IFMSA Policy Statement
Indigenous Health

Proposed by IFMSA Team of Officials
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Well-being is associated with high self-esteem, a feeling of being at peace and being happy. This includes education. It includes employment. It includes land claims. It includes resource management. All of these lead back to wellness and well-being. - Rhea Joseph

Summary
From the Arctic lands to the South American deserts; the North African mountains to the Polynesian islands, Indigenous peoples account for greater than 370 million people worldwide according to the United Nations Permanent Forum on Indigenous Issues. These populations, due to the historical and ongoing implications of colonization, discrimination, assimilation, paternalism and marginalization, continue to suffer negative health impacts today. As future health professionals, it is imperative that the International Federation of Medical Students’ Associations (IFMSA) recognizes and promotes the rights and opportunities of these populations in order to ensure better health outcomes. As Indigenous populations and their cultures are diverse, IFMSA believes the approach to health inequality across different geographical regions cannot and should not be homogenous, but concurrently that there are crosscutting issues that need to be addressed.

Indigenous health is often stereotyped as a rural health issue, but the data shows that these populations are settled and access health care across the entire spectrum of health care settings. IFMSA endorses preventative medicine and as such, the focus of improving Indigenous health outcomes should be directed at, but not limited to, the community-based primary health care. This can happen daily for those caring for patients of all ages in a wide variety of settings, including rural communities, urban environments, or tertiary care centers. It is important to not only build cultural capacity among the current health workforce but to strive for parity in Indigenous representation amongst multidisciplinary teams within the system; health care students, workers, professionals and policy-makers. Health care also needs to be delivered in a culturally safe manner.

Introduction
The IFMSA seeks to recognize and promote the rights, health outcomes and opportunities of Indigenous populations globally. All countries will tackle Indigenous health in different ways, but IFMSA believes there are crosscutting issues that need to be addressed. Indigenous cultures are some of the oldest continuous cultures in history. Despite the adversity of colonization and its reverberations, their rich myriad of cultures, religions, traditions and languages persevere to this day. The diversity of cultures within indigenous populations must be stressed, but common tenets are the significance of family groups, intergenerational preservation of culture and language, sustainability and connection to land. These common tenets deserve consideration when addressing Indigenous health inequality.

Historical and ongoing practices of oppression of Indigenous peoples via various means, have and continue to impact the health and wellbeing of these populations. There is an estimated 370 million Indigenous people living in more than 70 countries worldwide. In
nearly every studied example around the world health outcome measures of the respective Indigenous peoples fall below that of their non-Indigenous counterparts.

Indigenous peoples around the world continue to suffer from disproportionately high rates of morbidity, mortality, poverty, illiteracy, crime and human rights violations. Access to culturally sensitive health care and education are significant issues throughout the world.

- **Life Expectancy**
  - In Australia, an Indigenous child can expect to die 20 years earlier than his non-Indigenous counterpart
  - In Nepal the life expectancy gap is also 20 years
  - In Guatemala the life expectancy gap is 13 years
  - In New Zealand the life expectancy gap is 11 years

- **Mental Health**
  - In the United States, a Native American is 62 per cent more likely to commit suicide than the general population.

- **Infectious Disease**
  - In the United States, a Native American is 600 times more likely to contract tuberculosis

- **Non-Communicable Disease**
  - In Ecuador, Indigenous people have 30 times greater risk of throat cancer than the national average.
  - Worldwide, more than 50 per cent of Indigenous adults suffer from Type 2 diabetes

**Main text**

**Community and Socioeconomic Factors**

The United Nations adopted the *Declaration of the Rights of Indigenous Peoples* in 2007, In line with Article 23 of the declaration, IFMSA advocates for community-directed models of healthcare, whereby collaboration with, autonomy and self-determination of Indigenous communities is paramount.

The health of Indigenous people and that of their communities is influenced by a myriad of complex and interrelated factors which also intersect with gender, age, sexuality, disability, socioeconomic status and other determinants. The literature consistently indicates that Indigenous people have fewer opportunities to access healthcare education, employment, proper housing, quality food, clean water, and equitable income. Such poor social determinants of health translate into observable diseases: “for many Indigenous people who have migrated to urban areas, including in the developed world, urban diets are a severe health threat, resulting in malnutrition, diabetes and obesity.” Addressing the social determinants of health is the cornerstone of preventative healthcare regarding Indigenous health inequality.

Many mental health issues such as depression, substance abuse and suicide have been identified as connected to the historical colonization and dispossession of Indigenous peoples, which has resulted in the fragmentation of Indigenous social, cultural, economic and political institutions. Targeted culturally sensitive mental health campaigns and mental
health services for the vulnerable group of Indigenous persons with mental illness should be promoted.

