

# UN Expert Mechanism on the Rights of Indigenous Peoples

## Study on the Right to Health and Indigenous Peoples with a Focus on Children and Youth

### Submission by Cultural Survival

February 2016



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Cultural Survival is an international Indigenous rights organization with a global Indigenous leadership and consultative status with ECOSOC since 2005. Cultural Survival is located in Cambridge, Massachusetts, and is registered as a 501(c)(3) non-profit organization in the United States. Cultural Survival monitors the protection of Indigenous peoples' rights in countries throughout the world and publishes its findings in its magazine, the *Cultural Survival Quarterly*; and on its website: [www.cs.org](http://www.cs.org).

## **Cultural Survival's Submission to the Expert Mechanism on the Rights of Indigenous Peoples' Study on the Right to Health and Indigenous Peoples with a Focus on Children and Youth**

**February 2016**

### **I. Executive Summary**

Cultural Survival recommends a holistic approach to the right to health, understanding that traditional knowledge and skills foster meaning and a sense of belonging amongst Indigenous youth. The promotion of traditional knowledge initiates youth involvement in healthful activities such as sport, as well as the application of traditional food knowledge allowing for food security amongst Indigenous youth. Furthermore, one of the greatest urgencies among Indigenous youth is the alarming rate of suicide. Encouraging youth participation in community activities at the grassroots level has proven to provide coping skills that mitigate a range of mental health issues caused by historical trauma.

### **II. Background Information: Health among Indigenous Children and Youth**

#### **A. The Right to Health**

The *International Covenant on Economic, Social and Cultural Rights* (ICESCR) includes the right to the enjoyment of the highest attainable standard of physical and mental health (article 12); the right to an adequate standard of living, including adequate food, clothing and housing (article 11); and the right to education (article 13) all contributing holistic approach to the fulfilment of the right to health. Government are obliged to respect, protect, and fulfil the right to health, which requires a combination of responses ranging from refraining from committing harmful acts, introducing measures to prevent others from committing such acts, and taking positive steps to realise the right to health. Article 2 of the Covenant obliges that governments take steps, to the maximum of their available resources, to achieving progressively the full realization of the rights recognized in the Covenant. It also requires that all rights be enjoyed on a non-discriminatory basis. Health is defined in World Health Organization (WHO)'s Constitution as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition takes a holistic approach to health which is similar to Indigenous peoples' understanding of health, as well-being is about the harmony that exists between individuals, communities and the natural environment. Access to culturally appropriate health care, as well as to safe and potable water, quality food, adequate housing and health-related education all are part of the right to health. According to the Office of the High Commissioner on Human Rights, Indigenous children and youth are particularly vulnerable to human rights violations, as they often find themselves caught between their Indigenous language, customs and values and those of the wider community. Indigenous youth are specified as young people aged 15 to 24 years old.

#### **B. Global Statistics on the Current State of Indigenous Youth Health**

According to the conclusions from the Fourth session of the UNPFII, children born into Indigenous families often live in remote areas where governments do not invest in basic social services. Consequently, Indigenous youth and children have limited or no access to health care, quality education, justice and participation.<sup>1</sup> Additionally, a complicating factor in researching the status of Indigenous youth health is the lack of disaggregated data on this topic. State-wide census often fail to accurately count Indigenous Peoples. Indigenous infants are at particular risk of not being registered at birth and of being denied identity documents.<sup>2</sup> Statistical data on the health status of Indigenous peoples is extremely limited especially in Africa, Asia and eastern Europe. Disaggregated data and

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<sup>1</sup> United Nations Permanent Forum on Indigenous Issues, Fourth Session, UN Document E/C.19/2005/2, Annex III, Item 13

<sup>2</sup> *ibid*

culturally relevant indicators are needed based on ethnicity, cultural and tribal affiliation, language and/or geography.

Table 1: Global Statistics on Indigenous Health

Disease: In some regions of Australia, the Aboriginal and Torres Strait Islanders have a diabetes prevalence rate as high as 26%, which is six-times higher than in the general population. Worldwide, over 50 per cent of Indigenous adults suffer from type 2 diabetes; In the United States of America, a Native American is 600 times more likely to contract tuberculosis than a non-Native American; malnutrition, cardiovascular illnesses, HIV/AIDS and other infectious diseases, such as malaria and tuberculosis;

Living conditions: In Rwandan Twa households, the prevalence of poor sanitation and lack of safe, potable water were respectively seven-times and two-times higher than for the national population.

Reproductive health: For ethnic minorities in Viet Nam, more than 60% of childbirths take place without prenatal care compared to 30% for the Kinh population, Viet Nam's ethnic majority.

Suicide: Suicide rates of Indigenous peoples, particularly among youth, are considerably higher in many countries. Among Inuit youth in Canada, suicide rates are among the highest in the world, at eleven-times the national average.

