

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

TITLE: THE CONVERGENCE OF NORMS AND VALUES OF INTERNATIONAL HEALTH PRACTITIONERS
AND SECURITY ACTORS IN THE WAYANA LANGUAGE TERRITORY BETWEEN SURINAME, FRENCH
GUIANA AND BRAZIL: A CASE STUDY

Abstract

This paper is a retrospective analysis of research at the intersection of international health
practice in service of subaltern populations at the regional level and governance actors serving
international investors at the supranational level. Research was conducted between 2003 and
2024 in the mineral-rich Wayana Language Territory in the north Amazonas bioregion between
Brazil, Suriname and French Guiana, where the Wayana language is spoken by the majority
culture. The region is an area of conflict below the threshold of armed warfare where
conflicting interests meet in a context characterized by highly asymmetrical relations of power.

Suriname's political and economic security sector authorities engaged international health
practitioners to explore a premise of economic policy, based on their worry that the population
of people residing in the Wayana Language Territory would turn to armed conflict in search for
relief from the neurological effects of mercury from gold mining operations. Risk assessment
studies served as a basis for medical readiness exercises to mobilize military resources to
ensure political and economic security but left the underlying health issues unresolved.

This case study analysis supports the conclusion that security risks endure when military
readiness alone is the method used to address unresolved population health problems.

Key Words: Supranational Governance, Health in All Policies, Population Health, Subaltern
Populations

32

33 **Introduction**

34 The Wayana Language Territory (WLT) is in the northern Amazonas Region, which is now
35 claimed by, but has not been ceded to, Suriname, French Guiana and Brazil. The region is
36 significant in the wake of long-term uncontrolled release of mercury from small-scale gold
37 mining operations that are causing an environmental and public health crisis¹⁻⁸. While this case
38 study refers to the people in the region as Wayana, in many villages, Indigenous Peoples from
39 multiple indigenous and tribal groups live peacefully together. In contrast, outside the WLT, the
40 region is divided by long running border disputes, making this an area of conflict between
41 actors in global extraction markets contesting claims to a variety of natural resources⁹⁻¹¹.

42

43 Public health work in the Wayana Language Territory (WLT) has focused on narrower
44 biomedical initiatives to treat and control death, disease, and disability caused by mercury from
45 gold mining at a population scale, as policy makers pursue the broader mission of economic
46 development. Since 2000, economic development projects like the Suriname Land
47 Management Project¹²⁻¹⁴ have created an active market for land, increased investment and
48 productivity, and admittedly reduced poverty when measured in terms of per capita GDP.
49 Although many sectors already contribute to overall improvement in well-being and better
50 health services, significant gaps still exist. In the WLT, studies show mercury contamination is
51 significant, suggesting population health problems caused by social and economic factors¹⁵⁻¹⁹.

52

53 Economic theory and the pareto efficiency concept generally assume that resources are
54 allocated by the marketplace according to their most productive uses and that when all
55 available resources are fully deployed, they enhance the greater good^{20,21}. The pareto
56 efficiency concept presents two contrasting economic approaches that relate to international
57 health practice: 1) Pareto Optimal initiatives enhance the greater good without compromising
58 the well-being of a minority population and 2) Pareto Efficient initiatives acknowledge there are
59 no policy options that enhance the greater good without harming a minority population. This
60 paper reviews the statements made by government and civil society officials made to me in my

The convergence of norms and values of international health practitioners and security actors in the Wayana Language Territory between Suriname, French Guiana and Brazil

capacity as an international health practitioner searching for an appropriate intervention to address the causes of health problems caused by factors that lie outside the health sector.

AIMS OF THIS PAPER

Over the past few decades, two conflicting global economic development trends have emerged. The first is positive. Since the end of WWII, economic development has improved broad indicators of human development and narrowed the disparity between industrialized nations and the developing world as measured by human development indicators such as life expectancy, literacy, primary health care service availability, sustainable financing for health, and data and digital health²². The second is negative. In most countries, economic priorities of free-market economies have driven inequities in exposure to hazards and health care services.

