

American Indian Law Alliance Delegation
XVth Session of the Working Group on Indigenous Peoples

Intervention by Kent Lebsack
Item 6 : Indigenous Peoples and Health

Madam Chairperson, I bring you greetings from the Native American community of New York City. As the members of the Working Group are well aware and as evidenced in the expert papers prepared by both yourself and Professor Martinez, many Indigenous peoples have been forcibly removed and terminated from our aboriginal territories. In the United States this has resulted in more than half of the surviving Indigenous population now living in metropolitan areas. New York City alone has a population approaching 40,000 Native American individuals from more than 50 different Indian nations.

Madam Chairperson, in New York City our work is involved with the survival of our peoples on a daily basis. In particular, we have accepted the responsibility of helping our people to access health care guaranteed to us in treaties and by the existence of human rights standards. One area of increasing concern to us is the growing incidence of HIV and AIDS infection in our communities, both on reservations and in urban areas. However, this is also an area of health care that has not been immune from the prejudices and stigmas brought to us by the colonizer. Sadly, many of our communities are ignoring this threat to our physical survival. Last year at this Working Group, when the theme was health, I did not hear one intervention on prevention and treatment of this terrible disease in Indigenous communities.

Madam Chairperson, in North America, at the time of contact Native American people suffered greatly from the scourge of conquest. But the threat to us was not simply the militaristic inclinations of the colonizers. It was also the diseases that they carried to which we were not immune. Tens of thousands of our people died from influenza and polio. Indeed, on the western plains of North America, in my own aboriginal country, entire villages succumbed to diseases brought by Europeans even before any contact was made with them. Historically, we have had no defense.

Madam Chairperson, just three weeks ago I attended the XIIth International Conference on HIV/AIDS in Geneva. I learned many disturbing facts about the threat of HIV to the world and to our Indigenous populations. Today, in parts of sub-Saharan Africa 10% of the population is infected with the HIV virus and in some countries it is as high as 25%. In Asia, in countries with Indigenous populations represented in this Working Group, alarming statistics of HIV infection continue to grow. In North America, the numbers themselves are not as alarming but HIV and AIDS is the fastest growing cause of death for our young people.

Madam Chairperson, today we have a unique opportunity to combat the effects of plague before it can devastate our communities. Today, working together with the United Nations, the World Health Organization and the Indigenous Committee on Health created by our own peoples at last year's Working Group, we can take positive steps towards prevention and treatment. We would urge the Indigenous Health Committee to include this issue in their work and, further urge that the Working Group support the International AIDS Conference suggestion that the United Nations, under the direction of UN AIDS and the World Health Organization appoint a special rapporteur on HIV/AIDS. Naturally, we would also urge that this special rapporteur include Indigenous peoples in both the scope of his or her study and in the discussion on prevention and treatment which the study must inevitably include. As Indigenous peoples, it is our duty to demand a place at this table and to take the opportunity given to us to save the lives of our people. This time we might be able to avoid the devastation of disease in our communities but only if we act now.

Thank you Madam Chairperson.