healing practices in their countries of origin, to be practiced unimpeded by modern regulations or mainstream interference.

Indigenous healing practices grew from centuries of time-honoured adherence to traditional and cultural values, customs and protocols that have been proven over time to enhance individual, community, and environmental wellbeing. Unfortunately, in this modernized/modernizing world, those values, customs, and protocols are becoming increasingly invisible, as we participate willingly and unwillingly in globalisation,

modernization, and commercialization becomes more prominent (Janes, 1999).

Rongoā Māori and Researcher Positionalities

In our Māori context, use of the term “traditional healing,” rather than “medicine,” acknowledges that traditional healing is an ancient, intact, complex, holistic healthcare system. Definitions related to traditional healing practices often focus on a more holistic approach including physical, mental, emotional, spiritual and social factors of health and healing (Ahuriri-Driscoll et al, 2009; Durie, 2001; Mark & Lyons, 2010; Williams, Guenther and Arnott, 2011). Traditional healing worldwide is practiced by Indigenous peoples, infused by the traditions and beliefs of those particular people, who have always used their own approaches to healing (Struthers, Eschiti & Patchell, 2004). Thus, it is important that the cultural, ontological, cosmological, and epistemological perspectives of traditional healing should also be considered (Williams, Guenther and Arnott, 2011).

Increasingly, traditional healing systems are being treated as a form of CAM (Shaikh & Hatcher, 2005). However, Bodeker and Kronenberg (2002) indicate that the two are inherently different, in that traditional healing is based on Indigenous traditions while this is not necessarily the case with CAM. Despite these delineations, the World Health Organization (2013) combines the terms “traditional medicines” and “Complementary and Alternative medicine” into the one; yet Bodeker and Kronenberg (2002), state that traditional healing systems must be considered distinct from CAM due to their underlying foundation being based on Indigenous cultural values and beliefs, which again underscores Indigenous ontological and epistemological foundations of traditional healing—the Indigenous knowledge within which the practice is rooted.

RM, the traditional healing system of the Māori of Aotearoa/New Zealand is commonly represented as comprising of a number of components including, mirimiri and romiromi (bodywork/deep tissue massage); Rongoā rākau or wai rākau (plant medicines/herbal remedy); matakite (seer, gift of second sight, clairvoyance); and karakia and wairua

(prayer/spirituality). However, the most important and often overlooked aspect of RM is that it is also a way of understanding the natural world and how to heal it; a way of living that recognises the web of connections that exist between all things; and, a way to connect to the whenua (land) (Mark, Johnson & Boulton, 2018).

Our interconnections with Rongoā Māori highlight our passion for Rongoā Māori healing practice, cultural customs and values. Glenis Mark, Ngapuhi, Tainui, Ngai Tahu, Ngati Koata, is a Māori female researcher who has been involved in research on Māori health and healing for 14 years through postgraduate and postdoctoral research. She writes,

I began my research journey in Māori healing because I believe in the power of Rongoā Māori to heal the people, their families and the land. As I conducted my research, I listened to the stories of healers as they talked about how much aroha (love), dedication and commitment they put into their healing of the people, above and beyond their call of duty. I realised how underrepresented they were in academia, how much they were not consulted about their own healing traditions in health policy and research and how much they were unrecognised by the health treatment system of Aotearoa/New Zealand. I witnessed, received and felt the power of Rongoā in my own health and the health of others, and wanted to work towards greater recognition of the contribution that Rongoā has always made to the health of the people since before colonisation, despite its marginalisation by the health treatment system.

Amohia Boulton has tribal connections (whakapapa) to Ngāti Ranginui, Ngāti Te Rangi and Ngāti Pukenga on her mother's side and Ngāti Mutunga and Te Ati Awa ki te Tau Ihu on her father's side. She writes,

I have the privilege of leading the only tribally-owned and mandated Iwi health research centre in Aotearoa, working for the people of Ngāti Hauiti in the Rangitikei. I have been a health services researcher for the past 18 years, completing both my doctoral and post-doctoral work on aspects of Māori health policy and service provision within mainstream settings. In 2008 I was made aware of the significant needs of the Rongoā Māori sector, which for me included

sustainability of funding and the responsibilities of the Crown as a Treaty partner to protect Rongoā Māori as a taonga. I met, and began working with, a group of researchers who had as their aims, the desire to support and uphold Rongoā Māori as a viable healing tradition in a contemporary health care system. From my first tentative forays into conducting research with members of the Rongoā sector (practitioners, managers, administrators, thinkers, academics alike) until now, I have been on learning journey. And I continue to learn; mostly about how I can support efforts to ensure that, not only are our Rongoā traditions and knowledges a valued part of the health care system, but that these traditions and knowledges also become a valued part of how we live well as people on this land. My goal as a researcher in this field is to see Rongoā Māori appreciated and respected by all - not only for its intrinsic worth as a taonga, but for the teaching and healing it can bring to our lands, our waterways, how we care for our country and how we care for each other.

