

From: Daniel Peplow [<mailto:dpeplow@uw.edu>]
To: Suriname Country Office
Cc: MICI; Daniel Peplow
Subject: SIHF Petition_ICIM_Wayana_Suriname

Marco Carlo Nicola

Inter-American Development Bank

Country Office

Paramaribo, Suriname

Dear Representative Nicola.

The Suriname Indigenous Health Fund (SIHF) on behalf of the Wayana people (see attached letter requesting assistance) is writing to address the very difficult situation of the indigenous people who live in the villages of Puleowime (Apetina) as well as the inter-riverine 'no-contact people' living traditional lives in the forested regions of southeast Suriname. These people are being forced to abandon their minority cultural traits and merge with mainstream society. Racial hostility and resistance from the receiving society prevents the ethnic Wayana communities from becoming a permanent and legitimate component of the mainstream society in which they have a place, not as aliens or immigrants or minorities but as full citizens; this process of acculturation prevents them from any sense of security or self-determination; the Wayana are not given the opportunity to participate in the central government or benefit adequately from resource distribution.

In Apetina, SIHF has performed community-directed risk and health assessment studies since 2004. These studies, which combine clinical examination and scoring of individual performance score on a battery of neurological tests in conjunction with the hair mercury data, has conclusively shown neurologic dysfunction consistent with mercury poisoning among residents in Puleowime (Apetina) in Southeast Suriname.

Neurological dysfunction among the Wayana in Southeast Suriname as a result of exposure to mercury is a sequelae to economic development activities and resource extraction projects. Our data shows this situation is inflicting sickness, death and disability on the Wayana. This population is already vulnerable to attrition and displacement due to pressures on their semi-nomadic lifestyle. Reducing morbidity

and disability from exposure to mercury would require the majority population to accept new burdens and relinquish existing privileges. This contentious reality suggests that our attention should not be directed towards the search for medical solutions. Instead, it should be directed towards overcoming the social, political, economic and ethical determinants of health that are responsible for the public health crisis facing the Wayana in Suriname.

We are seeking, therefore, the assistance of the Inter-American Development Bank's (IDB) Independent Consultation and Investigation Mechanism (ICIM) to determine whether action can be taken in either of two ways to address the situation facing the Wayana in Suriname: (1) by providing immediate relief at the community level to stabilize the situation over the short-term, and (2) reducing death, disease and disability over the long-term by addressing the situation (i.e., structural violence) at the policy level.

It is not the purpose of this petition to discuss how to carry out public consultations, nor to address the topic of how to prevent or cope with intercultural conflict, but rather to address the structural impediments to public consultations of indigenous peoples. This proposal seeks to provide some ideas and guidance for the possible improvement of the existing policies, laws and institutions based on international standards that will lower the risk of social conflict, enhance economic development and improve measurable health outcomes.

It is our understanding that since 1982 until the present IDB programs have worked to reform the land tenure system and promote resource development in Suriname's interior region. On 23 February 2006, The Inter-American Development Bank (IDB) presented the Suriname Land Management Project (SLMP) to the Government of Suriname. The stated aim of the SLMP was to replace the traditional land tenure system of the Wayana People in Suriname's interior where the village of Puleowime (Apetina) is located with a market system. IDB operations specialists who told representatives from the US non-profit Suriname Indigenous Health Fund (SIHF), "The stated aim of the SLMP was to provide a final solution to land disputes in the Interior where gold and timber resources are concentrated; replace traditional land tenure systems of Wayana communities with an active market system; and create a new Ministry of Environmental Planning, Land and Forest Management (RGB) to allocate land resources along the lines of a neo-liberal economic development program." According to Resource Specialists at the IDB, the SLMP was discontinued in 2007 and the Project for the Sustainable Development of the Interior (SU-T1026) was implemented to take up the goals of the discontinued SLMP. In January 2011, the president of Suriname installed a "Committee for the Regulation of the Gold Sector in Suriname (OGS)". The goals of the OGS are to: 1) restore state authority and control over the gold mining sector; 2) improve extraction and production methods and bring greater efficiency to the gold mining activities in Suriname Interior region; and 3) increase government income from taxes on gold production.