One of the main determinants in Indigenous health relates with their access to land. Many Indigenous people were conquered and their land stolen, generating conflicts that persists for decades. Access to land goes beyond physical space. It has to deal with productive space, in order to guarantee habits of strativism and hunt. Moreover, health is affected by the constant conflict situation of land disputes, as seen on the countryside of Brazil, where Indigenous people may flee to cities and confront poor conditions of housing in urban areas. Connection to land is a common ideology held among Indigenous populations. Forced removal, damage to and eviction from land have an impact on Indigenous mental and physical health. Thus, promoting Indigenous access and rights to their land improves health while tackling food safety, proper housing, violence and immigration issues.

Racism gives rise to increased rates of violent crimes committed against Indigenous people. In Canada, Indigenous women are almost three times more likely to be killed by a stranger than non Indigenous women[6]. Incidents of rape, gang rape and attempted rape often exceed all other forms of gender-based violence, particularly in Uganda and Bangladesh [10]. In the majority of the cases, perpetrators are from a non-Indigenous background, and the authorities (i.e. police, army) are often involved. In this matter, the lack of access to the justice system, systemic racism and the absence of crime investigations entertain a strong culture of impunity.

Systemic, hierarchical racism and a lack of access to adequate legal representation combined with often lower socioeconomic status of Indigenous populations leads to higher incarceration rates of Indigenous persons compared with their non-Indigenous counterparts. This is an issue to be formally addressed in future policy.

Thus, beyond mere access to medical services, the health of Indigenous peoples reflects the broader social, political and economic environment in which they function.

**Climate Change and Indigenous Health**

Indigenous peoples are often closely related to and dependent on their land and its resources. Due to living predominantly in isolated environments, having stronger dependence on local ecosystems and often suffering from lower socio-economic statuses, it comes with no surprise that Indigenous peoples are amongst the first to face the consequences of climate change, despite the fact that they contribute little to greenhouse emissions. Climate-related health consequences and mortalities arise from environmental disruptions in various regions of the globe: in the Himalayas, glacial melts will lead to water shortage in the long term, affecting hundreds of millions of inhabitants. In the Amazon, droughts and forest fires have and are likely to continue to impact the local Indigenous communities. In the Arctic, the disappearance of traditional food source due to changing ice and weather conditions, coupled with higher risk of drowning when fishing and hunting on thinner ice, presents important threats to food security. Finally, the rising temperatures, extreme weather conditions and loss of vegetation in the African Kalahari basin threaten once again the food sources and the survival of local Indigenous communities. Indigenous peoples worldwide are thus faced with higher risks of mortality and tremendous dangers to their health, food security, as well as cultural identity and traditions[11].

Nonetheless, as shown by many examples around the world, Indigenous communities, with their long history of coping with environmental hardships, often showcase creative ways to respond to climate impacts [11]. For example, in Bangladesh, one of the countries most affected by rising sea levels due to climate change, an Indigenous technique is used to
cultivate floating vegetable gardens to avoid flood. Therefore, Indigenous peoples should constitute important allies in tackling climate change.

**Cultural Safety and Competence**

Cultural safety is a concept originating from New Zealand that confronts the views, discourses and assumptions of health care workers that impact Indigenous peoples seeking health care [9]. It requires health practitioners to provide care in a manner that is respectful of a person’s culture and beliefs, and that is free from discrimination. Cultural safety in the context of health care training does not focus on learning about a culture and goes beyond cultural competence. Rather, it entails continual self-reflection and examination of one’s own identity and cultural beliefs. Furthermore, it explores the ways in which these biases can manifest in the interactions with those one cares for [9]. The Indigenous Physicians Association of Canada also emphasizes; “a central tenet of cultural safety is that it is the patient who defines what ‘safe service’ means to them” [13]. Medical students and health care providers to practice a duality of both cultural competence, so as to practice in harmony with local Indigenous values, culture and traditions, as well as cultural safety, an ongoing reflection of one’s own cultural biases.

The provision of holistic healthcare and appreciation of health in a cultural context is essential in improving the health of Indigenous peoples and their communities. In a major study of the cultural competence evidence-base in health care, the National Center for Cultural Competence found culturally safe practice improved health outcomes, patient satisfaction and engagement [13]. Health care professionals should adopt a holistic approach in offering advice and care for their patients. They should practice cultural humility by respecting local traditions, including traditional medicine and medicinal practices, and by being careful not to impose their own values. Indigenous peoples widely have a more inclusive and diverse conceptualization of health and healing than is allowed for by the biomedical model of health [5]. In this appreciation for differences, and by allowing one’s Indigenous patients to define culturally safe services; physicians can understand how best they can provide truly holistic care, at the benefit of patients of all cultural origins.

