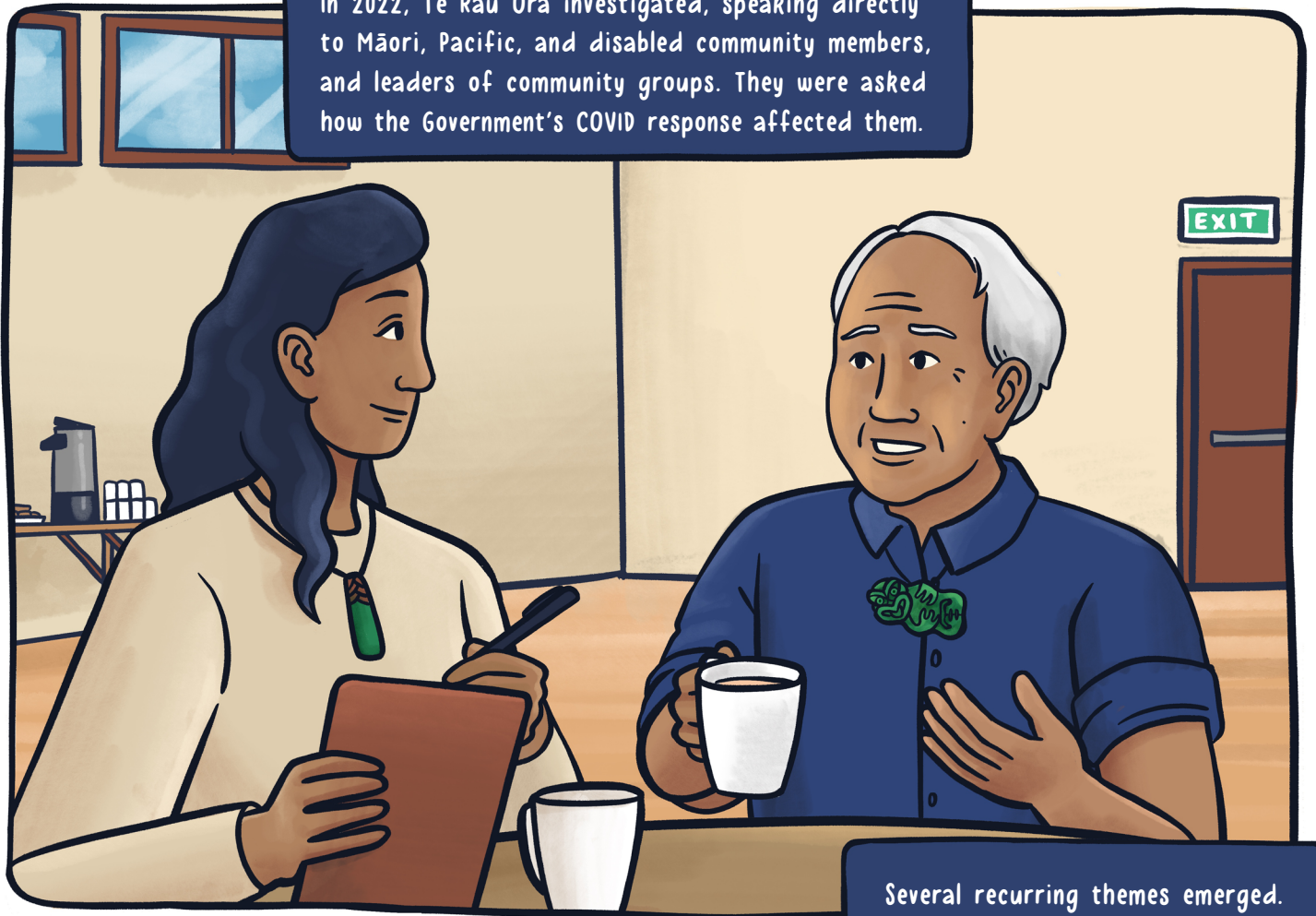


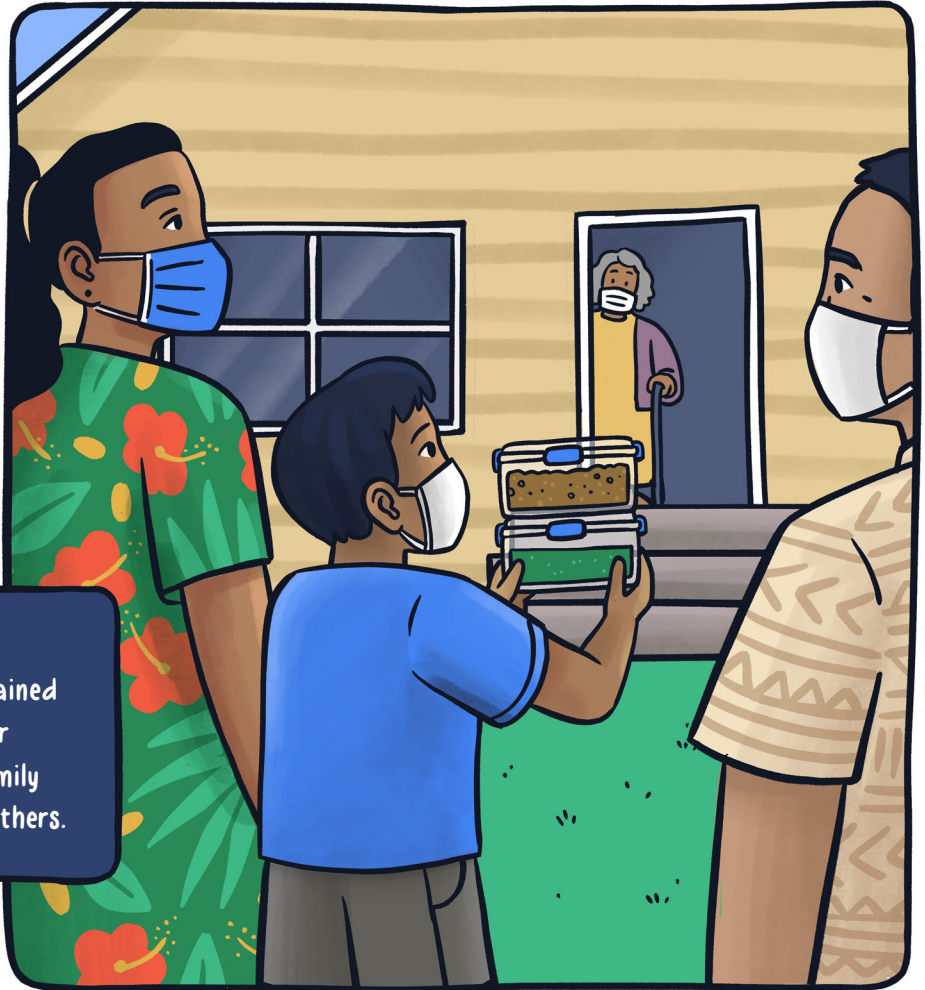
In 2022, Te Rau Ora investigated, speaking directly to Māori, Pacific, and disabled community members, and leaders of community groups. They were asked how the Government's COVID response affected them.



Several recurring themes emerged.

THE MINISTRY OF HEALTH'S RESPONSE WAS FOCUSED ON INDIVIDUALS, NOT WHĀNAU

Respondents said lockdowns, for example, felt designed for self-contained households. They didn't account for interconnected Māori and Pacific family structures that rely on the care of others.



This often meant lines of support for older or disabled whānau got cut off. This person, for example, was forbidden to travel in an ambulance and communicate for her mother.



