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**Permanent Forum on Indigenous Issues**
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**Discussion on the six mandated areas of the Permanent Forum (economic and social development, culture, environment, education, health and human rights), with reference to the United Nations Declaration on the Rights of Indigenous Peoples and the 2030 Agenda for Sustainable Development**

## Indigenous determinants of health in the 2030 Agenda for Sustainable Development

### Note by the Secretariat

*Summary*

At its twenty-first session, the Permanent Forum on Indigenous Issues appointed Simón Freddy Condo Riveros, Hannah McGlade and Geoffrey Roth, members of the Forum, to conduct a study on Indigenous determinants of health in the 2030 Agenda for Sustainable Development and to present that study to the Forum at its twenty-second session.

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# I. Introduction

1. Indigenous Peoples tend to approach health as an equilibrium of spirituality, traditional medicine, biodiversity and the interconnectedness of all that exists. This leads to an understanding of humanity in a significantly different manner than non-Indigenous peoples. In 2015, United Nations Member States adopted the 2030 Agenda for Sustainable Development, which includes 17 Sustainable Development Goals to eliminate poverty, enhance equality, improve health and foster economic growth for all populations globally. The uniqueness of Indigenous Peoples is acknowledged in the spirit of the 2030 Agenda, as Member States are called on to empower them through inclusion in progress reviews for the national implementation of the Agenda, in which specific targets are set under Goals 2 and 4. The past seven years, however, have shown the urgent need for guidance on – and a proper understanding of – Indigenous Peoples' needs, separate from the general minority and diverse population approaches. The coronavirus disease (COVID-19) pandemic highlighted the entrenched inequities faced by Indigenous Peoples in all 17 Goal areas and how the severe lack of cultural competence[1] within the 17 Goals negatively impacts Indigenous Peoples' health. It is therefore critical to establish a framework on Indigenous determinants of health under the auspices of the Permanent Forum on Indigenous Issues, to guide the United Nations and Member States in the strategy, policy-setting and actions taken under the 17 Goals.

# II. Background

2. Colonization,[2] along with relatively recent global human migration, established minority populations around the globe. Minority populations are impacted by determinants of health and factors unique to the majority populations in the countries in which they live. Such determinants of health are also distinct for Indigenous Peoples. However, Member States and United Nations agencies often address Indigenous determinants as if they belonged to a diverse population – an ethnic minority – or do not address them at all. However, the minimal existing data show that Indigenous Peoples' health outcomes worldwide reflect similar inequities regardless of whether they reside in a wealthier or poorer country. No consistent, customized approach has been appropriately taken to correct the inequities that: (a) originated during the colonization era; (b) were expanded by the disruptive socioeconomic dynamics imposed; and (c) have been perpetuated by neocolonial systems (Governments that inherited and have expanded colonialist institutions and practices to this day).

## A. Colonization practices normalization impacting Indigenous health

3. There is a lack of research that systematically and rigorously establishes causal connections between the compounded, multiple effects of hundreds of years of colonialist systems and practices. Past and current non-Indigenous systems have contributed to institutionalizing a set of explicit rules and implicit practices that have, over generations, been maintained with the sole purpose of either assimilating or radically marginalizing Indigenous Peoples.

[1] See https://npin.cdc.gov/pages/cultural-competence.

[2] For the purposes of the present study, colonizers include not only past colonial powers from Europe or any other continent but also current (neocolonial) Governments which have continued and expanded systems imposed on Indigenous Peoples.

4. The result of colonial practices is a consistent group of physical, mental and spiritual traumas that have, in many cases, permeated through the population and been embodied as social stigmas, causing havoc in the soul and life of Indigenous Peoples and communities. Normalized practices included, first, the indoctrination that Indigenous Peoples were savages (less than human) because they did not practise the colonizers' religions, so they should be conquered (in slavery) and converted (in religion, language and culture) or die (genocide). For instance, the doctrine of discovery gave colonizers a justification for claiming Indigenous territories as if they were empty and permission to act out atrocious acts of violence against men, women and children, for stealing Indigenous lands as if they were unoccupied, enacting genocide and engaging in trafficking in persons and slavery. Generations later, religious indoctrination is still an effective way to divide and conquer Indigenous Peoples and continues to be imposed by neocolonial governmental systems, which to this day still carry out the following:

- Forced eviction from homelands and/or the placing of Indigenous Peoples on lands that are infertile, to be monitored and controlled.
- Taking Indigenous children away to be indoctrinated into the colonizer's way of thought and religious practice through institutionally run schools that facilitate widespread abuse of children. Stealing children for adoption or slavery.
- Persecuting, incarcerating and even murdering community members who make use of Indigenous practices, defend their lands and protect Indigenous lifeways.
- Appropriating, commodifying and capitalizing on Indigenous spiritual practices or traditional knowledge as new discoveries, exploiting Indigenous practices and knowledge without proper education or permission.
- Invading and destroying sacred sites, disrupting ancestors' remains and mining for natural resources without permission.
- Using violence against Indigenous Peoples who resisted the injustices and the systems of colonization.
- Limiting Indigenous freedoms, autonomy and self-determination through widespread incarceration in justice, health and social service systems.
- Continuous racism, marginalization, exclusion and negligence towards Indigenous Peoples enacted systemically and structurally in denial of fundamental rights and freedoms.

5. The processes of disruption, destruction and disrespect for the Indigenous ways of life remain and must be acknowledged as circumstances determining Indigenous health.

## B. Indigenous determinants of health as a body of knowledge

6. It is important to understand that Indigenous knowledge and knowledge creation systems are vital for the health and well-being of our selves, and critically important for our Mother Earth. In addition, there is ongoing genocidal oppression of Indigenous Peoples stemming from colonization, and it is constantly and continually reiterated in almost every society through exploitative and extractive systems of politics, economics and law, inter alia.

