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Protecting the health of indigenous peoples of the Arctic: the experience of the regions of the Russian Arctic

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Abstract. The right of indigenous peoples to health belongs to the category of specially protected social rights and is associated with the maintenance of the standard of living and health, which allows maintaining sustainable existence and development of the ethnic group in the era of global transformations and industrial development. The presented analytical material demonstrates the level of implementation of the international standards of the World Health Organization in relation to indigenous peoples, as well as the Convention standards of the International Labor Organization, in the national and regional legislation of the Russian Federation in relation to Arctic subjects. The degree of regulatory and institutional provision of the right to health of small indigenous peoples is directly proportional to the level of economic development of the subjects, as well as their status within the administrative and territorial division of Russia: republican status or fuel and energy potential.

1. Introduction

The right to health protection is one of the fundamental human rights belonging to the category of social rights, reflected in a number of international documents of declarative and conventional nature. Indigenous peoples' health is a special object of protection from the World Health Organization (WHO), which, based on a number of resolutions of the World Health Assembly (WHA 54.16, 53.10, 51.24, 50.31, 49.26, 48.24, 47.27) [1], expressed its readiness to “strengthen culturally sensitive health systems”.

The above mentioned resolutions were adopted during the first International Decade of the World’s Indigenous Peoples (1994–2003), and in 1999 the Geneva Declaration on the Health and Survival of Indigenous Peoples was adopted. The declaration defines the concept of health and survival as follows:

“The concept of health and survival of indigenous peoples is a collective and individual intergenerational continuum, covering a holistic perspective, including four different common dimensions of life. These dimensions are spiritual, intellectual, physical, and emotional. Linking these
four fundamental aspects, health and survival manifest themselves at different levels, where the past, the present and the future coexist at the same time”.

That is, the declaration focuses on a comprehensive understanding of the right to health, which, of course, is associated with traditional mentality and culture, which is expressed in the declaration as follows: “<...> individual and collective relationships, family and kinship systems, social institutions, traditional justice, music, dance, ceremonies, ritual actions and practices, games, sports, language, narratives, mythology, history, names, land, sea and air and their resources, drawings, writings, visual compositions, constantly documented aspects and forms of indigenous culture, including scientific and ethnographic reports, documents and books, photographs, digital images, films and sound recordings, funeral and sacred sites, human genetic material, ancestral remains and artifacts”.

2. General view on the problem of indigenous peoples’ health

Experts, assessing the incidence of indigenous peoples, come to the conclusion that the lack of full access to quality medicine in the 18th and 19th centuries led to catastrophic consequences for the population of such seemingly different in geographical terms peoples as Maori (New Zealand), Hawaiians, Saami (Norway), Indians (the USA and Canada). And the deadly infectious diseases of the past centuries, including measles, typhoid fever, tuberculosis and flu, have been replaced by such diseases as alcoholism, drug addiction, cancer, coronary heart disease, kidney disease, obesity, diabetes and suicides. As can be seen from the presented list of the diseases, indigenous peoples have become exposed to a wide range of non-communicable diseases. As WHO notes: “Although disaggregated data are still insufficient, existing data suggest that indigenous peoples are disproportionately burdened with non-communicable diseases. For example, although the overall rate of smoking in Canada is 18%, it is estimated to be almost 4 times higher among Inuits. In Australia, rates of type 2 diabetes are 10 times higher among adult indigenous people <...>”.

Summarizing the reasons that have a direct impact on the health of indigenous peoples enables specialists to identify four main sources of their social disadvantage [2]:

- genetic vulnerability (diabetes, alcohol dependence, certain types of oncology: for example, nasopharyngeal carcinoma in Inuits [3]);
- disadvantageous social and economic situation (low quality of housing, lack of full access to education, high unemployment, etc.: such cases are reflected in such well-known international justice cases as “Mayagna (Sumo) Awas Tingni Community v. Nicaragua”, “Saramaka People v. Suriname”, “Sawhoyamaxa Indigenous Community v. Paraguay”, “Yakye Axa v. Paraguay”);
- alienation of natural resources through industrial development (environmental degradation has a direct impact on the health of indigenous peoples: for example, changes in the food base for reindeer due to climate change);
- political and other types of discrimination (lack of quality medical care: for example, Swedish precedent with Sami language discrimination in hospitals and clinics).

Of course, the role and level of political and economic development of the state play a role here, which directly influences the development of a civil society, which is the source of socially oriented policies, and, beyond any doubt, the “ethno-psychological factors” of the indigenous peoples themselves, including the degree of their education and involvement in modern society. And if the indigenous peoples of the Arctic show a sufficiently high level of such involvement, when their culture and traditions in reality do not conflict with the possibility of obtaining high-quality medical care, for example, Australian experience demonstrates a very low level of awareness of aboriginal people about the need for anticancer therapy, considering it a punishment from the “evil spirits” for the invasion of white colonists on their sacred land. On the other hand, it is worth mentioning Canada’s positive experience in collaborative research between scientists and indigenous peoples in the search for and development of fundamentally new nutritional systems to improve the health and social well-being of indigenous peoples [4].
3. The health of the indigenous peoples of the Arctic: international obligations and regional practice

In the context of the Arctic region, which is undergoing active industrial development in a harsh climate and highly vulnerable ecosystem, the health of indigenous peoples requires special attention. Under the wing of the Arctic Council, there are six public organizations representing the interests of indigenous peoples (Aleuts, Attabasca, Kuchin, Inuit, Saami, and small indigenous peoples of the North, Siberia and the Far East of the Russian Federation).