Donna Kerridge, Ngāti Tahinga, Ngāti Mahuta, Ngati Maniapoto, is a traditionally trained Rongoā Māori practitioner with an undergraduate degree in health science. She writes,

Over the years, I observed that many health practitioners did not share a common worldview or appreciation for Rongoā Māori's relevance to promoting the wellbeing of our populations. Many Indigenous healing practices are the result of an intergenerational study of the world of connections and their endless ripples across the web of life. Indigenous concepts of living ancestral and spiritual connection combined with an inherently strong physical and spiritual bond within (mauri), form the basis of many Indigenous healing practices. My western health studies were more focussed on a detailed study of isolated physical components and how deliberate changes typically deliver benefit in controlled scenarios. Whatever your perspective, it goes without saying that nothing exists or heals in isolation. My work today realizes the need to build bridges between different worldviews and advance mutual respect for the gifts each bring to the healing table. Most of all, there needs to be a shared acknowledgement that no one perspective

has all the answers. Cultural health equity analysis in many westernised countries bears testament to this. It is equity of outcomes rather than equality of inputs that we must focus on. It is a constant battle to protect Indigenous healing perspectives from being reframed in a world in which western medicine is generally believed to be the standard of excellence against which all other practices should be judged. The world and the health of people and planet is richer for our different perspectives, and we must protect them.

Rongoā Māori as a Taonga

RM healing practice is entitled to protection by the New Zealand Government through the Treaty of Waitangi (ToW). The Treaty is an agreement, in both Māori and English languages, that was made between the British Crown and about 540 Māori Rangatira (chiefs) on 6 February 1840 (Ministry for Culture and Heritage, 2017). There are three main Articles in the ToW—which are directly relevant to RM. Article I established a partnership and the right for the Crown to govern. Article II guarantees Māori full rangatiratanga (self-determination) over their lands, villages and taonga (those things held precious) including Rongoā knowledge and practice. Article III guarantees Māori the same rights as non-Māori and at least equitable social outcomes. The Treaty principles inherent in these Articles have been described as partnership, participation and protection (Jones, 2000).

However, despite the Treaty's promises, RM in contemporary Aotearoa/New Zealand is largely marginalised. Most Rongoā practitioners practice separately from what is regarded as the mainstream medical health treatment system. Whilst some clinics receive the limited State funding that is offered and are subsequently contracted to deliver RM (Ministry of Health, 2018), the contracts themselves are very prescriptive, limiting the modalities a practitioner can employ in their work. As a consequence, the majority of practitioners opt out of the formal funding system altogether. Rongoā rākau (herbal medicine) for example, is not currently funded by the Government for a range of reasons: the perceived “risk” inherent in this

form of healing, the perception that quality of healing cannot be guaranteed, and the fact that this form of healing cannot be standardised (Waitangi Tribunal, 2011).

Despite the lack of governmental recognition, commercialization of Rongoā has been ongoing for many years. Rongoā plants have been researched, trialled, developed into product and commercialised without Māori consultation (see Forest Herbs Research, 2015¹). This practice is not unique to New Zealand; commercialisation has become a worldwide phenomenon as Indigenous cultures are increasingly being researched for their healing knowledge (Cheikhoussef, Shapi, Matengu, Ashekele, 2011; De-la-Cruz, Wilcapoma and Zevallos, 2007). Furthermore, research findings on traditional healing are commonly poorly understood, misinformed and exploited (Mark, Johnson, and Boulton, 2018). A study investigating CAM use in hospital Emergency Departments, for example, regarded the use of Rongoā Māori as simply one form of CAM therapy, amongst many others, with no recognition of the differences between the two (Nicholson, 2006). Such a lack of understanding contributes to the reframing and dilution of the cultural integrity of Indigenous knowledge that underpins those healing practices. The value, need, and contribution of this research to enhancing the wellbeing of the Indigenous people's being researched continually fails to materialise. For example, although proponents of commercialization of Indigenous foods and medicinal plants in Africa advocate that "economic exploitation by commercialisation of African natural resources will promote and create wealth from Indigenous plants and ensure protection of this resource," exactly *who* benefits from that wealth is not identified, and these types of actions remain sponsored under the guise of conservation (Okole & Odhav, 2004, p. 111).

