

# Third Session, UN Permanent Forum on Indigenous Issues

May 10th - May 21st 2004,  
UN Headquarters, New York, USA



## Collective Statement of Indigenous Peoples of the Pacific Region Agenda Item 4(c): Health

### Agreeing Organizations:

Kamakakuokalani Center for Hawaiian Studies  
 Na Koa Ikaika o Ka Lahui Hawai'i  
 Waikiki Hawaiian Civic Club  
 Prince Kuhio Hawaiian Civic Club  
 Ka Lahui Hawai'i  
 'Ilio'ulaokalani Coalition  
 Dewan Adat Papua  
 Bureau of Consultation for West Papua  
 Indigenous Community Development  
 Solidaritas Perempuan Papua  
 Pacific Concerns Resource Center  
 Bangsa Adat Alifuru

Rapa Nui Parliament  
 Te Runango o Ngai Tahu  
 Te Rapunga o Poutama  
 Aboriginal and Torres Strait Islander  
 Commission (ATSIC)  
 Foundation for Aboriginal and Islander  
 Research Action (FAIRA)  
 National Association of Community Legal  
 Centres  
 National Aboriginal Community Controlled  
 Health Organisation  
 Presentation Association  
 World Council of Churches (Australia)

This Pacific Caucus statement represents 20 organizations joining together from our region. Some of our recommendations have originated from the First Pacific Region Permanent Forum Consultation held on March 15-17, 2004 in Nadave, Suva, Fiji. This consultation was organized by the Pacific Concerns Resource Center (PCRC) that represents 200 affiliated organization in 33 countries. PCRC is a NGO with ECOSOC status. Indigenous peoples from Australia, Bougainville, Fiji, Guam, Hawai'i, Kanaky, New Zealand, Papua New Guinea, Samoa, Solomon Islands, Tahiti, Tonga, Vanuatu, and West Papua attended. Regional Civil Society Organizations represented included the Council of Pacific Education, the Foundation of the Peoples of the South Pacific, the Pacific Conference of Churches, God's Pacific Peoples Programme, the Pacific Islands Association of NGO's and the Pacific Island Broadcasting Association/PAC News. In addition two diplomatic missions, Nauru and the Federated States of Micronesia sent indigenous participants. We would like to thank Pacific Region Indigenous Expert Permanent Forum Member Mililani Trask for attending the consultation and for her work to prepare a report to Permanent Forum. We would also like to thank the World Bank, IWGIA and NZAID for funding this first Pacific Region Consultation.

Indigenous peoples are spiritual peoples. Indigenous peoples right to health and wellness is spiritual, cultural, social and economic; a human right. Under the Universal Declaration of Human Rights, Article 25, adopted by the General Assembly of the United Nations on December 10, 1948, Indigenous Peoples have the right to a standard of living adequate for the health and well being of herself and of her family. Motherhood and childhood are entitled to special care

and assistance. Food, clothing, housing and medical care and necessary social services are included. The right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond her control is guaranteed.

Indigenous peoples' health, particularly the most vulnerable, women and children, requires not only access to the most technologically advanced western medical care but also access to care provided under a holistic approach, based on traditional knowledge passed down from generation to generation and practiced for several thousand years, which requires a spiritual and physical relationship with the land, mother earth, the sun, moon, wind, waters, the ocean, and all living things. When we are in balance in mind, body and spirit, the higher power, the peoples on the land and the land, we thrive in abundance and health. When we are not, we become sick, ill, suffer from disease and die. We all have the responsibility to respect, protect and defend all that has been bestowed upon us from our ancestors and mother earth for future generations.