7. The authors of the present study worked actively to engage as much participation as possible from Indigenous Peoples in all social cultural regions. Considering that Indigenous Peoples around the globe face different stages of development and oppression, it is understood that participation is not always possible. Diligent efforts were made to ensure that the present study incorporates a global perspective.

8. Owing to the word limit, important determinants and recommendations may not have received full attention. It is recommended that United Nations agencies and Member States continue this dialogue globally and locally.

9. It is likewise important to acknowledge that there is a growing body of research that the present study should not replace. Rather, it is the hope that the study supports and adds to the dialogue and discourse already taking place. The main goal is to communicate the importance of appropriately addressing Indigenous determinants of health in the United Nations system and by United Nations Member States by using language and interventions that are meaningful to these decision makers.

# III. Indigenous determinants of health conceptualization

10. In every approach to Indigenous health and well-being, as well as the factors determining Indigenous health, the following should be considered first:

(a) The strengths and wisdom inherent to Indigenous identities as intrinsically connected to everything that exists on the planet;

(b) The approach to self-care originates in collective Indigenous principles, values and ancient knowledge;

(c) The understanding that Indigenous Peoples' current health status is linked to both ancestors' past lives and the lives of several generations into the future.

11. As a result, there are unique determinants of health specific to Indigenous Peoples, their cultures, histories, political status, gender and current experience. Two overarching assumptions should be made when approaching and conceptualizing Indigenous health:

- **Multiple levels of socioeconomic circumstances**. In any approach to working with Indigenous Peoples, it must be acknowledged that Indigenous communities worldwide are still struggling with the bare essential needs and fundamental human rights. Indigenous Peoples reside in nations with diverse levels of infrastructure, lending themselves to multiple socioeconomic circumstances. However, Governments and United Nations agencies must consider basic human needs in tandem with customized and culturally safe approaches when co-designing policies, programmes, and initiatives impacting Indigenous Peoples.
- **Indigeneity as an intersectional determinant of health across sectors**. Being Indigenous must be considered an overarching determinant of health for all social aspects because: (a) Indigenous Peoples' interactions and connections to social life and environmental elements are substantially distinct from those of all other populations around the globe; and (b) the effects of the imposed systems, either by past colonial powers or current Governments, have negatively impacted, targeted and attempted to obliterate Indigenous systems across multiple generations. This has created a compounded negative effect that permeates and interlinks across all cultural, political, socioeconomic and biopsychological circumstances for Indigenous Peoples and communities.

12. In addition to Indigeneity as an overarching determinant of health, 33 interrelated Indigenous determinants of health have been identified in the present study, divided into three categories, which will be elaborated on in the following sections:

(a) Intergenerational holistic healing;

(b) Health of Mother Earth;

(c) Decolonizing and re-Indigenizing culture.

# IV. Intergenerational holistic healing

13. Indigenous Peoples' cosmology stems from the conceptualization that life involves everything and everyone that exists in a dynamic equilibrium. When this sacred balance is disrupted in any element or being, health is negatively impacted. This differs vastly from the Western scientific understanding that it is possible to heal, cure or repair life structures separately from the whole, through different individual disciplines. Indigenous dimensions of life and health differ from non-Indigenous meanings in space and time. Indigenous individuals see themselves as related to everyone and everything across lifespans and locations. This system of interrelatedness is reflected in the collective nature of Indigenous Peoples' concern for protecting and defending all community members and surrounding elements. It also means that Indigenous Peoples' current health status is connected to the past and future generations of life on the planet. Planetary health is, consequently, everyone's individual and collective health.

14. In this and the following pages, the authors elaborate on diverse Indigenous determinants of health as an attempt to explain in Western terminology the Indigenous conceptualization of life. Some of the determinants of health included stem from Indigenous strengths and lifestyles, thus fostering well-being and life balance. However, those determinants of health stemming from harmful and disruptive colonial systems present risks to Indigenous Peoples' lives. Henceforth, depending on the originating circumstances of Indigenous determinants of health, each determinant listed in the following chapters will be marked with a health-protective (P) factor or a health risk (R) factor, identified as such in the title.

### Intergenerational approach (P)

15. The concept of healing oneself encompasses healing both the ancestors that came before and unborn future generations. Similarly, healing of the self is also healing for the family and community. In this way, one can be or become a healthful member of society by using gifts and talents for the whole. For Indigenous Peoples, effective healing models must address the entire person within the context of past, present and unborn generations. Many of the practices still used today take this holistic and intergenerational approach. However, these practices are quite diverse from community to community and must be driven by the local culture and language of the Indigenous group to be most effective.

### Holistic healing (P)

16. While the concepts of health within Indigenous ways of knowing and practice vary greatly among Indigenous Peoples and communities, there is a commonality in the integrated and holistic nature of the mind with the body and the spirit and the importance of maintaining balance. With this "whole" balanced view of a person, interventions are holistic and include family, community and environment (Mother Earth) as interconnected in wellness and healing. For healing to occur, one must consider the heart, mind and spirit as one.

### Indigenous cultures and languages (P)

17. Culture itself is a determinant of health and well-being. Language is an essential conveyor of culture and thus an intrinsic cultural component. Within culture and language exist world views or ways of knowing and practising. Unfortunately, culture and language, and therefore the world views within, have been largely lacking and ignored in health-care systems as determinants of health for Indigenous Peoples. It is paramount to understand the historical and current role of colonization in establishing

and maintaining health-care ideologies, systems and practices. Then one can fully consider the strategies that will be important for including culture and language as determinants of health for Indigenous Peoples, their Nations and communities.

