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COMMITTEE ON INDIGENOUS PEOPLES

The United Nations Permanent Forum on Indigenous Issues
Fourth Session
Agenda Item 1

The Millennium Development Goals: Eradication of Extreme Poverty and Hunger

The UN PFII Indigenous Caucus Committee on Indigenous Health

Respected Chairperson, members of the Permanent Forum, sisters and brothers

Extreme Poverty and Hunger are, if not the basis or direct causes of ill health and disease, then certainly the most important factors, together with lack of education in its broadest sense, the vectors and insurance of its uncontrollable spread and the grounds of their entrenchment in the most vulnerable and deprived of populations. However, from this home ground they emerge with gathered strength to those populations that consider themselves and are considered least susceptible.

Access to clean water for drinking and other purposes, the resources to feed oneself adequately and appropriately, hygienic and healthy surroundings for habitat and the basic facilities including room for exercise and leisure, proper working conditions: these are the most essential components of basic health maintenance and it is these that poverty destroys if they exist and prevents if they are absent.

The destruction of these essential environmental and social safeguards, the denial through either negligence or callous intent is the fundamental cause of the extremely poor health profile of indigenous peoples the world over, whether they live in so called developed or underdeveloped countries. More alarming still, the few indicators that have so far been disaggregated for these populations demonstrate a further and often sharply declining trend unlike other population groups even in the same countries, even in situations similar in other ways.

From disaster relief to primary health care services in rural and urban areas, the supports and services accessible by indigenous peoples are measurably disproportionate to their situation and scale of need relative to other population groups in the same situations. The embarrassment of several governments, including the Government of India, when evidence of exclusion in relief distribution for tribal people impacted by Tsunami came to light, is one more illustration of such callousness. It has been repeatedly brought to the attention of this respected forum and others, at the UN, national and local levels that indigenous peoples are consistently suffering the adverse health impacts of burgeoning poverty caused by such exclusion and discrimination, instigating, compounding and complicating disease.

The on-going dispossession of our traditional resources: lands, waters, plants and animals, whether forest or other, or damage to their quality by pollution,

have seriously compromised our ability to feed and shelter ourselves, leading to chronic malnutrition over generations and degradation of our habitats. These affect us in the wealthiest and the poorest countries in almost the same ways: while our brothers and sisters in the global South may suffer from malnutrition due to lack of food, those in the so called Northern countries suffer from obesity and diabetes caused by eating foods that have pathological effects on our systems. Across these created differences of North and South we are being compelled to consume genetically and chemically altered foods, even irradiated foods, being denied our rights to our natural resources and livelihoods which would allow us to maintain our health and our traditional habitats, dwellings and environments.

We are also being denied and deprived of our rights to use our traditional knowledge, or even to own it. In addition to the private and corporate entities appropriating our knowledge and our knowledge bases i.e. the lands and natural resources, UN and inter-governmental agencies are setting up projects and indigenous knowledge hubs without due consultative processes with indigenous peoples representatives. This is a matter of grave concern for indigenous peoples, particularly since the WHO consultation that occurred several years ago has not been followed up with the commitments made by WHO. Instead, WHO has embarked on an independent process by passing us and our agreed and consensual processes regarding the social determinants of health that formed a major area of debate at and post this earlier consultation.

Poverty is neither natural nor inherent: it is the product of the contemporary development paradigm which does not recognize human rights as one non-negotiable parameter nor human well being as the other. Least of all does it recognize human aspiration as the goals, giving rise to the innumerable and rampant mental, emotional and spiritual ailments that devastate our communities especially our young.

As in previous submissions, and in the light of the attainment of the Millennium Development Goals, the Committee on Indigenous Health strongly recommends:

1. Disaggregated data with attention to gender, age and rural-urban specificities on the health of indigenous peoples is urgently required to inform strategies for our peoples' survival. WHO, UNDP, UNICEF and other international agencies must concern themselves with obtaining these as a priority in the second decade
2. The WHO's initiative on the social determinants of health announced earlier this year, and its programme for creation and support of indigenous knowledge hubs should be re-opened and re-launched offering appropriate opportunities for Indigenous Peoples to involve themselves since their initial launch did not offer sufficient time for us to consult adequately among ourselves, to organize in such a way as to respect our traditions of consultation and consensus and to engage with us proactively respecting our rights to our cultures and intellectual property and knowledge systems

3. The WHO should commit specific resources to support at regional and international levels, the proposed action on indigenous children by the partnership of Indigenous Peoples organizations and the sub-group on Indigenous Children, NGO Group for the CRC

4. In the interests of brevity and respect for our relatives who have more to add, we will end with a strong re-iteration of the recommendations of the previous years, which have regrettably not been followed up by States or the agencies concerned till date.