Mortality: Indigenous peoples experience disproportionately high levels of maternal and infant mortality; Child mortality rates among Indigenous communities are usually above the national average. Average infant mortality among Indigenous children in Panama is over three-times higher than that of the overall population (60-85 deaths per 1000 live births versus the national average of 17.6).<sup>3</sup> Indigenous peoples' life expectancy is up to 20 years lower than their non-Indigenous counterparts.

Source: Permanent Forum on Indigenous Issues, State of the world's Indigenous peoples, 2010.

## C. Social Factors Affecting Indigenous Youth's Right to Health

### i. Globalization

The intensified economic, environmental, and social change has caused the globalization of mainstream food networks and supplies. The surge of industrial food products has brought serious health consequences, resulting in changing health statistics. Indigenous peoples everywhere have experienced this health transition. Despite the wealth of traditional knowledge regarding how to eat well and lead healthy lives in rural ecosystems, the 370 million Indigenous people worldwide are among those most vulnerable to food insecurity, malnutrition, and chronic diseases. This vulnerability is directly linked to enduring marginalization, poverty, and discrimination, along with constant environmental threats to Indigenous peoples' land and cultural resource base, which limits their access to healthy foods and heightens the risk of loss of heritage and identity<sup>4</sup>.

### ii. Urban Migration

Indigenous youth are typically forced to leave their traditional communities and move to urban areas in an

<sup>3</sup> Health of Indigenous peoples. (n.d.). Retrieved February 29, 2016, from <http://www.who.int/mediacentre/factsheets/fs326/en/>

<sup>4</sup> Kuhnlein, H. V., Fediuk, K., Nelson, C., Howard, E., & Johnson, S. (2013). *THE LEGACY OF THE NUXALK FOOD AND NUTRITION PROGRAM FOR THE FOOD SECURITY HEALTH, AND WELL-BEING OF Indigenous PEOPLES IN BRITISH COLUMBIA*. BC Studies, (179), 159-168,172-176,178-187,255-256. Retrieved from <http://0-search.proquest.com/libraries.colorado.edu/docview/1494707455?accountid=14503>

attempt to pursue mainstream job opportunities and education. In this new urban environment Indigenous youth are exposed to discrimination and marginalization as well as unequal business opportunities when attempting to pursue employment. This is reiterated in the disproportionate rates of unemployment among Indigenous youth. The combination of estrangement from their traditional culture along with rejection in the new urban environment affects their sense of self-worth and cultural identity and may lead to a range of serious health and social problems, such as depression and substance abuse<sup>5</sup>.

### **iii. Discrimination**

Racism and systemic discrimination against Indigenous Peoples violates one of the fundamental principles of human rights and often lies at the root of poor health status, perpetuating distrust with health care providers and can negatively impact health outcomes. Indigenous peoples are often discriminated against in health centers. Fear and distrust prevents Indigenous people from seeking the health care they need. The bias towards western medicine over traditional medicine also is a factor. Communication is another obstacle as many health practitioners do not speak Indigenous languages is, compromises access to quality care. Accessibility is a key component of the right to health, and this is understood as including physical and geographic accessibility, economic accessibility (affordability), information accessibility, and non-discrimination in accessing services.

### **iv. Poverty**

In many places direct and indirect costs (transportation, food, accommodation, family care, medication, and loss of workdays) for health services inhibit impoverished populations from seeking health care. When affordable health services do exist in Indigenous communities, they are often of lower quality. Links between health status and socio-economic status and poverty are irrefutable. Indigenous peoples experience socio-economic disadvantage on all major indicators (employment, education, etc). Poverty is clearly associated with poor health. Lower education levels are associated with the ability of people to use health information. Lower income affects the quality of care people receive and reduces the accessibility to health services. Inadequate infant diet is a determinant is associated with poverty and chronic diseases later in life. Researchers have also demonstrated that poorer people also have less financial and other forms of control over their lives which can lead to chronic stress which has an impact on the immune system, mental health, and can manifest in violence against women and other forms of community dysfunction. In Latin America, for example, Indigenous Peoples account for less than 8% of the population, yet make up more than 17% of the region's extremely poor, due to a persistent pattern of social exclusion.<sup>6</sup> Poverty among Indigenous Peoples in Australia is also clearly demonstrated: As of the 2001 National Census, the average gross household income for Indigenous peoples in Australia was \$364 per/week, or 62% of the rate for non-Indigenous peoples (\$585 per/ week) and the unemployment rate for Indigenous peoples was 20%; three times higher than the rate for non-Indigenous Australians. Nationally in 2004, Indigenous students were also half as likely to continue to year 12 as non-Indigenous students<sup>7</sup>

### **v. Marginalization of Indigenous Girls**

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<sup>5</sup> UN World Programme of Action for Youth to the Year 2000 and Beyond, United Nations Children's Fund, Convention on the Rights of the Child, UN Youth Unit; *Leaflet No. 9 Indigenous Children and Youth*. available from indileaflet9.doc