- **Language as an Indigenous knowledge keeper and transmitter (P)**. Indigenous languages account for a primordial role in ensuring that millenary health knowledge and Indigenous healing methodologies are preserved and enriched through time. For instance, Indigenous healers hold the knowledge about disease names, remedies and herbal cures, as well as a specific manner of approaching the sick in a known and understood language. The latter includes incantations and prayers, which are part of traditional spiritual medicine. Henceforth, it is of paramount importance that United Nations agencies and Member States support the International Decade of Indigenous Languages.
- **Land and Sacred practices (P)**. Colonial expansion and appropriation of Indigenous Peoples' land undermined and attacked Indigenous ways of knowing and practising holistic healing and wellness. Sacred practices that had been passed down for generations to maintain balance and wellness were outlawed, with resulting violence, incarceration and murder of Indigenous Peoples who used these methods for healing themselves and their families. The result is that many Indigenous ways of knowing and practice were lost, while others are now being pieced together again and reclaimed, and still others went underground and continue to be effectively used today to treat a wide range of health-related conditions. Equality in terms of spiritual (or religious) practices is essential to Indigenous health. For this to be achieved, it is necessary to acknowledge and understand that Western colonization first became institutionalized through religious enterprises. It then became enforced through government policies and regulations impacting Indigenous Peoples' health care.
- **Indigenous-specific spirituality (P)**. Indigenous spirituality is deeply based on the connection to nature and all its elements and beings. Health-care systems rarely include spirituality as a part of healing. When spirituality is included, it is most often a partnership between health care and "faith-based organizations", which rarely include Indigenous spiritual communities that are not formalized in the same way as Western organizations. In North America, Indigenous spirituality, grounded in language, cultural knowledge and practice, is seen as an optional "prevention" activity that occurs outside of treatment and is rarely incorporated into health care.

### Overreliance on Western approaches and/or asymmetric treatment of Indigenous knowledges (R)

18. There is an ongoing overreliance on Western approaches. Traditional Indigenous approaches are often not acknowledged, accepted or resourced in health-care research and practice. Regardless of the health issue, whether it be diabetes, depression or substance abuse, trauma is impacting these conditions. Land, culture and language are powerful tools for healing. Using Western interventions alone is often ineffective at best and harmful at worst for Indigenous Peoples and their families in resolving the complex historical and intergenerational trauma from which they must heal.

### Suppression and oppression by substances (R)

19. Contemporary forms of biological warfare still exist. In the early days, biological warfare included the use of the smallpox virus, as one example, but it also included biological warfare by introducing alcohol in purposeful ways to gain control and management of Indigenous lands and self-determination. Today, Indigenous Peoples are overdiagnosed by many health-care professionals as mentally ill, depressed and

addicted. This leads to the prescription of pharmaceutical medication when these symptoms reflect unresolved trauma, grief and loss which can be treated through therapy and traditional healing practices. Trauma is pathologized onto the Indigenous person as there being something wrong with them, and thus overmedication results in serious health and social consequences for many Indigenous Peoples.

**Institutionalized Indigenous-specific racism (R)**

20. Health professionals have long perpetrated human rights abuses and have justified inhuman acts against Indigenous Peoples that continue to result in mistrust today. Some examples include the torturous treatment of Indigenous Peoples, often held, and "treated" and jailed against their will, medications to numb the responses to ongoing trauma and genocide and even a silent or often unspoken genocide, with the sterilization of Indigenous women without informed consent, which stopped a countless number of Indigenous generations from ever being born. Today, the continued marginalization of Indigenous Peoples in health care is reflected through institutionalized racism that results in discriminatory policy, funding and practice. There is chronic underfunding of targeted health care for Indigenous People, resulting in disparities and high rates of disabilities, among other negative health and life outcomes, including premature death.

- **Justified institutional pathologizing of Indigenous Peoples (R)**. Ongoing traumas are pathologized as something wrong with the person rather than something that happened to the person. The resulting treatment is focused on changing the Indigenous person's way of thinking, perceiving or behaving, rather than changing a discriminatory and oppressive system that is creating the state. Antisocial defiance, depression and anxiety are labels used to medicate individuals who continue to be exposed to trauma after trauma. Even today, Indigenous children are overrepresented in foster care and juvenile justice systems and/or are adopted out to non-Indigenous families. Many of their parents and relatives face a similar fate in the justice system. With the decisions in the hands of the systems that have institutionalized racism and discrimination, many of these youth in foster care and juvenile justice are given psychotropic medications to control their "mental problems", which are traumas invoked by the system itself.

- **Indigenous-specific targeting stigma (R)**. Related to pathologizing trauma is the ideology that Indigenous Peoples cannot tolerate alcohol or other drugs, and that is why they are all "alcoholics" or "drug addicts". This stigma narrative puts a mark of disgrace on Indigenous Peoples, making it easy for the general population to dismiss as "not our problem" and to direct resources to fix the issues using Western models and systems that do not get to a root cause of why people are self-medicating with substances. There were and are likely many pathogens introduced to Indigenous Peoples that make them sick because they are not familiar with them. Nonetheless, the reality is that not all are alcoholics or drug addicts, and, in some communities, more Indigenous People are completely sober than in the general population.

**Ongoing trauma exposure (R)**

21. Complicating the discrimination that occurs by the systems against Indigenous Peoples is that the historical, intergenerational and ongoing traumas that they face are so layered across generations and so complex that they are not easily resolved with individualized Western approaches alone. With colonization came wave after wave of trauma exposure that has still not ended. Today, Indigenous Peoples fight to protect sacred lands for health and well-being. Around the globe they fight against their loved ones being raped, murdered and going missing at alarming rates that are directly

related to the racism and oppression that has been embedded in laws and policies governing Indigenous Peoples and their territories.

**Forced assimilation and indoctrination (R)**

22. The colonizing indoctrination has become institutionalized into the laws and policies as it relates to the ongoing labelling and incarceration of Indigenous Peoples, especially when practising traditional ways. Parents using traditional parenting styles are labelled abusive or neglectful, resulting in the forced separation of children from their families. Indigenous youth resisting discrimination and oppression are targeted at school and in the community for contact with law enforcement.

