

C1 | Indigenous peoples

Introduction

Indigenous peoples account for an astonishing diversity of cultures, and have a vast and irreplaceable amount of knowledge, skills and ways to understand and relate to the world. They number over 350 million individuals in more than 70 countries and have more than 5,000 languages and cultures (International Work Group for Indigenous Affairs 2001).

Historically, many Indigenous peoples have suffered acts of genocide and lethal epidemics of diseases carried by colonialists and settlers from other countries. Oppression, land expropriation and environmental degradation continue to threaten the livelihoods of many Indigenous communities. Life for most is a struggle in the face of poverty, ill health and social disintegration, exacerbated by forced assimilation, consumerism, imposed modernization and institutional racism. Even in a country like Guatemala, where Indigenous peoples are the majority, the dominant minority views their culture as an obstacle to development.

The UN Committee on Economic, Social and Cultural Rights has been concerned about growing violations of rights to health, food and culture, particularly as a result of development-related activities. These often lead to the forced displacement of Indigenous peoples from their lands, denying them their sources of nutrition and breaking their symbiotic relationship with the land. At the extreme, systematic repression and deprivation threaten their survival. Ironically, exploitation of their land is often due to demand for the very resources they have carefully managed and protected for centuries – including

Box C1.1 The International Decade of the World's Indigenous Peoples: a failure?

‘Despite the important institutional developments that have taken place in the framework of the Decade ... indigenous peoples in many countries continue to be among the poorest and most marginalized ... [T]he adoption of a declaration on the rights of indigenous peoples, one of the main objectives of the Decade, has not been achieved’ (Source: United Nations Economic and Social Council 2004).

medicinal plants, timber and natural minerals (Barton 1994, King et al. 1996, Merson 2000).

In 1994, the UN declared an International Decade of the World's Indigenous Peoples, with the objective of 'strengthening international cooperation for the solution of problems faced by Indigenous people in such areas as human rights, the environment, development, education and health'. According to the UN Human Rights Commission, the decade saw little achievement (Box C1.1). Partly in recognition of this, the United Nations proclaimed a second International Decade of the World's Indigenous People, beginning in January 2005.

Who are Indigenous peoples?

Debate on the definition of the term 'Indigenous' has gone on for several decades. Different states and communities adopt different definitions. In some countries, the very existence of Indigenous people is denied altogether. The most widely used definitions are those used by the UN Working Group on Indigenous Populations and the International Labour Organization's (ILO) Convention Concerning Indigenous and Tribal peoples in Independent countries (1989). These set out the principle of 'self-identification as indigenous or tribal' as a fundamental criterion. Specifically, the ILO Convention applies the term to:

- Tribal peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations.
- Peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonization or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural and political institutions.

The policy context

Human rights and recognition The human rights of Indigenous peoples are recognized in international laws and conventions. Over 150 states are party to the International Covenant on Civil and Political Rights (ICCPR) and the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). The ICCPR has explicit obligations to allow minorities to practise their cultures, religions and languages. The ICERD requires states to ensure that all people can access their human rights without discrimination. Other



12 Australian indigenous children in the desert exercise their rights to traditional methods of food gathering.

international standards oblige states to ensure that Indigenous peoples benefit equally and justly from development. These include the UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (UNDM). Indigenous peoples also have ‘the right to decide their own priorities for the process of development ... and shall participate in the formulation, implementation and evaluation of plans and programmes for national and regional development which may affect them directly,’ according to the ILO Convention on Indigenous and Tribal Peoples (ILO 1989).

Indigenous peoples were also recognized at the 2002 World Summit on Sustainable Development in Johannesburg, which built on the recognition ten years earlier at the Rio de Janeiro UN Conference on Environment and Development, known as the Earth Summit. Agenda 21, a product of the Earth Summit, recognized that Indigenous peoples have a historical relationship with their lands and have developed a holistic knowledge of these lands and the natural environment. It recognised the inter-relationship between the environment and its sustainable development and the cultural, social, economic and physical well-being of Indigenous peoples.

