



Seeking inputs to the draft Global Plan of Action for the Health of Indigenous Peoples

8. General comments(s), if any:

In addition to prioritizing quality "health services" for indigenous people, an appropriate public health intervention approach is needed to mitigate conflict when issues at the interface between community health and economic development that are left unresolved should also be prioritized. Subaltern populations often turn to armed conflict in search of relief from unresolved health effects of economic development. A premise of the public health approach is to provide common ground around which many disciplines can come together to form alliances that promote human development, improve health and prevent conflict and war. Like economic development, it is assumed that the voice of public health is a force for the greater good.

While economic development projects since WWII have created an active market for land, increased investment and productivity, and admittedly reduced poverty when measured in terms of per capita GDP and have contributed to an overall improvement in well-being and better health services, significant gaps still exist. Studies show preventable, nontransmissible population health problems caused by social and economic factors are a major problem, including unacceptable levels of preventable levels of death, disease and disability among minority subaltern populations.

While international financial institutions acknowledge that addressing the environmental, economic, and social components of ill-health contributes to human security, the potential to address global health issues at the policy level is declining as the influence of globalized transactions of international financial institutions dominate international relations. In addition to "assuring available, accessible, acceptable, and quality health services for indigenous peoples" is important, monitoring health risk at the same level that economic development policies are developed becomes a prerequisite for addressing the structural causes of global health issues and for tracking progress towards health and human rights goals at the supranational level.

9. Guiding principles and approaches:

The guiding principles for implementation of the global action plan are set out to guide the proposed actions for advancing the health of Indigenous Peoples. Please provide feedback on the proposed principles outlined in the draft.

Specifically, please suggest any refinements, change or expansions to their definitions where necessary, or recommend any additional or alternative guiding principles, supported by relevant sources.

Opponents will argue that a holistic, culturally appropriate perspective of the issues affecting population health needs to be limited. They argue that the complexity of the issues is insufficiently discernible by villagers. They claim that instead of raising concern for population health issues we could inadvertently cause alarm towards 'structural adjustment' (poverty reduction) programs.

In response, indigenous subaltern communities are pointing to the frequency with which they are over-studied in their settings. While scientists collect samples and study risk, indigenous individuals and communities are frustrated because they are not benefiting adequately from the results. They recommend that researchers recognise the effects of 'research pollution': that is reticence, despair, mistrust and non-disclosure.

Community-owned studies have one over-arching objective: to support indigenous and tribal communities who want to self-diagnose the effects of Health issues where science and indigenous knowledge meet development programmes and resource extraction projects and their impact on their community and environment. Indigenous communities universally seek to address the effects of economic development programmes and land privatisation policies on the health and well-being of their communities.

When the majority argues that wise decisions can only be made by Western experts, they are promoting one type of 'specialised knowledge'. And among Western experts, economists argue that scientific knowledge can only guide, not dictate societal decisions. It must be acknowledged that often scientific and economic opinions themselves are conflicting, and finding a consensus would take time.

In the end, it is my opinion that current large-scale health issues have little to do with science and everything to do with an ethical and political debate over the allocation of resources, their allocation to support systems of international investment, and the effects on indigenous communities. A community-owned and community-driven approach can reframe research, development and the solution to problems. My research experience shows that it affirms scientists as experts and indigenous people as equals. Anyone that contributes to the over-study of indigenous communities, including funders, research institutions, researchers and community partners, corporations, military and others, can take an important first step in addressing this long-standing problem by considering a community-led approach.

10. Priority one: Production of evidence on the health of Indigenous Peoples

A systematic survey using state-of-the-art cloud-based survey techniques should be conducted and the perspectives of government stakeholders and non-governmental partners synthesized by focusing on five trends and nine themes shaping the future healthcare landscape. The five trends are: sustainable health systems, the genomics revolution; emerging technologies; global demographic dynamics; and new models of care. The nine themes are: integration of healthcare services, financing; economics and insurance; patient-based care; universal healthcare; information technology; aging populations; preventative care; accreditation standards; and human development.

