

Permanent Forum on Indigenous Issues
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Agenda Item 6
Review of the activities of the United Nations system
Theme: Health



JOINT STATEMENT PRESENTED BY

LES MALEZER

FOUNDATION FOR ABORIGINAL AND ISLANDER RESEARCH ACTION (FAIRA)

AUSTRALIA

On behalf of

ABORIGINAL AND TORRES STRAIT ISLANDER COMMISSION (ATSIC)

FOUNDATION FOR ABORIGINAL AND ISLANDER RESEARCH ACTION (FAIRA)

NATIONAL ABORIGINAL AND ISLANDER LEGAL SERVICES SECRETARIAT (NAILSS)

NATIONAL SECRETARIAT OF TORRES STRAIT ISLANDER ORGANISATIONS

TORRES STRAIT REGIONAL AUTHORITY (TSRA)

Thank you, Mr Chairman

This is a joint statement on behalf of the ATSIC, FAIRA, NAILSS, NSTSIO and TSRA.

It also represents the views and recommendations received from the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Redfern Aboriginal Medical Service.

Mr Chairman, injury is a terrible reality in the daily lives of Aboriginal and Torres Strait Islander people.

The injuries are equivalent to those seen in peoples and places torn apart by long-term, unresolved warfare.

These injuries are physical, psychological and spiritual, and are of such enormity that their effect will destroy not only Aboriginal and Torres Strait Islander lives, as happens much too frequently, but they threaten to break and destroy ties to communities, land and culture if urgent solutions are not found right now.

Most indicators reveal an increase in injury and injury-related deaths and a rapid increase in youth suicide.

Injury is the second leading cause of death in Aboriginal and Torres Strait Islander people.

Mr Chairman, being unable to elaborate further in such a short time available for our intervention, let me say that Injury cannot be perceived as a disease, or event that can be isolated from wider social determinants of health or Aboriginal-defined self determination.

In other words injury, is resistant to normal health interventions, and needs to be understood and managed in terms of issues of power and governance, that provide people with the space to make decisions about social change, and not just health or temporary programs.

In the words of Pat Anderson, chairperson of the National Community Controlled Health Organisation (NACCHO),

Non-Aboriginal Australia can either help us or hinder us; co-operate with us or frustrate us; be part of the solution or part of the problem. In the end we need to draw upon our rich creative history, (and) our ability to adapt and solve the problems that we face. (WONCA World Conference on Rural Health, Melbourne, 1 May 2002)

Mr Chairman, we highlight that NACCHO's priority recommendation to the World Health Organisation is that 'recognition of and supporting for self-determination and community control is central to any improvement to the health of Indigenous Peoples'.

We strongly endorse this position and give our backing to the priority recommendation from the international Committee on Indigenous Health (COIH) that:

Measures to ensure the health of Indigenous people must be seen as a collective and holistic issue involving all members of the Indigenous community including the land, water and air, the animals

and plants. This fundamental perspective must inform all deliberations, debate, information seeking and sharing, conclusions and recommendations. (Committee on Indigenous Health - submission to the Permanent Forum)

We emphasise that WHO must understand and respond to the concept that Indigenous Peoples be defined in these terms and the health of Indigenous Peoples must be defined in terms of our ability to partake in Indigenous life and activity.

The second priority for NACCHO is that an international conference on the health of Indigenous Peoples must be convened as a matter of urgency.

Both NACCHO and COIP consider that the First International Consultation on the Health of Indigenous Peoples, held in Geneva in 1999, represented a great movement forward in putting the health of Indigenous Peoples on the priority agenda of WHO and other UN agencies.

However, in the words of COIP, this momentum has died an untimely death.

The third priority recommendation from NACCHO is that WHO should work with, i.e. along side, the Indigenous Peoples of the world to compile a comprehensive report on the health of Indigenous Peoples.

Mr Chairman, our collective organizations strongly support these proposals and urge the Permanent Forum, now that it has been established, to adopt the responsibility to ensure that WHO and other UN agencies respond appropriately to these urgent matters.

We further ask the Permanent Forum to endorse the COIP recommendation to fully establish its own 'Inter-Agency Support Group' by including UNAIDS and the Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM)

Mr Chairman, we ask the World Health Organisation to review and increase its efforts since 1999, and to use these final years of the International Decade on the World's Indigenous Peoples to strengthen its working relationship with the Indigenous Peoples, and to give clear definition and commitment to the WHO program for Indigenous Health.

Finally Mr Chairman, we pass along the message from NACCHO that, in Australia, real gains have been made in getting the Australian Government to recognise the legitimacy of Aboriginal and Torres Strait Islander community-controlled health services, however the successes are at risk because of excessive bureaucracy causing delays and frustrations in the delivery of expanded services.

Thank you, Mr Chairman.