Attempts to forge an international declaration dedicated specifically to the rights of Indigenous peoples have not yet succeeded. However, a draft declaration contains articles of particular relevance to the health sector – articles 23 and 24 establish Indigenous peoples’ rights to traditional medicine and health

practices and the protection of vital medicinal plants, animals and minerals; to determine, develop and administer health programmes affecting them; and to have access, without discrimination, to health services and medical care (UN High Commissioner for Human Rights 1994).

The continuing exploitation and oppression of Indigenous communities reveal dramatic failures by national and international institutions in upholding the rights of Indigenous peoples.

The Millennium Development Goals Inadequate attention to the health and development goals of Indigenous peoples is symptomatic of the failure of the MDG framework to address the issue of equity within and between countries. Indigenous peoples often constitute a minority and are among the poorest and least visible sections of society – unless there is a strong focus on equity and reaching the most vulnerable and marginalized peoples, actions to reach the MDG targets may exclude Indigenous peoples. According to the Inter-Agency Support Group for the UN Permanent Forum on Indigenous Issues (2004), Indigenous and tribal peoples are lagging behind other population groups in the achievement of the goals in most, if not all, countries; Indigenous and tribal women commonly face additional gender-based disadvantages and discrimination.

Land rights It is ‘almost impossible to exaggerate the emotional, spiritual, and economic importance of land to Indigenous communities,’ says an account of Brazil’s Indian communities in the 20th century (Hemming 2003). In both industrialized and developing countries, dispossession from ancestral lands and the consequent disruption of community and culture have been key factors in marginalizing and impoverishing Indigenous peoples. From the San in Botswana to the Yora in Peru, from the Tampuan in Cambodia to the Jarawa of the Andaman Islands, from the Senoi in Malaysia to the Inuit of Canada and Aboriginal peoples of Australia, Indigenous peoples continue to face the threat of being dispossessed of their lands and livelihoods and resettled (see Boxes C1.2 and C1.3).

Indigenous peoples are under particular threat from multinational mining corporations seeking access to mineral deposits that lie on ancestral or tribal land. Although a number of NGOs and Indigenous peoples’ groups try to protect the rights of Indigenous peoples, they often lose out to corporate power and pressure from governments and development agencies such as the World Bank, who argue that ‘resettlement’ is in the interest of both Indigenous peoples and the development of the country as a whole. The benefits of mining

Box C1.2 Killings in Brazil

The murder of Indigenous people who have resisted the destruction and takeover of their lands has been a frequent occurrence in the Amazonia. Rarely are the perpetrators of these crimes brought to justice.

Recently, such killings have come to international attention due to the murder of Dorothy Stang, who was shot on 12 February 2005 in Boa Esperanca, Brazil, whilst trying to defend the rainforest and its people from logging firms and ranchers.

She was 74 years old, a member of the Catholic Church's Pastoral Land Commission, had lived in Brazil for more than 30 years and had received the Human Rights Award from the Bar Association of Brazil in 2004. She and 600 settled Indigenous families had succeeded in creating an internationally recognized sustainable development project in Anapu.

The arrests of four suspects have been ordered: the landowner accused of ordering the assassination, and three of his private security guards. Landowners, logging firms and implicated officials are now the subject of international condemnation. (*Source: The Missionaries of Africa 2005*)

usually accrue to an elite; the environmental damage is suffered by the broader public; and the health and well-being of Indigenous peoples deteriorate under conditions of 'resettlement'.

Box C1.3 Sustainable systems of food production

Many of the ecologically sustainable food production and consumption systems of Indigenous peoples rely on access to land. The Mbya Guarani of Misiones, Argentina, for example, depend on access to the plants and fruits growing in thousands of hectares of the Paranaense rainforest. They do not own this land, but have traditionally lived off it in a non-exploitative and sustainable manner. However, the government of Misiones and a logging company have tried to pen them into an arbitrary parcel of 300 hectares. This represents not just a political conflict, but also a conflict between the 'modern' approach of short food chain ecosystems and fixed territories, and the Mbya Guarani approach of long food chain ecosystems and mobile territories.