## RECOMMENDATIONS

The Pacific Caucus recommends that the UNPFII:

- a. Urge States to adopt the Draft Declaration of the Rights of Indigenous Peoples. Of a paramount health concern is the accountability and commitment of States Indigenous Peoples' health and wellness.
- b. Reiterate its recommendation that the Special Rapporteur On The Right To Health pay special attention to the right to health as contained in treaties and further urges States to undertake and promote the development of national health systems, policies and funding mechanisms consistent with the right to health as contained in treaties between indigenous peoples and States. (*emphasis added*)
- c. Reiterate the numerous recommendations cited in its Reports on its first session and second session relating to Health and urges member States and all relevant UN bodies to implement these recommendations.
- d. Recommend that the Beijing Platform for Action, the Cairo Declaration and Programme for Action on Population and Development, and the Millennium Development Goals stress the importance of investment in health as a prerequisite for reversing the cycle of poverty and ensuring the right to a standard of living adequate for the health and well being of families, women and children.
- e. Recommends to all relevant UN bodies, especially WHO, UNICEF, and UNFPA, and Governments to:
  - (1) Develop in consultation with indigenous peoples, culturally competent approaches to health care for indigenous women which are supported by contextual, long-term, qualitative ethnographic participatory research taking into account factors as indigenous health and wellness, traditional knowledge, indigenous healing practices, illness, sexuality and free prior informed collective consent.
  - (2) Give full recognition to the medicinal knowledge of indigenous health practitioners and to protect this knowledge as *intangible* heritage from commercial exploitation and require indigenous people's free prior informed collective consent.
  - (3) Foster rights-centered approaches to health care, including the right to culturally competent and appropriate services, indigenous women's reproductive rights and to prohibit ethnic genocide through forced sterilization and abortion.
  - (4) Consult, collaborate and partner with indigenous peoples on the education and training of indigenous peoples to design, administer, and manage their own health care programs.

- (5) Consult, collaborate and partner with Indigenous peoples in positions of authority and decision making and representative of their communities to set their own priorities for health and wellness programs, which includes the ability to meaningfully address wider socio-cultural issues such as domestic violence, rape, battery, homicide, mutilation, trafficking, forced birth control programs including forced sterilization and abortion.
- (6) Make available adequate funding for comprehensive, community-centered, designed and developed primary and specific health services and health prevention and health education services and systems.
- (7) Provide traditional healing approaches within clinical care and national health care systems.
- (8) Make available adequate funding and to provide education and treatment for HIV/AIDS and other STD in a culturally sensitive and competent manner.
- (9) Provide indigenous peoples with the legal and administrative powers to safeguard their communities from pollution, contamination, and environmental destruction and to ensure their right to safe housing and sanitation and to clean water, air and land.
- (10) Provide special health services and safe houses to indigenous migrant women, who once uprooted from their communities, lose the protection of what is bestowed on them by customary law, and are often forced to live a shadow existence as illegal migrant workers in a country they migrate to.
- (11) Provide health outreach and navigator programs and safe houses for indigenous women and youth trafficked into prostitution within and across national and international borders and who are most vulnerable to violence and abuse, torture and homicide.
- (12) Establish monitoring mechanisms for indigenous peoples to report abuse and neglect within the health system to national health authorities and then establish and put in place the legal frameworks to effectively address these issues.

f. In addressing the right to healthy living and wellness, the Pacific Regional Consultation requests the Permanent Forum on Indigenous Issues to:

- (1) Request the World Health Organization to analyze numerous alternative medicine, foods and lifestyle in supporting Pacific Indigenous Peoples efforts in trying to prevent the risks and incidence of HIV/AIDS.
- (2) Request the World Health Organization to carry out specific radiation surveys on nuclear radiation survivors in Marshall Islands, Fiji, Kiribati and French Polynesia to establish the appropriate treatment needed for their complicated health issues.
- (3) Request the World Health Organization and UNIFEM to formulate as a matter of priority, clear policy guideline to prevent maternal and child mortality in indigenous communities and constantly monitor the health status of indigenous women in colonial occupied territories of the Pacific.

## **DISCUSSION**

Initial comments address participation, which has frustrated the effectiveness of Forum business. While on one hand indigenous peoples participation was made prohibitive by unreasonable State visa policy and procedures, Governments and UN bodies participation at the First and Second sessions of the Forum have NOT been encouraging. It is incumbent on all Governments and UN bodies to participate and to work with indigenous peoples and to ensure their full participation as well.

