Permanent Forum on Indigenous Issues
Economic and Social Council
Second session, 12-23 May 2003, New York

COMMITTEE ON INDIGENOUS HEALTH

Report No. 1

Agenda Item 4 c

Health

The health issues of indigenous children

> **"Indigenous children...are disproportionately disadvantaged in many countries due to all forms of discrimination, including racial discrimination. We shall take appropriate measures to end discrimination, to provide special support, and to ensure equal access to services for these children."**
>
> ***A WORLD FIT FOR CHILDREN***
> **United Nations General Assembly Special Session 2002**

Recommendations

The Permanent Forum should:

1) Remind states and UN agencies that immediately before its own first session in 2002, a commitment called "A World Fit for Children" was made at the UN General Assembly Special Session on Children. This document sets forth, in considerable detail, the necessary action that will be taken within a time bound framework in order to ensure that our responsibilities to children are honoured. Indigenous children are given specific mention in this document. A time bound programme for implementation of these commitments should be requested to be presented by UNICEF and other concerned UN agencies as regards to health and related issues addressed in this document.

2) Recommend strongly to UN agencies and governments that a prioritized, clear and comprehensive strategy to ensure achievement of the Millennium Development Goals must be developed and implemented in partnership with indigenous peoples and children, particularly taking into account the eighth Goal to develop an open and non-discriminatory global partnership for development.

3) That its existing recommendations regarding health, made during its first session and that have not been implemented, be pursued for implementation at the earliest. In particular, recommendations regarding:
   a) The organising of two technical seminars to plan a UN system-wide strategy to address the health needs of indigenous children and women, and to assess existing programmes within the UN system with a view to expand them appropriately to include indigenous peoples and assess safety protocols relating to immunisation and vaccinations, respectively;
   b) Preparation of a study to determine the extent of indigenous peoples' access to health care and ways and means to make health care culturally appropriate;

c) And organising a working group on free and prior informed consent and participatory research guidelines within the context of sustainable health development of indigenous peoples should be implemented;

4) Reiterating the recommendations of the Asian Indigenous Peoples' Caucus, ensure closer and sustained interaction between the Forum and indigenous peoples on health issues by facilitating the Committee on Indigenous Health, the global indigenous peoples' caucus on health since 1997, to:
   a) enhance interaction with traditional healers and practitioners
   b) gather information on indigenous health systems and practices with an objective to recognise and legitimise such systems and practices
   c) be actively and closely involved in all stages of the proposed study on access to health care and culturally appropriate health care for indigenous peoples;

5) Propose that with regard to indigenous women's and children's health, relevant UN programmes, funds and specialised bodies give priority attention to:
   a) The gendered aspect of indigenous health knowledge, distinguish and empower indigenous women's health knowledge and contribution to health
   b) Reproductive health of indigenous women, with focus on HIV/AIDS and other sexually transmitted infections
   c) The identification of specific policies, guidelines and programmes, and their implementation, for indigenous children, youth and women
   d) The mental health of indigenous children especially those affected by separation from families and communities through displacement and those in residential or boarding schools and corrective institutions, supporting and encouraging primarily indigenous initiatives to address the problem through indigenous techniques and systems of healing and rehabilitation into the communities.

6) Also reiterating the recommendations of the Asian Indigenous Peoples' Caucus, ensure closer continuing and inter-sessional relationship between indigenous peoples and the members of the Forum by
   a) Identifying, together with indigenous peoples, the various indigenous peoples, communities and groups within the countries in Asia, with special attention to those who are few in numbers and threatened
   b) Initiating sustained efforts for the Forum member/s from Asia to visit each country, giving priority to those countries where the indigenous peoples' movements and organisations are weakest and finding resources to organise meetings with them through partnerships with supporting organisations, funds and development cooperation initiatives;

7) Request Prof. P. Pinheiro, Independent Expert appointed on the UN Study on violence, to pay special attention to the health impact of violence on indigenous children by dedicating a special section of his report to this issue.

8) Request Dr. Rodolfo Stavenhagen, UN Special Rapporteur on the human rights and fundamental freedoms of indigenous people, to dedicate its forthcoming report to the situation of indigenous children giving particular attention to their discrimination, health and survival issues.

9) Draw the urgent attention of the Special Rapporteurs on Slavery and Trafficking to this situation of trafficking and slavery of indigenous children and request their particular attention to this issue with a focus on sub-Saharan Africa.

10) Transmit the recommendations of the Forum to the Committee on the Rights of the Child for its consideration during the General Discussion Day to be held on 19 September 2003 in Geneva.