The fundamental point in understanding of the international legal obligations of states to protect the health of indigenous peoples is that only one Arctic state has signed ILO Convention No. 169, article 25 of which imposes the responsibility of the parties to the treaty on the protection of the health of indigenous peoples. And this is the Kingdom of Norway. The treaty establishes obligations for proper medical care, including at the local level, a high level of interaction of medical personnel with the communities, taking into account traditional preventive medicine, traditional healing practices and medicines, training and hiring health workers from local communities.

Despite the fact that Russia is not a party to this treaty, it is important to note that the rights of indigenous minorities of Russia are constitutional guarantees under Article 69 of the Constitution, and the protection of their original habitat and traditional way of life is subject to the joint jurisdiction of the Federation and the subjects (article 72 “м”). Health protection of indigenous minorities is within the legal framework of federal laws “On Environmental Protection” and “On the Basics of Health of Citizens of the Russian Federation” (section 2, part 1, article 6: consideration of the culture, traditions and religion of the patient; article 50: folk medicine).

Also, it should be noted that the UN Declaration on the Rights of Indigenous Peoples, despite the fact that it is not a treaty, for 2018, is a generally recognized international legal document, supported by three resolutions of the UN General Assembly (A/RES/61/295 of September 13, 2007; A/RES/69/2 of September 25, 2014 and A/RES/71/321 of September 21, 2017), and its Article 24 sets the standard for the protection of the right to health of indigenous peoples.

Turning to the level of the Arctic subjects of Russia, it is necessary to make a key emphasis on the fact that the degree of provision with regulatory, programmatic and institutional basis in order to protect the health of indigenous minorities directly depends on the general development of the region, material and technical base and community activity. Monitoring of regulatory support and software in a number of subjects of the Arctic zone of Russia showed the following indicators:

1) the Komi Republic: regulatory support, especially for reindeer herding families;

2) Krasnoyarsk Territory: support for reindeer herding families (including medical support for children of reindeer herders) and people with disabilities from the number of indigenous peoples; there is a need for mobile dental offices, as well as providing mobile teams with off-road vehicles and portable medical equipment; it is noted that only in some kindergartens, schools, medical institutions, where children from the North are provided with food to maintain and strengthen their health, the diet is made up with large amounts of meat and fish, which also needs to be taken into account by regional authorities;

3) the Republic of Sakha (Yakutia): comprehensive and full development of the system of medical care, taking into account the ethnic and cultural specifics of the region; ensuring the conduct of annual medical preventive examinations, the provision of medicines and drugs, as well as resort and rehabilitation treatment of nomadic families; the question was raised about the allocation of funds for medical research related to the functioning of the Vostochny cosmodrome in connection with the heightened concern for their health by the population of the uluses belonging to the area of the fall of certain parts of the launch vehicle; the order of the Ministry of Health of the Republic on the provision of premises in a dormitory for medical and pharmaceutical workers from among the indigenous minorities was adopted;

4) Yamalo-Nenets Autonomous District: medical guarantees for persons from the indigenous minorities (the organization of medical care in nomad camps; the development of mobile forms of medical care; the provision of monthly benefits); preferential dentoprosthetic care, free provision of
drugs for outpatient treatment; free provision of a children's dowry for newborns from among the indigenous peoples in the form of a special set of 14 items (from a shirt and a diaper to a bonnet and a warm blanket);

5) Khanty-Mansi Autonomous District: integration of the medical sector with a number of services and industries aimed at maintaining health and increasing life expectancy; the development of biotechnologies, including those based on local agricultural raw materials and wild plants, resort activities, specialized public catering facilities, medical and health tourism, production of medical equipment; implementation of the provisions specified in the strategy through the regional state program.

4. Conclusion
It becomes obvious that without the wide involvement of indigenous peoples in the process of improving the health system, it is impossible to build a sustainable and flexible model, the “design” of which should be built on the basis of their cultural and social needs [5]. It is extremely important to use the potential of sociological research on the degree of satisfaction with the quality of medical care, as well as water, food and drug prices in places of traditional residence and traditional economic activities of indigenous peoples [6]. It is also advisable to take into account all the latest recommendations of the Association of Indigenous Peoples, which are accumulated as a result of annual events with the participation of the communities of the Russian Arctic. In particular, concerning health issues for 2017, it is possible to agree with the proposal to develop a unified federal concept for the development of the health system of the indigenous minorities of the North, Siberia and the Far East of the Russian Federation in places of traditional residence with recognition of the priority of primary health care, monitoring in order to identify sources of radiation and chemical pollution in the places of traditional residence of aboriginal people, including the subsequent development of measures to protect the population from harmful effects, ensure the collection of medical and demographic statistics.

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