



SÁMEDIGGI
SAMETINGET

OHCHR REGISTRY

- 8 MARS 2016

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Ápringsstider:
Mandag - Fredag
08.00-15.30

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<The Sámi Parliament's memorandum - Reporting on the right to health and indigenous peoples - the UN Expert Mechanism on the Rights of Indigenous Peoples.>

The Sámi Parliament of Norway appreciates The Office of the United Nations High Commissioner for Human Rights' (OHCHR) call for submissions from indigenous peoples to the study currently being carried out by the Human Rights Council's Expert Mechanism on the Rights of Indigenous Peoples, as requested through resolution 30/4.

In operative paragraph 5 of the resolution, the Human Rights Council requested that the Expert Mechanism on the Rights of Indigenous Peoples prepare a study on the right to health and indigenous peoples with a focus on youth and adolescents, and to present it to the Council at its thirty-third session. The Sámi Parliament hereby submits information related to this theme.

The Sámi Parliament in Norway is the Sámi's democratically elected governing body, elected by and from among the Sámi population. The Sami is a people as well as an indigenous people, with the right to self-determination. The Sámi are a minority population in Norway, with their own distinct identity, language, culture, social structures, traditions, livelihoods, history, and aspirations.

The basic principles underlying the Sámi Parliament's work to promote good health is that Sámi users of services are entitled to equal health and social services, that is, to services on a par with those provided to the general public, and that the national authorities bear the ultimate responsibility for ensuring equal health services to the Sámi people. This follows from rights that Sámi patients have under national legislation and international conventions endorsed by Norway. This also forms the basis for what the Sámi Parliament would like to report on.

The Sámi Parliament focuses on Sámi participation and co-determination in relation to health. On several occasions, the Sámi Parliament has pointed out the need to improve genuine Sámi co-determination in designing and delivering health services through Sámi representation on boards and committees at various levels. Sámi rights to co- and self-determination in respect of



their culture and community are ensured under Norwegian law and international conventions that have been endorsed by Norway.

The Sámediggi Executive Council (which serves as the cabinet of the Sámi Parliament) has repeatedly experienced that assessments of Sámi patients' needs are overlooked when various services are being planned and implemented. Based on the Consultation Procedures Agreement established between the Sámi Parliament and State authorities, the Sámi Parliament has been assigned by the Norwegian government to consult with regional health enterprises, but we see that the health enterprises have a large degree of autonomy in relation to how the assignments are to be performed. The Sámi Parliament also finds that the boards of regional and subordinate health enterprises lack members who have knowledge of the challenges Sámi patients encounter in their contact with the public health service. This in turn means that adequate account is not taken of the measures necessary if Sámi patients are to receive equal services.

The Sámi Parliament will highlight the following information on Sámi health issues for the EMRIP study:

Participation and self-determination.

- The Sámi Parliament can deal with all matters which, in the opinion of the Parliament, involve the Sámi¹. The Sámi are entitled to co- and self-determination in respect of our culture and our community.²
- It ensues from Art. 25 of ILO Convention No. 169 that the design and delivery of health services for indigenous peoples shall take place under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health. The International Covenant on Economic, Social and Cultural Rights recognises in Article 12, first subsection, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- The Sámi Parliament's view is that genuine co-determination in the design and delivery of health services to Sámi patients is not ensured, since Sámi representation on the various decision-making bodies in the health care system has not been given priority. The right to co- and self-determination presupposes Sámi representation on governing bodies, based on appointments made by the Sámi Parliament. The Sámi Parliament has repeatedly pointed out its right to appoint Sámi representatives to governing bodies in the field of health, but such appeals have not been heard by the central authorities. This leads to inadequate assessments of what measures are needed for Sámi patients to receive equal services (including the rights of Sámi youth and adolescents as patients).

The range of services offered to Sámi patients

¹ §2-1

² cf. ILO convention No. 169; §108 of Norway's Constitution; §2-1, second subsection and §1 of the Sámi Act; The Agreement on Procedures for Consultations between the Sámi Parliament and State authorities from 2005; The UN Declaration on the Rights of Indigenous Peoples (2007) see Articles 3, 4, 5, 18, 19, 21, 22, 23, 24 and 39; The International Covenant on Economic, Social and Cultural Rights, Articles 1 and 12.

