

**Statement by Community Action and Research for Development (CARD)  
6<sup>th</sup> Session of UN Permanent Forum on Indigenous Issues  
United Nations Headquarters, New York, May 14<sup>th</sup> - 25<sup>th</sup>, 2007**

**Agenda Item 4(C) Health**

Presented by Ms.Sumshot Khular<sup>1</sup>, President,CARD, Manipur, India

Greetings from Manipur, India.

Respected Chairperson, Indigenous Sister and Brothers!

Indigenous peoples had a holistic understanding of health in which healing is rooted within the community. They had been practicing their own means on healing since time immemorial and had all the knowledge of medicinal plants, a different form of therapy- that of faith healing. Today due to various development projects many of our medicinal plant species are facing an extinction threat, many have been pirated, and many are patented.

As Indigenous peoples we want recognition of our rights to our history, language, oral traditions, stories and writings of our traditional indigenous medicinal methods and of the contribution of our own name for peoples and places.

Forced eviction caused by development aggression have led to thousands of indigenous women all over Asia to move to urban areas in search of other means of subsistence opening door to further human rights violations such as discrimination, violence, sexual exploitation, prostitution and trafficking and oppressive working conditions that effects the health adversely. Right to health as per se is the right to the highest attainable standards of physical and mental health given the individuals genetic make up and lifestyle choices as well as the extent of scientific understanding and the maximum resources available to the state<sup>2</sup>

An inclusive right extending not only to timely and appropriate care but also to the underlying determinants of health, such as access to safe and potable water, adequate sanitation, adequate supply of safe food, nutrition, housing, healthy occupational and environmental conditions, access to health related education and information, including sexual and reproductive health. An important factor is the participation of indigenous peoples in all health related decision making at the community, national and international level.

The question of availability, accessibility, affordability, and acceptability should be taken care when planning or implementing any health programmes for indigenous peoples.

Looking at the increasing cases of HIV/AIDS, it is high time to initiate universal access to treatment, to develop a set of resources highlighting the effective approaches and best practices for HIV and AIDs care in the indigenous communities and advocacy for meaningful participation of indigenous peoples in HIV policy and planning and implementation so as to achieve the MDG Goal on health. The indigenous peoples in Chandel district suffers the most due to the non-existence of health facilities in all the remote border areas in particular and also the negligence from the health departments in few of the health centres and even the pathetic condition of the district headquarter hospital where no proper facilities and medications are available.

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<sup>2</sup> Right to health Article 12 ICESCR,5(e) iv, ICERD 11.1,(f) CEDAW24 CRC11,ACHRPR 14,

**Recommendations:**

- ☞ Ensure immediate halt on unapproved drugs and vaccinations on indigenous women and children,
- ☞ Expand the global immunization and vaccination programme of marginalised indigenous communities,
- ☞ Develop and disseminate information about innovative strategies in health services to indigenous women, informed by Indigenous concepts and understanding of health, wellness and illness ,disease and sexuality and birth so as to ensure universal accessibility of health care services for indigenous women and girl child and make available adequate financial and technical support for comprehensive, community based primary health services and health education incorporating traditional indigenous components,
- ☞ Provide appropriate health services and protection services including safe houses to displaced refugee and migrant women and girl child victimised by trafficking for prostitution.
- ☞ Relevant UN entities like WHO,UNICEF,UNFPA and regional health organisations and governments should fully incorporate a cultural perspective into health policies, programmes and reproductive health services aimed at providing indigenous women with quality health care including emergency obstetric care, voluntary family planning and skilled attendance at birth. Here the role f traditional midwives should be re-evaluated and expanded so that they may assist indigenous women during their reproductive health processes and act as a cultural broker between the health systems and the indigenous communities values and world views.
- ☞ Urge the state health department to look into the Chandel district situation, conduct as assessment and upgrade and provide all required infrastructures and medication to the hospital in headquarter.

Thank you, Chairperson, for your kind attention.