EPISTEMIC PERSPECTIVE

Ever since Socrates, Western Science has focused on reason and logic and has turned away from emotions, instincts and morality^{23, 24}. Science and rationality assume truth exists and seeks to discover it, whereas egocentrism seeks to create truth. The assumption is that by adhering to an 'outside' point of view, researchers maintain a reflective distance that allows them to objectively investigate and report on a subject. For this report, however, I worried that the lack of a personal voice could indicate a lack of ownership over ideas and arguments. Further, since I am describing cognitive maps of experts as they revealed themselves to me, I felt it important to communicate and demonstrate my personal investment in the subject to mitigate the ambiguities of a passive voice. For that reason, I will employ the first-person perspective to reveal the views of individuals populating supranational governing bodies as they were reported to me. My purpose is to highlight the potential for harmful, even if unintended, consequences, the erosion of global health norms and values, and to consider the risk that global health practitioners are being co-opted by the economic security sector.

90

91 FAST AND FAIR CONFLICT RESOLUTION

92 In the Wayana Language Territory, extensive common lands have existed and were regulated at
93 the local village level for centuries, as articulated in the 2011 Suriname Land Management
94 Project (SLMP)¹²⁻¹⁴. The purpose of the SLMP was to bring market forces to bear on the
95 resource reallocation process, thus making the value of land and its natural resources a factor
96 of production. The project purported that economic development activities would provide
97 transparency, which would avoid negative environmental effects. Despite the promising
98 declarations that the land rights of tribal communities would be considered, Article 4 of the
99 SLMP embodies a considerably lower standard for the rights of Tribal and Indigenous people. In
100 contrast to the majority culture, Tribal and Indigenous people land rights are to be respected
101 only ‘as much as possible’. The effect of the Article in practice is to limit the rights of Tribal and
102 Indigenous People to the point that their rights become essentially meaningless.

103

104 Underlying the Suriname Land Management Project (SLMP) is an element of international law
105 referred to as *Terra Nullius*, adopted into the civil law systems of many western nations,
106 asserting that lands not occupied by any person or nation used in a manner outside Euro-
107 American legal systems are considered empty and available for development (or “terra
108 nullius”). This doctrine has rendered the lives and life-years-lost of indigenous people across
109 large swaths of territory without value and equal to zero²⁵. The SLMP Main Report
110 acknowledges its legal framework is based on Roman law, the basis of terra nullius.

111

112 RETROSPECTIVE ANALYSIS OF AGENDA- AND POLICYMAKER-STATEMENTS

113 In March 2022, UN Special Rapporteur on toxics and human rights issued a call for research
114 submissions addressing “mercury, artisanal and small-scale gold mining and human rights”²⁶.
115 A student-led team at the University of Washington submitted an initial response²⁷ leading to a
116 formal consultation with the UN Special Rapporteur on 9 March 2022. I subsequently prepared
117 a detailed report expanding on the original written statement, *A Public Health Perspective on*
118 *artisanal and small-scale gold mining (ASGM) and Human Rights in the Wayana Language*

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

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120 *Territory between Suriname, French Guiana and Brazil*²⁸. The report to the U.N. Human Rights
121 Council Office of Special Procedures submitted in advance of a scheduled consultation with the
122 special rapporteur included 15 agenda- and policymaker-statements that are the subject of
123 analysis in this paper.

124

125 The report covered a period that began when I was engaged in 2004 by the Political and
126 Economic Section Head at the U.S. embassy in Paramaribo, Suriname, to answer the question,
127 “If we expose an entire population of Tribal and Indigenous people to mercury from mining in
128 the Interior region, will it impact their cognitive abilities to deal with the stress of assimilation
129 and ultimately undermine security in the region?”