As a consequence of these program activities, Wayana men are forced to look for alternative hunting grounds, far from where they used to hunt. The Wayana report

that they cannot drink the water from the creeks and rivers because it is polluted. This pollution is caused by gold mining. Members of the Wayana communities, especially women, are often sexually molested. Women report they are now afraid to go to their fields where they grow crops to work. Generally speaking, the Wayana face the following threats: 1) Displacement; 2) Militarization of their Territories by Mining Interests; 3) Vulnerability to Natural Disasters; 4) Food Insecurity; 5) Contaminated Water; and 6) health effects (e.g., mercury intoxication) associated with dumping of mine waste, river sedimentation, and human waste generated by a large influx of miners.

Acknowledging the extreme nature of the Wayana health crisis compels public health practitioners like ourselves to address the large-scale social forces at work in Suriname that determine who falls ill, who is given access to care, who lives, and who dies. As a consequence of their declining health and wellbeing, indigenous people in Suriname are filing a series of human rights petitions to the United Nations Special Rapporteur on the Rights of Indigenous Peoples; Special Rapporteur on the Adverse Effects of the Movement and Dumping of Toxic and Dangerous Products and Waste on the Enjoyment of Human Rights; UN Committee on the Elimination of Racial Discrimination (UNOG-OHCHR); and the IACHR Executive Secretary Inter-American Commission on Human Rights. Although appealing to international tribunals for justice is an appropriate mechanism to reinforce international law and bridge the divide between economic development and public health, justice alone cannot determine the "correct" policy or supply an answer to every question regarding the broad direction of economic development and public health. Neither can any other single organizing principle.

The overarching purpose of this petition is to operationalize WHO's proposed '*Health in All Policies (HiAP) Framework for Country Action*' and to identify specific methods that address the community and social health needs that accompany the economic development and assimilation processes in Suriname. The goal of this proposal is to use the HiAP as a guide for finding cooperative solutions across sectors at the policy level and facilitate more equitable patterns of growth and development leading to measurably improved health outcomes.

We are writing to ask whether current structural adjustment programs could be expanded to include already existing mechanisms to address the social determinants of health inequality in Suriname. For example, could the mechanisms of structural adjustment be used to ratify as law in Suriname relevant international standards such as 1) *The United Nations Declaration on the Rights of Indigenous Peoples*. The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) is the most comprehensive statement of the rights of indigenous peoples with respect to the development, utilization or exploitation of mineral and other natural resources; 2) *ILO Conventions No. 169 - Indigenous and Tribal Peoples in Independent Countries*, The Inter-American Court of Human Rights confirmed in the case of the *Saramaka People vs. Surinam*, that there is an obligation to implement consultation mechanisms relevant to indigenous peoples with respect to the development, utilization or exploitation of mineral and other natural resources.

This petition recommends enhancements to current structural adjustment programs for Suriname that will address the economic and public health challenges encountered in Suriname's Interior region. This petition also seeks to engage empowered stakeholders relevant to the Suriname case to determine what conditions are necessary to bridge the divide between economic development and public health. We specifically ask whether the IDB could host a meeting between the stakeholders identified (below) to discuss these matters further.

Identified Stakeholders

- 1) The Inter-American Development Bank;

- 2) Pan American Health Organization, Regional Office in Suriname and the main office in Washington, D.C.;

- 3) World Health Organization, Geneva, Health in All Policies working group;

- 4) Suriname Indigenous Health Fund.

Discussion

It is a documented phenomenon that in most countries like Suriname where there is a commodities boom, a GDP narrowly focused in extractive activities, extreme income inequalities, presence of multinational companies, coupled with poor governance and a weak institutional regime, there is clear potential for social conflict. Adding to this combination the presence of indigenous peoples who are even marginalized by their own national government frequently heightens the risk for social conflict.

Conclusion

There is evidence that poor health undermines economic growth. In contrast, good health facilitates economic growth through higher labor productivity and improved public engagement. Per capita growth rate can be reduced significantly and to unacceptable levels due to poor health outcomes. Economic development policies that thoroughly addresses the community and social health needs that accompany the economic development and assimilation processes in countries like Suriname

will also address the very real obstacles due to poor health that impede economic growth programs that are being experienced today.

Respectfully Yours,

Daniel Peplow, PhD

Environmental Toxicology and Health

Suriname Indigenous Health Fund

White Swan, Washington USA

[+1 509 985-6281](tel:+15099856281)