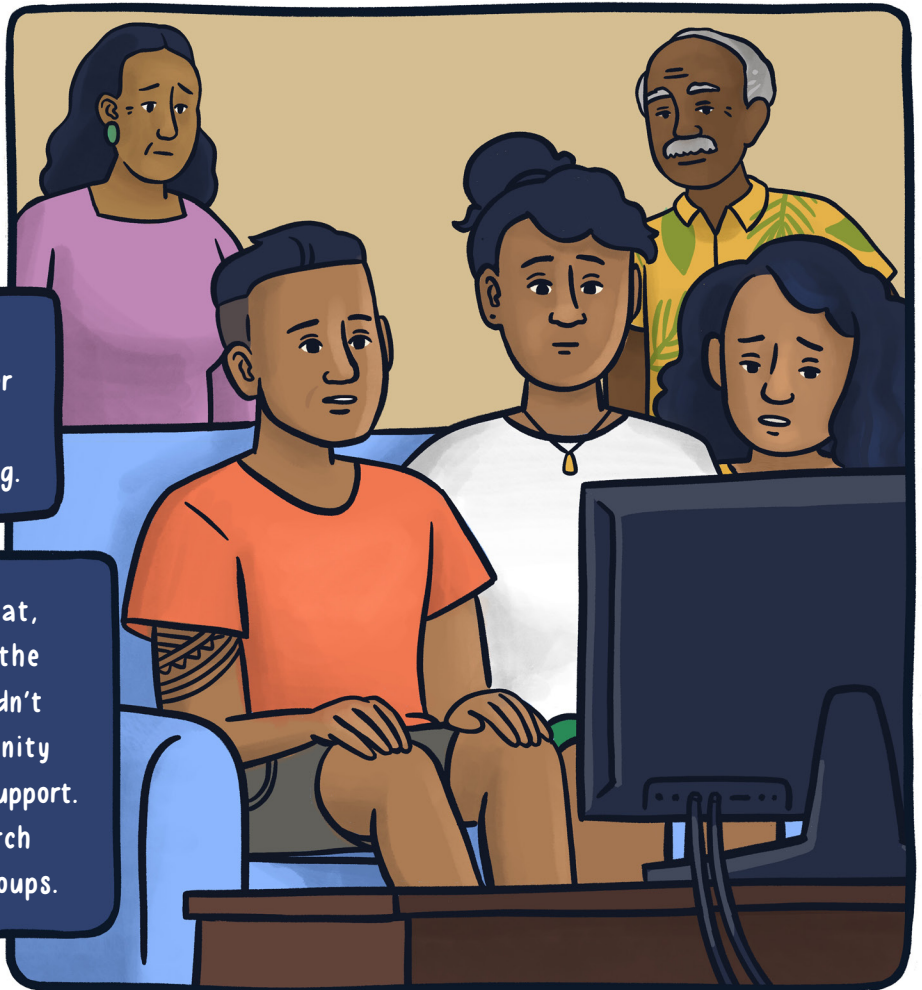
I did all the talking for Mum. I'm her primary caregiver. She doesn't really know what's going on because she's just struggling to be well. I administered her medication, and we're talking morphine, high drugs sort of thing... and yet I wasn't able to go to the hospital with her.



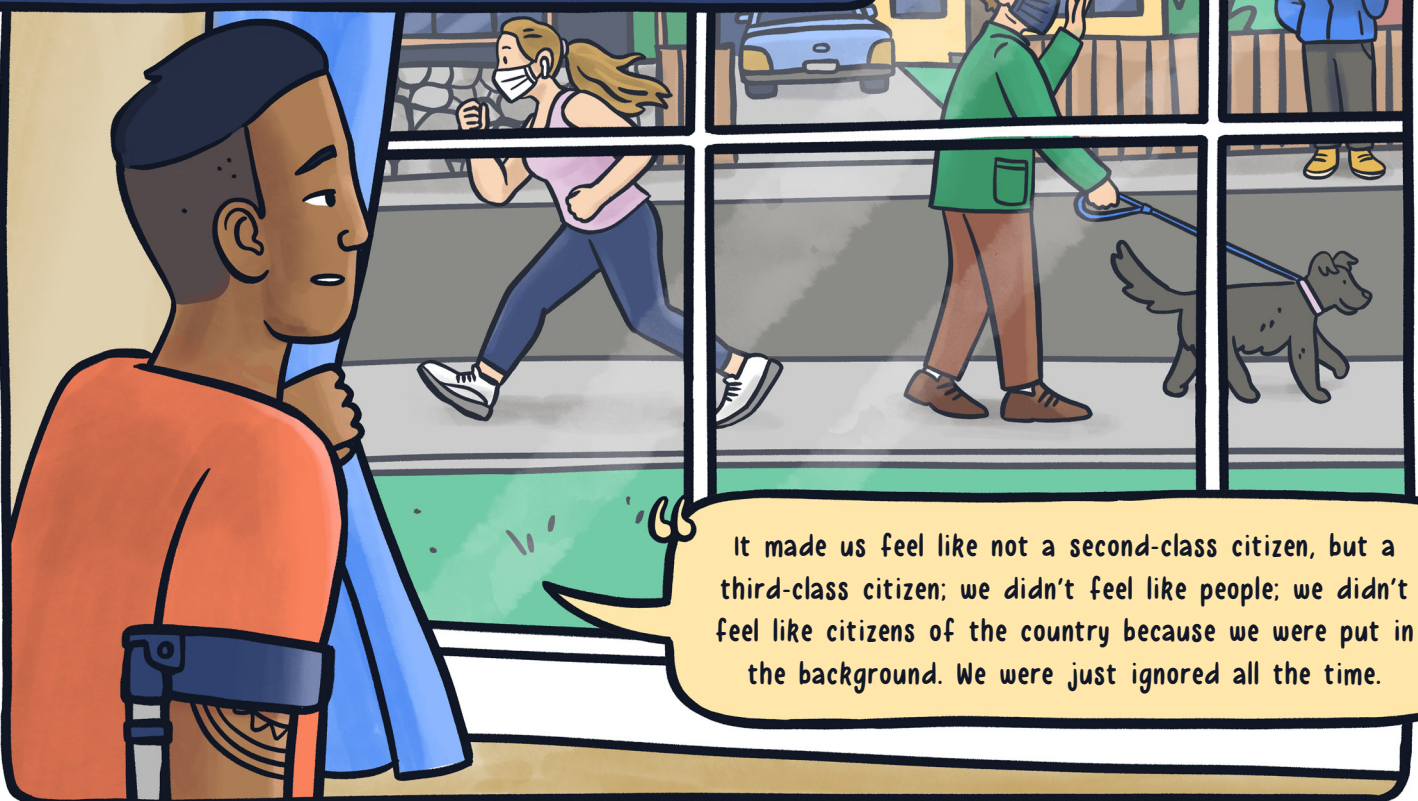
THE RESPONSE FELT TOP-DOWN AND ONE-WAY.