130

131 Political and economic security sector authorities engaged me as an international health
132 practitioner to explore a premise of economic policy that the population residing in the Wayana
133 Language Territory could turn to armed conflict in search for relief from the neurological effects
134 of mercury from gold mining operations. Using preliminary risk assessment results, authorities
135 concluded that socially isolated, marginalized communities whose health status is harmed by
136 economic development projects that displace Tribal and Indigenous Peoples from their
137 traditional homelands are in fact at risk of turning to armed conflict in their search for relief.

138

139 Results of the early risk assessment studies were subsequently used as a basis for medical
140 readiness exercises involving armed mobilizations of soldiers to ensure political and economic
141 security but leaving causal health issues unresolved. In 2005, I established the nonprofit
142 Suriname Indigenous Health Fund to identify an appropriate public health intervention
143 methodology to mitigate conflict when issues at the interface between community health and
144 economic development are left unresolved. The fundamental premise of the public health
145 approach was to provide common ground around which many disciplines could come together
146 to form alliances for the prevention of conflict and war. Like economic development, it was
147 assumed that the voice of public health would serve as a force for the greater good.

148

149 **Methods**

150 In this report, the term “institution” is used to indicate a variety of supranational government
151 venues and economic and military security actors that create enforcement mechanisms to set
152 and implement economic, international investment, and natural resource utilization policies
153 and projects in the Wayana Language Territory. My aim is to inform actors in this setting in
154 hopes of changing norms and strategies that addresses the need for a new social contract
155 between all sectors to advance human development, sustainability and equity, as well as to
156 improve health outcomes as expressed in the 2010 Adelaide Statement²⁹. I gathered data for
157 this paper by attending a series of domestic and foreign, national and supranational gatherings
158 and meetings with officials representing development banks, corporations, and government
159 institutions. Although the gatherings and meetings are too numerous to itemize, a few
160 examples will be highlighted in this report to serve as the basis for analysis.

161

162 **Analysis**

163 This analysis takes a case study approach that contextualizes a public health problem previously
164 described,¹⁻⁸ using a strictly Socratic approach,²³ this time providing a deeper analysis,
165 interpretation, and discussion of second order factors that lead to specific recommendations
166 for action. In this analysis, I used the design principles of economist and Nobel laureate Elanor
167 Ostrom³⁰⁻³² as a basis for evaluating the statements listed in the U.N. Consultation report, *A*
168 *Public Health Perspective on ASGM and Human Rights in the Wayana Language Territory*
169 *between Suriname, French Guiana and Brazil* (Table 1)²⁸.

170

171 Ostrom identified eight principles common to any economic policy designed to be cooperative,
172 inclusive and consistent with the criteria of good governance (Table 2)³⁰⁻³². The Ostrom model
173 identified the biggest threat to economic governance as the “free-rider problem” or, as defined
174 here, the “Pareto Efficient condition.” In these situations, institutions and individuals benefit
175 from initiatives that enhance the greater good while exploiting the resources of others. For the
176 purposes of this analysis, the Pareto Efficient condition is a free-rider problem where economic

177

178 policies and projects cannot be reallocated to benefit the greater good without undermining
179 the health of some other segment of society.

180

181 This analysis is designed to answer the question whether economic development in the Wayana
182 Language Territory enhances the greater good without compromising the wellbeing of a
183 minority population (H_1 : Pareto Optimal) or instead enhances the greater good but harms a
184 minority population (H_2 Pareto Efficient, Suriname Land Management Project). I adopted
185 Ostrom's *Monitoring* principle to gauge the potential that agenda builders and policymakers
186 contribute to the free rider problem (Table 1). Although Ostrom's methodology provides a
187 uniform set of variables, it does not offer a standardized set of procedures for empirical
188 application and does not define any of the other specific steps for a robust scientific study.

189

190 USING THE ENTHYMEME CONCEPT TO ANALYZE STATEMENTS MADE BY INSTITUTIONAL
191 OPERATIVES

192 In this paper I examine the statements of powerbrokers using the concept of the enthymeme³³
193 to reveal through an analytical process the reasoning that lies beneath the statements made. It
194 is assumed that what is meant during a verbal interaction goes beyond the meaning of the
195 individual statements made by speakers I interviewed and that their statements may contain
196 embedded, hidden information, leaving out implicit knowledge and reasoning from which
197 conclusions are drawn. It is also reasonable to assume that understanding depends partly on
198 my own implicit and unstated intentions as the listener.

