Item 4C 19/05 #40

United Nations Permanent Forum On Indigenous Issues
Third Session – May 19th, 2004

Agenda Item 4 (c): Health

Aquechewa, honorable and distinguished members of the Permanent Forum, Member States, Indigenous brothers and sisters.

My name is Rev. Denise Hylton-Barrett of the Foundation for Indigenous Americans of Anasazi Heritage. I represent the 30 million descendants of the Anasazi or Amerindians of North America who have resided in this country since the beginning of civilization. These indigenous peoples are brown skinned people with wavy to bushy hair who resemble their trees and environment. The Anasazi people lived here hundreds of years ago maintaining their resolve for the land. They were one with the environment and understood the importance of maintaining the ecosystem of the woodlands areas for the perpetuation of their bloodlines. Over the last 500 years the US government and private corporations have continued to decimate the land by cutting down the trees and destroying the woodlands.

We are deeply concerned about the health status of the descendants of the Anasazi women and the future of their bloodline and generations. Anasazi descendants across the United States are currently dying in this eco-system. We believe that one major factor affecting the health care of this group is the environment, which is causing severe disease, illness and death. No one is researching the impact of cutting down trees on indigenous people whose lifeline is connected to the trees. Anasazi descendants who reside in urban areas are finding their health status growing increasing worse. In the US, the rate of Asthma affecting Anasazi descendants and their offspring has reached epidemic proportions. Our children are plagued with asthma in the inner cities. People who live in NYC will tell you they have to resort to using dehumidifiers, ionizers and air fresheners in order to breathe because the air quality is so poor.

The United States government has become increasingly aware of the need to eliminate the disparities in health care affecting racial and ethnic minorities. The US DHHS, Office of Minority Health purpose is to improve the health status of minority and low-income persons through working to eliminate these disparities. However, statistics gathered from the, Office of Women's Health indicate that:

a) In 2000, women of Anasazi women descent represented more than 18 million or 12. % of all females living in the US.

b) In 2000, women of Anasazi descent had an infant mortality rate twice that of whites in the US and a birth rate three times lower. Women of Anasazi descent had the highest infant mortality rate (14.1 per 1,000 births) while the mortality rate of infants born to white mothers was 5.7%.

c) In 2000, women of Anasazi descent had the highest incidence of low birthweight babies than any other racial or ethnic group. Almost 13% of these infants were low birthweight, compared with almost 7% of whites.

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d) Mortality is higher for well educated and non-poor Anasazi descendants than other races. In 2000, women of Anasazi descent of all ages had a maternal rate of 20.1 per 100,000 live births, which was more than three times higher than that of White women (6.2%). Anasazi descendants have a 4 times the risk of dying from pregnancy complications & childbirth, and almost twice the risk of medical complications of whites.

e) In the US, Anasazi descendants represent 38 percent of all HIV/AIDS cases reported in the United States according to the Centers for Disease Control & Prevention. Anasazi descendants between the ages of 25-44 are at highest risk for HIV/AIDS in both men and women. This year, the death rate from AIDS in women of Anasazi descent was the highest of any group of American women at 13 per 100,000. In contrast, the mortality rate from AIDS for white females were less than one death (0.7%)

f) Among women of Anasazi descent, diabetes is the fourth leading cause of death in 2000, responsible for 7,250 deaths or 5.2% of deaths from all causes. The health outcomes of Anasazi descendants are far worse than those of White women who have this disease.

g) Anasazi descendants have the highest rates of tuberculosis in the US. Of people who have TB who were born in the US almost 50% of the cases occur in Anasazi descendants (46.7%).

h) Women of Anasazi descent have the highest mortality rate from lung cancer (40.2% per 100,000) among all minority groups and have the highest mortality rate from breast cancer of all population groups (34.9 per 100,000) which is higher than that of White women.

i) Women of Anasazi descent have the highest death rate from stroke of all women, at 78.1 deaths per 100,000 in contrast to 57.8 for White women and they have the highest mortality rate from heart disease (284.1 per 100,000) of all American women.

j) On average Anasazi descendants are twice as likely to die from disease, accidents, behavior and homicide at every stage of life than whites. Anasazi descendants are 5 times more likely to die as victims of homicide.

k) In the US, the rate of Sudden Infant Death Syndrome affecting Anasazi descendants is three times the rate of other races and on the increase.

In lieu of the critical health care crisis facing Anasazi descendants, we respectfully reiterate the following recommendations made by the Second Session of the Permanent Forum on Indigenous Issues

1. We recommendation 81 from the Second Session of the Permanent Forum on Indigenous Issues which asked the Working Group on Indigenous Populations to undertake a study on genocidal and ethnocidal practices perpetrated on Indigenous People and request that

you add ecocide to the study to look at the effects of environmental genocide on indigenous peoples. We recommend that a research study be undertaken to examine the effects of stripping the environment of vital organisms such as trees on the overall health and wellness of indigenous peoples.

2. We support the recommendations made during the Second Session of the Permanent Forum under the mandated area of Health Section 1a which urges the World Health Organization (WHO), the Pan American Health Organization (PAHO) and all United Nations bodies and agencies involved in health programs to incorporate indigenous healers and cultural perspectives on health and illness into their policies. In spite of all the technological advances in science and medicine in the US Anasazi descendents are mistrustful of the medical system and continue to utilize traditional indigenous and alternative healers to supplement their health care. We also support recommendation no. 2 which calls for UN agencies to convene a workshop on indigenous health with emphasis on indigenous women and children, infant mortality, reproductive rights, sterilization, domestic abuse and addiction and collecting data related to these issues.

3. We support the general recommendation made during the Second Session of the Permanent Forum under the mandated area of Health section 68 which urges outlining a global strategy on health of marginalized ethnic populations, to gather data and extend program services to indigenous people based on criteria relating to ethnicity, cultural or tribal affiliations and language.

4. We support the recommendation made by the Second Session of the Permanent Forum that the Global Fund review their funding strategy in order to include access by indigenous non-governmental organizations and health providers for community-based culturally appropriate HIV/AIDS programs.

5. Finally, we agree that a healthy population is a central goal of human development. We recommend support the Johannesburg Plan of Implementation, in paragraphs 53 and 54, under Health and Sustainable Development which stresses the need to address the causes of ill health, including environmental causes.

In conclusion, in spite of all of these critical health problems, women of Anasazi descent are survivors. We have one of the lowest rates of suicide of all ethnic groups in the US. We continue to embrace life for their children and future generations. Thank you