

Editorial

I SOMETIMES FIND WRITING REVIEWS, EDITORIALS OR COMMENTARY A BIT of a chore. But I do it as a way of disciplining myself to spend time reading and reflecting. But reading this collection of essays on Maori health was far from a chore—it was delight. The five essays included in this edition of the journal chart various aspects of Maori health history, such as the experiences of Maori women and childbirth, the racial segregation of infant welfare services in New Zealand, and the political and cultural relationship between biomedicine and colonialism. This collection taps the methodological and intellectual edge of a growing body of historical analysis broadly focused on the historical relationship between Indigenous peoples, the State and biomedical institutions, and the specific context of settler colonial states such as New Zealand, Australia, Canada and the United States. Having long noted the absence of an established critical inquiry on these issues within my own Australian context, I am excited by the growing scholarship of these issues within the context of New Zealand colonial relations. However, before I begin to sound like an advertising copy-writer I need to perhaps foreground my comments a bit more.

Over the past couple of years a number of us have been working to establish a partnership research and community development program in Koori (Aboriginal) health at the University of Melbourne. Our partnership with the Victorian Koori community has been critical to us, and it challenges us to build an intellectual practice that is both relevant to key questions in Koori health practice and policy but one that is also framed by Indigenous cultural values. One of the research themes we have developed is in Koori health history. This has always been strongly supported in the discussions that we have had with Koori people and Koori organisations. However, we have also been challenged to articulate the value of this work to the pragmatic concerns of policy development. There is some benefit, given the tendency of contemporary health bureaucracies to dispense with personnel more frequently than a bush lizard sheds its skin, in using history to address the amnesia of contemporary policy development. However, we believe that a critical history of Indigenous health experiences is foundational to the development of intelligent interventions in policy. In other words, we believe that good policy needs to be built on more than the ‘just

so' stories of the past. It needs to develop from an understanding of how the historical transformation of colonialism and biomedicine shaped the contemporary relationships between Indigenous Australians (in our instance) and the health care system.

Take for instance, two wonderfully complementary histories included in this collection, which explore the experience of Maori women and child birthing. Helen Harte's essay reports on the oral histories of Maori women who had their babies in the 1930s. These accounts are a potent testimony to more than just hardship and struggle. They also demonstrate the persistent nurturing relations between women, family and community. As well they illustrate the way in which Maori midwives continued to play a key role in Maori community life. This theme is developed further by Aroha Harris in her poignant and moving biographical account of her grandmother who 'wouldn't say (she) was a midwife' but in a perhaps reluctant and understated way her oral history demonstrates a lifelong commitment to providing birthing care. These stories seem to provide a counter-point to the well-documented history of racial segregation in New Zealand's infant welfare services. In her essay on this topic, Linda Bryder charts the separate development of the predominantly Pakeha-oriented Plunket Society in comparison with the specific health department services for Maori.

On another tack two essays focus on the critical role of biomedical cultural and political development on the Maori health landscape. Toeolesulusulu Damon Salesa documents the scientific imagination of early colonial medical men whose topographical vision of Maori health entangled itself with a broader tapestry of a colonial ecology, in which Maori decline was a significant instance of more general phenomena of botanical and zoological replacement. With a historical focus centred on the development of the *Tohunga Suppression Act 1907*, Derek Dow explores the political connections between the medical profession and the State, and their intersection with problems of colonial administration. He suggests that this attempt to suppress the activities of these Maori, who were learned in the cultural and healing arts, was another example of the growing hegemony of scientific medicine. In this way he aligns this particular piece of Maori-focused legislation with broader attempts to suppress 'quackery'.

Health and health care history—with its focus on wellness, suffering and death—deals with some of the most intimate aspects of the human experience. For this reason alone histories, such as those included in this collection, provide profound insights into the colonial experience. Further, they provide the sort of critical understanding that is relevant to those with more practical concerns to improve the quality of health care services, and reduce health disadvantage.

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