**Health workforce**

All medical school curricula, especially in countries, which count Indigenous inhabitants, should adequately and appropriately prepare medical students for work with Indigenous populations. Curricula must differ between medical schools and countries depending on local Indigenous culture, beliefs and practices, however it should foster fundamental knowledge, skills and competencies required for practice in a culturally safe manner. This would not only serve to benefit Indigenous patients, but would open doors for improved understanding of communication complexities with patients of other marginalized and disenfranchised populations.

Despite increasing concern regarding Indigenous health, there continues to be an underrepresentation of Indigenous people in health care disciplines. Increasing Indigenous representation in medicine and policy making will improve access of Indigenous peoples to physicians who share their culture and language. This is in keeping to the endorsed concept of self-determination of Indigenous communities.
Research

All those engaged in research—or collecting data for researchers—should ensure that the research meets high standards, uses a participatory approach in which researchers are in full partnership with indigenous peoples and organizations, and follows the ethical guidelines of the International Indigenous Health Organizations. Information about the health status of Indigenous peoples is essential for advocacy and development of initiatives to address their health needs. Research should derive from Indigenous values, culture and traditional knowledge. Indigenous communities should play a directing role in such research and be involved in all stages from conception to completion. Following the principles of ownership, control, access and possession will diminish harmful research and improve research relevance.

Models of Care

To address the root causes of Indigenous health problems, there must be full recognition and exercise of Indigenous peoples’ collective rights to communal assets and self-determination. Models of healthcare must take into account the Indigenous concept of health and preserve and strengthen Indigenous health systems as a strategy to increase access and coverage of healthcare. This will necessarily involve cooperation between healthcare workers, traditional healers, policy makers and governments to ensure Indigenous cultures and attitudes towards health are upheld.

In accordance with the WHO Traditional Medicine Strategy: 2014-2023, traditional and complementary medicines should be studied and considered, and their use accepted where appropriate. This will maximize potential benefits from these treatments, and will help in minimizing harm in people undergoing unconventional or non-evidence based treatment.

An integrative model of healthcare that takes these factors into account can enable the provision of holistic and culturally appropriate care. The Alma Ata Declaration outlines a specific primary health care approach that stresses community-based health provision, and provides a framework upon which integrative health services may be devised and implemented.

IFMSA's Stance

IFMSA recognizes that the health inequities, which exist among Indigenous populations, reflect complex and interdependent issues. To address these longstanding inequities requires strong and dedicated inter-agency collaboration. As future physicians, it is our responsibility to advocate for the promotion and protection of the health and human rights of all people living in our member nations. For that matter, IFMSA calls for:

1. Local, regional, federal and international agencies to collaborate with Indigenous organizations, governments, non-governmental organizations, universities, communities, leaders and other stakeholders to develop comprehensive strategies for improving the health and opportunities of Indigenous peoples.

2. Stakeholders to recognize and address the underlying (specific) socioeconomic determinants of health that have, and continue to, impact Indigenous populations such as income, education, employment, environment, access to safe water and food, and housing. Stakeholders to promote Indigenous sovereignty of land and recognize that disruption of the commonly held value of connection to land has carry-on effects to health outcomes of Indigenous populations.
3. Stakeholders to include the involved Indigenous communities in all steps of discussions and decision-making processes regarding health, environment and climate change, energy sources and land use, as well as treaties that affect them, and to show a sincere interest and recognition for their ideas, knowledge and contributions.

4. Stakeholders to advocate for increased representation of the Indigenous population in all levels of education including medical school, National Member Organizations, healthcare providers and government.

5. Stakeholders to recognize and promote the rights of Indigenous peoples to cultural identity and self-determination in their provision of healthcare. In accordance to the principles of autonomy and self-determination, IFMSA and all stakeholders to seek Indigenous input on policy, program and research conceptualization, development, direction, implementation and evaluation.

6. Health authorities and healthcare providers to promote and deliver holistic and patient-directed care to Indigenous patients in a culturally safe and competent manner. Health authorities and health care providers should respect Indigenous traditions and practices including traditional medicines and medicinal practices. Mental health campaigns, programs and services in particular should be targeted in a culturally sensitive manner.

7. An integrative model of healthcare that takes into account Indigenous cultures and attitudes towards healthcare to be devised and implemented.

8. IFMSA’s National Member Organizations to recommend that medical schools within their country/region advocate for curricular frameworks that promote Indigenous health and cultural safety as key components of medical education. Indigenous health curricula should act as a resource for best-practice content and implementation strategies, while continually engaging in self-reflection and high quality curricular content and delivery.

9. Stakeholders to involve and support Indigenous populations in conceptualizing, developing, directing, implementing and evaluating research independently, concerning subjects regarded as significant by their population. Where this is not possible, a collaborative approach should be followed at every stage of research.

References