Many respondents felt like the Government was giving orders rather than having an open conversation; white faces talking but not listening.

The feedback also pointed out that, especially in the early stages of the response, the Ministry of Health didn't adequately utilise existing community structures to spread messages and support. For example, through marae or church networks, or disability advocacy groups.



Without feeling part of the conversation, many in the Pacific community were made to feel they were the problem. For respondents with disabilities, many felt ignored completely:



THE RESPONSE FELT LACKING IN MANAAKITANGA

At times, the wide-sweeping rules did not allow for flexibility for vulnerable people. For many respondents, this felt like a lack of common sense, ignoring the generous spirit of manaakitanga.

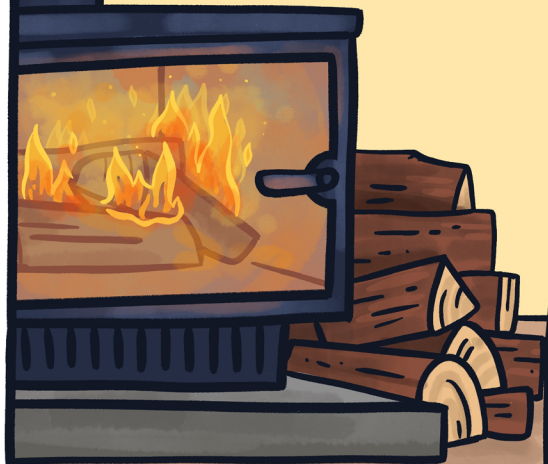


For example, some disabled people weren't able to wear a mask in public but faced aggression due to a lack of understanding. Elsewhere, patients weren't allowed to wait inside a GP's office:

“They're at end of life... and they're not allowed in the door. And it's like a stormy day... windy... cold... and they're making them sit outside in the cold and mum's got lung cancer.”



A further example was the lack of attention given to meeting urgent social needs such as kai and warmth.



Public health didn't even understand what welfare meant. They thought welfare was the welfare of the workers. Welfare actually meant the welfare of the people that were affected.

THE RESPONSE DIDN'T ADEQUATELY PRIORITISE AND ACCOUNT FOR EXISTING INEQUITIES



The age-based strategy for the vaccine rollout was based on nationwide population statistics. Without having Māori, Pacific and disabled communities involved in decision-making, it failed to account for existing differences in health and access.

It also didn't adequately take language and physical access barriers into account. There's also a higher likelihood of Māori, Pacific, and disabled people being in precarious work situations where wage subsidies are more difficult to access and employers can be difficult about sick leave.