The health of Indigenous peoples

Health status According to WHO, the weak health and demographic information systems in most developing countries ‘do not permit accurate, systematic and routine measurements and monitoring of demographic indicators or health trends and status of different population groups’. Information on populations in remote areas or informal settlements – where marginalized populations are often concentrated – is said to be ‘particularly scant’. In those countries in which health data systems are better developed, there remain significant problems with the quality of data relating to the health and social outcomes of Indigenous people.

Racism and marginalization underlie the lack of commitment to collecting data on Indigenous communities who are often located in remote and inaccessible areas (Bourne 2003). Available data indicate that the health of Indigenous peoples is significantly poorer than other groups, with, for example, infant mortality rates up to three times higher (Basu 1994, Hudon 1999, Alessandri et al. 2001, Escobar et al. 2001, Hetzel 2001).

Many communities are overwhelmingly affected by communicable diseases and nutritional deficiencies. Loss of lands and environmental degradation underlie much loss of livelihoods and food security. Indigenous communities

Box C1.4 Abuse of Indigenous people’s health and rights in Cambodia

Diang Phoeuk, Pao village elder, Taveng Krom commune, Rattanakiri Province, Cambodia, describes his community’s experience:

‘A few years ago a Cambodian mining company began excavating gold on land belonging to our village. Neither the company nor the district authorities had asked permission from the village elders. The mines were closely guarded day and night and we were strictly forbidden from entering the land on which the mining was taking place. Prior to the arrival of the miners we had seen little sickness in our village. Shortly after the mining started, villagers began to suffer from a range of health problems, which included diarrhoea, fever, headaches and coughing and vomiting with blood. The sickness mainly affected children but a small number of adults also were affected; 25–30 people became ill, of whom 13 eventually died. We feared that the village spirit had become angry, as outsiders were mining land, and this has been a taboo for a long time.’ (Source: Bristow et al. 2003)

Box C1.5 Health status of Indigenous peoples in four countries

Australia is a rich country (per capita GDP of US\$ 28,260 in 2002) with a high human development index (UNDP 2004). However, the health of its Aboriginal and Torres Strait Islander peoples – 460,140 people accounting for 2.4% of Australia's population (ABS 2002) – is significantly poorer than that of other Australians. Indigenous men are expected to live to the age of 56, some 21 years less than the national average (ABS 2003a). In 2001, the incidence of tuberculosis for Indigenous people was 10 times that of non-Indigenous Australians. Deaths from cardiovascular disease among Indigenous people aged 25–54 are up to 15 times higher than other Australians (ABS 2003b).

Bolivia is a very poor country (per capita GDP of US\$ 2460 in 2002) with a low human development index (UNDP 2004). Unlike Australia, half the population is Indigenous – 4.2 million people from 37 distinct groups (Feiring and Minority Rights Group Partners 2003). However, 20% of Indigenous children die before they are one year old. Of those who survive the first 12 months, 14% die before reaching school age (Alderete 1999). The incidence of TB in Indigenous groups is five to eight times greater than the national average.

Cambodia is another very poor country (per capita GDP of US\$ 2060 in 2002), with a low human development index (UNDP 2004). It has a small population of Indigenous people – around 100,000 in two provinces. More than 20% of children under five suffer from malnutrition and 52% are classified as underweight and stunted in growth (Health Unlimited 2002).

Uganda: In the near future, the Batwa pygmy tribe of Uganda (per capita GDP of US\$ 1390 in 2002) may die out altogether. Only half the Batwa children born in Kisoro, Uganda, will reach their first birthday.

often depend on ecosystems that are rapidly deteriorating through no fault of their own (van Oostdam et al. 1999, Merson 2000, Powell and Steward 2001). In some instances, Indigenous peoples are exposed to environmental pollutants that have been prohibited in other parts of the world, such as the continuing use of DDT, Aldrin and Dieldrin in the western highlands of Guatemala.

Indigenous peoples often have higher rates of mental illness manifesting as alcoholism, substance abuse, depression and suicide: for instance,

Canadian Indigenous youth have 2–6 times greater risk than non-Indigenous youth (Single et al. 1999). These problems come in the wake of social disintegration caused by modernization and the destruction of traditional authority structures and autonomous decision-making. Ironically, improving access to modern health care is often used to help justify the forced resettlement of Indigenous peoples.