199 A perfect and complete rhetorical statement is one in which all three components are
200 expressed: major premise, minor premise, and conclusion³³. Under these circumstances,
201 deductive reasoning can be used to analyze a sequence of statements where every statement
202 can be derived logically from the statements that came before it. The truth of any statement
203 made, using deductive reasoning, must be justified by at least two premises. Statements that
204 lack a premise from which conclusions are drawn are incomplete. In this analysis I use the

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

Table 1. Eight principles³⁰⁻³² used as a basis for evaluating the statements listed in the U.N. Consultation report, A Public Health Perspective on ASGM and Human Rights in the Wayana Language Territory between Suriname, French Guiana and Brazil²⁸. Ostrom's monitoring principle #1 was the principle used to code the institutional statements for each of the other seven Ostrom Principles as Pareto Optimal +1, Pareto Efficient -1 below.

OSTROM PRINCIPLES	CRITERIA FOR APPLICATION OF OSTROM PRINCIPLES DESIGNATING INSTITUTIONAL STATEMENTS AS PARETO OPTIMAL +1 OR PARETO -1
1. Monitoring	This first principle was used to evaluate individual statements that were coded Pareto Optimal +1, Pareto Efficient -1 relative to principles 2-8 to reflect the perceived orientation of their policies and initiatives of their respective institutions.
2. Collective Choice Arrangements	Do individual statements suggest institutions believe consensus decisions are important and require knowledge of local circumstances?
3. Clearly Defined Boundaries	Do individual statements suggest institutions support joined-up leadership across sectors and within and between levels of governments?
4. Proportional Equivalence between Benefits and Costs	Do individual statements suggest that some members of the collective receive privileges because they also have special responsibilities?
5. Sanctions	Do individual statements suggest a willingness to comply with fiscal social contract and human rights economy obligations to provide essential services including population health and social welfare?
6. Fast and Fair Conflict Resolution	Do individual statements address community-level rights to effective remedies for acts violating the fundamental rights granted under the Universal Declaration of Human Rights (Article 8)?
7. Local Autonomy	Do individual statements suggest a willingness to create mechanisms that ensure ex post assessments to adopt a standardized procedure to conduct assessments and evaluate the impacts of economic initiatives?
8. Nested Enterprises	Do individual statements serve as evidence that relationships among groups embody the same principles as the relationships among individuals within groups?

enthymeme concept to analyze the spoken statements made under consideration. This requires inference to supply the missing premise. In this analysis, inference is a step in the reasoning process that uses supporting evidence and reasoning.

218

219 **Results and Discussion**

220 Widespread health problems experienced by people living in the Wayana Language Territory
221 (WLT) are caused by exposures to mercury allowed by economic development policies like the
222 Suriname Land Management Project (SLMP) ¹⁻⁸. Article 4 of the SLMP embodies a considerably
223 lower standard for the rights of Tribal and Indigenous people in the WLT and a failure to
224 implement policies that mitigate the negative effects of economic development projects at the
225 supranational level, including Health in All Policies²⁹ and the Inter-American Development
226 Bank's *Operational Policies on Indigenous Peoples and Strategies for Indigenous Development*³⁴
227 suggesting H₂ Pareto Efficient Article 4 is True: i.e., they enhance the greater good but
228 unnecessarily harm subaltern populations. My findings suggest the U.N. Consultation report
229 supports this determination, that is, that economic development unnecessarily harms the
230 Wayana people, when viewed through the lens of the Ostrom model. Four principles of the
231 market economy emerge as major factors that conflict with Indigenous and Tribal principles
232 (Table 2).