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1. Over the last several years the issues and concerns of indigenous children including their health status has been occupying an increasingly prominent space in the discourse of children's rights in many forums. In most of these discussions it is accepted unquestioningly that indigenous children are among the most vulnerable, occupying the bottom rungs of almost every health indicator statistics available in virtually every country. At the same time while this statement is universally accepted and never disputed, there is still no reliable and consistent data available in almost any country, let alone at the global level on the health of indigenous children.[1]

2. The Report of the General Assembly Special Session on Children, May 2002, states clearly : Indigenous children....are disproportionately disadvantaged in many countries due to all forms of discrimination, including racial discrimination. We shall take appropriate measures to end discrimination, to provide special support, and to ensure equal access to services for these children (para 22)

3. This complete lack of data and information speaks therefore of neglect and lack of political will rather than any other cause for this situation. It is commonly acknowledged that indigenous children suffer disproportionately from pre-natal and infant morbidity and mortality often caused by poor maternal health and hygiene, lack of access to health care and medical treatment, malnutrition and poor immunisation practice, the last being attributed to the inaccessible terrain with lack of cold chain, trained staff or other facilities.

4. For example, at Mendha Lekha in Dhanora tehsil of Gadchiroli district, in India, Kanshiram Madavi nods silently as his mother recalls how her grand-daughters died. A farm labourer, Kanshiram's second daughter died two years ago. Last May, another daughter was born to him but she did not survive even a day. Numbed by their deaths, Kanshiram cannot even remember how they died. His answer to any question is a blank stare. Kanshiram is just one of the desolate faces in tribal Gadchiroli, which has seen a large number of child deaths — all allegedly triggered by malnutrition — in the recent past. Till February this year, the district recorded 17,838 live births and 896 deaths upto one year of age and 160 between 1-5 years, besides about 500 still births. Nearly 900 infants died in Maharashtra's tribal Gadchiroli district in the first two months of the year. Maharashtra is one of the more economically and infrastructurally well developed states of the Indian Union. This situation, however shocking is a common one for indigenous peoples around the world, even those in the so-called

[1] The Convention on the Rights of the Child, which came into force in 1990, has special protection provisions for indigenous children. Yet, State Parties to this universally ratified treaty have failed to provide information specifically addressing these provisions.

"industrialized" and presumed more advanced and economically prosperous economies. The instances are innumerable.

5. "The National Program of Action on Children sets out seven targets to improve the life of children and women in Vietnam to 2000. However, after some years of operation it was found that NPA had not shown sufficient concern for children in need of special protection. So this weakness was complimented by the National Program of Action on the Protection of Children against labor exploitation, sexual abuse and drug addiction. However, many researches show that it is necessary to give special attention to children of ethnic minority groups who are disadvantaged in life and development. Areas inhabited by these groups are least developed in socio-economy, the center of poverty and many difficulties in child care." (*Analytical study on Ethnic Minority Children Situation conducted by Development Research and Consultancy Center* based in Hanoi, Viet Nam with the support of UNICEF Vietnam and the Committee for Ethnic Minority and Mountainous Areas (CEMMA) in May 2001)

6. "In the Northern states of Russia, there is a disastrous decrease of access to medical services and recreational technologies. For example, in Chukotsky Autonomous District a pregnant woman from tundra was refused in hospitalization because of the absence of the insurance policy with her; as a result, both the mother and the baby died. Now it is a usual thing that pregnant women and women in childbirth have to go over hundreds of kilometers of tundra and taiga to reach a hospital and back. Infant mortality rate of these peoples is 2-4 times higher than on the average in Russia. Children of the indigenous peoples of the North get ill 2-3 times more often than their co-equals in the central regions of Russia, they grow toothless, with weakened sight. Morbidity of tuberculosis and other contagious diseases is especially menacing. However, vaccination and other preventive measures are left in the past.

7. "In general, there is no exact and veracious data about the state of children's health of the small peoples of the North as during prior years they were secret, and now centralized gathering and analysis of data has been stopped.

8. "The factors of destruction and pollution of natural environment are particularly dangerous - nature of the North accumulates bad factors both of northern and southern 'origin', and the peoples of the North continue to live and to eat in natural environment. It leads to accumulation of harmful chemical substances in the body and transfer of them from the mother to children. As a result, the contents of harmful substances in the bodies of newborn natives of the North 2-10 times more than in the southern areas. These unfavorable factors of natural environment, in particular high concentration of artificial radio-active materials, positively correlate with a number of babies born dead, periodicity of cataract cases, mental disorders and mental retardation.

