



13th session of the United Nations Permanent Forum on Indigenous Issues
Item 3: Report of the international expert group meeting:
Sexual health and reproductive rights: articles 21, 22 (1), 23 and 24 of the
United Nations Declaration on the Rights of Indigenous Peoples

Statement by the Native Youth Sexual Health Network, North America Regional Expert
Endorsed by the Global Indigenous Youth Caucus and Global Indigenous Women's Caucus

Thank you Madame Chair. I am here on behalf of the Native Youth Sexual Health Network which works across the US and Canada to address sexual and reproductive health issues within a rights and justice framework.

This EGM was an important start in improving inter-UN agency coordination on a host of issues affecting Indigenous women, youth, children and peoples in general. Affirming the position of the GIWC and GIYC that we are in the best position to give 'expert' advice on issues that most affect our lives and bodies, we present the following statement to support the implementation of recommendations made in the EGM final report. We also call on UN bodies to work towards implementation of the section on Indigenous Peoples: Interculturalism and Rights¹ as set out in the Montevideo Consensus.

As outlined in item 17 of the EGM report, we reaffirm the need for the rights to self-determination and free, prior and informed consent for Indigenous Peoples, not only as it concerns our lands, territories and resources, but also our sexual and reproductive health and rights. These are set out in the International Labour Organization Convention No. 169, which was cited as another fundamental instrument addressing the underlying determinants of sexual and reproductive health, and still requires effective implementation.

FPIC as connected to article 22 of the UNDRIP includes addressing the chronic social stressors of industry, mining and development and their continued impacts on the sexual health of Indigenous communities; including issues such as sexual violence, missing and murdered Indigenous women, higher rates of HIV and other sexually transmitted infections. We recommend the UNPFII, Special Rapporteur and related environmental mechanisms include in future work, addressing chronic social stressors and the impacts on Indigenous peoples bodies and sexual and reproductive health.

As set out in both international covenants and articles 14, 23 and 24 of the UNDRIP states Indigenous peoples have the right to set our own priorities and directions for development which applies to setting health priorities and managing health systems. States need to continue to transfer and redistribute control, leadership and management of their health resources directly to Indigenous peoples which is especially pressing for rural and remote communities.

PLE-1/EN (2013). Montevideo Consensus on Population and Development

¹<http://www.unfpa.org/webdav/site/global/shared/documents/news/2013/Montevideo%20Consensus-15Aug2013.pdf>

Furthermore, we recommend that UNAIDS, UNICEF and other relevant UN bodies and mechanisms collaborate with Indigenous organizations in all regions to develop comprehensive guidelines for culturally safe sex education best practices by and for Indigenous peoples. This type of comprehensive education serves as effective violence prevention on a host of other issues. We strongly urge the PF and all present to examine the severity of these issues and commit to ensure the full implementation of these recommendations.

As per point 40 & 65 of the EGM report, we reaffirm the need for States to recognize and eliminate discrimination against Indigenous peoples in relation to their sexual and gender identities. We additionally call on Indigenous communities and States to support and uphold Indigenous youth in their right to self-determine their own gender and sexual identities without fear and discrimination or rejection from our communities. That UN systems work with Indigenous youth to address homophobia and transphobia in relation to resulting harms of mental health, suicide and shame.

Recognizing the cultural importance and necessity of Indigenous youth leadership to our communities, the Native Youth Sexual Health Network has facilitated the creation of 2 National Indigenous Youth Councils on HIV/AIDS - one in the US and one in Canada - that have developed a strategic plan for their regions. We urge relevant UN agencies and programs to implement models of peer leadership that address the full and effective leadership of Indigenous youth in other regions. These are also recommendations we hope to see reflected in the Permanent Forums final report. Highlighting urgent matters of importance to Indigenous peoples on sexual and reproductive health and rights from the PF also provides strategic direction for community leaders and encourages action.

We assert that, in regards to Indigenous peoples and youth within the sex work, sex trade, and street economies, using state measures of increase policing and criminalization as a form of human rights protection perpetuates violence, denies agency and does not increase protection or safety. We cannot justify the violation of the right to self determination or any other human rights in the name of protection. We therefore recommend the implementation of language and action from item 66 in the EGM report on the meaningful and effective participation of Indigenous peoples, in particular those involved in sex work and street economies, in policies, programmes and other measures to address the impact of heightened violence, stigma, discrimination, and criminalization.

We remain urgently concerned about the right to health in UNDRIP Article 24(2) of Indigenous peoples and youth who are criminalized, policed and who experience incarceration. Specifically the prohibition from state governments of harm reduction programs inside prisons, jails and youth detention facilities which has resulted in dramatic increases in HIV and Hepatitis C. Canada is currently undergoing a federal lawsuit on this issue. Furthermore, the rights of pregnant women who are incarcerated continue to be violated through shackling during labor and immediate removal of infants after delivery. We recommend the EMRIP continue its studies on justice to include the criminalization of HIV and harm reduction², legal standards and prosecutorial guidelines as well as support States to implement Mother Baby Prison Units for which guidelines and best practices are currently being developed by Indigenous peoples in multiple regions.

We also recommend EMRIP specifically look for examples of restorative justice practices that support survivors of sexual violence and abuse towards healing as well as protections for Indigenous women human rights defenders who face violence as a consequence of their work.

Thank you.

² Native Youth Sexual Health Network. (2013) Item 5: Study on access to justice in the promotion and protection of the rights of Indigenous Peoples. <http://www.nativeyouthsexualhealth.com/emrip2013item5.pdf>