233

234 Given the presumption that the statements in the U.N. Consultation report reflect the
235 possibility that agenda builders and policymakers are contributing to a free-rider problem in
236 general, the coding process allowed me to group codes and focus on four principles from
237 Ostrom's model: 1) Fast and Fair Conflict Resolution, 2) Collective Choice Arrangements, 3)
238 Local Autonomy, and 4) Clearly Defined Boundaries.

239

240 **ANALYSIS THROUGH ENTHYMEMES**

241 The following analysis considers the statements made using the concept of the enthymeme in
242 which the internal logic of the argument is inferred to reveal through an analytical process the
243 reasoning that lies beneath the statements that were made³³.

244

245 Statement 1: "U.S. Embassy: Mercury contamination is a technical issue",

246 Statement 2: "Will cognitive effects of mercury cause social unrest"?

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

Table 2. Analysis of institutional official's statements against Ostrom's principles for effective collective action.

		OSTROM PRINCIPLES OF GOOD GOVERNANCE							
	Institutional Declarations	Collective Choice Arrangements	Clearly Defined Boundaries	Equivalence between Benefits and Sanctions	Fast and Fair Conflict Resolution	Local Autonomy	Nested Enterprises		
1	U.S. Embassy: "Mercury contamination is a technical issue".	-1			-1	-1			
2	U.S. Embassy: "Will cognitive effects of mercury cause social unrest".	-1			-1	-1			
3	UNEP: "Maybe in a few generations, people will evolve to be 'immune' to mercury".	-1			-1	-1			
4	U.S. Embassy: "They will be 'gone' in 2 generations".	-1			-1	-1			
5	NY Times Author: "Neolithic, Stone-Age people are not worthy of engagement".	-1			-1	-1			
6	Conservation NGO: "... we are not the World People Fund".	-1			-1	-1			
7	Conservation NGO: "... we are not the People Conservancy".	-1			-1	-1			
8	IADB: "In two generations there will not be indigenous people in Suriname".	-1		-1	-1	-1			
9	Universidade de Brasília: "The mercury issue is not discernable by villagers".		-1						
10	Universidade de Brasília: "Argues against involving indigenous people in problem resolution".		-1						
11	Montagen d'Or: "The budget for French Guiana is \$5b, GDP is \$1b, my job is to develop the mining industry in French Guiana to cover its budget, then France will grant it independence in the name of post colonialism".					-1		-1	
12	Montagen d'Or: "My corporate social responsibility program spent \$5m last year improving health care in Cayenne and activists are still causing me trouble".			-1					
13	Montagen d'Or: "What am I supposed to do?"				-1				
14	International Health Practitioner: "Would an independent indigenous parliament, like those in Norway, Sweden, and Finland, be a possible solution?"				-1				
15	Montagen d'Or: "No"	-1	-1		-1	-1		-1	-1
	Total	-9	-3	-1	-11	-10		-2	

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

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250 I was engaged by the U.S. State Department, Political and Economic Section, to perform risk
251 assessment studies and measure the health effects (including anticipated behavior change) of
252 mercury contamination on tribal and indigenous people in Suriname's interior region, based on
253 the US State Department's need for technical assistance.

254

255 Expressed as an enthymeme,

256 Major Premise: Social unrest is possible due to the cognitive effects of mercury on Tribal
257 and Indigenous populations.

258 Minor Premise: Unstated

259 Conclusion: Technical assistance is needed to inform the policymaking process

260

261 Using the policy model described by Sarewitz³⁵ I assumed that when information about a
262 public health problem is transmitted to government, the necessary and appropriate laws or
263 decisions would be made by government to resolve the public health problem. Using this
264 model, I focused on the causes of health and well-being that were outside the health sector
265 and were socially and economically formed. It would follow from this assumption that an
266 Aristotelian rhetorical argument would read:

267

268 Major Premise: Social unrest was possible due to the cognitive effects of mercury on
269 Tribal and Indigenous populations.

270 Minor Premise: The cognitive effects of mercury is a public health problem that needs to
271 be solved to reduce the risk of social unrest.