As the interest in, and use of traditional medicines increases by non-Indigenous peoples and entities, threats of commercialisation based on economic return rather than community wellbeing continue to cause great

¹ See: <https://www.lv-pharm.rs/wp-content/uploads/2018/01/Forest-Herbs-Research-Scientific-Summary-Version-12-March-2015.pdf>

concern amongst Indigenous peoples. Indigenous peoples possess a fundamental right to maintain the cultural integrity of our healing practices. For example, the United Nations Declaration on the Rights of Indigenous Peoples outlines in Article 24 Section 1 that, Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Article 31 also contains language regarding the right of Indigenous peoples to control, maintain, protect, and develop our traditional medicines.

Such practices have their own system of checks and balances and these must be recognized by respective nation states as the means by which such healing practices are regulated. Further, such practices should enjoy the right to maintain an identity separate from CAM. In asserting this right, we must recognize that Indigenous healing practices are a culturally appropriate way of life for people and the land, and not just medicine or treatment in the Western sense—which holds emphasis on the individual and biophysical/biomedical components. RM is not a CAM; rather, it is an Indigenous healing practice of the first nations people of Aotearoa/New Zealand. Moreover, the right to perpetuate traditional practices is promised within the ToW, signed by the Crown and Māori. Although, full and comprehensive governmental recognition and acknowledgement has yet to be realised, the right to practice Rongoā was never surrendered and no other CAM therapy in New Zealand shares this right. The case for RM to be seen as a way of life, rather than a CAM, therefore focuses on the right for Rongoā legal protection and international representation, as well as cultural ways of life and contribution to the health and wellbeing, which we believe encompasses the hinengaro (mind), tinana (body), wairua (spirit) and whanau (family) of the people (Durie, 2001). Rongoā Māori is a taonga of intergenerational healing of the people, of cultural identity and connection to Māori customs and values, of conservation and protection of the whenua, of the power of the spiritual interconnection and mauri (life force) of all life. We premise the right of Rongoā Māori to be treated as it should always have been treated—with respect, with recognition, and with acknowledgement—as a taonga.

Rights-Based Discussions

Māori acknowledge that RM is a taonga, and as RM advocates, we also argue that RM itself as a system and form of Māori knowledge has the right to the following, a) to be unilaterally protected under contemporary New Zealand law; b) to be honoured as a system by respective international and domestic administrations and signatories to international treaties asserting the rights of Indigenous peoples to care, protect and maintain their healing practices; c) to be acknowledged as integral to a culturally appropriate Māori way of life; and d) to be acknowledged for its past and current contribution to Māori wellbeing. We premise each of these rights on acknowledgement of Māori and other Indigenous healing systems as taonga (treasures) that deserve to be preserved.

a) The right to be unilaterally protected under Aotearoa/New Zealand law.

Since colonization, subsequent New Zealand dominant governments have failed to acknowledge RM as a taonga (treasure), and in one period of our history actively sought to outlaw its use entirely in the passing of the Tohunga Suppression Act 1907. Recently, a case brought before the Waitangi Tribunal called for RM to be formally recognized as a cultural treasure (Waitangi Tribunal, 2011). The Waitangi Tribunal reported on the impact that the lack of protection has on Māori, where scientific research and commercialization of Indigenous plant species that are vital to iwi (tribe) or hapū (sub-tribe) identity can be conducted without input from Māori (Waitangi Tribunal, 2011). Eight years on, and still the New Zealand government has yet to respond to the recommendations outlined in the Tribunal report. Māori are becoming increasingly impatient with the lack of an official response and have recently called, once again, for the report recommendations to be addressed (Nga Taonga Tuku Iho Conference Organising Committee, 2019).

Despite protection under the United Nations Declaration on the Rights of Indigenous Peoples (2007) to which New Zealand is a signatory, several governmental initiatives continue to impact on the practice of RM. The Medicines Act, Health Practitioners Competency Assurance Act and

the Ministry of Health's own, Tikanga-ā-Rongoā National Standards all, in some way or another, deny RM practitioners the right to maintain, control, protect and develop their traditional cultural expression of RM. The lack of bioprospecting legislation in New Zealand also denies RM practitioners associated intellectual property right. Commercialisation of Māori intellectual knowledge occurs wantonly without consultation with Māori. Rongoā plants are now grown on a large scale and sold to both domestic and local markets (Forest Herbs Research, 2015) RM healing and practitioners should have the right to appropriate representation and protection under Aotearoa/New Zealand law.

b) Rongoā has a right to be honoured in its own right by respective international and domestic administrations and signatories to international treaties asserting the rights of Indigenous peoples to care, protect and maintain their healing practices