# V. Health of Mother Earth

23. Indigenous Peoples and communities have been in a deep and meaningful relationship with their surroundings for as long as they have existed. They have formed systems of being, including thoughts, behaviours and lifeways that have sustained us until disruption through the forces of colonization. It is worth mentioning that traditional practices from pre-colonial eras continue to exist. Earth-based practices, cultural practices and belief systems continue to exist, although not universally, and to a varying degree in various Indigenous communities. Most Indigenous Peoples have suffered an increased loss of access to physical resources in their environment. This includes access to fresh water that is not contaminated and hunting, fishing and gathering grounds within intact ecosystems, along with Indigenous food systems. With the increased burden of extractive economies that strip resources from the land, the environment continues to be toxified by pollutants, deforestation and overharvesting. Indigenous environmental defence movements and protests continue to be ignored by Member States. Corporate colonizers' systems actively foster a misconstruction of what food security means for Indigenous Peoples and pretend to assist by promoting the consumption of mass-produced ultra-processed food to replace Indigenous diets. As Indigenous lifeways and ecosystems are disrupted, individuals and communities have become more urbanized. The dominant narrative has facilitated a loss of medical practices, the dissolution of Indigenous ways of being well and limited access to traditional healers and wellness practitioners.

**Physical: environment ecology, water, land and air (P)**

24. An interdependent relationship exists between Indigenous Peoples and their local ecosystems. The health of the land and Peoples are synonymous, nurtured through relationships with the physical and social environments, providing a strong basis for health and overall well-being. These relations between people and their local environments have been sustained through oral traditions and histories since time immemorial. Practices for responsible harvesting, including management of flora, fauna and waterways, and spiritual practices to maintain the balance of the relationship between Indigenous Peoples and their environment, have eroded from the forces of supremacism and capitalism.

**Indigenous food systems (P)**

25. Indigenous foods are central to the health, well-being and cultural integrity of Indigenous Peoples worldwide. Indigenous foods originate from the local environments, either from farming, wild harvesting or hunting. Indigenous food systems refer to the sociocultural meanings, acquisition patterns, processing techniques, use, composition, health and nutritional consequences for the Indigenous Peoples using these foods. The relationships that Indigenous Peoples have with their

unique food systems and local ecosystems encourage practices and values that perpetuate healthy communities. Some 80 per cent of food currently on the global market originates from Indigenous plants and crops (potatoes, corn, tomatoes and beans). Indigenous knowledge and food systems have been developed and nurtured over thousands of years with ecosystems, communities and cultures.

- **Limited access to Indigenous food systems resources (R)**. Colonial policies have disrupted, denied access to and, in many cases, decimated Indigenous food sources and medicines. A lack of access to clean drinking water and adequate food remains a key health concern for Indigenous Peoples globally. To restore sustainable relationships to the land, culture and communities, resurgences of Indigenous food systems, including community roles and responsibilities to protect lands and waters, are necessary acts of resurgence, pathways to reconciliation and determinants of health and wellbeing.
- **Marketed ultra-processed food replacing Indigenous diets (R)**. Large-scale forces compromise Indigenous Peoples' access to land and resources within local environments, leading towards a decline in the consumption of Indigenous foods and the social, cultural and health benefits that they provide. The effects of limiting or reducing access to Indigenous foods are leading to their gradual replacement with marketed or manufactured products. This transition has had dramatic consequences for dietary quality and cultural identity, along with the health and maintenance of Indigenous food systems and environments. For instance, in the Canadian context, Indigenous foods are widely recognized as contributing towards the holistic well-being of Indigenous Peoples. However, only approximately a quarter of First Nation adults consume wild meat from their local environments, and even fewer (18.6 per cent) include wild plants as part of their diets.
- **Misconstruction of food security for Indigenous communities (R)**. Research investigating the determinants of Indigenous food practices has tended to focus almost exclusively on individual dietary behaviours and nutrient intakes, with considerably less attention given to understanding how access to knowledge and loss of food knowledge may impact food security. Food security is frequently narrowly defined as an access issue exclusively related to sufficient household funds to purchase market or processed foods. Recent studies highlight the need to continue to build upon multi-jurisdictional efforts at the community, national and international levels to reduce rates of food insecurity and improve nutritional status among Indigenous Peoples. A more comprehensive understanding of these complex determinants is necessary to address and combat these evolving patterns and practices across a range of Indigenous food systems and environments.

**Non-Indigenous concept of planetary health (R)**

26. The extractive capitalistic system is underpinned by a supremacist belief that the priority of those in power is more important than the needs of those less advantaged. This belief system and capitalism has led to the overharvesting of multitudes of resources, which continues to this day, including animals, plants, ore and water, all at the expense of the environment, the health of people globally, and creating air toxicity, which has impacted the overall environment globally. Often these processes disproportionately affect Indigenous inhabitants, including those in the Arctic, where there is a sink of toxins that dump into the region from the Earth's atmosphere. Indigenous Peoples are stewards of the biodiversity of the planet, caretaking 80 per cent of the Earth's variety of species while disproportionately suffering the effects of toxic and degraded environments.

### Migration and urbanization (R)

27. The forces of a cash economy and ecosystem and cultural decimation have influenced a movement towards urbanization. Current demographic trends detail that Indigenous Peoples are becoming more urban but are also overrepresented by youth and children. Policies to address the health, well-being, social and cultural needs of these diverse populations globally represent new and emerging environments. Health determinants must therefore be viewed from a holistic perspective, taking factors such as colonization, racism, loss of cultural traditions, access to intact ecosystems and patterns of urban migration into account.

