

**UNITED NATIONS
PERMANENT FORUM ON INDIGENOUS ISSUES**

Second Session
12 - 23 May 2003
AGENDA ITEM 4c): HEALTH



Statement by Caucus of the Indigenous Peoples of the Pacific Region

RECOMMENDATIONS:

1. That the Permanent Forum develop a closer working relationship with WHO to coordinate partnerships between WHO and Indigenous Peoples organizations. In particular, the Permanent Forum should seek a focal point for Indigenous Peoples, at an appropriate level within the structure of WHO.
 2. That the Inter-Agency Support Group to the Permanent Forum use the term Indigenous Peoples in the plans for data collection and disaggregation, and avoid as much any reference to Indigenous Peoples in the context of ethnic populations.
 3. That the Permanent Forum look to participation by its members in the annual meetings of the World Health Assembly.
 4. That the Permanent Forum seek a report from WHO, or other UN Agencies, on Indigenous Peoples Health Relating to Risk of Exposure to Radioactive Materials.
 5. That the Permanent Forum request of the WHO a report on the viability of applying traditional health practices in West Papua to improve health and prevent disease.
 6. That the Permanent Forum receive and consider, at this Session, the Report and recommendations of the International Consultation on the Health of Indigenous Peoples, held at the WHO headquarters in Geneva in November 1999.
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Thank you, Mr Chairman.

We express our thanks to the World Health Organisation (WHO) for submission of its paper to the Permanent Forum [E/CN.19/2003/7], its contribution to the *Joint Paper on Data Collection and Disaggregation by Ethnicity* [E/CN.19/2003/4], and its further representations to this Second Session of the Permanent Forum.

We also note the 56th World Health Assembly commences today (19 May 2003) in Geneva, and that this Assembly, an annual gathering of all State members of WHO, will probably continue to coincide each year with the Sessions of the Permanent Forum on Indigenous Peoples.

Mr Chairman, we have a concern that WHO seems to have a policy to refer to Indigenous Peoples in conjunction with, or within the context of, the term 'ethnic populations'. This terminology is used almost entirely in their report. WHO has explained that it is a problem to statistically record, on a global basis, 'Indigenous Peoples' as against 'ethnic populations', although WHO acknowledges reasons for this problem may be due to political sensitivity, and not just to practical difficulties.

In its report to the Permanent Forum [E/CN.19/2003/7] WHO defines its global strategy thus:

The work of WHO will take account of ethnicity as it is taken forward within countries and when specific subject areas are being pursued, including child health, women's health, health and HIV/AIDS, food and nutrition issues and environmental health. (Para 4)

Our concerns are compounded when we consider that more specific and targeted objectives, clearly pertaining to Indigenous Peoples, did exist within the World Health Organisation in previous years.

For example, in the 1997 Jakarta Declaration, entitled *Leading Health Promotion into the 21st Century* there was a commitment to 'increased investments for health' that reflect the needs of indigenous populations. The Jakarta Declaration also recognized the need to break through traditional boundaries between governmental and NGOs.

I have already referred to the 56th World Health Assembly being held in Geneva. This assembly has two papers on its agenda which are of great relevance and importance to Indigenous Peoples. They are:

- *Intellectual property rights, innovation and public health* [WHO Document A56/ 17], and
- *Traditional medicine* [WHO Document A56/ 18]

Our examination of the papers suggest that the interests and involvement of Indigenous Peoples are not given ample attention.

We support the recommendations from the First International Consultation on the Health of Indigenous Peoples, held in Geneva 1999, calling for meaningful partnership between Indigenous NGOs and WHO and other UN agencies. We recommend the report be considered at this Session of the Permanent Forum and taken into account in the Forum's report to ECOSOC.

We continue to support the call for a technical seminar or workshop to develop effective and meaningful partnership mechanisms, capacity enhancement and guidelines for data collection and research, and express our desire for the establishment of an Indigenous Health Advisory Group within WHO.

We suggest that WHO could consider a seminar or workshop to mark the end of the International Decade of the World's Indigenous Peoples, and to facilitate a qualitative assessment of the WHO program of action for the decade.

Mr Chairman, WHO has referred to its regional activities in the Pacific Region.

Reviews of the health of Indigenous Peoples or ethnic minorities are being undertaken in the Philippines, Malaysia and Viet Nam, by the Western Pacific Regional Office. We are not informed or aware of any other WHO activities relating to Indigenous Peoples in the Pacific Region.

We are concerned that the Indigenous Peoples of West Papua are faced with difficulties in dealing with infectious diseases, including HIV/AIDS, without access to adequate health facilities and treatment.

For many of the people living in remote locations, there is not access to the hospitals or medical experts. Where they are able to obtain medical attention they are not able to afford the medicines or cures. Women and children are particularly disadvantaged in these circumstances.

The spread of HIV/AIDS, and other infectious diseases, through the West Papuan community has the potential to drastically reduce the levels of the population, giving rise to suspicions about

political motives and the poor standard of health care.

We ask that the Permanent Forum and ECOSOC persuade WHO to examine the needs of the Indigenous Peoples of West Papua and find ways to ameliorate their health problems.

In accordance with contemporary understanding of Indigenous rights, the traditional medicines and health practices of the West Papuans should be evaluated and protected. Through appropriate scientific study of the traditional health practices and understanding of the cost benefits which may be derived, WHO should encourage the use and availability of traditional health care as an alternative, and perhaps more beneficial, form of medical treatment.

Mr Chairman, we now draw your attention to the risk that Indigenous Peoples in the Pacific Region face in regard to exposure to radioactive material. Extensive testing of nuclear reactions has occurred in our region over the past fifty years, firstly in remote regions of Australia, and more recently in the Murarua Atoll of the Pacific Ocean.

Indigenous Peoples have been unwittingly and unwillingly exposed to the nuclear radio-active fallout and have been dependent upon the resources of the natural environment where these tests have occurred.

We are now vulnerable to the dumping of radio-active waste materials. Our remote populations are often placed in powerless position by States to prevent the dumping of wastes in their territories.

We have just become aware that the government of Australia has decided to dump radio-active waste on the lands of the Kokartha, Bangarla and Kuyani groups of Central Australia. Already people in this region of Australia have been exposed to nuclear blasts, from the Woomera testing site.

The government proposes to acquire their traditional title over some land – an area of 2.25 square kilometers – for an amount of \$90,000 for each of the three groups. The claimants consider this offer to be an insult to the integrity of their traditional title.

In conclusion, Mr Chairman, we continue to advocate a holistic approach to the improvement of health of Indigenous Peoples. We consider that our populations will not achieve acceptable standards of health while we are denied opportunity to live safely and securely as Indigenous Peoples in connection with our lands, seas and environment.

END

Extracts from the Draft Declaration on the Rights of Indigenous Peoples

Article 24

Indigenous peoples have the right to their traditional medicines and health practices, including the right to the protection of vital medicinal plants, animals and minerals.

They also have the right to access, without any discrimination, to all medical institutions, health services and medical care.

Article 29

Indigenous peoples are entitled to the recognition of the full ownership, control and protection of their cultural and intellectual property.

They have the right to special measures to control, develop and protect their sciences, technologies and cultural manifestations, including human and other genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs and visual and performing arts.