It also didn't account for different levels of access to technology. For children and parents, this meant obstacles to homeschooling or stressful situations for elderly whanau:



This older lady came to my house crying... "I need to get my roof fixed and I need money". And I said, "Well, ring the phone banking." She just burst into tears, "I don't know what to do! I don't know what to do!"

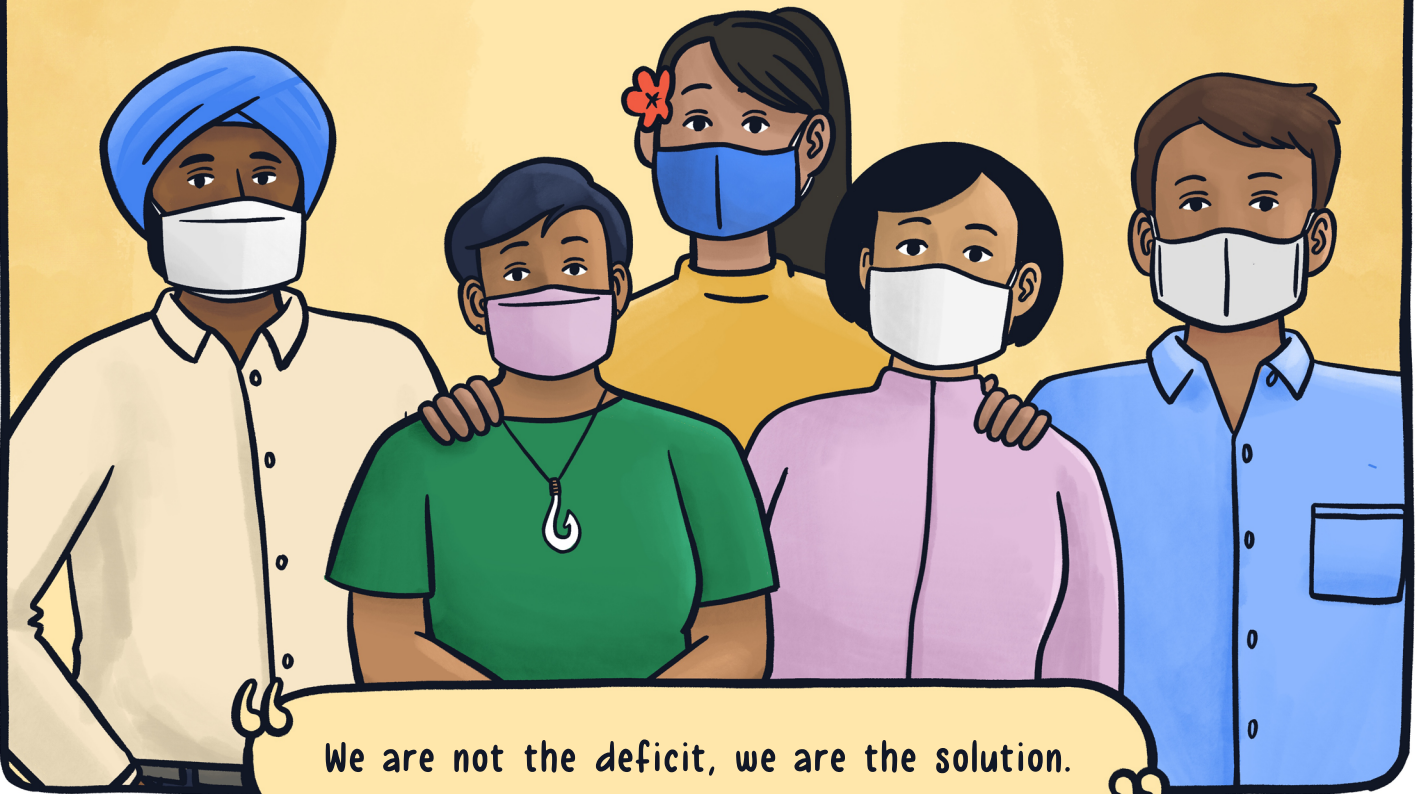


Throughout the feedback, Te Rau Ora heard the overwhelming message that while Covid was tough for everyone, the response made existing inequities worse for many.



There are plenty of success stories where groups have organised and delivered care within their communities - but these efforts could have been introduced from the beginning.

This quote from the Iwi leaders ropu sums it up nicely:



“ We are not the deficit, we are the solution. ”