<sup>6</sup> Freire, Germán; Schwartz Orellana, Steven Daniel; Zumaeta Aurazo, Melissa; Costa, Damasceno Costa; Lundvall, Jonna Maria; Viveros Mendoza, Martha Celmira; Lucchetti, Leonardo Ramiro; Moreno Herrera, Laura Liliana; Sousa, Liliana Do Couto. 2015. *Indigenous Latin America in the twenty-first century : the first decade*. Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/2016/02/24863854/Indigenous-latin-america-twenty-first-century-first-decade>

<sup>7</sup> Dick, D., & Calma, T. (n.d.). Australian Human Rights Commission. Retrieved February 29, 2016, from <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-Indigenous-peoples-australia-human-rights-based>.

Special Rapporteur, Victoria Tauli Corpuz, in her 2015 Report to the Human Rights Council on the Rights of Indigenous Women and Girls<sup>8</sup> explained that Indigenous girls are subject to deeper vulnerability as a result of their age, ethnicity, and gender. The loss of Indigenous land and exclusion of women can create vulnerability to abuse and violence, such as sexual violence, exploitation and trafficking. The secondary effects of violations of land rights, such as loss of livelihood and ill health, often disproportionately impact women in their roles of caregivers and guardians of the local environment. Indigenous girls tend to experience a number of additional barriers to accessing health services. Indigenous girls may face the risk of sexual violence and rape during long journeys to school, may be subjected to child marriage and are disproportionately represented in teenage pregnancy indexes; low voluntary contraceptive usage; and high rates of sexually transmitted diseases and HIV/AIDS. Indigenous women and especially girls face many barriers to sexual and reproductive rights, such as a lack of culturally appropriate sexual and reproductive health advice, geographical access to facilities and lack of supplies, such as contraceptives, poor quality care, and, in some cases, legislation banning abortion services, even in cases of pregnancy following rape. Increased tourism in Indigenous areas has led to high levels of trafficking and prostitution of Indigenous girls.

### **III. Successful Youth Health Initiatives: Examples of Best Practices**

#### **A. Building Community**

The main issues Indigenous youth face are malnutrition, food insecurity, historical trauma, impacts of climate change on Indigenous environment, violations to freedom of speech, lack of representation in governmental entities, environmental degradation and limited access to healthcare. However, it was found that providing youth with healthy communities and families fundamentally helps to support youth and children to become resilient to these diverse and multiple challenges, by improving mental health and fostering skills to adapt and cope with multiple stressors, be they social, economic, or environmental. By creating a sense of purposeful belonging in an inclusive and embracing environment, Indigenous youth feel supported and capable. Promoting programs targeting grassroots participation is a suggested method of strengthening said communities; to do this successfully barriers to participation, such as cost and transport, in Indigenous communities that have resulted in disadvantaged service provision must first be addressed. These local communities can be developed in various forms in order to help confront specific programs, for instance, sports communities, alcohol abuse campaigns, language centers, and safe spaces. Cultural Survival warns against misappropriation in the creation of these local communities and encourages support for grassroots initiatives led by citizens of the Indigenous groups themselves.

In successful case studies of Indigenous Circumpolar Youth as well as Australian Indigenous Youth addressing health concerns, a commonality in their approach was the creation of a welcoming and participatory community for the Indigenous youth. While the Circumpolar case addressed mental health and the Australian case dealt with sports, both found success in creating opportunities and environments where youth can gather and navigate challenges. Other medical specific cases show that creating programs in which health workers study the unique cases of Indigenous youth and provide specialized health care has been advantageous in delivering proper health care to Indigenous youth. Cases of food

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<sup>8</sup> United Nations Special Rapporteur on the rights of Indigenous peoples. *Report to the Human Rights Council, 2015. Rights of Indigenous women and girls*, available from <http://unsr.vtaulicorpuz.org/site/index.php/en/documents/annual-reports/83-report-hrc-2015>

insecurity typically relate to issues of land rights, food sovereignty, environmental degradation, and marginalization.

Use of Native language builds identity and encourages communities to move toward social unity and self-sufficiency<sup>9</sup>. A key factor in the establishment and maintenance of these grassroots communities is the revitalization of Native language within the community network. Language plays an important neurological role in the ways that youth conceptualize and perceive their surroundings. By encouraging the use of their Native language they are able to maintain their identity and feel a sense of belonging in their community which in turn fosters a healthy mental state.