272

273 Conclusion: The results of environmental health risk assessment studies will be used
274 to inform the policymaking process leading to a solution that resolves the
275 public health problem and prevents social unrest.

276

277 The conclusion above was valid (or true) because it was arrived at through a process I assumed
278 was based on shared social conventions, knowledge, experience and values. What later became
279 evident, however, was that the risk assessment studies were to be used as a basis to justify

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

280

281 military readiness exercises to mobilize soldiers to meet their mission of ensuring political and
282 economic security when necessary while leaving the health issues unresolved. If the rhetorical
283 argument above is revised an Aristotelian rhetorical argument would read:

284

285 Major Premise: Social unrest is possible due to the cognitive effects of mercury on Tribal
286 and Indigenous populations.

287 Minor Premise: The risk of unrest caused by cognitive impairment due to exposure to
288 mercury from mining is a security problem that needs to be solved by
289 increasing military readiness to reduce the risk of social unrest.

290 Conclusion: The results of environmental health risk assessment studies
291 justify military readiness exercises to prevent social, political and
292 economic unrest.

293

294 The analysis of statements 1 and 2 above is an example that highlights how the meaning of
295 statements made is derived from both the intentions of the listener as well as the implicit and
296 unstated intentions of the speaker. Accurately inferring unstated meanings, therefore, will
297 depend on accurately identifying the degree to which social conventions, knowledge,
298 experience and values differ between the speaker and listener. The analysis of statements 3 -
299 10 reveals an underlying incongruity between the norms, values, knowledge and experience
300 between what I perceive to be values that are fundamental to the practice of international
301 public health and the emergent values and priorities of unfettered global economics:

302

303 Statement 3: UNEP: "Maybe in a few generations, people will evolve to be immune to
304 mercury".

305 Statement 4: U.S. Embassy: "They will be 'gone' in 2 generations".

306 Statement 5: NY Times Author: "Neolithic, Stone-Age people are not worthy of engagement".

307 Statement 6: Conservation NGO: "... we are not the World People Fund".

308

309 Statement 7: Conservation NGO: "... we are not the People Conservancy".

310 Statement 8: Inter-American Development Bank: "In two generations there will not be
311 indigenous people in Suriname".

312 Statement 9: Universidad de Brasilia: "The mercury issue is not discernible by villagers".

313 Statement 10: Universidad de Brasilia: "Argues against involving indigenous people in problem
314 resolution".

315

316 The most serious disparity can be traced to the historical idea related to the Pareto concept in
317 economics causing economists to be silent on issues related to subaltern populations or non-
318 humans and natural systems and when using GDP per capita as the metric that measures the
319 benefits of economic development policies and projects on the greater good. Outcome
320 measures of economic success at the national level have been widely studied¹⁷⁻¹⁹. Since the end
321 of WWII, global economic development has improved broad indicators of human development
322 and narrowed the disparity between industrialized nations and the developing world using
323 human development indicators such as life expectancy and primary health care services. At the
324 national level, GDP per capita reflects the success of economic development policies like the
325 Suriname Land Management Project in the Wayana Language Territory.

326

327 The GDP metric, however, is not adjusted to reflect the externalized costs of population-level
328 economic development policies, such as death, disease and disability among subaltern
329 populations exposed to the means of production, in this case, mercury from small scale gold
330 mining operations in the Wayana Language Territory. This analysis reflects a growing concern
331 that inequities in health in the Wayana Language Territory can be linked to the economic
332 priorities of developing free market economy¹⁷⁻¹⁹.

333

334 By analyzing the statements 11-15 in Table 2 made by officials during my search for an
335 intervention strategy that addresses specific population level health issues, it became apparent

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

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337 that any intervention strategy must address the health gap that remains after the economic
338 benefits contribute to overall improvement in well-being. Ostrom offers an alternative
339 perspective that suggest individuals are nested in and dependent on a Commons that includes
340 non-humans, natural systems and subaltern populations ^{20, 30-32};

341

342 Statement 11: Montagne d'Or: "The budget for French Guiana is \$5b, GDP is \$1b, my job is to
343 develop the mining industry in French Guiana to cover its budget, then France will grant it
344 independence in the name of post colonialism".