- **Environmental dispossession (R)**. Environmental dispossession involves all processes that have reduced Indigenous Peoples' access to land and resources. These processes affect health in direct and indirect ways. For instance, the loss of connections to physical environments and traditional foods is the direct effect of environmental dispossession. These concerns may reflect global food trends; however, the mechanisms reducing access to Indigenous foods are different. For example, the impacts of colonialism and forced assimilation associated with urbanization have eroded the relationships that have long existed between Indigenous Peoples, within families and local ecosystems.
- **Access to water sources (P)**. As the pipelines of Mother Earth's life, water is essential to every being on the planet. Access to this precious element is fundamental for Indigenous Peoples, not only in the human physical need but as part of their community and environmental existence. Hence the incessant efforts carried out by Indigenous Peoples to protect the water sources in their surroundings and as part of Mother Earth's overall health. Efforts to coordinate access through the International Decade for Action, "Water for Sustainable Development" 2018–2028, are fundamental to their health.

### Access to and health of traditional plants (P)

28. The physical, mental, emotional and spiritual health of Indigenous Peoples is intrinsically related to the health of and access to the source of life, the Earth. The health of the environment is essential to promote the health and healing ways of Indigenous Peoples, who have developed complex healing systems that continue to be utilized and are referred to as global healing traditions. Global healing traditions (also known as traditional healing) provide an often-underestimated health resource that has valuable applications, not only for the prevention of illness, but also for managing chronic diseases that are increasingly prevalent. This is of particular importance among ageing populations and in other vulnerable populations, such as in rural and impoverished areas where access to health-care systems is limited.

### Indigenous traditional medicine (P)

29. Global healing traditions, also referred to by the World Health Organization (WHO) as Indigenous traditional medicines, are defined as "the sum total of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental and social diseases". There are cultural protocols and processes whereby practitioners gain knowledge and experience through practice, sometimes training for decades. Training may incorporate hands-on experience, apprenticeship and observation handed down orally or in writing intergenerationally. The scope of practice of those who provide global healing traditions is wide and includes many concepts of primary care, including preventive medicine, hands-on healing, nutrition, midwifery, wound care and plant medicine, in addition to other methods. These methods have developed in relation to the surroundings and ecosystems within which Indigenous Peoples exist. They are thus vulnerable to

cultural and geopolitical changes to which they have been subject through colonization. This is particularly relevant to plant and herbal medicinal practice. Plant remedies are high in essential micronutrients, phytochemicals and other complex medicinal constituents that are often underrecognized and understudied, although some scientific studies have been performed and are promising. Up to 95 per cent of pharmaceuticals are said to have plant origins. Plant and herbal remedies include single, or combinations of, plants, may also include animal or mineral materials and are vulnerable to influences resulting from colonial impositions.

- **Dismissal of traditional medicine approaches (R)**. Non-Indigenous authorities and religions have for centuries tried to eliminate the use of Indigenous traditional medicine. In many colonized countries, Indigenous individuals using plants and herbs, or other forms of Indigenous medicine practices, have been labelled as "witches" or "insane" and murdered or locked up. This pervasive discrimination of ancestral practices has greatly impacted Indigenous knowledge and know-how. For instance, in Morocco, Indigenous Peoples use tattooing for protection against certain diseases (such as goitre or thyroid disease); however, these prevention practices are labelled as "pagan" and prohibited but are not replaced with any alternative. This has led to worse outcomes for patients and left them to their own devices in isolated regions. Indigenous Peoples around the globe are, even today, afraid to share visions, dreams and supernatural experiences with health providers, who have a history of pathologizing normal cultural experiences. Indigenous individuals are then labelled as abnormal, with diagnoses such as schizophrenia and schizoaffective disorder. What often follows is the judgment from the colonizer world view that a person is a threat to self and society. Sometimes these misdiagnosed Indigenous Peoples are detained against their will, which may entail disguised forms of incarceration.

**Erosion of traditional lifeways (R)**

30. Erosion of traditional lifeways includes the effects of overharvesting, climate change, regulations and lack of access to traditional lands, through regulations or destruction through capitalistic development. Indigenous Peoples are resource-rich but financially and politically limited and, through the erosion of Indigenous traditional lifeways, continue to be vulnerable. Indigenous global healing traditions are intrinsically valuable and understudied and are a global asset and should be promoted and protected in conjunction with the ecosystems that sustain them. Indigenous healing traditions pose a tremendous opportunity for societies and Governments to assist through social systems, scientific inquiry and policy to promote awareness and protection and promotion of safe and effective utilization of global healing traditions. There are models that integrate these healing traditions into the framework of the health system, such as in New Zealand, and in Alaska and Arizona in the United States.

# VI. Decolonizing and re-Indigenizing culture as a determinant of health

31. Indigenous knowledge systems represent knowledge, practices and ways of being human in relationship with past and future generations, current Indigenous communities and environments. This knowledge is passed on intergenerationally in complex and meaningful ways through stories, observation and a plethora of ways through authentic lived experience among Indigenous Peoples and communities. Indigenous frameworks, knowledge and ways of being cannot simply be classified as social determinants of health because they are not limited to social constructs. Although social systems have contributed, physical, spiritual, mental, emotional, transgenerational and other factors contribute to the unique determinants of Indigenous Peoples.

**Strengthening and reinforcement of the Indigenous identity (P)**

32. Cultural identity and connection to communities and land are essential elements towards decolonization and reversing some of the effects of colonization while remembering, re-embracing and Indigenizing living systems and ways of being, to include Indigenous lifeways and practices currently threatened by dominant colonial powers. Identity of self and connection to community are key protective factors for Indigenous Peoples. Knowledge of cultural practices and languages is observed to be protective against suicidality and prevent the development of chronic disease. Restoring cultural identity and community connectedness is a catalyst for addressing discrimination and oppression of culture and resulting disparities. This includes the restoration of gender relations that respected Indigenous women's lore and culture. Non-Indigenous allies and empowered systems and programmes have an obligation to assist and elevate less visible voices. Successful programmes and approaches have utilized Indigenous voices and allies in concert to achieve visibility and success. This has been seen in partnerships with Indigenous groups and advocacy organizations that help to fund and train Indigenous Peoples to advocate and network for themselves.