#### i. *The Indigenous Circumpolar Youth Case*

Between 1999 and 2003, Inuit communities in Nunavik, Northern Quebec, experienced suicide rates 15 times higher than that of the Canadian average. The prevalence of suicide among Indigenous youth is an urgent matter. In a 2013 review more than 40 protective factors were found at the individual, family, and community levels. These included: holding traditional knowledge and skills, the desire to be useful and to contribute meaningfully to one's community, having a positive role model, believing in one's self. At the family and community levels: positively creating and impacting one's social environment, which interacts with factors at the individual level to enhance resilience. An emphasis on the roles of cultural and land-based activities, history and language, as well as on the importance of social and family support, is important knowledge to be incorporated in community work. It was also concluded that youth perspectives of mental health programs are crucial to developing appropriate mental health support and meaningful engagement of youth can inform locally appropriate and culturally relevant mental health resources, programs and community resilience strategies<sup>10</sup>.

#### ii. *The Australian Indigenous Youth Case*

Among Indigenous Australian youth aged 15-19 there is a positive relationship between self-reported participation in sport and two health outcomes: rating of overall health and risk of mental health disorder. One study found that Indigenous youth who participate in sport are 3.5 times more likely to report good health and 1.6 times more likely to have no probable serious mental illness. It was found that among Australian Indigenous Youth who participate in sport 85.5% reported good health, while only 63.8% reported good health and 36.2% reported poor health in those who did not participate in sport. Furthermore, the probability of mental health in those who participated in sport was down to 26% compared to the 36.9% in those that did not participate in sport. It was concluded that there is a need to develop grassroots, evidence-based, well resourced, culturally sensitive, inclusive and community-led programs. Involvement in sport has shown to deflect, even deter, juvenile delinquency. Similarly, there is evidence enough to show a strong connection between sport and suicide among the young. Sport is a major element in contemporary Aboriginal life: it provides meaning, a sense of purpose and belonging; it is inclusive and embracing in a world where most Aboriginal youth feel alienated, disempowered, rejected and excluded<sup>11</sup>. *The Western Australian Aboriginal Child Health Survey* found that the environmental safety and the emotional and social health of Indigenous children improved with isolation; that is, those in remote communities had better mental health. Children living in Perth, Australia had significantly poorer (in fact, five times worse) emotional and social health than those living in very

<sup>9</sup> Administration for Native Americans. *Native Languages*. Retrieved from: <http://www.acf.hhs.gov/programs/ana/programs/Native-language-preservation-maintenance>

<sup>10</sup> MacDonald, J. P., Ford, J. D., Willox, A. C., & Ross, N. A. (2013). A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth. *International Journal of Circumpolar Health*, 72, 10.3402/ijch.v72i0.21775. <http://doi.org/10.3402/ijch.v72i0.21775>.

<sup>11</sup> Dalton B., Wilson R., Evans J., Cochrane S (February 2015). *Australian Indigenous youth's participation in sport and associated health outcomes: Empirical analysis and implications*. Retrieved from: <http://0-www.sciencedirect.com/libraries.colorado.edu/science/article/pii/S1441352314000333>.

remote communities. The report concludes that traditional cultures and ways are protective against poor environmental safety and emotional and social health.

### **B. Culturally Based Medical Care**

All over the world, traditional healing systems and Western medical care co-exist. According to WHO estimates, at least 80% of the population in developing countries rely on traditional healing systems as their primary source of care. The importance of culturally based medical care has been outlined in studies that show utilizing culturally based holistic health care, especially in pregnant women, allows Indigenous peoples to lead longer and healthier lives from birth. Studies show that the levels of care for minority patients and individuals from uncommon social groups are not equal to the care given to other patients within professional medicine. Cultural difference, language barriers, stereotypes, racism, homophobia, and contradictory religious affiliations often affect health outcomes. When there is not clear communication in the patient's primary language the medical professional does not treat the patient with an appropriate level of concern.<sup>12</sup>

Initiatives curtailing these outcomes include medical programs addressing Aboriginal youth issues in particular, such as the recently created graduate-level program for the Aboriginal child and youth mental health certificate at the University of Northern British Columbia. The program is designed for students who want to practice in the area of Aboriginal child and youth mental health with a focus on working in northern and remote communities. It is important to have a medical training that focuses specifically on Indigenous youth in order to help understand the trickle down effect of larger issues, such as colonialism, that has and continues to affect Indigenous youth.<sup>13</sup> Similarly, the American Academy of Pediatrics has created a Native American Child Health initiative dedicated to Indigenous-specific health care<sup>14</sup>.

### **C. Food Sovereignty and Access to Traditional Foods**

The intensified economic, environmental, and social change has caused the globalization of mainstream food networks and supplies. This surge of industrial food products has brought serious health consequences, particularly to Indigenous populations that have relied on traditional food networks for centuries. Despite the wealth of traditional knowledge regarding how to eat well and lead healthy lives in rural ecosystems, the 370 million Indigenous people worldwide are among those most vulnerable to food insecurity, malnutrition and chronic diseases. This vulnerability is directly linked to enduring marginalization, poverty, and discrimination, along with constant environmental threats to Indigenous peoples' land and cultural resource base, which limits their access to healthy foods and heightens the risk of loss of heritage and identity. Due to Indigenous peoples close relationship to the environment and their reliance on the health of the earth for the production of food, this becomes a land rights issue as well. When Indigenous people experience environmental degradation as a result of corporations capitalizing on their land, the local communities lose the opportunity of food sovereignty and communal health. Dayamani Barla of the Munda tribe in Jharkhand, India explained at the Terra Madre conference in November, "We can't realize food sovereignty when our lands, forests, and waterways are being destroyed."