9. "Mass and forced separation of children of the natives from their parents keeping them in boarding schools and a great change of character of traditional nutrition have resulted in violation transmission of ethnic culture, break of interfamily bonds, violation of functioning of the important structures of the organism. In the northern villages the number of school-buildings is two times and more lower of the all-Russian level, and the problem of alternative, small and tundra schools is not solved at all. About half of the existing buildings of educational establishments does not meet modern norms and climatic conditions. The schools are not adapted to regional and ethnic specificity, there is no necessary literature. The indigenous peoples of the North and other ethnic and territorial groups have already entered the path leading to extinction. Probably, that day is near when the smallest ethnic groups, such as Kereki, Chulymtsy, whose existence numbers centuries and thousands of years of history, will disappear from the face of the Earth." (*Independent Report Of Russian Non-Governmental Organizations to the Special Session of the UN General Assembly in 2001 on Follow-up of the World Summit for Children*)

10. "In the rural areas of Peru, 40 per cent of the indigenous population is illiterate and 77 per cent of the women are uneducated. 41 per cent of the children are excluded from the central education system. In the Amazon region 26 per cent of the children are excluded from the education system. This has serious implications for the health of indigenous children in the present and in the future given the inter-generational impact of exclusion from education.

11. "At first sight the national indicators of nutrition are positive. Between 1990 and 1998, the statistics on malnutrition decreased from 34 per cent to 22 per cent. In the case of malnutrition, observed a decrease from 1.4 to 1.1 per cent. The average level of malnutrition however rose for the same period from 51.3 to 65.3 per cent. According to the Ministry of education in 2000. 22 per cent of the children under the age of five were found on a chronic malnutrition which represented an improvement from 34 percent in 1999.

12. "However it still inadequate. This has not reflected in the reduction of the differences with respect to the rural zones of the interior of the country. While in metropolitan Lima the lowest levels of malnutrition is 8.9 per cent in the mountain areas it is 45 per cent. The fight against infant malnutrition is based nutrition supplement programmes but in prioritizing the constant monitoring and addition of micro-nutrients in the children's diets. The differences between the geographic zones show a close relation between levels of poverty and nutrition.

13. "This situation shows two aspects. First the levels of nutrition have notably improved throughout the country, second this improvement has not been uniform for everyone. The difference between rural and urban zones as well as between extreme poverty and poverty in many of the cases has increased considerably.

14. "The infant and maternal mortality in rural areas is much higher than national averages. It is estimated at 43 per thousand births at national level but in rural areas it is 62 per thousand. In the departments of Cusco and Apurimac, Cerro de Pasco, Ayachucho and Puno a very high risk of death in children under the age of 1 year is recorded at 3 times higher than the capital (where it is 23 per thousand). The Department of Huancavelica is where the highest rate of infant mortality occurs.

15. "The principle causes are due to congenital and foetal problems (42.6 per cent) followed by respiratory infections (20.4) congenital deformities (6.9) gastro intestinal diseases (6.2)

16. "Chronic anaemia in women of child bearing age and children under the age of 5 is rampant. In the country 36 percent of women suffer of some degree of anaemia. In the rural areas the percentage is 41. This produces a deficiency of oxygen to the foetus and affects pre-natal health by hypoxia.

17. "Infant mortality in Amazonian communities fluctuates between 99 and 153 per thousand. Mortality varies between 7.4 and 11.2 children per women in contrast with the national averages which are under 4 children per woman." *(Situation de la ninez indigena en el peru May 2003, Centro des Culturas Indias Peru)*

18. The infant mortality rate of the Nunavut is 16.3 per 1000 approximately 3 times the IMR of Canada (PIRC report 1997 – 1999) This problem is related to numerous socio-economic and environmental factors including the poor and overcrowded housing conditions, leading to high respiratory infection rates including tuberculosis in infants and neonates.

19. With minor variations of place and other situational attributes this experience as related by indigenous peoples and those who document their problems is universal. As in the case of all vulnerable communities, the worst sufferers are the children, in every instance. In many parts of the world, these health problems and lack of resources imply extinction for already threatened peoples.

