The whakapapa of Maori doctors in Aotearoa NZ

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The whakapapa or story of the contemporary Maori doctors began 100 years ago when Maui Pomare *(Te Atiawa)* graduated from the American Missionary College in Chicago. Four years later Peter Buck – Te Rangihiroa *(Ngati Mutunga/Ngati Tama)* – became the first Maori to graduate from the Otago Medical School followed by Tutere Wi Repa *(Ngati Porou)* in 1908.* The final member of this famous quartet was Pohau (Ned) Ellison *(Ngai Tahu)* who graduated in 1919. They were the original members of the Maori Medical Practitioners Association, and began the public and community health efforts to improve the health of their people. Alongside James Carroll *(Ngati Kahungunu),* Apirana Ngata *(Ngati Porou)* and other members of the Young Maori Party, they became the driving force behind the Maori renaissance and development.

It is interesting to note that early writers and political commentators of the day attributed their success to their Pakeha whakapapa – Pomare's grandfather was a Scottish sailor, whaler and trader. Api also had a Scottish grandfather, Buck an Irish father and Ellison's grandfather was English. Wi Repa's great grandfather had been a whaler around Te Kaha.

Furthermore, their acceptance into medical school was aided by their sporting achievements – Buck was twice the New Zealand long jump champion and introduced the haka to New Zealand Rugby. Wi Repa played for Otago and Poverty Bay and Ellison's brother captained the first official rugby team in 1893. Pohau (Ned) himself promoted the game when he was posted to the Chatham Islands in the mid 1920s.

One early Maori doctor who hasn't been acknowledged was Richard Grace from Ngati Tuwharetoa. He attended Edinburgh University in 1914 and completed his studies after the first world war in 1922. He became a distinguished neuropsychiatrist in London but never returned to work in Aotearoa. He was the only Maori graduate in the 1920s.

The fifth Maori name on the New Zealand Medical Register was Louis Potaka from Rangitikei/Wanganui in 1930. His mother was a Polish Jew and he accompanied Richard Byrd on his second Antarctic Expedition in 1934. He took his own life in 1936 when he became embroiled in an alleged breach of medical ethics while working in Takaka. Some local Maori had petitioned the Native Affairs Minister to have the local Native Medical Officer he locumed for replaced.

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Following the disbandment of the Health Department's Division of Maori Hygiene in 1930, Ellison went on to work in the Cook Islands as Chief Medical Officer. Buck went to Hawaii to become an eminent anthropologist after entering politics with Ngata and Pomare. Maui became Minister of Health in 1923 and was removed from office in 1926. The *NZ Herald* welcomed *'The return of this important portfolio to one who represents a European constituency'*. He was the first medical graduate to hold the position of Minister of Health.

Tutere Wi Repa was our first Maori GP in the context of working in the community and providing medical care to a defined practice population. Medical and health care at the time was provided by doctors in the community – they were all GPs – even those who held appointments at local hospitals. He spent a year as a House Surgeon in Dunedin and returned to Gisborne to work, but was unable to take up his position at the hospital apparently because he was Maori. He then went on to work as the Native Medical Officer in Te Karaka from 1908 to 1913, before returning to Te Araroa on the East Cape.

It is said that he became very disillusioned with the medical and health service fraternity – he didn't receive a word of thanks for the work he did and his relationship with other health professionals became bitter and difficult. He carried on working in Te Araroa combining medicine and farming. His attempts to get funding to do research on tuberculosis and a subsidy for his work were refused by the Health Department.

* See biographical notes in *Reflections* on pages 345–348 of this issue

By 1910 Otago had graduated about 119 doctors, only two of whom were Maori. Despite scholarships and attempts to get more Maori into university and medicine, the Young Maori Party's vision of having a network of Maori doctors didn't eventuate.