345 Statement 12: Montagne d'Or: "My corporate social responsibility program spent \$5m last year
346 improving health care in Cayenne and activists are still causing me trouble".

347 Statement 13: Montagne d'Or: "What am I supposed to do?"

348 Statement 14: International Health Practitioner: "Would an independent indigenous
349 parliament, like those in Norway, Sweden, and Finland, be a possible solution?"

350 Statement 15: Montagne d'Or: "No"

351

352 While attending G20 Health Summit meetings, I learned that officials thoroughly study the
353 potential outcomes of economic initiatives that focused on expanding health initiatives
354 that contribute to economic strength, whereas little attention is paid to expanding economic
355 initiatives that contribute to the health and wellbeing of subaltern populations.

356

357 In addition to the statements of the U.N. Consultation report that comprised the basis for this
358 analysis, recommendations were included that were designed by the international investor
359 community to mitigate the health effects of mercury contamination. The most promising was a
360 system level proposal to extend *WHO's Health in all Policies, Framework for Country Action*²⁹ to
361 the supranational level (e.g., G7 and G20 and the U.S. State Department's 2022 Mineral
362 Security Partnership) and adapt it for use as a guide for finding cooperative solutions across
363 sectors at the policy level to facilitate more equitable patterns of growth and development
364 leading to measurably improved health outcomes. At the 2023 G20 Health Summit held at the

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

365

366 United Nations in Geneva, I personally acknowledged and supported a proposal made by Sara
367 Cerdas, Portugal Minister of Health, to extend WHO's Health in All Policies (HiAP) Framework to
368 the supranational G7&G20 level.

369

370 The International Human Rights Clinic of the University of Oklahoma College of Law (IHRC-OU)
371 made a 2021 submission to the U.N Human Rights Council Working Group on the Universal
372 Periodic Review³⁶, in which it was stated that the Special Rapporteur on the right of indigenous
373 people sent a communication asking about measures taken by the government of Suriname to
374 address the health and environmental situation affecting Wayana communities resulting from
375 gold-mining activities on or near their traditional lands. At the time of the 2021 U.N. Periodic
376 Review, the IHRC-OU also noted that after 9 years, the Government of Suriname still had not
377 replied to the communication.

378

379 LOCAL AUTONOMY

380 In a 2022 submission to the U.N Human Rights Council Working Group on the Universal Periodic
381 Review, the International Human Rights Clinic of the University of Oklahoma College of Law also
382 asserted the collective rights of indigenous and tribal peoples are not recognized by economic
383 policy makers³⁶. The lack of collective rights and self-determination was reported to have
384 "tremendous effects on their health" and Tribal and Indigenous leaders point to the lack of
385 autonomy as the root cause.

386

387 In general, government and commercial scientific communities in the Wayana Language
388 Territory argued against the involvement of Indigenous and Tribal people in public health
389 research and its related agenda building and policy making process, because the complexity of
390 the issues is not discernible by villagers. Indigenous communities respond that the unique
391 cosmology of forest people, who do not see a clear-cut distinction between the sphere of
392 nature and the sphere of society, is not discernable to Western scientists. International health

393

The convergence of norms and values of international health practitioners and security actors in the Wayana Language Territory between Suriname, French Guiana and Brazil

practitioners face a huge credibility problem with indigenous people when they fail to acknowledge the role of nature in public health.

CLEARLY DEFINED BOUNDARIES

The International Human Rights Clinic of the University of Oklahoma College of Law authors point out France's refusal to acknowledge collective rights to resources and define boundaries that include Tribal and Indigenous people in the decision-making process results in small-scale gold mining operations and mercury contamination of rivers in the Wayana Language Territory that ultimately puts their health at risk³⁶.

