

DOWNLOAD PDF INTERACTIONS WITH AUSTRALIA AND NEW ZEALAND : BALANCING INTERESTS

Chapter 1 : Fran O'Sullivan: New Zealand's tricky balancing act between two trading superpowers - NZ He

SIX Interactions with Australia and New Zealand: Balancing Interests Australia and New Zealand occupy a special place in the South Pacific due to their proximity and historical linkages.

An Introduction, Routledge, The global financial crisis after , which battered many rich economies, only further underscored the seeming resilience of the Chinese economic system accompanied by the overall shift in economic power on a global scale towards Asia. In many parts of the developing world, resource trade and joint development bore the mark of much Chinese diplomacy. Therefore communications, transportation and trade pose enormous challenges for any outside actor, while the island states themselves have had to factor in this geography when cooperating politically and economically with each other and with other parts of the world. Second, while there are some exceptions, including the considerable mineral and energy wealth in Papua New Guinea and prized fish stocks in much of the South Pacific, the region as a whole does not have the same amounts of raw materials which have motivated Chinese diplomacy in other developing regions. Despite this, Beijing has begun to not only widen its Pacific economic diplomacy but also to deepen it in several ways. China has stressed the idea that as a former victim of colonialism and possessing an economy which, despite its gains, is still modernising in many ways, the country could not and should not be lumped in with other great powers in its dealings with developing regions in the Pacific. There was another major impetus for China to maintain and then increase its diplomatic initiatives in the South Pacific region despite the lack of initial economic gains, namely the competition with Taiwan. Ma had campaigned on a pragmatic platform of rebuilding diplomatic and economic ties with China following a period of frosty cross-Strait relations under his predecessor, Chen Shui-bian of the Democratic Progressive Party. As well, during Taiwan quietly opened bilateral free trade negotiations with both New Zealand and Singapore in order to take advantage of the more cordial diplomatic atmosphere in the region. Although concerns about competition with Taiwan have faded somewhat, China has not taken advantage of the lull to turn its attention away from the Pacific region. The Chinese government has become a widely-recognised benefactor throughout much of the South Pacific and has provided loans, aid, and assistance with infrastructure projects. As in other parts of the developing world, these economic assistance packages are often granted without any conditions and irrespective of types of government. Although China has not yet become the single largest donor in the South Pacific, a position still firmly held by Australia, Beijing is now widely viewed in the Pacific region as the alternative donor, one which is called upon especially for infrastructure and construction projects and for economic assistance, loans or grants. This has led to much policy debate over whether a hard power-balancing scenario was beginning to appear in the Pacific. China is engaging in soft balancing behaviour in the greater Pacific region, and the other major powers in the region, including the United States, have begun to respond in kind in a variety of ways. There are many reasons for this: First, the geography of the greater Pacific region is too big and too sparsely distributed for effective military balancing to take place, and the costs of doing so would be very high; Second, it has been argued that economic interdependence is a barrier to hard balancing, but not soft balancing. As well, there is also a high degree of interdependence among the great and medium powers themselves. In addition to the strong, if not always cordial, economic relations between the United States and China, Beijing also maintains considerable trade links with Australia and New Zealand, which no party wants to see minimised; Third, the greater Pacific region contains massive power disparities which would also adversely affect any attempts at hard power balancing. Most Pacific island countries are developing states with limited economies and resources. Attempting to choose sides in hypothetical hard balancing competition would produce few gains either for the small states or for the coalition as a whole. Unlike, for example, Africa and the Middle East, the number of resources in the greater Pacific are both limited and expensive to obtain for China or any other great power. Despite the lack of military power competition in the South Pacific, competition in the areas of diplomatic influence and economic power is

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becoming much more visible and has resulted in a rise of soft balancing behaviour among external powers. The participation of China as a diplomatic partner and alternative economic aid and assistance provider to many South Pacific governments has prompted much rethinking in the United States, Australia and New Zealand as well as in other parts of the Asia-Pacific about the degree to which power has shifted in the region. Realignment to Cope with Monopolar U. Lynne Rienner, , pp. National Defence University Press, , pp.

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Chapter 2 : New Zealand tax residents with overseas interests (International)

Australian Department of Foreign Affairs and Trade states in its website that Australia values its links with the Pacific Islands and "is committed to playing an active and constructive role in the region of which it is a part." 1 Similarly, the New Zealand Ministry of Foreign Affairs and Trade deems the Pacific region to be "of central.

