Mr. Chairman,

We are appreciative to the Human Rights Council and the EMRIP for conducting this study on the right to health and indigenous peoples, with a focus on children and youth. The document is coherent however falls short of being complete. We wish to share our recommendations and suggestions on how to better serve our indigenous community. The study references the right to self-determination as contained in Article 3 of the Declaration on the Rights of Indigenous People, as well as Article 1 of ICESCR stating “full realization of health rights cannot be achieved without self-determination.”

However how can self-determination or full realization of health be achieved when indigenous people live under constant threat of death when exercising their rights of self-determination with respect to their political status and freely pursuing their economic, social and cultural development? For example, environmental activist Berta Cáceres, leader of the indigenous Lenca people of Honduras, who was exercising her rights of self-determination by organizing indigenous people to protest the Agua Zarca dam. The Lenca were concerned that the dams would compromise their access to water, food and materials for medicine, and therefore threaten their traditional way of life. Their social and cultural development as outlined in Article 3 of the DRIP. Berta Cáceres was found shot dead in her home in Honduras on March 3, 2016, because of her activism. Berta Cáceres had faced incessant threats of kidnapping, sexual assault and death against her and her family. However she continued to exercise her rights of self-determination which should have been fully protected. Unfortunately her bravery resulted in her death. Since her death at least three activists have been killed for opposing the Agua Zarca dam. Most recently Lesbia Janeth Urquia another environmental activist in Honduras was also found murdered. Since 2015 at least 10 indigenous environmental activists have been murdered in the Americas.

Respectfully, Mr. Chairman and the EMRIP Consul; a study on the right to health and indigenous people will be incomplete without considering the negative effects of the countless and continual terroristic actions unleashed on indigenous peoples who seek self-determination in their communities.

Speaking as an indigenous person from Turtle island, also known as the Americas I am well aware of this continued pattern of terror, colonization, genocide and imperialism which results in intergenerational trauma, and Post Traumatic Stress. This is a serious public health issue that needs to be addressed, given greater attention and finally resolved. There have been many studies which detail and layout the ramifications of this

Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. Centuries of genocide, forced enslavement, and assimilation followed by systemic and structural racism and oppression have resulted in intergenerational maladaptive behaviors, which originated as survival strategies. However the syndrome continues because children whose parents suffer from intergenerational trauma are often indoctrinated into the same behaviors, long after the behaviors have lost their contextual effectiveness. This is a major public health and as such should be included in any study on the right to health and indigenous people.

The right to health should encompass more than just addressing suicide under mental health. As illustrated in section 5 of the study. As noted in the study provided section I.4. Indigenous peoples’ conceptualization of “health” and wellbeing is generally broader and more holistic than that of mainstream society, with health frequently viewed by indigenous peoples as both an individual and collective right, strongly determined by community, land and the natural environment. The Permanent Forum on Indigenous Issues has noted that the right to health “materializes through the well-being of an individual as well as the social, emotional, spiritual and cultural well-being of the whole community” (E/C.19/2013/L.2, para 3). Indigenous concepts of health often incorporate spiritual, emotional, cultural and social dimensions in addition to physical health.

Without addressing this issue in a holistic manner we risk vicarious learned helplessness of our youth instead of desired goal of health and self-determination as outlined by the DRIP. We look forward to a revised study a stronger mandate and moving towards and actualized DRIP.

Thank you.