At best, the health situation of Indigenous peoples mirrors that of the world's very poorest, but is made worse by their social and cultural marginalization. There is no way of overestimating the urgency and gravity of the situation: political and cultural violence is a devastating reality for many communities who face 'serious difficulties such as the constant threat of territorial invasion and murder, the plundering of their resources, forced assimilation, cultural and legal discrimination, as well as a lack of recognition of their own institutions' (International Work Group for Indigenous Affairs 2004).

Concepts of health The concept of health embodied in many Indigenous peoples' cultures is wider and more ecological than the WHO definition. As with the WHO definition, health is considered as being more than the absence of illness. Factors such as the ability to work, the availability of work, and access to food and water are important. In addition, being in harmony with other people – family, neighbours and village – and with the environment is considered crucial (see Box C1.6). Their concept of health is typically one of collective well-being with other humans *and* other species.

Health services Indigenous peoples often have sophisticated and effective systems of traditional medicine (Crengle 2000, Hickman and Miller 2001, Fink 2002). Many traditional medicines have become targets of pharmaceutical companies seeking to establish patents on the active ingredients of these medicines (Mail et al. 1989, Trotti 2001). For example, in the early 1950s, using the knowledge of Indigenous healers in Madagascar, the pharmaceutical company Eli Lilly extracted two powerful cancer-fighting alkaloids from the rosy periwinkle plant – vinblastine and vincristine. Global sales of the two substances earned the company hundreds of millions of dollars. This phenomenon, termed 'biopiracy' to reflect the notion of the earth's natural resources and local knowledge being plundered for commercial profit, has become a new front in the struggle for Indigenous peoples' rights (Khor 2004).

At the same time, traditional health care systems have often been weakened, fragmented and undermined by 'western medicine' (Janes 1999, Chang 2001, Cook 2001). The loss of access to native 'pharmacies' is a major difficulty, often

Box C1.6 Indigenous people's perceptions of health

'Well being means that my body and mind are happy and well and that I have a good appetite, that I eat and sleep well and have no problems in the family or in the village.' – Cham Heb, 20 years old, mother, Tampoeun ethnic group, Prak Village, Samaki commune, Rattanakiri Province, Cambodia.

'I think that well being in our house and home and also with our neighbours is when there is peace and happiness – and also when we love ourselves. It's like God says to us, you shouldn't only want your own well being, you should also think of your neighbours. You have to think of your neighbours, whether they have enough food to eat, or maybe they're suffering. It is important to think of them. You have to share the happiness that you may have with your brother.' – Juana Tzoy Quinillo, 55 years old, Traditional Birth Attendant and Curer, Pachojob', K'iche' ethnic group, Santa Lucia la Reforma Municipality, Totonicapán Department, Guatemala.

'Well being is to live like other people and to fit in with them. Proper houses, water and nice clean clothes would make me happy and is what I need to be well.' – Jamba, traditional leader, San ethnic group, Uzera, Tsumkwe West, Namibia

'Well being, for me, is like the others have said, *utz'ital*. It's when we're not fighting with our family, in the home. It also means peacefulness when we go to sleep.' – Irma Pu Tiu, Madre Vigilante, K'iche' ethnic group, Gualtux, Santa Lucia la Reforma Municipality, Totonicapán Department, Guatemala.

(Source: Bristow et al. 2003)

caused by Indigenous people's evictions from their land or the degradation of their ecosystems.

Indigenous peoples recognize that they cannot address all their health problems through traditional medicine, especially as many communities face comparatively new diseases of which they have limited or no experience. Common causes of child mortality, such as diarrhoeal disease and acute respiratory disease, are relatively recent occurrences.

But Indigenous peoples often lack adequate access to basic allopathic health care when they need it (Pal et al. 2002, Simmons and Voyle 2003). Ac-

Box C1.7 Traditional birthing centre, Ayacucho, Peru

The following is the account of a young woman of the Occopecca Community giving birth at a government health facility:

‘After walking very slowly for about two hours with my husband, I arrived at the health centre. I was in pain and very frightened about using the service for the first time, but as other women told me it was more safe for me and the baby, my husband and I decided to go there to deliver my baby. On arriving, the doctor, nurse and another man told me, ‘only you can go inside, your husband will wait outside,’ and told me to take off my clothes and to put on a very short robe that left my intimacy almost uncovered.

