

Oral Submission – Opposition to Healthy Futures (Pae Ora) Amendment Bill

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Opening

Kia ora, ko Jess Keepa tōku ingoa, he uri ahau nō Porourangi.

I am here today as a Māori GP, a member of Te Akoranga a Māui, and part of the Hauora Māori and Equity team at the Royal New Zealand College of General Practitioners.

For the past seven years, I've worked in an iwi-owned, high-needs practice in Hastings. Every day our team sees the impact of inequities in our system on the lives of whānau. Following my colleague's outline of the statistics, I want to ground this kōrero in what it means on the frontline, and why these amendments matter.

Why Te Tiriti obligations matter

The original intent of Pae Ora was clear: to achieve equity in health outcomes, in particular for Māori, and to embed accountability to Te Tiriti o Waitangi into the health system.

That difference between “giving effect” to Te Tiriti, and merely “considering Māori interests”, is not just a legal technicality. It's the difference between accountability and discretion. When obligations to Te Tiriti are strong, we can push for change and hold the system to account. When they are weak, we slip back into business as usual – and inequities deepen.

The Waitangi Tribunal in WAI 2575 called for stronger obligations, not weaker ones. Diluting these commitments takes us backwards and undermines the intent of Pae Ora.

What this looks like in practice

In our clinic, systemic barriers to access are evident every day.

One of our patients with a history of breast cancer came in with palpable lymph nodes. We arranged an ultrasound – but then she disappeared. Phone calls, texts, letters, nothing reached her. So one of our health coaches in Flaxmere went to check in. They found her, brought her back, and have been walking alongside her ever since – getting her to scans, hospital appointments, arranging home help, and supporting her and her whānau through the journey.

Another story, just three weeks ago: a single dad rang our clinic, overwhelmed and without enough kai for himself and his son. Our receptionist reassured him, connected

with our Whānau Manaaki team, and by that evening he had a kai parcel delivered. He rang back in tears, thanking us.

These stories show what equity-focused, community-based care looks like. But they also demonstrate how fragile it is — dependent on local knowledge, targeted strategies, and a workforce who can walk alongside whānau. Without the statutory backing of Te Tiriti and targeted strategies, this kind of care becomes harder to sustain.

The risk of removing targeted strategies

Repealing the Hauora Māori Strategy, Pacific Health Strategy, and Disability Strategy removes the very tools that ensure visibility and accountability. A generic “equity framework” is not enough.

We know “one-size-fits-all” approaches fail. A Pacific grandmother with diabetes, a disabled rangatahi in a rural town, a kaumatua struggling with transport — they all need different solutions, designed with them, not for them. Without targeted strategies, these distinct needs disappear into the ‘average’.

Closing call

These amendments ask us to step backwards — from partnership to consultation, from obligations to goodwill, from targeted solutions to generic approaches.

Our communities deserve better. They deserve a system that gives effect to Te Tiriti, sustains iwi partnership, and commits to equity not just in words but in law.

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata.

Tēnā koutou katoa.