

APPENDIX I

CHRONOLOGY

Timeline of developments in State healthcare for Maori in central Hawke's Bay

1847–51	Widespread epidemics and illness in Hawke's Bay and the Wairarapa. Amateur doctoring by the missionary Colenso.
1849 (April)	Tareha and others offered to sell land to attract the organised settlement proposed by the Governor.
1851 (September)	A doctor and a hospital requested by Karaitiana Takamoana on behalf of Ahuriri Maori.
1851 (17 November)	Ahuriri deed signed, with verbal promise by Donald McLean of public reserves, including a hospital, in the town planned on the Northern Spit (the present Westshore).
1857 (August)	Dr Hitchings appointed native medical officer at Napier.
1860 (May)	First Napier Hospital opened on the top of Mataruahou, a 10-bed facility on Sealy Road. Built and run by Hawke's Bay Province.
1867 (June)	Native medical officer subsidy for Napier abolished and not restored.
1880 (July)	New Napier Hospital opened on the former barracks site. Financed by a mix of Government grants and fund-raising under a local hospital committee. Maori invited to donate but not to participate.
1885	Hawke's Bay Hospital Board established, which was to run Napier Hospital for the next century. Few Maori patients until the 1920s.
1898	Training of Maori nurse probationers pioneered by Napier Hospital for community service.
1900	Tamatea Council established in central Hawke's Bay under the Maori Councils Act, and active for at least a couple of decades.
1920s	District nurse supported financially by Hawke's Bay Maori.
1928	Hastings Memorial Hospital finally opened after a long campaign, but with limited services.
1931	Napier Hospital destroyed in Hawke's Bay earthquake, rebuilt in tandem with an expanded Memorial Hospital in Hastings to establish a two-hospital system.
1980	Hospital board's proposal for a new regional hospital situated between Napier and Hastings scuppered by local opposition and a ministerial veto. No consultation with Maori.
1989 (June)	Hospital board replaced by Hawke's Bay Area Health Board with a wider catchment zone and broader service mandate.
1990 (December)	Booz-Allen report, commissioned by area health board, proposed regional hospital at Hastings campus and possible move of remaining Napier-based services to a downtown location.
1991 (January–March)	Public consultation, but no direct consultation with Maori.
1991	Mihiroa Whare founded at Hastings Memorial Hospital on Maori initiative. A Maori health committee set up by the area health board but cut short.

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Timeline of developments in State healthcare for Maori in central Hawke's Bay—*continued*

1991 (2 August)	Area health board replaced by a commissioner without a decision on the regional hospital concept.
1993 (June)	Decision in principle to regionalise acute hospital services taken by the Crown health enterprise board-designate and carried over when Healthcare Hawke's Bay inaugurated (1 July). No public consultation.
1993 (July)–1994 (April)	A single acute hospital on the Hastings campus recommended by the Regional Hospital Task Force, with limited services remaining at a downgraded Napier Hospital. Task force project kept behind closed doors, public consultation not planned but accepted after intervention by local members of Parliament.
1994 (May–June)	Round of public consultation. Joint programme negotiated with Central Regional Health Authority but in practice run by HealthCare Hawke's Bay. Maori, especially from Ahuriri and northern Hawke's Bay, marginalised. Single inconclusive hui at Omahu (18 May) not followed up. Attention diverted to proposal for a Maori advisory committee.
1994 (July–August)	Regional hospital proposal approved and announced by HealthCare Hawke's Bay's board (21 July, 5 August), with limited increase in Napier-based services. These tied to Napier Hospital by Central Regional Health Authority.
1994 (October)	First Waitangi Tribunal claim, alleging inadequate consultation, filed by Tom Hemopo on behalf of Te Taiwhenua o Te Whanganui a Orotu. Registered as Wai 473, but not until 2 March 1995.
1994 (December)	HealthCare Hawke's Bay's Maori Advisory Committee established with elected representatives from four taiwhenua districts.
1994 (December)– 1995 (April)	Successful High Court challenge by Napier City Council followed by limited further consultation. Ahuriri Maori excluded from the process. Decision reconfirmed and announced by HealthCare Hawke's Bay's board (28 March, 5 April 1995).
1995 (June)	Planning of regional hospital begun in earnest. Upgrading of Mihiroa Whare into a Maori health centre included.
1996	Maori health manager appointed (February) and Maori health centre opened at Hastings Hospital (July).
1996 (September)	Central Regional Health Authority's consultation on its purchasing intentions for Napier limited to a stakeholder meeting and written submissions. Its scepticism about retaining the Napier Hospital site guarantee publicly signalled. Maori groups excluded and no direct consultation carried out, nor any explicit proposal made to remove the guarantee.
1996 (December)	Napier Hospital site guarantee nevertheless removed in the Central Regional Health Authority's published purchasing intentions for Napier-based services.
1997 (March–September)	Napier Services Working Party set up by HealthCare Hawke's Bay to report on options for vacating Napier Hospital for a downtown health centre. Run as an internal process, but local general practitioners and council drawn in. No input from Maori staff, the Maori Health Committee, or Maori groups.
1997 (November)	Limited public consultation belatedly decided and undertaken, Maori marginalised. No direct consultation with Maori groups.
1997 (16 December)	Decision in principle taken by HealthCare Hawke's Bay's board to vacate Napier Hospital for a new downtown health centre. A suitable site and financing not yet lined up.
1998 (January)	Second Waitangi Tribunal claim filed and registered as Wai 692. Application for urgent hearing declined.