- The Sámi Parliament presumes that the Sámi people are entitled to equal health and social services on a par with the non-indigenous population. Providing equal health services for Sámi patients implies services that are adapted to accommodate Sámi patients' linguistic and cultural background. The Sámi Parliament refers to the advances achieved in the range of services offered to Sámi patients in respect of mental health and substance abuse by the specialist health service. Thanks to the establishment of a separate treatment institution, Sámi patients receive culturally and linguistically adapted services. The institution also has a well-developed range of services for Sámi youth and adolescents. The Sámi Parliament sees, however, that the institution's organisational relationship with a subsidiary enterprise entails financial and organisational challenges that limit the services available to Sámi patients. The Sámi Parliament points out that the provision of health services to the Sámi is a State responsibility. The Sámi Parliament calls for more Sámi participation/co-determination in the organisation and control of the range of services for Sámi patients, and as well as for clearer national guidelines for the further development of the range of services that are to be determined in consultation with the Sámi Parliament.
- The Sámi Parliament is concerned about the somatic specialist services available to Sámi patients. This refers in particular to subjects/functions in which communications play a key role in the treatment and where the patients' opportunity to use their native language is decisive to whether the treatment will be successful.

The Sámi Parliament refers *inter alia* to a lack of Sámi-language treatment opportunities in fields such as geriatrics, cognitive diseases, dementia, chronic diseases, and children's diseases. The Sámi Parliament calls for more focus on linguistically and culturally adapted treatment services for somatic disorders. This will be especially important for those who do not deal well with the majority culture, e.g. children, youth, the elderly and mentally challenged individuals from a Sámi background).

- The Sámi Parliament has been concerned for quite some time about the health and care services available to Sámi patients from the primary health service. Article 3 of the ILO Convention devotes special attention to primary health services for indigenous peoples. Within the primary health service, there has not been systematic emphasis on offering health services to Sámi patients. Elderly Sámi receive offers of care in facilities where their native language is not understood or used. There is also not much opportunity to use their native language with therapists, and interpreters are not readily available. This increases the danger of incorrect treatment and reduces patient safety. Substance abuse and mental health patients who are generally in a difficult situation cannot expect to get a linguistically and culturally adapted offer either, and Sámi children do not get offers of follow-up in their native language.
- In recent years, the central authorities have concentrated on general health programmes. The Sámi Parliament has provided input for many of the programmes in

order to improve the initiatives so that they will also provide better services for Sámi patients. The Sámi Parliament maintains that the central authorities that bear the ultimate responsibility must ensure that services adapted to Sámi patients are included in central health and social policy initiatives, and that strategies should be drawn up for further organisation, control and programmes to offer to Sámi patients. Unfortunately, the Sámi Parliament experiences that the central authorities' initiatives only marginally touch on the challenges that Sámi patients face in their encounters with the health service. The Norwegian Government recently submitted a report on the primary health service of the future, with special emphasis on youth and adolescents. The Sámi Parliament requested consultations to ensure that the central authorities would also set clear parameters and goals for the services provided to the Sámi through a plan of action. That would have been in line with the UN Declaration on the Rights of Indigenous Peoples, which the Norwegian Government has endorsed, but both the consultative process and Sámi participation in the development of a plan of action were rejected by the Government.

The right to use the Sámi language: language

- Sámi patients' right to use Sámi in their contact with the public health service is well regulated by national legislation. Sámi is one of Norway's official languages, which entitles Sámi people to use Sámi in their encounters with public health care institutions in certain areas. Further, the right to use Sámi is also regulated by specific laws, such as the Act relating to Patients' Rights.
- Despite this, Sámi patients cannot use Sámi in most treatment situations. The chance to use an interpreter ranges from limited to non-existent. For example, only one of Norway's hospitals has a Sámi interpreter available at all, and only during ordinary working hours. The Sámi Parliament sees this as a reflection of the health services' lack of focus and understanding of the need to make accommodations for the use of Sámi. In this context, the Sámi Parliament also points out that national emergency services are not prepared for emergency calls in Sámi. The Sámi Parliament maintains that Sámi patients' right and need to use their native language is not given priority or taken sufficiently seriously by the health service. On the initiative of the Sámi Parliament, a project has been carried out to improve the availability of interpreting services for Sámi patients. The project has been completed, and the Sámi Parliament has pointed out the failure to follow up the project's findings.

