

2<sup>nd</sup> Session of the United Nations Permanent Forum on Indigenous Issues  
United Nations Headquarters, New York  
May 12-23, 2003



Agenda Item:  
Health

Statement by Mrinal Kanti Tripura  
On behalf of

Bangladesh Adivasi Forum, Hill Tracts NGO Forum, Parbatya Chattagram  
Jana Samhati Samiti (PCJSS), Taungya and Trinamul Unnayan Sangstha

Mr. Chairperson,

As in the case of many other parts of the world, the situation of health in most of the regions inhabited by indigenous peoples within Bangladesh are a cause for serious concern. Malnutrition, absence of safe drinking water, the prevalence of insanitary toilets, distance to health centres and hospitals, are very common. Respiratory diseases and dysentery are widespread. In addition, in the Chittagong Hill Tracts region, where I live, tens of mothers and new-born babies die every few months because of birth complications that require surgery, which is not available in the vicinity of the concerned settlements. Malaria is rampant, and not only kills many, every year, but also makes ordinary activities difficult for the thousands who are afflicted by this disease every year.

Of course, Bangladesh is a developing country with very limited resources, and therefore, many disadvantaged communities, indigenous or otherwise, suffer due to inadequate healthcare. However, when it comes to being victims of malaria, complications of childbirth and dysentery, the areas inhabited by indigenous people have a far more severe problem. Non-indigenous people's areas have many more healthcare facilities. In the Chittagong Hill Tracts, non-indigenous settlers regularly receive food grain subsidies from the government. The indigenous people do not. Therefore, they are far more malnourished. This shows a clear case of discrimination against indigenous people.

Thirty years ago, Malaria Eradication was a country-wide programme that sought to deal with this problem through preventive and curative measures. However, the programme was discontinued when the disease discontinued in the rest of country outside the indigenous peoples' areas. The continued deaths of indigenous people has not prompted the government to take adequate measures. Similarly, the rest of the country, compose mostly of plains and lowlands, had the benefit of getting tube wells and ring wells to obtain sub-soil potable water. This was not appropriate in our hill region, because the water

table was too low to be suitable for tube wells or ring wells. What we require is to use the hill streams, store the water in hygienic reservoirs, and pipe the water downhill to the village centres. However, the concerned government department of Public Health Engineering had no special programme for taking appropriate steps.

All these problems show two things. One, that the government of Bangladesh has failed or refused to take appropriate steps to protect the health of its indigenous citizens. Second, that the usual measures that may be appropriate for other areas may not be suitable for areas inhabited by indigenous people because of remoteness, different geo-physical attributes, different living conditions, etc. We need mobile health units, special drinking water programmes, more hospitals and health centres, and above all, access to at least two square meals a day. When people are malnourished, they are many times more susceptible to various diseases, such as those I mentioned a little while ago.

Therefore, Mr. Chairperson, the case of the Chittagong Hill Tracts and the other indigenous peoples' areas in Bangladesh underscores the need for special measures such as those I shall refer to now, and which may also be appropriate for many other regions inhabited by indigenous peoples in different parts of the world. These are:

- substantive reforms to the healthcare policies of the concerned government to account for special needs and wants of indigenous communities;
- induction of adequate funds from development partners and multilateral development banks;
- special measures by WHO in partnership with national governments to deal with serious diseases that are common in indigenous peoples' areas;
- special measures, including through partnership between government agencies, NGOs and WFP, FAO, UNICEF and UNDP.

Thank you, Mr. Chairperson.