Jones (2000) maintains that there is a need for a more equitable partnership between RM and Western scientific medicine, and traditional healing should be recognised as a legitimate form of health care, where Māori should be guaranteed access to this aspect of their cultural heritage (Jones, 2000). RM practitioners have the right to be equal partners in the negotiation of all government treaties that have the potential to affect the ongoing and future practice of RM as promised by the ToW principles of partnership, participation and protection (Jones, 2000).

c) The right for Rongoā to be acknowledged as integral to a culturally appropriate Māori way of life

Rather than a healing modality to “treat” patients, traditional healing is a way of life, part of the cultural fabric of what it means to be Māori. Cultural values and traditions permeate every aspect of life. For example, one Māori model of health, Te Whare Tapa Wha, was articulated to facilitate “mainstream” health practitioners’ understanding of Māori conceptualisations of health and wellbeing. This model incorporates four “sides” of wellbeing: the physical, mental, spiritual, family, all of which are intrinsic aspects of everyday life for Māori (Durie, 2011). However, the use of Rongoā was not only for health and healing of people. Rongoā practice includes the sustainable use of the whenua (land) and moana (sea), the

care, protection and appropriate use of mātauranga Māori (ancestral knowledge) and te reo Māori (the Māori language) that is born of this landscape that is Aotearoa/New Zealand. RM is a treasure because it encompasses so much more than just a “set of modalities”, it is a source of many Māori cultural customs, the foundation upon which Māori view themselves and their responsibilities to the rest of the world. It is a conduit between Māori and their ukaipō (source of sustenance), that is, the very land upon which we live. The right to live in accordance with cultural values, and with the principles of traditional healing, should be a paramount right in Indigenous ways of life.

d) The right to acknowledge RM practice for its past, current and future contribution to Māori physical, spiritual and emotional health and wellbeing

RM is not only used to treat disease. Its primary goal is to restore and uplift the mauri of people and the land. Mauri, the bond between the physical and spiritual aspects of life is pivotal to a balanced, sustainable and healthy existence. Today, Māori continue to suffer disproportionately from poor health. Māori have higher rates than non-Māori for many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma. Māori also experience higher disability rates and die earlier than their non-Māori counterparts (Ministry of Health, 2015). Despite having a growing number of Māori medical professionals, culturally appropriate research methodologies to guide our researchers and an ever increasing culturally competent workforce, the shocking inequities in health outcomes for Māori persist (Kerridge, 2018; Ministry of Health, 2015; Robson & Harris, 2007).

The fact is that the incumbent health system in New Zealand is failing the Indigenous people of New Zealand. A wellbeing framework such as RM, deriving from a Māori world, is a valid addition to a “health” system which is failing to address Māori health, and continues instead, to perpetuate inequity. Both Treaty partners have a right to a health system that delivers culturally appropriate health care services that meet their respective needs. There is potential for RM to improve the health and

wellbeing of Māori citizens. All citizens of Aotearoa/New Zealand have a right to the best of both healing systems for holistic health and wellbeing.

Conclusion

In this community-based commentary, we have briefly reviewed Rongoa Māori and asserted that RM practice is a taonga that should be respected, protected, and treasured. In the past, Māori rights to land were based on whakapapa (genealogy). However, colonisation changed that traditional way of being, and Māori rights now tend to focus on the right of tangata whenua or the local people to tino rangatiratanga or sovereignty over the people, the land, the culture. RM is an aspect of the Māori culture that has the right to be preserved and maintained as its own entity, rather than sitting under a CAM umbrella that has neither a cultural basis nor the values or customs associated with an Indigenous worldview. Part of the preservation of the cultural integrity of RM includes the cultural transmission of indigenous healing knowledge to the next generations which is an important right for Māori, and integral to the survival of Māori healing traditions and wellbeing.

As Māori peoples who observe RM and view this as a holistic system of Indigenous healing that is rooted in Indigenous knowledge, we understand that RM is not in fact a “Complementary Medicine” nor an “Alternative” one (CAM). Rather Rongoa Māori is an ancient and traditional healing practice that has deeper and underlying ontological and epistemological connections that speak to not only Māori rights to traditional medicine and related practices, but also our abilities to access, protect, and maintain the lands and cultural practices within which RM operates. It is the right of RM healing as a system and Indigenous practitioners to have representation and protection under Aotearoa/New Zealand law as equal partners in all government treaties. Māori have the right to live according to cultural values, and while the benefits of RM could contribute to the health of all, RM must also be understood as deeply rooted in Māori communities. Based on our local Aotearoa/New Zealand community situation, we extend our argument that Indigenous healing in

all countries should be treated with respect, and should be protected and preserved.

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