**Acknowledgement of sovereignty of Indigenous Rights and beliefs systems (P)**

33. Although some United Nations Member States do not acknowledge the sovereign rights of Indigenous Peoples, Indigenous Peoples continue to exist, and their belief systems and ways of being are valuable. It would benefit global practices of medicine to acknowledge that Indigenous Peoples have traditional practices and systems of belief that contribute to their health historically and that this is a global resource that could hold answers to prevention, disease treatments and overall wellness and planetary wellness.

**Indigenizing and decolonizing educational curricula (P)**

34. Promising studies show that Indigenizing and decolonizing curricula can benefit students, even those who do not identify as Indigenous. This creates a tremendous opportunity to feature, uplift and promote awareness of the value of the Indigenous global heritage, which includes Indigenous perspectives. Simply stated, decolonizing means freeing people from the colonizer. Applying that to health means remembering, reinvigorating and implementing Indigenous Peoples, values, practices, systems and sustainable resource allocation into health systems.

**Normalization of an ongoing cultural genocide (R)**

35. Colonial powers have systematically deployed dehumanizing and extractive systems, including slavery or other methods whereby Indigenous Peoples experience exploitation, enslavement, suffering and death. Through the effects of disease, maltreatment, malnutrition and systems such as institutionally run schools and other exploitative measures, disproportionate poverty, incarceration and disease of Indigenous Peoples have occurred. Many diseases affecting Indigenous Peoples in regions are purposely not prioritized, even when it is well known by the relevant authorities that these diseases are caused by poverty, for instance, the endemic of leishmaniasis in Morocco. In addition, the breaks in cultural norms and value systems through colonization have purposely eroded and disrupted Indigenous systems, resulting in health disparities.

**Structured, systematic and planned invisibility (R)**

36. The invisibility of Indigenous Peoples, practices, languages and beliefs continues to plague Indigenous Peoples and communities worldwide. There is a severe lack of demographic and health data on Indigenous Peoples, actively and

passively fostering their invisibility globally (including intentional data erasure). This is true in Member States that recognize Indigenous Peoples and those that do not. The latter make it impossible to appropriately conduct health monitoring, including determinants of health benchmarks. Instead, current systems globally prioritize value extraction and exploitation of Indigenous Peoples at the expense of their culture and well-being. Some health systems were developed and built around the extractive system of exploiting local labour systems for the benefit of the colonial powers. The effects of this continue in the more dominant Western health system, in which productivity and producing work are measured and quantified and where access to health care tends to be granted to those who have insurance or earnings through workplaces rather than universal access to health care in health systems. Furthermore, these health systems lack care that is inclusive of Indigenous medicines, practices and Indigenous practitioners. Although there are a variety of global health systems, disparities in access to and delivery of existing systems exist. Indigenous Peoples' and communities' data collection and availability must be urgently addressed by United Nations agencies and Member States if we are to achieve Sustainable Development Goal 3 on health and well-being.

**Gender in Indigenous communities (P)**

37. Indigenous Peoples have unique social structures that elevate and include the roles of women and other gender categories that may not be binary or may not conform to non-Indigenous gender norms. Thus, Indigenous Peoples' conceptualization of genders may include lesbian, gay, bisexual, questioning and two-spirit (LGBTQ2+) or other identities. Indigenous LGBTQ2+ members may have specific social, cultural and spiritual roles in society that are completely distinct from any other non-Indigenous societies. For instance, the American Indian/First Nations two-spirit people in North America, as well as the *Muxes* in Oaxaca, Mexico, have different social roles and dynamics from other genders.

# VII. Indigenous determinants of health in connection with the health equity levers in the World Health Organization world report on the social determinants of health equity

38. The present study is being produced in parallel with the drafting of the World Report on the Social Determinants of Health Equity of WHO, which includes 13 health levers. It is strongly encouraged that the conceptualization of Indigeneity should be added as a fourteenth lever when working with Indigenous Peoples. Indigeneity will thereby encompass the 37 Indigenous determinants of health included in the present study as additional or culturally competent determinants of health. For ease of reference, see the table, which shows the 13 WHO social determinants of health levers linked to specific Indigenous determinants of health based on the above categories common to the Indigenous perspective and the recent experience of Indigenous peoples.

| *World Health Organization social determinants of health lever* | *Indigenous determinants of health* |
|---|---|
| Health sector | Intergenerational approach;<br>Holistic healing;<br>Indigenous culture and language;<br>Sacred practices;<br>Indigenous spirituality;<br>Over-reliance on Western approaches;<br>Suppression and oppression by substances;<br>Indigenous traditional medicine;<br>Structured, systematic and planned invisibility;<br>Justified institutional pathologizing of Indigenous Peoples;<br>Indigenous-specific targeting stigma |
| Food systems | Indigenous food systems;<br>Mass-produced ultra-processed foods replacing Indigenous diets;<br>Access to and health of traditional plants;<br>Indigenous traditional medicine |
| Economic systems | Physical: environment ecology, limited access to Indigenous food systems resources;<br>Misconstruction of food security for Indigenous Peoples and communities;<br>Environmental dispossession;<br>Access to water sources;<br>Structured, systematic and planned invisibility |
| Racism | Institutionalized Indigenous-specific racism;<br>Justified institutional pathologizing of Indigenous Peoples;<br>Indigenous-specific targeting stigma;<br>Ongoing trauma exposure;<br>Forced assimilation and indoctrination;<br>Dismissal of traditional medicine approaches;<br>Structured, systematic and planned invisibility |
| Intellectual property | Indigenous traditional medicine;<br>Dismissal of traditional medicine approaches;<br>Strengthening and reinforcement of the Indigenous identity;<br>Structured, systematic and planned invisibility;<br>Language and culture |
| Commercial determinants of health | Mass-produced processed food replacing Indigenous diet;<br>Misconstruction of food security for Indigenous Peoples and communities;<br>Structured, systematic and planned invisibility |
| Employment and social protection | Normalization of an ongoing cultural genocide;<br>Acknowledgement of the sovereignty of Indigenous Rights and belief systems;<br>Structured, systematic and planned invisibility;<br>Language and culture |
| Conflict and forced migration | Indigenous migration and urbanization;<br>Structured, systematic and planned invisibility |
| Gender equality | Gender constructs among Indigenous Peoples and communities;<br>Indigenizing and decolonizing educational curricula;<br>Strengthening and reinforcement of the Indigenous identity |

