



# A brief response to Hawkins: a call for socially responsive research in Māori health

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We were disappointed to see the pejorative ‘Māori as warrior’ trope revived in a recent article in the Journal.<sup>1</sup> In his commentary on Māori nutrition and anthropometrics, Hawkins provocatively asks ‘were warriors once low carb?’ and in so doing immediately brings to mind discredited stereotypes of Māori being congenitally predisposed to violence, a view that was widely criticised in the ‘warrior gene’ controversy over a decade ago.<sup>2–5</sup>

The choice of title is regrettable enough, but the article itself is also problematic. Hawkins’ argument is that obesity among Māori is due to the post-colonial adoption of a European diet characterised by excessive consumption of carbohydrates, and his proposed solution is to switch to a high fat, low carbohydrate diet, which he contends is closer to the pre-colonisation Māori diet. While there may be value in considering the impact of post-colonisation dietary change, it is highly unlikely that this change in diet is the sole cause of the rise in obesity among Māori. Hawkins is completely silent on any of the other well recognised damaging effects of colonisation on Māori health. Among these, historical trauma, loss of land, impoverishment and loss of mana, and the consequent persistent social and cultural stressors are highly likely to contribute to obesity and other chronic disease among Māori.<sup>6,7</sup> Ignoring these potent forces and taking a narrow and simplistic biomedical approach to dietary change is unlikely to be effective in improving health.

The Royal New Zealand College of General Practitioners is rightly committed to achieving health

equity for Māori.<sup>8</sup> This goal is ill served by the College’s journal re-hashing crude stereotypes and ignoring the wide-ranging adverse effects of colonisation on Māori health, and we call on the Journal to strengthen its approach in this area.

## Competing interests

The authors declare no competing interests.

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## Response to letter by Hudson *et al.* on: Were warriors once low carb? Commentary on New Zealand Māori nutrition and anthropometrics over the last 150 years

In response to comments on the paper, 'Were warriors once low carb?', I would like to make the following comments.

I do believe that it is a matter of fact that Māori were warriors, as by definition a warrior is a person specialising in combat or warfare, especially within the context of a tribal or clan-based warrior culture. This is not necessarily however a pejorative term or stereotype, but rather a statement of fact. This does not mean that this is all that Māori culture was about. I used the word 'warrior' to help bring attention to the fact that there is clear benefit on reflecting on the past (warriors) and the pre-colonial nutrition and anthropometrics of Māori. Maybe I should have used the title 'Were Māori once low carb?' However, I have had many positive comments from Māori and Pakeha alike who did not feel a negative connotation to the use of the word 'warrior'. I also do not understand why the question raised in the narrative is provocative. It just seeks to draw a comparison.

I do believe that Māori have been disenfranchised of their original state of health, not only by the factors raised in the criticism but also and importantly, largely due to change in nutrition. The article is considering the medical effects of a change in diet to Māori due to colonialism which is just one aspect of the effects of colonialism. The paper is not a thesis on the effects of colonialism on Māori and every factor that caused this. I totally acknowledge that obesity is complex and multifactorial and of course colonisation-related issues impact outcomes, but this article was focused on diet and attempted to favour traditional Māori food habits.

It is almost certain, to the best of our knowledge, that Māori ate a predominantly low carbohydrate diet. It was never contended that diet was the sole factor relating to obesity and quite clearly should

not be the only driver to improve Māori health. I also referred to poverty as being a factor in determining what people eat, by inference, in noting how the food industry cynically targets the poor.

Reflecting on and changing nutritional advice may well be one significant step towards improving the health of Māori. I certainly acknowledge factors such as historical trauma, loss of land, impoverishment and loss of mana, and the consequent persistent social and cultural stressors are highly likely to contribute to obesity and thank the responders for allowing me to state this in my rebuttal.

There is increasing knowledge and data that a reduced carbohydrate diet is beneficial in many respects, not least in prevention and management of obesity but also in managing non-insulin dependent diabetes mellitus.<sup>1,2</sup>

This was an historical narrative and also reflects on my own clinical experience.<sup>3</sup> I came to New Zealand 34 years ago and soon recognised the health inequality between Māori and European peoples, in particular that relating to obesity and its complications. As a general practitioner at the coalface of the obesity epidemic, I come into daily contact with the consequences of the nutritional advice that the western world has been following over the last half century. That advice does not appear to be working.

I have long held an intention to give something back to my adopted country and in particular to the Tangata Whenua. In submitting this paper, I hoped to ignite a flame that would give rise to a change back to a past and I firmly believe a better way of eating, that would benefit Māori as well as all the races living in Aotearoa. The fact remains that this empirical data provides a unique record of first contact which unequivocally details a healthy, robust and lean population.

It was never my intention to offend and if I have done so, I unreservedly apologise.

Yours sincerely

Marcus Hawkins

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### Response from the Editor

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