Knowledge about health status

- Knowledge about health status and contributing factors are significant in the work to achieve good public health and a good range of services for a population. The central authorities have paved the way for surveys of health and living conditions to be carried out among the adult Sámi population, but the Sámi Parliament experiences that the results of the surveys are not followed up to any great extent. The Government has also presented reports on public health in Norway, with subsequent legislation that

obligates municipalities to make overviews and report on public health. Since many municipalities have little knowledge or awareness of their own Sámi population, the Sámi Parliament requested that the obligation to provide public health services for the Sami population be rendered visible in the Act. This was rejected by the Government. This means that public health profiles drawn up by government authorities do not contain sufficient information about the public health of the Sámi population.

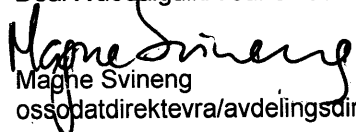
- The Sámi Parliament has urged the Government to identify consequences of the Norwegianification policy, including how it affects health and living conditions in the Sámi population. The Norwegianification policy has had formidable ramifications with a view to the loss of Sámi identity, language, culture and livelihood. It has also had an impact on the individual's intrinsic value, and contributed to stigmatisation and prejudices among the Sami population and the non-indigenous population alike. This is the backdrop for today's inadequate language protection initiatives for Sámi users within the health service at the national level that the State authorities have failed to resolve through the current policy. The Sámi Parliament asserts that it is necessary to explore this further, in order to solve some of the challenges currently facing the Sámi community, including the health perspective. .


Sámi youth and adolescents – the right to health.

- The Sámi Parliament points out that there has been little focus on the health and welfare of Sámi youth and adolescents. This is a reflection of the fact that we have little documented knowledge about the health and living conditions of Sámi youth and adolescents. The health and living situation of Sámi young people does not show up in national databases (Ungdata), and is not dealt with in annual national surveys. The Sámi Parliament is concerned about the lack of data on our youth and adolescents. For example, we lack recent knowledge about substance abuse and the use of illegal intoxicants, children who grow up with substance abuse and violence in close relationships, and what school is like for Sámi youth and adolescents. Since the lack of data makes it difficult to render visible challenges facing Sámi youth and adolescents in terms of health, living conditions and the need for adapted services, the risk that Sámi youth and adolescents do not receive a satisfactory selection of services is on the rise. The Sámi Parliament calls for more focus on the health of Sámi youth and adolescents, and on the range of health care services they receive.
- Research indicates that the Sámi are subject to bullying and discrimination more frequently than ethnic Norwegians. Research also indicates that there is a connection between the scope of experienced discrimination and how heavy the mental burden is experienced as being. As indigenous people, Sámi youth and adolescents often live in interface between several cultures and face challenges ensuing from their ethnic sense of belonging. Sámi young people themselves have raised the issue of the mental health of Sámi young people as a theme for the UN Permanent Forum on Indigenous Issues.

- Sámi youth and adolescents encounter negative publicity about the Sámi both personally, through the social media, and through the media in general. The media's approach to news items that deal with Sámi conditions has often been negative, and relevant posts on social media are frequently characterised by insults and other types of online harassment. Youth and adolescents who have family ties to reindeer husbandry are especially vulnerable. Negative publicity in the media and in society at large regarding the reindeer husbandry industry may be experienced as the cause of bullying and discriminatory reactions from the outside world. The Sámi Parliament believes that it is necessary to survey the scope of online harassment and negative mention of the Sámi on the Internet, since this has an especially adverse impact on the mental health of Sámi youth and adolescents. It is also necessary to have strategies and initiatives to follow up such efforts.
- Youth and adolescents with connections to traditional industries are vulnerable in several ways. The majority society's attitudes and the pressures exerted on traditional Sámi economic activities, land areas and livelihoods, have an adverse impact on physical and mental health. The Sámi Parliament is particularly concerned for the younger generation, and we mourn the loss of adolescents in several areas of Sápmi who have chosen to take their own lives. Suicide among indigenous youth is often a question of complex causal connections. However, one common denominator that is often mentioned involves determinants related to belonging to an indigenous people and our future as an indigenous people. For Sámi young people, this raises the issue of whether they can continue to live traditionally, and what future they have in traditional indigenous industries. At the same time, they feel a responsibility for carrying on traditional industries, language and culture. Pressures on our way of life are experienced by many as extremely stressful, both financially and mentally. Many young people lose their faith in the future, and pessimism can be contagious. The Sámi Parliament maintains that it is imperative that the central authorities devote more attention to how the mental health of Sámi youth and adolescents is influenced by the challenges facing traditional Sámi industries. It is also necessary to introduce protective measures.

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