

UNITED NATIONS
WORKING GROUP ON INDIGENOUS POPULATIONS
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Agenda Item No. 6 : « INDIGENOUS PEOPLES AND HEALTH. »

Addressed by : K.R. Khambu Rai, Kirat Rai Language and Literary Council, Nepal.

Respected Chairperson,
Distinguished Members of the Working Group,
Indigenous Sisters and Brothers,
Government Representatives,
Ladies and Gentlemen;

First of all, I would like to extend the warmest greetings to all the distinguished delegates gathered here on behalf of my Organisation Kirat Rai Yayokkha-KRLLC as well as the indigenous communities of Nepal.

Nepal is a land-locked Himalayan Kingdom where more than seventy different ethnic peoples are living. During the Mahabharat period, some of the beautiful Kirata ladies used to sell the Kirata tikta (Swertia chirayata) as herbs to the Aryans in exchange for warm clothes. In Nepal, the oldest formulated system of medicine is Ayurved. Most of the indigenous people believe in animism (nature-worship) and they have practitioners of the art such as dhamis, jhakris (shamans, witch doctors). Nepal being a multi-ethnic society, it is not surprising that various indigenous groups have their own concepts of diseases, various methods of warding it off and also for dealing with illness. There are even specific deities to whom special offerings and requests can be made for quick recovery from illness. Still about 70% of the indigenous population in Nepal use this traditional method of treatment.

Since the last four decades, the natural destruction caused by deforestation, flooding, landslides and soil erosion are frequently occurring in hills and plains. The twelve kilometer wide green-belt (called Charkoshe Jhadi), has been cut down into small patches of forest. Such deforestation not only cleared out natural habitats of several animals but also affected the forest-depending indigenous people such as Rautes, Chepangs and Satars. Actually, the poor economic situation, low literacy rate, the wide-spread malnutrition and the lack of sanitation are all responsible for poor health status of the indigenous peoples.

Another burning problem is population explosion in the rural areas of illiterate indigenous people. The total fertility rate of women in Nepal is at 4-6 children per woman. In comparison to the fertility rate among castes of Nepal, it is found that the privileged castes of the Brahmen, Chhetri and Newars have 4-5 children per woman, where as the indigenous communities of the Rais, Limbus, Tamangs and Magars have 7-8 children per woman. The total maternal mortality rate of Nepal is 500-700 per one hundred thousand deliveries. More than 83% of indigenous women even cannot get prenatal care by the doctors and nurses.

The acute and chronic problem of malnutrition is caused by the deficiency of Vitamin A, iodine, iron and micro-nutrients. There are 74 hospitals, about 754 health posts and 200 Ayurvedic dispensaries where about 874 doctors, 5153 health workers and 495 Kabirajas are appointed which is grossly inadequate considering the total population of about 21 million. Most of the indigenous people are affected by diseases such as Viral (measles, Hepatitis, Encephalitis, AIDS), Bacterial (T.B., Leprosy, Diarrhoea, Typhoid, Cholera, Meningitis, Shyphilis and gonorrhoea STD), and Parasitic (malaria, Kala-azar "recently spreading in

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Jhapa district, inhabiting the area of indigenous Rajbanshi" Amoebiasis and worm infections). Still no comprehensive statistics of the health situation of indigenous peoples is available in Nepal.

There are seven Medical Colleges including T.U. Institute of Medicine which produces doctors and health workers in limited numbers. There is no reservation seat for the poor and intelligent students coming from indigenous communities. There are about 21 NGOs and 22 INGOs, concerned with public health in the government list, but these are confined to certain areas with certain interest groups. So, such services are also not easily accessible to the indigenous people of far remote areas.

The national policy with the regards to health is not clear because of frequent changes in Government. The present government has allocated 4.37% of budget for health in running fiscal year which is not adequate to meet needs. Although, everybody promises a lot, not much has been done so far to implement them for the benefit of the people.

In Nepal the indigenous communities have a lot of useful traditional knowledge which is being used by other people too. The Terrain indigenous Tharu people use chicken's cloaca so as to suck out the poison from snake bite. The mountain indigenous Kirati Rai/Limbu people use Amolops (a mountain big frog called Paha) as multi-purpose medicine for children and old people. In this way, the Himalayan indigenous Sherpa/Tamang people use Yarsagumba (*Cordycep sinensis*), Jatamashi (Spikenard), Pakhan ved (Rock foil) etc. as drugs for multi-purpose utility. Thus the traditional knowledge of these indigenous people should be protected and promoted as a wealth of a nation.

Nepal has signed the Alma Ata declaration, whose commitment is to have health care for all by 2000 A.D. In the eve of 21st century, the apathy of Government on the hope and aspiration of the indigenous people on health matters for all, seems just a mirage at the far distant horizon. The problem of child labour, girl trafficking and drug abuse is increasing in indigenous communities. The poor indigenous people are losing their life untimely without getting any treatment, and on the other hand they are marginalised (compelled to migrate) by the exploitation and oppression of the so called superior rich castes. Slowly and gradually the globalisation and privatisation-oriented programme is making the public health service inaccessible to the indigenous people. So, the future of the indigenous people is uncertain and dark.

Bearing in mind the above facts, the national health Policy should be amended in favour of the indigenous people's basic needs, and should provide reservation for the study of Medical Science, so that they could serve their own communities.

Finally, I feel it is an honour for me to be here, due to the kind assistance of UNHCR and UNVFIP, for which I express my sincere thanks to them for giving me the opportunity to attend this 17th session of UNWGIP. I would also like to thank all participating indigenous sisters and brothers for sharing the ideas and feelings under the common roof of UNWGIP and let us strengthen the global unity among the world's indigenous people.

Thank you.