20. Adolescent health is another important area of health concerns for indigenous peoples. The problems afflicting indigenous adolescents are many and various. Malnutrition in childhood and adolescence is rampant, and iron deficiency is severely affecting the health of indigenous adolescent girls with profound intergenerational implications. Of particular importance are the micro-nutrient and iron deficiencies in adolescent girls diets. In many indigenous societies, adolescent and child obesity has complex implications for the health of these children. Juvenile diabetes is on the increase, and weight problems imply compromised health from early adulthood. In many societies, adolescent pregnancies are rising from levels already too high. In some cases this is due to traditional practices of early marriage. In many these are the more recent manifestations of high and increasing sexual and other familial and social violence and abuse.

21. Together with these are the health impacts of violence itself. Indigenous children have a statistically very high exposure to all forms of violence experienced by the general population of children in the streets, at home and in institutions including regular schools. Incarceration itself experienced as violence, especially in the indigenous culture has tremendous and little understood impacts on the psychological and emotional health of indigenous children. Many indigenous children are separated for long periods from their families and communities. Apart from the violence they experience as consequence of such separation and lack of adequate protection when separated, including sexual physical and psychological abuse, indigenous children suffer from the situation of separation from their families and communities itself which is experienced as deeply traumatic and has long term and inter-generational implications for their health.

22. The "boarding school syndrome" manifests itself in high rates of violence and abuse towards indigenous children and by indigenous children and young adults. Severe trauma is experienced by alienation from their own cultures and societies even in the best of these institutions. Children sent to such institutions feel alienated and isolated and are unable to come to terms with either the dominant or their own cultures which they are taught to see as inadequate in different aspects. Their sense of identity and wholeness is increasingly fragmented and demonstrates very often in violent and self-harmful behaviour patterns.

23. Pollution and environmental degradation have also severe implications for indigenous children's health and survival. Lack of traditional foods and pure water affect the nutritional status of indigenous children. Diet changes especially for younger children often mean intolerance of some kinds of new foods and the inability to absorb nutrition from them. For instance, many indigenous children in Asia, e.g. in the North East region of India and Sabah in Malaysia suffer from lactose intolerance for genetic reasons. Government nutritional support programmes often provide milk as food supplements. Meanwhile, traditional sources of fish and other micro-nutrients are fast disappearing.

24. Toxic waste including nuclear, plastic and chemical waste is also contaminating traditional food and water sources of indigenous peoples. This contamination results in congenital damage over several generations. The incidence of congenital birth defects and foetal damage among indigenous peoples living on lands which have accumulations of such waste are threatening their survival.

25. According to recent research on displacement, some of the largest proportions of displaced people are indigenous, and among these the majority is women and children. Displacement has complex impact on health on indigenous children. The disruption of community life and the breakdown of community support structures undermine the economic productivity of the community with disastrous effect on children's nutrition and safety. All over the world in industrialized and developed countries as well as in the economic South, indigenous peoples are being displaced in great numbers.

26. The number of armed conflicts, civil uprisings and inter community armed conflicts are rapidly increasing. Such conflicts are increasingly impacting on children, and the consequences to their health are only beginning to be recognised and understood. A great proportion of these conflicts being linked to development initiatives or to disputes of self determination over territory and ownership and use of resources concern indigenous peoples and occur on our lands. The ready availability of small arms and the intensification of low intensity combat strategies both directly target and collaterally expose children to immense and insidious effects of these conflicts. This is contrary to indigenous peoples own positions on their engagement in conflict.

27. In Colombia it is reported that armed groups prevent medical supplies and health care personnel from reaching indigenous communities and government agencies also make few efforts to ensure that these indigenous peoples, not engaged in the conflict are protected from such harm. International lobbies though active on other aspects of this conflict have not mounted sufficient pressure on either government or the armed groups to take corrective action.

28. "In the late winter and spring of 1997, the Governor of New York State attempted to enforce tax collection on businesses that are owned and operated by the Indigenous peoples of the Haudenosaunee Six Nations Confederacy. Governor George Pataki, ordered ten thousand National Guard troops to be on standby to collect taxes that the Native people were resisting paying. Violence broke out with many teenagers and children injured in the resulting struggle. The governor ordered the Nations be surrounded by New York State troopers. The health facilities that are required to be located on the Nations had been relocated off of Indian Territory. As a result, the police refused to allow children to go to their doctors for critical health care.