| *World Health Organization social determinants of health lever* | *Indigenous determinants of health* |
|---|---|
| Climate change | Non-Indigenous concept of planetary health;<br>Access to and health of traditional plants;<br>Access to water sources;<br>Erosion of traditional lifeways |
| Urbanization and safe mobility | Forced assimilation and indoctrination;<br>Strengthening and reinforcement of the Indigenous identity;<br>Indigenizing and decolonizing educational curricula;<br>Normalization of an ongoing cultural genocide;<br>Strengthening and reinforcement of the Indigenous identity;<br>Structured, systematic and planned invisibility;<br>Language and culture |
| Digital economy | Acknowledgment of the sovereignty of Indigenous rights and belief systems;<br>Indigenizing and decolonizing educational curricula;<br>Normalization of an ongoing cultural genocide;<br>Structured, systematic and planned invisibility |
| Demographic transitions and economic opportunity | Misconstruction of food security for Indigenous Peoples and communities;<br>Non-Indigenous concept of planetary health;<br>Access to and health of traditional plants;<br>Acknowledgment of the sovereignty of Indigenous Rights and beliefs systems;<br>Strengthening and reinforcement of the Indigenous identity;<br>Structured, systematic and planned invisibility. |

# VIII. Recommendations

39. **Intergenerational holistic healing**

(a) Ensure intergenerational trauma training for Western medical, mental health professionals and public health workers. Training must be designed, curated, and implemented or co-led by local Indigenous practitioners;

(b) Incorporate local Indigenous physical, mental and spiritual indicators in health assessments carried out in primary care and broader public health systems. Such indicators must be developed in partnership with local Indigenous Peoples and communities;

(c) Develop, in partnership with Indigenous leaders, a national plan to implement cultural safety in health-care systems by rooting out colonizing indoctrination in services and to eliminate social stigma;

(d) Ensure that all services and public media are available in local Indigenous languages;

(e) Disseminate research demonstrating that cultural practices and Indigenous languages are protective against developing chronic diseases and are useful in preventing behavioural and mental health problems such as suicidality;

(f) Ensure, through legislation, policy and regulations, that sacred Indigenous cultural practices are legally allowed and protected from any social discrimination or religious extremism;

(g) Design and develop a curriculum on the role of Indigenous spirituality in health promotion for Western medical and mental health professionals so that health-

related spiritual practices are respected in health assessments, health care and public health efforts;

(h) Incorporate decolonized curricula in the Western education systems for medical, mental and public health practitioners, as well as for social work and other health systems-related personnel, to ensure that Indigenous practices are respected and included in the mainstream health systems in partnership with local Indigenous practitioners;

(i) Conduct a national campaign to create awareness and educate practitioners and the public about misdiagnosing Indigenous health issues and how such misdiagnoses can be discriminatory and stigma-based practices;

(j) Respect and incorporate partnerships to bridge Indigenous Peoples' traditional health with non-Indigenous health systems to fight institutionalized racism in the system and ensure equitable access to traditional medicines and healers, through cultural safety training and shared decision-making;

(k) Work to educate the general population about pathologization of the relationship between Indigenous Peoples and drugs and alcohol and to respect the use of herbal and traditional medicines;

(l) Develop a curriculum for public schools to properly educate the general population on the intrinsic socioeconomic value, uniqueness and knowledge of Indigenous Peoples in society;

(m) Conduct a national campaign to create awareness of and educate practitioners about the multigenerational traumatic circumstances to which Indigenous Peoples have been exposed, the complex interlinked physical, mental and spiritual issues resulting therefrom, and how a failure to acknowledge these can constitute discriminatory and stigma-based practices;

(n) Ensure the existence of – or adequately enforce – legislation that allows for a decolonized understanding of Indigenous Peoples' rights and conduct a campaign about how Indigenous beliefs must be respected as valuable societies in the country in which they reside;

(o) Educate non-Indigenous communities and allies on the current societal narratives promoting indoctrination; and use Indigenous knowledge to accomplish this initiative. For instance, the two-eyed seeing principle refers to Indigenous knowledge as a gift of multiple perspectives from each eye. This concept is helpful for integrative, translational, transdisciplinary and collaborative work such as in global health systems.