The emphasis on traditional food knowledge not only provides a sense of identity and cultural belonging, but as many health benefits to Indigenous peoples as well. In a study of 43 Arctic communities it was found that on days when people ate both traditional and market foods, their diets were better than when

<sup>12</sup> Osborn S. *Why Cultural Based Medical Care Matters*. Retrieved from: <http://www.sovereignbodies.com/blog/why-cultural-based-medical-care-matters/>.

<sup>13</sup> <http://www.princegeorgecitizen.com/news/local-news/program-to-address-aboriginal-youth-issues-1.2157822>

<sup>14</sup> AAP Native AMERICAN CHILD HEALTH INITIATIVES. Retrieved from: <https://www2.aap.org/nach/default.htm>

they ate only market foods. The benefits found in eating traditional food were: less calories which were helpful to weight control, less saturated fat which is better for the heart, more lean meats and fish, more iron for the muscles and blood, more zinc which helps with healing wounds and fighting infection, more vitamin A which helps improve vision and fight of disease, more calcium for strong bones and teeth, and finally a strengthened cultural capacity and well-being<sup>15</sup>.

*i. Case Study: The Kuka Kanyini project in Wattaru, South Australia in the Anangu Pitjantjatjara Lands*  
Wattaru has a seasonal population of between 60 and 100 people and is located in an extremely remote part of Australia. It is a lawfully strong, proud and socially cohesive community, generally free of problems like petrol sniffing and domestic violence that occur elsewhere in Australia. However, despite these positive points, high rates of diabetes and other chronic diseases self-reported by community members. There was a limited range of foods stocked at the Wattaru community store. Convenience foods high in saturated fat and sugars are often the preferred foods by community members. The Kuka Kanyini project was founded to address these issues, re-introducing traditional knowledge on food sovereignty. Land management is an integral part of the project. This includes maintaining the traditional pattern of fire management regimes that helps minimise the impact of accidental fires that can otherwise devastate the local woodlands from which foods (grubs, mistletoe fruit, honey ants, mulga apples and seeds) and pharmacopeia are found. Fire also is used to encourage regrowth of foods preferred by kangaroos and emus that assist Anangu when hunting. It also includes the control of populations of feral rabbits, foxes, camels, and cats that have had a significant impact on the population of small sized Native mammals in the region. For example, feral camels and horses also foul and damage water sources that Native animals rely on and compete with the community for several plant food-sources and are of high cultural significance. To date the project has exceeded expectations. It continues to employ a minimum of 12 people on a full time basis, increasing the level of self esteem and valuing the 40,000 years information base of the local people to assist western science. By combining contemporary and traditional skills the local people are now able to best manage the land. The increase in the physical activity by participants has assisted in the control of diabetes. The guaranteed wage ensures that people are now saving for large items and buying healthy foods. The increase in self-esteem is clear with the younger people wanting to participate; young men in particular seek to working with camels and learn fire skills as these are considered prestigious occupations.

#### **IV. Factors that Contribute to Inverse Effects on Indigenous Youth Health and Strategies to for their Mitigation**

##### **A. Lack of access to traditional lands**

In the *National Aboriginal Health Strategy* (1989), Indigenous Peoples in Australia stated that their health status is linked to ‘control over their physical environment, of dignity, of community self-esteem, and of justice’<sup>16</sup>. The systematic loss of Indigenous lands has had multiple, long lasting consequences for Indigenous communities’ health and well-being. Colonization, has exposed Indigenous Peoples to disease, generated malnutrition, and driven Indigenous suicide rates well beyond national averages. Indigenous Peoples’ ways of life are often inherently tied to the land, which is used for hunting, fishing, gathering, grazing of livestock, small scale agriculture, as well as for access to water, transportation via waterways, for materials to building homes, for medicinal purposes, and for vital spiritual and ceremonial

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<sup>15</sup>Centre for Indigenous Peoples’ Nutrition and Environment at McGill University. *Benefits of Traditional Foods*. Retrieved February 26, 2016, from <https://www.mcgill.ca/cine/research/canada/food/benefits>.

<sup>16</sup> Inter-Agency Support Group on Indigenous Peoples’ Issues. *The Health of Indigenous Peoples* (June 2014), available from <http://www.un.org/en/ga/president/68/pdf/wcip/IASG%20Thematic%20Paper%20-%20Health%20-%20rev1.pdf>



purposes. As one Indigenous leader in the Peruvian Amazon put it, “Our forest is our supermarket, our pharmacy, our home, our bank, and our place of worship.”