‘I felt bad and humiliated and couldn’t understand what they were talking about, as they were speaking Spanish and I only know a few words of that language. They forced me to lie down and, as you can imagine, how could I push if nobody was holding me, helping me to push? That is why I prefer my house. I am frightened of the health staff and how they treat you. They make you lie down and don’t hold you and leave you alone suffering with your pain.

‘After that we were asked to pay a penalty because I didn’t go to my complete postnatal check ups. But we don’t have money, and that is why they haven’t given me my child’s birth certificate. No, I prefer to avoid all this humiliation and suffering and will stay at home with my family next time.’

Not long after, Health Unlimited, a non-government organization, began to work together with the local community, traditional birth attendants and Ministry of Health personnel to design a birthing service that would be culturally appropriate. Health personnel were encouraged to be more sensitive to the needs of the Indigenous women. A new service combined the participation of traditional birth attendants and family members in the delivery, the use of a vertical delivery position, use of the traditional belt post-delivery, the possibility for women to wear their own clothes when giving birth, and the avoidance of enemas and shaving. Family members were also allowed to receive the placenta so that they could bury it according to their beliefs. (*Source: Bristow et al. 2003*)

cess is constrained by financial, geographic and cultural barriers. Indigenous peoples are low on governments’ priority lists, especially when they live in remote areas where services may be difficult to provide, and population density is lower. Where services are available, Indigenous peoples are often reluctant

or afraid to use them because staff can be insensitive, discriminatory and unfriendly (Escobar et al. 2001, Palafox et al. 2001). Many communities have little information on their rights and entitlement to health care.

What is often required is a combination of improved access to modern, allopathic health care combined with revitalizing certain elements of traditional health care. There has been some progress in valuing traditional health practices as a complement to allopathic medicine. In the north-eastern tribal area of India, for example, allopathic health workers have been asked to regard local traditional healers as allies, not rivals. The case study in Box C1.7 describes a successful marriage of modern obstetric care with important socio-cultural dimensions of childbirth in an Indigenous community in Peru.

Recommendations

A global health community committed to health for all must act urgently to promote and protect the health of Indigenous peoples. This requires placing health in the context of Indigenous peoples' social, cultural and land rights. Oppression, prejudice and institutionalized racism must be challenged as a key step to the fulfilment of health rights. The following proposals aim to alert the global health community to ways of rising to these challenges.

Governments, health and development agencies Health professionals can help to demonstrate the public health wisdom in many Indigenous peoples' cultures. Health workers and international health agencies should also support the work, including legal action, of Indigenous peoples and NGOs campaigning for political and land rights that underpin the struggle for better health.

In recognition of the general failure of the first Decade of the World's Indigenous Peoples to strengthen international cooperation in solving problems faced by Indigenous people, civil society and international health agencies should pay closer attention to developments during the second Decade of the World's Indigenous Peoples, and the voluntary fund created to encourage progress in improving the health and fulfilling the rights of Indigenous peoples. The UN Permanent Forum could serve as a focal point for Indigenous peoples to raise issues, but it needs to be less bureaucratic and to set up mechanisms to ensure that the voices of Indigenous communities and organizations, particularly those of isolated communities in developing countries and unstable areas, are heard. Ensuring that provision is made for the use of Indigenous languages in the Permanent Forum and other sites of discussion is critical.

