

**IN THE WAITANGI TRIBUNAL****WAI 2575  
WAI 2624****UNDER**

The Treaty of Waitangi Act 1975

**AND****IN THE MATTER OF**the Health Services and Outcomes  
Kaupapa Inquiry (Wai 2575)**AND****IN THE MATTER OF**

a claim by David Ratu (Wai 2624)

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**SUMMARY OF BRIEF OF EVIDENCE OF RAEWYN MUTCH  
DATED 13 OCTOBER 2021**

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**RECEIVED**

Waitangi Tribunal

**13 Oct 2021**Ministry of Justice  
WELLINGTON

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## **MAY IT PLEASE THE TRIBUNAL**

1. I am a consultant paediatrician involved with many academic associations and I have clinical and research experience with the vulnerable, disadvantaged, displaced and detained spanning over many years.
2. I am giving evidence in the Waitangi Tribunal to support the Fetal Alcohol Spectrum Disorder (FASD) Whanau of Aotearoa New Zealand. I am deeply grateful for this opportunity.
3. My personal statement and submission in my full brief of evidence will briefly:
  - (a) Contextualise common practices and impacts of colonisation and alcohol, and the negative ramifications of these policies and practices evident globally for Indigenous, First Nations, Native, Aboriginal and Māori whanau and communities;
  - (b) Provide a few NZ examples of alcohol effects on health outcomes other than FASD;
  - (c) Consider some national data for co-morbidities associated with the intergenerational legacy of colonisation and alcohol;
  - (d) Outline the nature of FASD;
  - (e) Consider typical and atypical brain development;
  - (f) Compare the legacy of colonisation and alcohol in relation to DRIPS;
  - (g) Consider FASD and UN CRC Section C of General Comment No. 24 (2019) children and juvenile justice; and
  - (h) Consider consequences of unmet need when living with FASD upon health as understood through Te Mātauranga of Sir Mason Durie's Te Whare Tapa Wha.
4. To have been colonised means to live under people of a different race, ethnicity and culture and to be controlled by them.

Colonisation harms mothers, fathers and their communities.  
Alcohol has continued the harm of colonisation.

5. We are the Tangatā whenua; people of the land. “We are” not “I am” is a universal phenomenon of Indigenous people, what is done to one is done to the whole. The Inupiaq People also say ‘ “we” as the notion of “I” does not exist.’ For us this is whanaungatanga and whakapapa compared to individualism.
6. Alcohol has sustained this colonial harm upon generations of mothers and babies. Traditional models for maternal health have been made illegal. These policies and practices create a view indigenous people are unable to raise their children.
7. Alcohol increases the risk of placental-abruption and alcohol literally and figuratively stops the mother, child and their whanau from their best life promised to them by Te Tiriti o Waitangi.
8. Genocide can be viewed as the destruction of the Indigenous people’s way of life and the newcomers imposing their way of life on indigenous people.
9. Redress is essential for overcoming the harm from alcohol and the lifelong disability by individuals who suffer from FASD.
10. FASD has taught us we need to do things differently as a community. Without redress alcohol will continue to harm whanau.
11. Alcohol, as well as barriers to health care, is associated with severe acute maternal morbidity of Māori women admitted to intensive-care units or high-dependency units.

12. Studies highlight the need for consultation with Indigenous communities, a whole life course approach and the need to reduce access to alcohol.
13. The environmental determinants of hazardous drinking for generations of people surviving colonisation are complex and evident in the indices of health outcomes including comparatively higher infant mortality rates and gaps in life expectancy, higher injury rates and suicides, early school failure, early and repeated incarceration.
14. In Aotearoa New Zealand, Māori make up 15 % of the country's population and 50% of New Zealand's prison population.
15. Alcohol contributes to this elevated risk of suicide intimately involved with intergenerational traumas, adversities and inequities in social determinants of health.
16. Alcohol is a significant risk factor for this gap in life expectancy.
17. We are hopeful that our submission will augment the understanding of FASD by this Tribunal and equip the Tribunal to recommend the right tools for comprehensive changes to policy, systems and funding models.
18. FASD is a severe, pervasive, neurodevelopmental impairment due to prenatal alcohol exposure (PAE). PAE is the leading known cause of intellectual disability in the Western world.
19. PAE can cause cognitive and behavioural dysfunction, congenital anomalies and overall significant and complex morbidities that are normally long term.

20. Those living with FASD commonly cannot retain stories, participate and be involved in customary practices such as increasing knowledge about seasonal planting, harvesting, hunting and fishing, resource management without paid external assistance.
21. Each of the developmental domains impaired by PAE and common for FASD are important for cultural wellness, social inclusion, knowledge acquisition, academic success and employment success.
22. Aotearoa New Zealand needs increased culturally informed and community specific and co-designed resources to prevent PAE and FASD.
23. FASD services also need additional funding to train and build capacities for close to home and culturally secure, multidisciplinary comprehensive FASD assessments.
24. The important finding for this Tribunal is increased ACEs were associated with increased rates of neurodevelopmental disorders for people with FASD ( $R = .179$ ,  $p = .026$ ) but not for non-FASD controls ( $R = .130$ ,  $p = .094$ )(21).
25. The United Nations Declaration on the Rights of Indigenous Peoples (DRIPs) holds considerable moral authority and contains principles that are strongly aligned and mutually consistent with those in Te Tiriti o Waitangi.
26. The way forward to address the significant antisocial, cultural harm, lost health, fractured wellbeing and increased economic costs associated with PAE and FASD may be to lean into the additional and complementary framework offered by the DRIP.

27. Current diagnostic services for FASD in Aotearoa New Zealand do not yet accurately reflect the comprehensive health paradigm of hauora Māori.
28. The Māori community has been overwhelmed by the impacts of historical, collective and individual trauma, which reinforces the need to embrace and utilise all methods of healing and well-being.
29. Practices and implementation of a Trauma Informed Care approach for Māori needed to be supportive for individuals, whānau, hapū, communities and consider intergenerational and historical trauma.
30. This mahi of healing the effects from PAE and FASD is best to begin in one place with Community leaders, Elders, knowledge keepers as governance and co-designing systems.
31. Healing requires funding to incorporate Māori values, beliefs, strengths and ceremony.

**DATED** at Auckland this 13<sup>th</sup> day of October 2021.



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**Raewyn Mutch**

To: The Registrar, Waitangi Tribunal and Crown Law Office, and those on the notification list for the Wai 2575 Health Services and Outcomes Kaupapa Inquiry.