

Statement at the EMRIP 9th Session

Agenda Item 5: The Right to Health of Indigenous Peoples

Scott Avery, First Peoples Disability Network

Thank you for the opportunity to provide a short statement today.

I wish to commend EMRIP for the right to health study, and in particular for acknowledging the unique circumstances which affect the right to health for Indigenous people with disability.

In speaking on behalf of the First Peoples Disability Network (Australia) and from a perspective of Australia's Indigenous people with disability, I seek to highlight that the right to health for Indigenous peoples does not exist in isolation from other rights. The social and emotional wellbeing of an Indigenous person with disability is affected as much by their connectedness with their culture and community as their physical health. However many Indigenous peoples with disability face multiple barriers to their inclusion in their communities and constitute some of the most socially excluded and economically marginalised people in society. The expected life trajectory of an Indigenous person with disability is one of disadvantage and inequity that accumulates from the moment they are born to the time and through all stages of their life. It is currently the case that an Indigenous person with disability is more likely to matriculate into prison than into a program of education. In considering the plight of Indigenous peoples with disability in Australia, this appears to be the case regardless of the relative wealth of the nations in which they live.

The systemic barriers that prevent Indigenous peoples from accessing our rights must be dismantled. Whether it is the right to be born into a society which provides public health utilities and infrastructure essential for early childhood development; whether it is the right of a child to not to be removed from their family, community and culture; whether it is the right to an education which is both culturally and disability inclusive; whether it is the right of women with disability to live lives free from structural violence; whether it is right to fair realization of employment opportunities; whether it is the right to live life without stigmatisation and discrimination. These are the rights that are routinely denied Indigenous peoples, but must co-exist to secure our social and emotional wellbeing.

When these rights are denied, they are disabling to both the individual and the community in which they live. Indeed, the disability which burdens our people the most is not broken ears, broken eyes or broken limbs; it is broken spirit.

We also ask that EMRIP through its study address the duty of care that States and health care providers owe Indigenous peoples when it comes to providing necessary health services to Indigenous people. Duty of care is a well-established concept within health and medical professions, but is differentially

applied when it comes to Indigenous people. There are case studies from Australia where failing to meet the basic duty of care in providing health services has resulted in deaths, excess morbidity and trauma through negligence and neglect. Many of these incidents have occurred in well-resourced health facilities, highlighting the impact of institutional discrimination, where health decisions are made on the basis of prejudice and stereo-type rather than the presenting health need. We call on the strongest action to be taken when States fail to meet their duty of care, particularly those incidents which are a consequence of institutionalised discrimination, to act as a preventive mechanism against the continued repetition of these catastrophic incidents and failure in securing our right to health.

Scott Avery
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