

UN WGIP
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Addressed by K. R. "Khambu" Rai, K.R.L.L.C. NEPAL.
Agenda no - 6. Indigenous peoples and Health

WGIP 98/SAS/NPL/3

Respected chairperson.
Distinguished members of WG.
Indigenous sisters and brothers.

On behalf of my organization KRLLC as well as the indigenous people of Nepal I would like to extend my warm greetings to all the distinguished participants gathered here.

Kirat Rais including other indigenous people are living in remote rural areas of Nepal. Their socio-economic condition is not improved. Although Kirats of Nepal have their own ancient glorious history, since they have ruled Nepal for 29 generations, in a systematic and organized way. It is understood that these valiant rulers eventually deformed by lichhavis and were forced to migrate to the east and they settled down as occupying land. During that period they had their own distinct culture, social and religious identities which governed their lifestyle and sustained them as a class their own. But once again, in the name of unification they are imposed on them their Hindu religion, together with other alien cultures making the Kirat almost cultureless and became hilly people. Now, in the new atmosphere of Democracy, they are once again asserting themselves to be identified with their passed culture tradition.

Now a days, together with other indigenous people they have to face many health concerned problems and difficulties. The natural destruction by deforestation, floods, landslides, erosion etc, that directly affect the life of hilly indigenous people.

Most of the indigenous people believe in animism. They have their own kinds of ritual processes for rural treatments. They are still unaware of the modern advent of sci-tech

ie recent concept of immutalisation by genetic engineers. One indigenous people's community (about 120 persons) is still in nomadic stage of social development found near or in the forest of Western region of Nepal; called 'Raute'.

The Government policy is to provide one health post in each constituency, eventhough implementation is still uncompleted. Experienced doctors and nurses are denied to go remote hilly areas, so the people do not get treatment on time and may victims by many communicable diseases. Well equipped hospitals and Nursing homes are only found in capital city and some other big towns. Recently two medical colleges (institutes) are running, eventhough indigenous student can hardly admission.

There are some INGO and NGO concerning health which give program in public health, even such services are not accessible to hilly region where indigenous people inhabit.

Due to the population explosion in capital city the environmental pollution is greatly noticed. Those indigenous children who had dropped out from hilly schools, come to the city and they are compelled to do works in health hazardous industries as child labourers. So, the future of indigenous people is in dark and uncertain.

The poverty and backwardness constitute a compl. phenomena linked to the land, time and history. So, the Govt. should make special policy and be implemented in favour of indigenous peoples health - programme so as to follow up the recent development.

At last, I would like to express my cordial gratitude to UNHCHR, UN WGIP and UN VFIP for giving me the opportunity to address on item 6; and to the end of both session I would like to thank to all delegates, sisters and brother participants for sharing ideas and feelings under the roof of UN WGIP, so as to build up global unity of indigenous people. Thank you.