#### *i. Case Study: Maasai of Kenya*

Maasai Indigenous youth face traumatic childhood experiences from almost every corner of their continuously shrinking world--from schools teachers who beat them up in schools to activists who think they can “save” them from the “barbaric practices” of their culture. With the support of the World Bank, Kenya has engaged in extensive geothermal extraction on Maasai Indigenous territory in Kenya. The projects that have been implemented have raised major concerns of lack of proper protocols for community involvement, irregular and skewed compensation for communities and forceful evictions without free, prior and informed consent of local communities that live within project sites. Consequently, Maasai are now scattered all over without titles and rights to land traditionally used for residences and grazing livestock.. Due to these rampant raids by the police, the Maasai Indigenous People no longer have control of their own lives-- this uncertainty of their future hinders them from making decisions that impact their families and community at large; now the government and corporations decides what is best for the Maasai. Many young adults have therefore moved to the cities--environments that are dangerous for them given the fact that they are not used to the food and culture nor can they access traditional medicines in case of illness. Indigenous youth are also more vulnerable of contracting deadly diseases such as HIV and AIDS in urban areas. Furthermore, this migration of youth to the city has further divided the community by weakening the societal social structure and also by taking away a special group of people that have traditionally acted as protectors of the community against wild animals and other invaders.

### **B. Climate Change**

The impacts that climate change has on remote Indigenous communities also must be addressed. Indigenous communities all over the world experience climate change first-hand as a result of overconsumption by developed countries. This has impacted communities through extreme weather such as drought, floods, hurricanes, heat waves, and excess rainfall.

Climate change is increasing hunger rates among many Indigenous communities like the Inuit hunters of the Canadian Arctic. As a result of climate change, the Inuit lifestyle of traditional hunting and fishing is threatened by the ever-changing sea ice, making access to healthy traditional food more difficult to Inuit families. This deprivation of crucial nutrients has its most drastic impact primarily on youth. “Climate change is what causing people to be hungry”, notes Dana Baker-Sheaves, an organizer and assistant manager at Igloodik Coop, an Inuit-run food coop. Locals have witnessed that the once prime hunting grounds are melting away at a rapid pace making hunting treks more time consuming, costly and difficult. Baker -Sheaves adds that given the remoteness of their location, getting regular food comes at a cost; “We see people who just don’t have enough time to be able to provide for their families.”<sup>17</sup>

### **C. Health policy and services developed without the input of Indigenous Peoples**

When defining healthy communities, it is important to note that Western perceptions of wellbeing differ from Indigenous interpretations of the same concept. The three important aspects found for wellbeing among Indigenous communities are<sup>18</sup>: 1) Basic needs (food, water, shelter) 2) Social harmony

<sup>17</sup> Levon Sevunts, Radio Canada International: Arctic Festival to draw attention to food insecurity due to climate change ( 18 February, 2016) <http://www.rcinet.ca/en/2016/02/18/arctic-festival-to-draw-attention-to-food-insecurity-due-to-climate-change/>.

<sup>18</sup> Sunuwar, D. K., & Dong, J. (2015). Indigenous Pathways For Wellbeing. Retrieved February 29, 2016, from <http://consent.culturalsurvival.org/Indigenous-pathways-wellbeing>.

(communal environment) 3) Cultural identity (strong ties to tradition and ancestry). In the Indigenous context these ideals are inter-connected and it is not possible to have one without the other. When material needs are being prioritized at the expense of social harmony, wellbeing among Indigenous peoples is threatened. Recognising Indigenous peoples' right to self-determination supports communities in having control of their lives, including through the maintenance of traditional cultures, traditional land ownership, including customary law and governance structures, and has shown to have positive health impacts, including improved diet, exercise, and the reconnection of Indigenous peoples with their traditional economic bases. By promoting the self-determination of Indigenous youth in the creation of health policies that will affect them, Indigenous Youth are able to prioritize their needs appropriately. Indigenous Youth should be deeply involved in decision-making surrounding policies that affect them. Their involvement should reflect the qualities established by EMRIP in its study on Indigenous Peoples and the Right to Participate in Decision-making<sup>19</sup>. Best practices in including Indigenous Peoples in decision-making on policies that affect them include:

1. Involve Indigenous Peoples in the design of the practice for including Indigenous Peoples
2. Enhance Indigenous peoples' participation in decision-making
3. Allows Indigenous Peoples to influence the outcome of decisions
4. Realize Indigenous Peoples' right to self-determination
5. Includes processes to seek Indigenous Peoples' free, prior and informed consent.

These qualities apply specifically for Indigenous Youth in the context of decision-making on policies that may affect them.