Zealandia and Australia together are part of the wider regions known as Oceania and Australasia. The first voyage is shown in red, second voyage in green, and third voyage in blue. The first European landing on the Australian continent occurred in the Janszoon voyage of 1622. The first voyage of James Cook stands as significant for the circumnavigation of New Zealand in and as the European discovery and first ever coastal navigation of Eastern Australia from April to August. In particular, South Australia was founded and settled in a similar manner to New Zealand, both being influenced by the ideas of Edward Gibbon Wakefield. Whereas Maori iwi endured the Musket Wars of the period 1817-1864 preceding the former in New Zealand, indigenous Australians have no comparable period of the experience of warfare amongst each other employing European-introduced modern weaponry either before or after their own confrontations with European settler society. New Zealand participated as a member of the Federal Council of Australasia from 1885 and fully involved itself among the other self-governing colonies in the conference and Convention leading up to Federation of Australia. Ultimately it declined to accept the invitation to join the Commonwealth of Australia resultingly formed in 1901, remaining as a self-governing colony until becoming the Dominion of New Zealand in 1947 and with other territories later constituting the Realm of New Zealand effectively as an independent country of its own. In the Olympics 1908, the Festival of Empire and the Olympics the two countries were represented at least in sporting competition as the unified entity "Australasia". Both continued to co-operate politically in the 20th century as each sought closer relations with the United Kingdom, particularly in the area of trade. This was helped by the development of refrigerated shipping, which allowed New Zealand in particular to base its economy on the export of meat and dairy products both of which Australia had in abundance to Britain. The two nations sealed the Canberra Pact in January 1944 for the purpose of successfully prosecuting war against the Axis Powers in World War II and providing for the administration of an armistice and territorial trusteeship in its aftermath. The Agreement foreshadowed the establishment of a permanent Australia-New Zealand Secretariat, it provided for consultation in matters of common interest, it provided for the maintenance of separate military commands and for "the maximum degree of unity in the presentation This was partially a result of Britain joining the European Economic Community in the early 1970s, thus restricting the access of both countries to their biggest export market. The expedition was sent by Governor Bourke from Sydney and was subsequently criticised for use of excessive force by a British House of Commons report in 1845. Promised settlement on confiscated land, more than 1000 Australians were recruited. Other Australians became scouts in the Company of Forest Rangers. Independent of the sense of Empire or Commonwealth, both nations in the second half of the twentieth century otherwise provided contingents in support of United States strategic aims in the Korean War, Vietnam War, and Gulf War. Together Australia and New Zealand saw their first major military action in the Battle of Gallipoli, in which both suffered major casualties. For many decades the battle was seen by both countries as the moment at which they came of age as nations. Canberra memorial World War II was a major turning point for both countries, as they realised that they could no longer rely on the protection of Britain. Subsequently, both countries sought closer ties with the United States. Although no such attack occurred until, arguably, 11 September 2001, Australia and New Zealand both contributed troops to the Korean and Vietnam Wars. An Australian flag flies atop the eastern pylon and a New Zealand flag flies atop the western pylon. A bronze memorial statue of a digger holding a Lee-Enfield rifle pointing down was placed on the western end of the bridge on Anzac Day in 1953. The memorial commemorates the shared effort to achieve common goals in both peace and war. Since 1944, Australia, and since 1947, New Zealand have been parties to the ABCA interoperability arrangement of national defence forces. The SEATO anti-communist defence

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organisation also extended membership to both countries for the duration of its existence from to Both expeditions reported voluminously. Guy Menzies then completed solo crossing in Rowing crossing was first successfully completed, solo, by Colin Quincey in [32] and then by teams of kayakers in The major part of that cable was renewed in and it was withdrawn from service in Another high capacity direct linkage is proposed for construction to be operational in , [39] and yet another for early

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Chapter 3 : Home | The Medical Journal of Australia

Australia has attracted criticism for failing to align its economic and strategic military interests in the Asia-Pacific region. In the past Australia's merchandise trade with the US weighed more heavily than its trade with China.