40. **Health of Mother Earth**

(a) Ensure Indigenous food system sources, including access to locally harvested traditional foods and access to existing Indigenous food systems knowledge, and foster intergenerational and cross-communities knowledge transfer for Indigenous food systems;

(b) Ensure the protection of the lands, waters and foods of Indigenous Peoples locally and globally;

(c) Design and properly fund initiatives for local Indigenous Peoples and communities to find viable and sustainable alternatives for their communities to recover access and resources to strengthen food practices based on their food knowledge;

(d) Develop an initiative for Indigenous leaders to provide education at the national and international levels on Indigenous approaches to protect the world's biodiversity;

(e) Support the sustainable and restorative traditional practices of food system cultivation for rural and urban Indigenous Peoples;

(f) Ensure culturally safe services and infrastructure fostering a balanced lifestyle for urban and immigrant Indigenous Peoples and communities;

(g) Develop national programmes led by Indigenous leaders to design a critical route for Indigenous communities to reconnect with their knowledge-based systems in a sustainable and viable manner;

(h) Provide Indigenous Peoples with equity-based platforms so that they themselves can advocate for the water sources that they need and the right to protect them;

(i) Ensure the existence or enforcement of legislation that allows for a decolonized understanding of Indigenous Peoples' use of traditional plants and herbal remedies;

(j) Support the restoration of traditional practices through educational campaigns, legislation and policies;

(k) Develop an initiative for Indigenous leaders to provide education at the national and international levels on the value and importance of Indigenous traditional medicine and the need to incorporate Indigenous-based mental health support in primary and specialized care settings;

(l) Foster access to culture-informed health practices and healing systems, that is, access to services that are not integrated into the overall health-care system and thus have limited funding and accessibility for Indigenous Peoples;

(m) Develop a curriculum for public schools to properly educate the general population on the intrinsic socioeconomic value of Indigenous Peoples' traditional lifeways in society;

(n) Develop policies protecting Indigenous Peoples' intellectual property regarding health practices, and work with Indigenous leaders on the implementation and enforcement of the protections.

41. **Decolonizing and re-Indigenizing culture as social determinants of health**

(a) Work with Indigenous Peoples and communities to design and implement a national plan to: (i) foster elements that reinforce Indigenous communities based on their uniqueness, history and knowledge; and (ii) ensure proper incorporation of the Indigenous communities in the national identity construction so that discrimination is avoided and eliminated;

(b) Consider that language is key to cultural understanding and identity, ensuring that Indigenous Peoples, educational systems and policymakers are all working towards promoting the survival of Indigenous languages, which promote heathy Indigenous Peoples;

(c) Develop, in partnership with Indigenous Peoples and communities, a national assessment of the areas that need the most attention in terms of Indigenous rights and discrimination against belief systems. Design and implement practical solutions to address these issues in the short and long terms;

(d) Advance cultural models and practices as a part of the overall health-care delivery and educational system for Indigenous People. This process requires partnerships both with Indigenous representatives, healers, scholars and elders and with youth, developing initiatives to involve them at every level of assessment, awareness and implementation;

(e) Carry out a national study on how the past and current systems are contributing to replicating and extending practices that lead to the destruction or obliteration of local Indigenous cultures. Define strategies based on the results;

(f) Implement a national campaign to create national awareness and educate all sectors of society on the contributions and importance of Indigenous Peoples at the national level and the need to correct current unjust practices stemming from ignorance, oblivion and value-extracting capitalistic practices;

(g) Ensure that Indigenous cultural systems' definitions of health are expressed and determined locally by Indigenous Peoples;

(h) Conduct community-based focus groups using Indigenous frameworks and methodology to address the needs of populations.

# IX. Concluding remarks

42. The present study builds on 20 years of efforts carried out by the Permanent Forum on Indigenous Issues to advance the policies and initiatives pertaining to the health and well-being of Indigenous Peoples around the globe. The present study is therefore intended to serve as a foundational framework for United Nations Member States and United Nations-related Agencies to guide their endeavours on Indigenous issues and strengthen the current work to achieve the Sustainable Development Goals under the 2030 Agenda.

43. Developed by Indigenous volunteer scholars and local community members from around the world, the content included in the present study is the result of collaborative efforts. The aim of the study is to educate policymakers about the specific circumstances impacting Indigenous Peoples' health and well-being and create awareness among non-Indigenous communities about how Indigenous health as individuals is intrinsically connected to the planet's well-being. Thus, the paramount role Indigenous Peoples have in leading the way to protecting Mother Earth.

44. Having a set of Indigenous determinants of health separate from the "diverse population" concept or "minority health" approach is an essential element that United Nations Agencies and Member States need to embrace to advance any actions or initiatives impacting Indigenous health. As a first step, WHO, together with its regional offices, is strongly encouraged to incorporate "Indigeneity" as an overarching determinant of health, which can be explained and operationalized through the 37 determinants of health listed in the present study. The authors of the study acknowledge that this list is not exhaustive and that, as stakeholders advance and make progress on the operationalization of these Indigenous health constructs, new and more accurate Indigenous determinants of health will be brought to light.

45. With the support of United Nations agencies and others, Indigenous scholars are called and encouraged to assist us in the expansion of knowledge regarding all circumstances affecting Indigenous health or disrupting the balance in Indigenous lives. It is important to highlight the need for United Nations agencies and Member states to acknowledge that the normalized colonization practices exist and are a main and ongoing source of risk factors for Indigenous Peoples' health.

46. The content of the present document also calls for policymakers and allies to seriously consider conducting assessments and taking actions aimed at systematically linking the multigenerational colonization practices to Indigenous Peoples' current circumstances in the mental, physical and spiritual health areas. On many occasions, health, environmental and food-related agencies carry out initiatives that seem to

approach new global concerns, although these are issues that Indigenous Peoples have been raising for decades. Thus, incorporating Indigenous perspectives in a meaningful and equitable manner in these workgroups is critical. The table of equivalents for the WHO social determinants of health equity levers and the Indigenous determinants of health included in the present study is an attempt to initiate a systematic dialogue between the Western-based terminology and the Indigenous conceptualization of health. The chart is not exhaustive but serves as a guide on how to begin approaching Indigenous issues in a culturally appropriate and effective fashion.

47. Likewise, the recommendations listed in the present document should be discussed and explored with local Indigenous leaders to ensure cultural and contextual appropriateness. Many of these recommendations are interlinked and may be appropriate to solve multiple circumstances given the multigenerational and multifaceted nature of Indigenous health.

48. The authors of the present study are confident that the content of the study can provide relevant global and local leaders with a foundational guide to jump start their re-Indigenization efforts at the local, national and international levels.

# Annex

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