*i. Case study: Female Genital Cutting of Maasai Girls*

When Indigenous Peoples are not involved in decision making on health policies that may affect them, these policies will often be ignored, challenged, or even lead to a worsening of the condition that the policy was created to address, as is the case with the situation with Maasai Peoples of Kenya. While attempting to address the issue known as Female Genital Mutilation, or FGM, many development organizations have intervened in ways that do not consult or include Indigenous community perspectives, leading to the practice moving underground in less safe conditions. According to Maasai community leaders, there have been incidences of kidnapping and child exploitation of Indigenous girls ages 9-18 under the guise of saving these girls from FGM.<sup>20</sup> The girls are forcibly taken and brought to rescue homes. The Indigenous girls are often later abandoned, neglected, not parented, raped, and have unwanted pregnancies. To avoid being persecuted by international organizations, many Maasai families are circumcising and marrying off their daughters at very early ages, continuing the practice under increasingly less safe conditions; without proper medical care, in the middle of the night. Therefore, it is recommended that alterNative traditions are encouraged to develop from within the communities and local organizations working with Maasai communities encouraging young Indigenous girls to speak up if they do not want to go through with the process<sup>21</sup>. Therefore, any programs or policies developed to address the dangers of female genital cutting should be developed with the involvement, participation, free, prior, informed consent of Maasai girls and their families.

*ii. Case study: Control of local community health services in Australia*

Indigenous community-controlled health services demonstrate how communities can be empowered to improve health outcomes by exercising control of local services. In Australia, since 2000 the Townsville

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<sup>19</sup> Human Rights Council. *Final Study on Indigenous peoples and the right to participate in decision-making*. 26 May 2011. Retrieved from:

<http://www.ohchr.org/Documents/Issues/IPeoples/EMRIP/AEVfinalreportStudyIPRightParticipate.pdf>

<sup>20</sup> Samburu Watch. (2015). "Status of Rights of the Indigenous Child, Samburu Kenya." pg. 7.

<sup>21</sup> Cultural Survival. (2004). "FGM: Maasai Women Speak Out".

Aboriginal and Islander Health Service's Mums and Babies Project<sup>22</sup> increased the numbers of women presenting for antenatal care (from 40 to over 500 visits per month in 1 year). The number of antenatal visits made by each woman has doubled, with the number having less than four visits falling from 65% to 25%. Pre-natal deaths per 1,000 reduced from 56.8 prior to the program to 18 in 2000; the number of babies with birth weights less than 2,500 grams has dropped significantly; and the number of premature births has also decreased.

#### **D. Environmental Contamination**

The contemporary human dependency on oil, fossil fuels, and minerals has resulted in serious health issues deriving from polluted land and water as a result of careless and systematic pollution of Indigenous lands by extractive industries. The contamination is slowly poisoning Indigenous communities, who depend on the land to survive. Indigenous Peoples are fishing, hunting and growing food on these lands, causing exposure to toxic contaminants. The effects are most dramatically seen in children, whose bodies are more sensitive to contaminants.

##### *i. Case Study: The Peruvian Amazon*

The Peruvian government has been dangerously neglectful in its obligation to ensure basic health and safety for Indigenous children. Oil companies have been operating in Loreto, Peru, for over 40 years. During this time they have illegally dumped over 9 billion barrels of industrial waste containing toxic substances. Between 2010 and 2011 alone, the State of Peru reported 25 crude oil spills occurring in the Loreto concession 192, while local Indigenous monitors counted over 100 crude oil spills between 2008 and 2013. According to local reports this rate of crude oil spillage has continued with no signs of stopping and spills are rarely, if ever, properly remediated. Rather, communities have caught companies in the act of illegally covering up oil spills instead of providing proper environmental remediation. As a result, a Ministry of Health inspection in 2005 of 199 Quechua villagers within the concession area additionally found that 99.2 percent of adults have concentrations of lead in their blood exceeding the level that the human body can tolerate. In children, 99 and 66 percent were found to have dangerous levels of cadmium and lead, respectively. This contamination will lead to permanent and irreversible damage to the health and well being of generations of Indigenous children in this area. Despite a State of Health Emergency being declared in the region in 2013, oil spills continue to happen and Indigenous children in the area still lack access to clean water and food. This damage is unnecessary and could be prevented by 1) respecting the community's decision making process regarding extraction on their lands; enforcing existing environmental standards on extractive industries; ensuring basic access to healthcare and clean water to Indigenous peoples.

#### **E. Historical Trauma**

In many countries like Canada, United States, and Australia Indigenous communities are still struggling with the effects of decades long forced removal policies of children, "stolen generations" and boarding schools. Many Indigenous families still face legal battles over their children that enter child welfare systems. These practices have and continue to have intergenerational health impacts. Special Rapporteur, Victoria Tauli Corpuz, in her 2015 Report to the Human Rights Council on the Rights of Indigenous Women and Girls<sup>23</sup> explained that it is vital to consider the unique historical experiences of Indigenous communities when examining the rights of Indigenous girls, concluding that many forms of violence

<sup>22</sup> Dick, D., & Calma, T. (n.d.). Australian Human Rights Commission. Retrieved February 29, 2016, from <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-Indigenous-peoples-australia-human-rights-based>.