Abstract The health status of indigenous peoples worldwide varies according to their unique historical, political, and social circumstances. Disparities in health between Maoris and non-Maoris have been evident for all of the colonial history of New Zealand. Explanations for these differences involve a complex mix of components associated with socioeconomic and lifestyle factors, availability of health care, and discrimination. Improving access to care is critical to addressing health disparities, and increasing evidence suggests that Maoris and non-Maoris differ in terms of access to primary and secondary health care services. We use 2 approaches to health service development to demonstrate how Maori-led initiatives are seeking to improve access to and quality of health care for Maoris. An example is the Maoris, the indigenous people of New Zealand. We focused on the health realities of this group, in particular the effects on Maori health of health care services designed according to the values and social processes of non-Maoris. Two potential approaches to improving access to and quality of health care for Maoris are 1 development of a system of Maori health care provider services and 2 initiation of cultural safety education. It is estimated that Maoris numbered approximately 80 at that time, along with a population of about settlers. The signing of the Waitangi treaty facilitated a large-scale influx of British migrants, and by a decline in the Maori population and an increase in the number of settlers saw the 2 groups both numbering approximately For Maoris, this disruption not only occurred via land confiscation made possible through acts of law but also extended to legislation in many other areas, including regulation of Maori rights and discrimination against the use of Maori language in schools, all of which have affected the health of Maori people. In particular, it has been argued that the continuing disparities in health between Maoris and non-Maoris represent evidence that Maori health rights are not being protected as guaranteed under the treaty and that social, cultural, economic, and political factors cannot be overlooked in terms of their contribution to the health status of this group. Until the s, the Maori had lived primarily in rural communities, but loss of land and, hence, employment opportunities in these areas subsequently led to large-scale urban migration. In contrast, Maori life expectancy at birth increased from only Thus, during this period, the gap in life expectancy between Maoris and non-Maoris increased among both men from 6. Mortality rates have since declined for some diseases, but disparities between Maoris and non-Maoris remain. Also, there is recent evidence of increasing cancer mortality rates among Maoris; age-standardized rates per were One common suggestion is that these differences are due to genetic factors. The striking time trends in Maori mortality and morbidity during the 20th century demonstrate that environmental factors played the major role. Nongenetic explanations for differences in health between Maoris and non-Maoris can be grouped into 4 major areas focusing on socioeconomic factors, lifestyle factors, access to health care, and discrimination. These explanations are not mutually exclusive, but it is useful to consider them separately while bearing in mind that they are inextricably linked. **Socioeconomic Factors** The first studies to assess the role of socioeconomic factors and health status differences between Maoris and non-Maoris investigated mortality in men aged 15 to 64 years. Area meshblocks which contain an average of 90 people are ranked by means of a decile score of 1 to 10; the higher the score, the more deprived the neighborhood. **Lifestyle Factors** It can be argued that lifestyle factors, such as smoking, represent one of the mechanisms by which socioeconomic factors affect health status. Another study reported barriers to accessing diabetes care among Maoris, including unsatisfactory previous encounters with professionals and experiences of disempowerment. However, the system was subsequently modified to a government-paid fee-for-service subsidy with secondary care under state control and funding and primary care largely state funded but controlled by individual doctors. **Maori Health Care Providers** At the beginning of the 20th century, Maori leadership played a key role in advancing health promotion and disease control activities within Maori