On the other hand the Health Department of the day contracted Native Medical Officers to provide medical care to Maori communities around the country. Between 30 and 40 were paid a 'subsidised salary' to do this with the right to charge a fee for services rendered as well as for medicines. Not surprisingly there were significant issues around the level of funding for this programme, about fees not being paid and about how effective the doctors were in meeting the health and sickness needs of Maori. Acceptance of and compliance with Western medicine were issues for Maori. The efforts to train and employ Maori nurses, doctors and health inspectors were constrained by the politics of the day – such that the efforts to immunise Maori against smallpox only became a reality when the health of Pakeha was threatened. The public health nurse programme was only funded after the district/domiciliary nursing service for the rest of the country was established. Maori attempts to determine what was important for them were a constant and ongoing struggle and battle against prejudice and opposition. It wasn't surprising that Buck and Pomare resigned from their positions with the Health Department. Disillusioned, Buck was quoted as saying, *'we were woefully understaffed and were a voice crying in the wilderness'*.

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The next Maori graduate in 1937 was Golan Maaka *(Ngati Kahungunu)*, another Te Aute student. He became a GP in Whakatane in the early 1940s after working in Napier and China and doing dermatology. A number of concerns were raised at the time about a lack of Maori doing medicine and the sciences. These were around a lack of educational aspiration, funding and whanau support, prejudice and a focus on farming. The political environment began to change.

Thus in the 1940s began an effort in increase the number of Maori into medicine. Henry Bennett *(Te Arawa)*, Nitama Paewai *(Ngati Kahungunu)* and Tom Kawe also achieved success on the rugby field. Henry captained the Napier Boys High First XV; Nitama became a Maori All Black as did Tom Kawe. This period also saw the graduation of the first Maori female doctor in 1948. Rina Moore's *(Ngati Kahungunu)* father was Tipi Ropiha, the Under Secretary of Maori Affairs. She trained as a psychiatrist. Then followed Jim Rankin from Nga Puhi, Len Broughton from Ngati Kahungunu and Doug Sinclair from Ngai Tahu. Their careers were characterised by service to the people and their communities. Paewai's work in Kaikohe, Tom Kawe, Jim Rankin and Golan Maaka's in Whakatane amongst Ngati Awa and Tuhoe and Doug Sinclair in Ngati Porou and Tainui. It is interesting to note they were solo practitioners, became professionally isolated and worked very long hours. Not surprisingly, this impacted significantly on their lives – Golan Maaka's family didn't have a private life, Jim Rankin lost two of his chil-

Front row (left to right) ***Dr James Te Whare*** *(Te ORA representative on Royal New Zealand College of General Practitioners Council),* ***Dr Jim Vause*** *(Deputy President, the Royal New Zealand College of General Practitioners),* ***Dr Wahid Khan*** *(Vice President, Fiji College of General Practitioners),* ***Dr Paul Hemming*** *(President, Royal Australian College of General Practitioners),* ***Dr Jan Bryant*** *(Maori Education Co-ordinator, the Royal New Zealand College of General Practitioners),* ***Dr Sue Crengle*** *(Chairperson, Te ORA),* ***The Honourable Georgina Te Heuheu*** *(Member of Parliament, and Maori Affairs Portfolio),* ***Dr Paratene Ngata*** *(Orator),* ***The Honourable Tariana Turia*** *(Associate Minister of Maori Affairs and Associate Minister of Health),* ***Mrs Steve Chadwick*** *(Member of Parliament for Rotorua),* ***Dr Helen Rodenburg*** *(President, the Royal New Zealand College of General Practitioners),* ***Ms Claire Austin*** *(Chief Executive of the Royal New Zealand College of General Practitioners).*

dren and Doug Sinclair met an untimely and premature death while having a coronary bypass. They all made significant contributions to the Maori community and to Maori health development.

Peter Tapsell *(Te Arawa)* graduated in 1954 – he was also Vice Captain of the Maori All Blacks and Marire Goodall *(Ngai Tahu)* became a Cancer Researcher in Otago.