### **I. Draft Declaration on the Rights of Indigenous Peoples**

Representative States have for too long denied Indigenous Peoples a Declaration that articulates general principles to be applicable to the health and well being of indigenous peoples. With the passing of the Draft Declaration on the Rights of Indigenous Peoples this Year, in 2004, States and indigenous peoples may begin the consultative, collaborations, partnerships and processes to act in conformity with these rights. We urge the Declaration's adoption and compliance by member States. Article VII in pertinent part states:

#### ***Article XII. Health and well-being***

- (1) Indigenous peoples have the right to legal recognition and practice of their traditional medicine, treatment, pharmacology, health practices and promotion, including preventive measures and rehabilitative.
- (2) Indigenous peoples have the right to protection of vital medicinal plants, animals, and minerals in their traditional territories.
- (3) Indigenous peoples shall be entitled to use, maintain, develop and manage their own health services, and they shall also have access, on an equal footing, to all health institutions and services and medical care accessible to the general population.

### **II. Matters brought to the attention of the Council and prior recommendations.**

Under Economic and Social Council Resolution 2000/22, the Permanent Forum on Indigenous Issues, as a subsidiary organ of the Council and an advisory body to the Council, is mandated to discuss indigenous issues relating to economic and social development, culture, the environment, education, health and human rights. Health and human rights are integral, therefore, we reiterate that States are to comply and act in accordance with their obligations under the Universal Declaration of Human Rights. On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the *Universal Declaration of Human Rights, Article 25, in full provides:*

- (4) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (5) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

In the First and Second Session, the PF has identified the proposals, objectives, recommendations and areas of possible future action set out in its Reports and, through the Council, recommendations that States, United Nations system and intergovernmental organizations, indigenous peoples, the private sector and non-governmental organizations assist in their realization.

Reiterating recommendations emphasizes that some UN bodies have failed to answer to recommendations and assist in their realization. Prior recommendations urged Government and UN bodies collaboration in consultation with indigenous peoples' organizations, the adoption of policies, regional consultation, the convening of workshops, gathering of data, and the undertaking of studies. Of particular concern is the failure of WHO, the World Health Organization, to answer the PF recommendations contained in the Report on the Second Session (12-23 May 2003), Economic and Social Council, Official Records, 2003, Supplement No. 23 (E/C.19/2003/22), at paragraphs 16, 63, 64, 68, 69, 74, 79, 82.

### **III. Indigenous Women's health**

In her general comments to the Forum on the High Level Panel Discussion, Stella Tamang, Chair, South Asia Indigenous Women Forum, SAIWF, "The Beijing Platform for Action, the Cairo Declaration and Programme for Action of Population and Development, and the Millennium Development Goals stress the importance of investment in women health. But the health condition of many indigenous women in many parts of the world are deteriorating due to inadequate and limited access to health services, lack of outreach clinics in remote areas, deteriorating quality of air, water and land. ....Indigenous women continue to be one of the most marginalised groups in many countries in the world suffering severe forms of human rights abuses. Though human rights instruments protecting the rights of indigenous women have been put in place by the international community (CEDAW and ILO Convention 169) the lack of effective implementation of existing human rights on the part of governments is worsening the human rights situation of women." There are numerous accounts through out the Pacific where the Indigenous Peoples' rights have been abridged and violated. Discrimination in the delivery of health care is an ongoing occurrence. Access to health care is an ongoing issue. States and UN Bodies are urged to continuously consult, collaborate and partner with indigenous peoples on health and wellness issues.

### **IV. Health Concerns in Rapanui**

The health conditions in Rapanui are devastating. The primary care resources are completely inadequate. These inadequacies are further apparent in Rapanui because the government of Chile continues to use asbestos in building materials in state subsidized homes and allows the spraying of illegal pesticides. This not only damages the environment but is a form of genocide. The Rapanui Parliament requests that the Permanent Forum advise the Chilean Government regarding corrective action on this issue.

Honorable Chair Maaga, this collective statement of the Indigenous Peoples of the Pacific Region represents our concern for our future generations. It is a statement of grave concern for the quality of life for our families, our elders, parents and children. Our concern is not restricted by political, social, economic and cultural boundaries. Health and wellness is a fundamental human right.