Box C1.8 Indigenous organizations and networks

Asian Indigenous and Tribal Peoples Network (AITPN), India <<http://www.aitpn.org>>

Indigenous Peoples Alliance of the Archipelago (AMAN), Jl. B No. 4, RT/RW 001/006, Kompleks Rawa Bambu I, Pasar Minggu, Jakarta Selatan 12520, Indonesia

Cooperative Research Centre for Aboriginal Health, Australia <<http://www.crcah.org.au>>

Coordinadora de las Organizaciones Indigenas de la Cuenca Amazonica (COICA), Ecuador <<http://www.coica.org>>

Foundation for Aboriginal and Islander Research Action (FAIRA), Australia <<http://www.faira.org.au>>

Forest Peoples Programme, United Kingdom <<http://www.forestpeoples.org>>

Health Unlimited, United Kingdom <<http://www.healthunlimited.org>>

Innu Nation, Canada <<http://www.innu.ca>>

International Alliance of the Indigenous and Tribal Peoples of the Tropical Forests, Thailand <<http://www.international-alliance.org>>

Minority Rights Group, United Kingdom <<http://www.minorityrights.org>>

Russian Association of Indigenous Peoples of the North, Russia <<http://www.raipon.org>>

Survival International, United Kingdom <<http://www.survival-international.org>>

(Source: Bristow et al. 2003)

WHO should give greater priority to the health of Indigenous peoples. Its focus on this at WHO headquarters lies with the Health and Human Rights Team in the Department of Ethics, Trade, Human Rights and Health Law, but it requires a bigger budget and higher profile. There should be a dedicated department and programme of work for the protection and promotion of Indigenous peoples' health, and for fostering links between traditional and allopathic health systems. It should also protect traditional healers from exploitation by large pharmaceutical companies seeking to patent traditional medicines and knowledge.

Similarly, donors need a far stronger commitment to ensuring that the health needs of Indigenous peoples are included in their development plans, and should do more to assist the participation of Indigenous peoples in the implementation and evaluation of donor funded projects. More thorough study is

needed of the design and effect of donor health programmes in countries with Indigenous peoples. To what extent are they appropriate to the needs and culture of Indigenous peoples, and how are they being monitored and evaluated?

The participation of Indigenous peoples in civil society and NGO consultations must also improve. It is essential to accommodate their particular needs and cultures. The process of participation must be equitable, informed and transparent. Indigenous communities and organizations must be invited and supported to participate in policy and programme design, implementation and evaluation. Information and meetings should be available in their languages, and marginalized groups within minority and Indigenous communities, such as women, older people, and people with disabilities, should also be heard.

Health services Health services need to be organized and tailored to enhance and collaborate with Indigenous cultures and traditional health systems. A commitment to empowering Indigenous people to make their own decisions about the nature of health services should lie at the core of health systems development, as discussed in part B, chapter 1.

One of the challenges in doing this is that Indigenous peoples' groups are heterogeneous, with varying degrees of assimilation into modern society and connection with traditional ways of life. Different groups also have different views about the right path for future development. There is therefore no blueprint health service for Indigenous peoples. The design of services requires careful planning in the light of historical and socio-economic factors and peoples' right to self-determination. NGOs can help ministries of health to develop appropriate and sensitive programmes, especially organizations staffed and run by Indigenous peoples with extensive experience in the development of culturally and socially appropriate health services.

In countries with Indigenous populations, health professional associations should make much more effort to understand the health systems and beliefs of Indigenous peoples. National associations should use membership funding and seek government funding to set up special programmes of work aimed at educating themselves and the broader health professional community, and at countering ignorance and prejudice in their societies.

Research There is a widely-acknowledged lack of data on the health status of Indigenous peoples. Indigenous communities and organizations are calling for more research to assess or measure the impact of interventions to reduce inequalities and to inform their own ideas about the health challenges they

*Box C1.9 National Indigenous health research as a catalyst
for development*

Canada has a research institute dedicated to supporting and funding aboriginal health research and capacity building – the Institute of Aboriginal Peoples' Health (<http://www.cihr-irsc.gc.ca/e/8668.html>). Some of its aims are to support ethical and innovative research that is responsive to Indigenous health priorities; to support research that contributes to the improvement of the health of vulnerable populations worldwide; to engage with the general public about the challenges of improving Indigenous health; and to accelerate the transfer of research within and between communities.

face. Research is crucial to support advocacy for the development of more appropriate and effective health services for Indigenous peoples. It can be used to support advocacy on land and civil rights, and to mobilize people towards community empowerment and organization.

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