<sup>23</sup> United Nations Special Rapporteur on the rights of Indigenous peoples. *Report to the Human Rights Council, 2015. Rights of Indigenous women and girls*, available from <http://unsr.vtaulicorpuz.org/site/index.php/en/documents/annual-reports/83-report-hrc-2015>

sexual and domestic abuse against women and girls have a strong intergenerational element and are a result of cycles of violence within families.

In Australia, the National Inquiry into the Forcible Removal of Aboriginal and Torres Strait Islander Children From Their Families (or Bringing them Home), illustrates the inter-generational problems for parenting, health, and care and protection of the removal of children during the assimilation period. The National Aboriginal and Torres Strait Islander Social Survey 2002 reported that 38% of respondents had either been removed themselves and/or had relatives who, as a child, had been forcibly or otherwise removed from their natural family.

*i. Case study: Truth and Reconciliation: The Findings on Wabanaki Child Welfare in the State of Maine*  
The historical impacts of Indian boarding schools of the late 1800's in which children were forcibly removed from their communities and assimilated into "civilization" by stifling the use of their language in schools and suppressing their culture are still in effect today. While under the guise of the Indian Adoption Project, the general sentiment of "saving" Native American children by adopting them into a civilized household is still being practiced by this neo-assimilation tactic. It is found that today "a minimum of 25 percent of all Indian children are either in foster homes, adoptive homes, and/or boarding schools". By displacing these children under the semblance of good intention the children's culture is being dismantled along with their sense of identity. While the 1978 Indian Child Welfare Act gave Indian children, families, and communities greater legal protection by recognizing "the essential tribal relationship of Indian people and culture and social standards prevailing in Indian communities and families"<sup>24</sup>, Indian children in Maine were still being placed in foster care through the 1990s at a rate higher than most other states.

In 2008, the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission was created to investigate systemic abuses and the factors that contributed to them. Following the participation of hundreds of people in listening circles and interviews giving personal testimonies from six Wabanaki communities and five regions with non-Native Mainers, it was found in 2015 that Wabanaki children in Maine entered in foster care at an average of five times the rate of non-Native children. The report concluded that to improve Native child welfare, the state and tribes must continue to confront:

1. Underlying racism still at work in state institutions and the public
2. Ongoing impact of historical trauma, also known as intergenerational trauma, on Wabanaki people that influences the wellbeing of individuals and communities
3. Differing interpretations of tribal sovereignty and jurisdiction that make encounters between tribes and the state contentious

### **Concluding recommendations:**

#### **Cultural Survival encourages State governments to:**

1. Recognize the importance of Indigenous identity, culture, community, traditional lands, and language in the wellbeing of Indigenous youth.
2. Provide resources and support to community organizations that foster of a sense of belonging and cultural identity through the maintenance of Indigenous communities and cultures.
3. Respect the process of Free, Prior and Informed Consent that includes Indigenous Youth over traditional lands as a means to prevent contamination/ environmental degradation.
4. Recognize the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights, especially for Indigenous Youth.

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<sup>24</sup> Alsgaard, A. (2015). Truth and Reconciliation: The Findings on Wabanaki Child Welfare in the State of Maine. Retrieved February 29, 2016, from <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/truth-and-reconciliation-findings-wabanaki-child-welfare>

5. Respect the process of Free Prior Informed Consent that includes Indigenous Youth as a means to ensure food security and sovereignty.
6. Recognize the value of Indigenous Land Rights for the wellbeing of Indigenous Youth in the areas of preventative health, mental health, and physical health.
7. Devote special resources to address the situation of Indigenous girls, paying particular attention to providing a range of sexual and reproductive health services to Indigenous girls, with their free, prior and informed consent.
8. Promote self-determination and inclusion of Indigenous Youth in developing health policies that may affect them.
9. Gather and report disaggregated data on Indigenous youth and children
10. Recognize the improvement of Indigenous Peoples' health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.
11. Include Indigenous Peoples in any negotiations on climate change policy
12. Implement the COP21 Paris Agreement as a minimum standard to take concrete steps towards mitigating the effects of climate change on Indigenous Peoples, especially Indigenous youth.
13. Establish criteria with Indigenous Peoples against which to assess health policy and program interventions to ensure that services are appropriate, accessible, available and of sufficient quality, and that they also do not fall below a core minimum or essential level of rights;
14. Address inequality by establishment of specific programs for Indigenous Peoples, with the free, active and meaningful participation of Indigenous peoples being critical.