29. "Those teenagers who were injured in beatings by the police were held in jail cells and refused medical care. On the Onondaga Nation similar, brutal beatings occurred on 18 May 1997. One child of eleven was arrested and held and not allowed to take her diabetes medicine. As a result of being imprisoned without her medications, she went into a diabetic coma and now must take insulin shots daily instead of the pills that she was on. On the Cattaraugus Seneca Nation and also Tonawanda Seneca Nation, pre-school children who were attending a Federal Headstart Program were terrorized when their school bus was stopped and entered by the NY State Police. These tiny children were physically searched, their little backpacks and books ransacked on the premise they were searching for weapons, and the children were terrified. Incidents like these too numerous to mention here occur frequently with many stress related physical illnesses in our children.

30. "Children were shot at and terrorized in an attempt force our indigenous organization to drop a lawsuit that we had trying to stop a salt mine from being built on our ancestors burial ground. This affected their asthma, sleep patterns and success in school. All over North America the patterns are the same, and unfortunately continue to occur regularly." (Melissa Jacobs, independent researcher)

31. The rights of indigenous children to their lands and territories, to live and develop in peace are inalienable from their rights to survival and development. This right is linked to the children's physical health and nutrition, to their physical mental and emotional development and to their well being as members of their peoples, which is integral to their psychological and spiritual survival. Indigenous children denied this right of access to their lands, territories and natural resources find themselves deeply traumatised and often vulnerable to substance abuse, engagement in violence and other health damaging situations.

32. Development initiatives which impact on indigenous peoples' lands and natural resources must be flagged for assessment of such and other possible consequences to health of indigenous populations in general and to children in particular. Where such interventions are considered inescapable and essential, the potential health impact must be carefully assessed and appropriate and adequate provision made for prevention and compensating for such impact in the rehabilitation strategies of thee interventions. Costs of such strategies and assessments must be incorporated into the basic costs of the proposed intervention.

33. The militarization of indigenous territories including those on which no armed conflict is presently occurring also affects the health of children in complex ways. Large areas of indigenous lands are taken over for various purposes including for nuclear test sites, firing ranges, military bases and training camps. There are considerable adverse effects on the health of indigenous children especially neonates due to these installations including those caused by sound pollution of low flying aircraft and violent activities of armed personnel among the populace.

34. As in all other issues statistics relating to the trafficking and sexual abuse of children disaggregated for indigenous children are unavailable. However source areas commonly identified are often in indigenous areas, and especially those in which poverty, armed conflict and re-settlement of displaced indigenous peoples has occurred. However few if any interventions or policies on trafficking and sexual exploitation take cognizance of this either in data disaggregation or in prevention and rehabilitation strategies. (refer Human Rights Watch report Vol 15 No 8 (A) on child trafficking in Togo in which many sub-Saharan countries have been indicted for having failed to protect its children under the CRC). The situation is similar in Asia and in South America, and in Canada and the USA runaway children and adolescents are particularly vulnerable. The health implications of this problem especially considering the ravages of HIV and AIDS are massive and require immediate attention.

35. All over the world evidence is mounting regarding the disproportionate rates of self abuse self harm and suicide among indigenous children and youth. This incidence appears to be higher in those communities affected by development interventions and relocations, whose increasing integration into mainstream societies is compelled by economic and larger developmental compulsions or other traumatic or drastic events.

36. It is increasingly evident that indigenous systems and technologies serving health and well being objectives are not only more cost effective and efficient for indigenous peoples but also in some aspects for general populations. The urgency of many of the health concerns of indigenous peoples demand immediate address for survival. It is imperative that these systems of knowledge and resources both indigenous resources and support from government and UN agencies be allocated without further delays based on the concrete results exhibited in the numerous small interventions already being initiated by indigenous peoples ourselves. Access to general health services and systems is also critical. Appropriate and adequate resources must be allocated towards these as well.

37. Simultaneous accreditation of and improvement of access to all these systems including the facilities for teaching and learning these by and from indigenous experts is a primary pre-requisite for the establishment of a comprehensive and non discriminatory policy and programme at global and country level. At the same time as access for learning and dissemination is improved, adequate and effective mechanisms for protection from commercial and non indigenous dissemination and ownership of indigenous knowledge systems and techniques on health and medicine must be instituted. Indigenous knowledge relating to health as with other areas of indigenous knowledge may not be privatized nor appropriated for personal profit.

38. Country governments, which are often the first appropriators of indigenous knowledge, research and academic institutions must develop appropriate thuds of interface with indigenous knowledge holders, respecting both individual rights and the community rights vested in the individual holder of such knowledge. Indigenous institutions which traditionally hold such knowledge whether structured or less tangible must be respected in full as the holders and transmitters of such knowledge and knowledge systems. The rights of our children and future generations to this knowledge and to the benefits of this knowledge must be protected in full.