To have confidence in the knowledge acquired from the inquiry described in this proposal, a systematic method for gathering knowledge is needed by which the lessons learned can be translated into applicable ideas relevant to the identification of pathways to reform the global health architecture. The Hans-Georg Gadamer's dialectic method should be applied to health systems inquiry for the purpose of documenting a consensus on priorities, proposals and implementation pathways that reform the global health architecture, as well as any areas of divergence. Data analysis would have to be conducted using an inductive approach in accordance with Braun and Clarke's six-stage model. The objective of the analysis would be to uncover socially constructed truths related to the global health architecture and to explain human behavior in a non-deterministic manner that emphasizes personal agency and empowerment. The goal would be to foster a consciousness-raising process that leads to praxis.

In addition to this anonymous online survey, qualitative Interviews should also be conducted. Also, health diplomacy should be investigated by an independent team that would engage a diverse network of experts, researchers and staff in dialogue to document the major issues they have identified that affect the global political system, current state of the global health architecture and explore avenues for strengthening the decision-making process across communities in international health, policy and finance from a diplomacy perspective.

12. Priority two: Ensuring available, accessible, acceptable and quality health services for Indigenous Peoples

The Global Plan of Action does not acknowledge the fact that the money circuit is now global and lawless. The focus on health services and support from national counterparts to improve health services does not acknowledge that national governments have been rendered powerless and that public interests have been privatized, and that the free global movement of capital and corruption has led to the collapse of national-level solutions.

Findings from public health research on the impacts of economic policies and projects developed at the supranational level (G7) are often suppressed at the national level. This obscures public health risks and leads to insufficient and misguided regulation. Foreign researchers and in-country collaborators are warned by politically and financially motivated officials of 'dire consequences' if they communicate the effects from economic development policies and projects. Defenders of scientific censorship claim that national governments and international bodies like the G7 have the right to set policy and deliver their own messages in their own words. I asked a UN undersecretary if established health and human rights provisions would be enforced to address a health crisis at the national level. His response was, "only if and when there is a resolution passed by unanimous vote by the UN Security Council and you know that will never happen".

Decades of health impact assessments have been conducted to estimate the social consequences of resource development projects. In the course of conducting research, government public health practitioners strike a balance between truthfulness and respect for autonomy, versus withholding information to avoid harm. It is commonly believed that benefit may be achieved and harm avoided by giving information that is incomplete if it avoids causing anxiety and prevents people from discontinuing vital behavior or adopting new harmful behaviors critical to their health.

At a meeting on mercury contamination a Surinamese mercury expert explained, "We are not obligated to tell the people they are at risk of neurological damage from exposure to mercury from mining because there is no treatment for mercury toxicity.

As a result of this practice, indigenous peoples complain that results are kept from them. Meanwhile, the development and use of their traditional lands by outside concession holders continues unabated, community health has become progressively worse and security concerns have increased.

14. Priority three: Participation of Indigenous Peoples in health-related decision-making through representatives chosen by themselves in accordance with their own procedures

WHO's 2005 International Health Regulations state the purpose and scope of the regulations are to, "prevent, protect against, control and provide a public health response to disease in ways that are restricted to public health risks that avoid interference with international traffic and trade." These regulations that serve as boundaries and constrain the practice of public health in international settings are deeply rooted economic development policies that structure social, economic and political alliances and make them resistant to feedback and reform.

A series of case studies [1-5] that began in 2004 led my researcher through multiple phases of development from community-led risk assessment studies to research on health systems that examined contemporary problems related to the mutual relationship between health and development at the supranational level. A solution would be to extend WHO's Health in all Policies, Framework for Country Action (HiAP) to the supranational level (e.g., G7 and G20, and the U.S. State Department's 2022 Mineral Security Partnership) and adapt it for use as a guide for finding cooperative solutions across sectors at the policy level to facilitate more equitable patterns of growth and development leading to measurably improved health outcomes.