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communities. An opportunity for the focused development of Maori provider services emerged with the introduction of the health reforms. However, this restructuring of health and social services also led to a widening gap in inequality, as evident in such key determinants of health as income, education, employment, and housing. Moreover, the reforms had direct effects on the health of Maoris, particularly that of children. Crengle 48 identified use of Maori models of health and promotion of positive Maori development as 2 key philosophies underpinning Maori primary health care services. Maori cultural processes used as a basis for developing and delivering contemporary health services that support self-sufficiency and Maori control are crucial to the success of these provider organizations. Maori provider services have specifically identified access issues as a key factor and have used a range of strategies to address these issues, including extensive mobile services and outreach clinics alongside a health center service base, free or low-cost health care, employment of primarily Maori staff who are more likely to have access to Maori consumers in their communities, 48 and active inclusion of the community in the planning and delivery of services. The number of Maori health providers increased from 13 in to in However, these providers continue to face a number of difficulties. For example, a lack of good primary health data, such as ethnicity data, has limited the potential of many Maori health providers, and a small Maori health work-force has been quickly absorbed into the growing number of Maori provider organizations. Also, the short contract time frames in place require extensive renegotiations each year. In addition, because Maori providers work primarily with families at high levels of need in terms of health services, increased costs are inevitable if health gains are to be achieved, and funders must take this situation into account. Although the evidence that such strategies are effective is not yet available, there is certainly evidence that the reverse is true; that is, health service provision with little Maori participation results in poor Maori outcomes. One such initiative, cultural safety, is an educational framework designed to assess power relationships between health professionals and those they serve. Therefore, it is important that cultural safety be taught by nurses and midwives who can relate their teaching directly to practice situations. The nurse acknowledges that the effect of his or her homophobia on the recipient of care may be unsafe and detrimental to care and that it would take a great deal longer to establish trust in this context. This example could be applied to a wide range of situations. Along with understanding and confronting issues of power and marginalization, a critical component of cultural safety education is recognizing the role of wider societal processes in maintaining health disparities between Maoris and non-Maoris through discrimination and racism. This resulted in a political response in , with the Nursing Council of New Zealand being required to review cultural safety education and report back to a parliamentary select committee. Although there have been significant improvements in the past years, recent evidence indicates that the overall gap in life expectancy between these groups is widening rather than narrowing. Explanations for these differences involve a complex mix of factors associated with socioeconomic and lifestyle characteristics, discrimination, and access to health care. Maori-led programs designed to improve health care access are taking a 2-fold approach that supports both the development of Maori provider services and the enhancement of mainstream services through provision of culturally safe care. The driving force behind the new initiatives described here has been the evidence of the poor health status of the indigenous people of New Zealand and their clear demand for improved health services. Maori provider organizations and cultural safety education are examples of initiatives that have emerged not in isolation but, rather, within a context of macro-level government policies that have been shown to either promote or greatly hinder the health status of indigenous peoples. Notes Peer Reviewed Contributors L. Ellison-Loschmann originated the review and wrote the article. Pearce assisted with originating ideas and reviewed drafts of the article. The social force of nursing and midwifery. Maori Wellbeing and Development. Auckland University Press; The Penguin History of New Zealand. Te Mana, te Kawanatanga: The Politics of Maori Self-Determination. Oxford University Press Inc; Disease and Social Diversity: Land purchase methods and their effects on Maori population " Kia Ururu mai a Hauora: Being Healthy, Being Maori. Conceptualising Maori Health Promotion [dissertation]. University of Otago; A Study of the Years " Soc Policy J N Z. The New Zealand

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Health Strategy. Ministry of Health; The Primary Health Care Strategy. Maori Health and Government Policy â€” Victoria University Press; Reference Reports, Census: Statistics New Zealand; Ethnic Mortality Trends in New Zealand â€” Maori Standards of Health: A Study of the Year Period â€” Medical Research Council of New Zealand; Our Health, Our Future: Hauora Pakari, Koiora Roa. The Health of New Zealanders Hall A, Stewart R. Genetics, race, ethnicity and health. J Epidemiol Community Health. Mortality and social class in Maori and non-Maori New Zealand men: Social class mortality differences in Maori and non-Maori men aged 15â€”64 during the last two decades. McLoone P, Boddy F. Deprivation and mortality in Scotland, and Deprivation and cause specific morbidity: Asthma prevalence and deprivation: Salmond C, Crampton P. Howden-Chapman P, Tobias M, eds. Social Inequalities in Health: Determinants of differences in mortality between New Zealand Maoris and non-Maoris aged 15â€” Traditional epidemiology, modern epidemiology, and public health. Am J Public Health. Key Results of the National Nutrition Survey. Measuring disparities in access to care.

Chapter 4 : New Zealandâ€”United States relations - Wikipedia

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Chapter 5 : Contact Us â€” Zero Balancing NZA

Australia and New Zealand are sophisticated, hi-tech economies, and per head, New Zealanders are some of the highest mobile phone and internet users in the world.

Chapter 6 : New Zealand Balance of Trade | | Data | Chart | Calendar

The Australia New Zealand Closer Economic Relations Trade Agreement (known as ANZCERTA or the CER Agreement) covers substantially all trans-Tasman trade in goods, including agricultural products and services.

Chapter 7 : China, the West and â€”Soft Balancingâ€”™ in the South Pacific | The China Story

Australia and New Zealand have world-famous teams in both rugby league and rugby union. Australia has won the Rugby League World Cup a record nine times and the Rugby (Union) World Cup twice. The two countries have often hosted these tournament s, sometimes jointly, and many countries participate.

Chapter 8 : Interesting facts about New Zealand | Auckland, New Zealand

The Australia, New Zealand, United States Security Treaty (ANZUS or ANZUS Treaty) is the military alliance which binds Australia and New Zealand and, separately, Australia and the United States to cooperate on defence matters in the Pacific Ocean area, though today the treaty is understood to relate to defence operations.

Chapter 9 : Australiaâ€”New Zealand relations - Wikipedia

The Australia New Zealand Leadership Forum is a business-led initiative designed to further develop Australia and New Zealand's bilateral relationship as well as their joint relations in the region. The ninth and most recent such convened on 9 April