Conclusion

Evidence suggests that extending WHO's Health in all Policies, Framework for Country Action to the supranational level (e.g., G7 and G20, the U.S. State Department's 2022 Mineral Security Partnership) and adapting it for use as a guide for finding cooperative solutions across sectors at the policy level will facilitate more equitable patterns of growth and development would lead to measurably improved health outcomes²⁹. This analysis confirms the H₂ Pareto Efficient hypothesis is True: i.e., While economic development policies like the Suriname Land Management Project, and by extension larger transnational scale projects like the 2009 South American Council of Infrastructure Planning (COSIPLAB), are designed to enhance the greater good by bringing market forces to bear on the development of underutilized natural resources, Article 4 of the SLMP embodies a considerably lower standard for the rights of Tribal and Indigenous people than for the general population.

This analysis displays two conflicting economic development trends. The first is positive. Global economic development has improved broad indicators of human development and narrowed the disparity between industrialized nations and the developing world using broad indicators of human development indicators such as GDP per capita. The second is negative. The evidence displayed here also links the economic priorities of purely free-market economies to inequities

The convergence of norms and values of international health practitioners and security actors
in the Wayana Language Territory between Suriname, French Guiana and Brazil

in health when Ostrom's principles of inclusion and autonomy are not used to guide the agenda
building and policymaking process.

Two potential solutions outlined in the Consultation report are valid options for addressing the
unresolved problems that occur at the interface between economic development and
international health practice:

1) *Possible Solution 1: Extend WHO's Health in all Policies, Framework for Country
Action (HiAP) to the supranational level (e.g., G7 and G20, 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.*

2) *Possible Solution 2: Fully implement the Inter-American Development Bank's (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'.*

This model affirms the IADB's 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.

452

453 **Data Availability Statement**

454 No new data were created during this study. More detailed information about the information
455 contained in this study can be requested by contacting the author. Due to ethical concerns, the
456 names of individuals who served as the source of information used as the basis of the narrative
457 in this study cannot be shared without their permission. The information analyzed in this study
458 can be found in Table 2 of this article and is also available.

459

460 **Ethics Approval and Consent to Participate**

461 The primary intent of the work discussed in this paper was aimed at a specific public health
462 problem, specifically to support the indigenous people in the Wayana Language Territory to
463 self-diagnose public and environmental health problems due to exposure to mercury
464 contamination. This paper addresses the secondary benefits of the community-led efforts at
465 the interface between health, well-being and economic development. These public health
466 intervention projects were reviewed by the University of Washington Institutional Review
467 Board (IRB), Human Subjects Division (HSD). No reference number was assigned because the
468 community-led project was conducted as a public health service and was deemed “non-
469 research”. Consequently, the work was not considered to be within the purview of institutional
470 review. As such, these non-research investigations have yielded insights of generalizable value
471 that merit dissemination, but the research versus non-research determination, which is based
472 on the primary intent, remains unchanged.

473

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476 award from the Suriname Indigenous Health Fund, fiscal sponsor the Alliance for Global Justice
477 (Form 990, [https://www.dropbox.com/s/6xkuk55smf1u8qq/RKW40052_2019_Government\](https://www.dropbox.com/s/6xkuk55smf1u8qq/RKW40052_2019_Government%20CopyTaxReturn.pdf?dl=0)
478 [CopyTaxReturn.pdf? dl=0](https://www.dropbox.com/s/6xkuk55smf1u8qq/RKW40052_2019_Government%20CopyTaxReturn.pdf?dl=0)). Funds for this project from 2005 to 2015 included private donations
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480

The convergence of norms and values of international health practitioners and security actors in the Wayana Language Territory between Suriname, French Guiana and Brazil

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Conflict of Interest

The author declares he has no competing interests including interests related to direct or indirect sources of funding for the individual author or for the associated department(s) or organization(s), personal relationships, or direct academic interests. Funding bodies had no role in study design or data collection, analysis, or interpretation of data manuscript preparation.

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Consent for publication

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