Timeline of developments in State healthcare for Maori in central Hawke's Bay—*continued*

Early 1998	Transfer of most of Napier Hospital's acute services to Hastings completed. Accident and medical services contracted out to the general practitioner-run City Medical (March 1998).
1999 (June–July)	Wai 692 claim heard in Napier as part of the Mohaka ki Ahuriri regional inquiry (8–10 June), followed by Crown evidence (29–30 July, 2 August).
2000 (January)	Services started at the new Napier Health Centre, last services at Napier Hospital closed, the centre formally opened on 26 April.
2000	Treaty partnership agreement concluded between HealthCare Hawke's Bay and Ngati Kahungunu Iwi Incorporated.
2001 (January)	Hawke's Bay District Health Board established.

Timeline of developments in the State healthcare sector

1840	Treaty of Waitangi signed.
1841	Supplementary Crown Colony instructions required 15–20 per cent of Crown land sale proceeds to go into an endowment fund for Maori welfare that included ‘promoting the health . . . of the natives’.
1847	Governor Grey’s public hospital programme, intended mainly for Maori, started in four settler towns. Complemented by subsidised native medical officer scheme.
1852	The endowment fund replaced by the Constitution Act with a fixed £7000 per annum Civil List appropriation for Maori purposes.
1854	Public hospitals transferred to provincial control, with hospital subsidies for Maori patients and the native medical officer scheme paid from the Civil List. Efforts to respect tikanga Maori were short-lived.
1860s	Hospital subsidies ended, Maori patients placed on same footing as Pakeha, native medical officer posts reduced.
1875	Provinces abolished, hospitals left under local control.
1885	Hospital board regime set up by the Hospitals and Charitable Institutions Act with local body control and mixed income sources, including Government subsidies. All patients, including Maori, means-tested for payment of hospital fees. Boards directly elected from 1909.
1900	Maori Councils Act led to limited Maori empowerment to mount community public health schemes under district councils and komiti marae.
1907	Maori health practitioners put at risk by Tohunga Suppression Act.
1911	Government funding of Maori sanitary inspectors ended. Maori district nurse scheme started, initially on a small, ad hoc basis.
1938	Universal entitlement to free hospital treatment provided under the Social Security Act, but primary healthcare not covered.
1989 (June)	The remaining hospital boards replaced countrywide by elected area health boards delivering most State health services to larger regions. State funding tied to contracts and strategic planning.
1991 (August)	Area health boards replaced by commissioners to oversee the planned health sector restructuring.
1992	Government health policy for Maori published in <i>Whaia te Ora mo te Iwi</i> , recognising the Treaty and setting broad guidelines for action by Stage agencies to improve Maori health.
1993 (July)	The purchaser–provider split implemented through Crown health enterprises delivering State health services on a commercial model, and regional health authorities purchasing services from Crown health enterprises and other providers, including Maori groups. Both agencies run by centrally appointed boards. No explicit Treaty recognition in the Health and Disability Services Act, but Maori ‘special needs’ written in. Ownership interest overseen by Crown Company Monitoring Advisory Unit.
1997 (July)	Regional health authorities merged into Transitional Health Authority.
1998	Crown health enterprises renamed hospital and health services and placed on non-profit basis. The Transitional Health Authority established as national Health Funding Authority.
2001 (January)	Local democratic control re-established by the Public Health and Disability Act 2000. hospital and health services replaced by district health boards. The Health Funding Authority absorbed into the Ministry of Health. The Treaty recognised in the Act and obligations to promote Maori health improvement incorporated.