1. Peplow D. Response to UN OHCHR by the Suriname indigenous health Fund, University of Washington, and the Subaltern Global Health Forum: A Public Health Perspective on ASGM and Human Rights in the Wayana Language Territory between Suriname, French Guiana and Brazil. 2022; <https://drive.google.com/file/d/1zxfh5X9Gxnq1tN3OQH/fkapsVuleGbA6/view?usp=sharing>. Accessed 30 November 2024.
2. Peplow D, and S Augustine. 2017. Intervention Mapping to Address Social and Economic Factors Impacting Indigenous People's Health in Suriname's Interior Region. *Globalization and Health*, 13:11.
3. Peplow D, and S Augustine. 2015. Neurological abnormalities in a mercury exposed population among indigenous Wayana in Southeast Suriname. *Environ Sci Process Impacts*, 16(10):2415-22.
4. Peplow, D. and S. Augustine. 2012. Community-led assessment of risk from exposure to mercury by native Amerindian Wayana in Southeast Suriname. *Journal of Environmental and Public Health*, 2012:1-10.
5. Peplow, D. and S. Augustine. 2007. Community-directed risk assessment of mercury exposure from gold mining in Suriname. *Pan American Journal of Public Health*, 22(3):202-210.

16. Priority four: Promoting intercultural and holistic approaches and the recognition of Indigenous knowledges and Indigenous traditional medicine for advancing universal health coverage

To reduce risk to citizens, policy makers turn to economists to compare the economic costs of a global health solution to various measures of the economic value of life. Although other sectors of society and members of the majority culture may properly be given an economic value, indigenous life may not when it is measured solely in economic terms and the contribution the population is making to the economy of an external culture. The legal framework that devalues indigenous life is discernible from a close reading of the United States Supreme Court case of *Johnson v. McIntosh*. Under an element of international law referred to as *Terra Nullius*, which has been adopted into the civil law systems of many western nations, lands not occupied by any person or nation used in a manner that Euro-American legal systems have approved are considered empty and vacant or "terra nullius" rendering the lives and life-years-lost of the indigenous people living there without value and equal to zero.

A collaborative approach to economic development and human health requires a collaborative and multi-sector approach that integrates the goals of international financial institutions and the goals of global health. Global health practitioners seeking public policy solutions to health issues that accompany the extraction of natural resources from land held by indigenous people and the release of contaminants like mercury from gold mining operations face a dilemma: When the economic sector views the issue to be a zero-sum game and assumes the risks to human life and health are limitless it also assumes the cost to society is unacceptable.

An example of a solution to this dilemma would be to fully implement the IADB's Operational Policies on Indigenous Peoples and Strategies for Indigenous Development to replace the 'assimilation model' currently followed for economic development with the IADB's 'development with identity model' at the supranational level (e.g., G7 and G20, and the U.S. State Department's 2022 Mineral Security Partnership). This model affirms the commitment to equity in health and recognizes the fundamental responsibility of government at the international level to protect the health of every human being without distinction of race, religion, political belief, economic or social condition. If this protocol were adopted at the supranational level (e.g., G7 and G20, and the U.S. State Department's 2022 Mineral Security Partnership) and used as a guide for finding cooperative solutions across sectors at the policy level to facilitate more equitable patterns of growth and development it would lead to measurably improved health outcomes.

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18. Priority five: Addressing the impacts of climate change, biodiversity loss, pollution and environmental degradation on the health of Indigenous Peoples and promoting resilient health systems, sustainable livelihoods and community wellbeing

Vulnerability to Natural Disaster. Since 2004 I have observed that Amazonia communities are poorly prepared for extreme weather events related to shifts away from normal weather patterns of the past. More frequent flooding events are causing a frequent loss of access to food and potable water. This is exacerbated by the effects of population growth and resulting extraction levels that exceed the forest's carrying capacity. The dependency on limited natural resources and the concurrent loss of traditional knowledge of ecosystem behavior and management has made indigenous communities increasingly vulnerable to natural disasters. Additionally, retention ponds that hold mine waste, including toxic chemicals, are breached by flooding. I have observed cyanide that has been released into the environment during heavy rain events, and local communities are not equipped to remediate the impacts that these events have on food and water supply.

20. Are there any additional priorities and actions that should be included?

Mercury poisoning is a major problem causing death, disease, disability among indigenous people worldwide. In many areas, gold mining activities release mercury into the river's water. The mercury released by mining leads to fish contamination, and fish is the primary source of protein for many indigenous communities. Furthermore, mining leads to increased levels of sediment and the accumulation of bacteria and viruses in streams and rivers.

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