Despite the small numbers, the 1960s saw the greatest number of Maori doctors go into general practice. Tom Ellison continues to work in Raglan. Ngaamo Thomson worked in Te Kuiti and Bruce Gregory in Kaitaia. Tony Hura went to Australia and is a GP in Victoria and David Yates put up his plate in Hastings. Errol Raumati is now back in Taranaki after many years in Rangiora. Ru Douglas, Mason Durie, Colin Mantell and the late Eru Pomare and John McLeod undertook careers in ENT, Psychiatry, Obstetrics, Medicine and Public Health respectively. Again their work or mahi has been characterised by long-term service to their community and specialty. With all of this, as Maori, they maintained an informal and ongoing collegial support network around Maori health issues and development.

The 1970s produced another small group. Herewini Ngata worked in Wainuiomata, the East Coast and Gisborne; Matea Gillies spent 20 years in Australia before returning to Christchurch and Jim Vause is now in Blenheim. Pam Bennett went off to do Psychiatry like her dad. She has also returned home after spending years in Australia. Garth Cooper is now a Professor of Biochemistry in Auckland. The first two Maori GPs to work together were Tony Ruakere and Paratene Ngata who started off in Opunake in 1973. This followed the group practice model that evolved in the 1950s and 60s; the collectives, which now dominate the general practice landscape. Tony has continued in Taranaki and now works with Errol Raumati for their iwi Te Atiawa. Paratene has moved back to work for his one Ngati Porou Hauora – with one foot in the grave; if he falls he won't fall far. Matea is close to his marae kainga as well as Jim. This is an exciting and emerging trend for the Maori GP – working for iwi or community driven providers and everything that goes with it.

Graduates in the 1980s and 1990s have had the most significant impact on the College and the profession nationwide. Peter Jansen, Jacqui Allen and Bev Lawton were all from the class of '82 – alongside Erihana Ryan and Matira Taikato. With Jan Bryant, Guy Naden, Keri Ratima, Shane Reti, Tane Taylor, Henare Broughton, Mike Karetai, David Gilgren, Sue Crengle, David Tipene-Leach, and others – I can go on, there are now over 60 of us Maori GPs – and more to come. Magnificent – the rest they say is history in the making.

One of the most endearing features of these doctors is that despite the challenges of doing medicine – and medical practice – they have maintained being Maori; most are conversant with te reo and tikanga and maintain their whanau, marae and iwi affiliations.

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The human face of Aotearoa has changed significantly over the last 20 years. Amongst this, Maori have had the opportunity to be and do things for themselves. The Maori Medical Practitioners Association – Te Ohu Rata o Aotearoa – was re-established in 1996, finally realising the dream and vision of the Young Maori Party – 100 years on. I am confident they will make a significant contribution to Maori health leadership and development. But we can't do it alone – the support and contribution of the College and our professional colleagues is essential to achieving better health outcomes for Maori.

Most Maori are enrolled with a family GP – your efforts in ensuring the best possible health care is paramount. Our network and faculty, we believe, will make a positive contribution to best clinical practice, as well as ensuring a safe and competent Maori GP. Our challenges are the same – trying to maintain a balance between one's professional, clinical, personal and cultural obligations. The public and Maori expectations haven't changed – in fact they have got higher; our effectiveness can only be enhanced if we work alongside each other with shared aspirations and understandings.

Thank you all in the College again for your professional and collegial support – this is paramount in the new PHO environment. Ongoing change is nothing new in Maori development. It is a challenging time for general practice – no longer are we *'voices in the wilderness'* or '*working alone*'. Despite philosophical or ideological differences between those of us who are private sector practitioners and those of us who work for iwi or community driven third sector providers, I believe we share a common commitment to improving the health of Maori. We are well aware that the major determinants of health occur from outside the sector, but improving access to health services and the better management of disease states will help a lot. I believe the future for general practice is bright and exciting.

Once again thank you all for your tautoko and commitment to the kaupapa – our mokopuna will reap the benefits of our collective wisdom and efforts. Finally nga mihi whakanui ki oku hoa mahi, oku rangatira, tuakana, taina, ki te Ora – kia piki te ora.

No reira, tena koutou, tena koutou, tena tatou huri noa.

Acknowledgement

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