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Item 3(a): Economic and Social Development**



**Global statement presented Dina Bruyere, Executive Director of the National Aboriginal Diabetes Association in Canada supported by eleven NGOs: Foundation for Promotion of Indigenous Knowledge; International Organization of Indigenous Resource Development; Assembly of First Nations; Assembly of First Nations Women's Council; Native Women's Association of Canada; Center for Organization, Resources and Education; Quebec Native Women's Association; Cejudhcan (Nicaragua); Haudenoshonee; Tonatierra (US), New Future Foundation Inc. (Gorrey Island, Africa)**

Madame Chairperson, I am here today as the Executive Director of the National Aboriginal Diabetes Association (NADA) in Canada. Currently, over 2 million Canadians suffer from diabetes. Diabetes is a disorder caused by the absence of the hormone insulin (Type 1) or the inability to properly regulate insulin (Type 2). Severe complications such as cardiovascular disease, chronic renal failure, blindness and amputations can occur if diabetes is not adequately controlled.

NADA was established in 1995 as a non-profit, member-led organization whose mission is to be the driving force in addressing diabetes and Aboriginal people as a priority health concern in Canada. In Canada, diabetes is directly responsible for 5,500 deaths annually and contributes to 25,000 potential person years of life lost. Incidence increases by 60,000 new cases every year. The cost of diabetes overall in Canada is also high in terms of dollars. The federal government estimates that by 2020 diabetes and its complications will cost the Canadian economy more than \$19.2 billion a year in direct health-care costs, absenteeism and lost productivity.

The situation among Indigenous Peoples is even worse. For example, in Canada, Indigenous Peoples suffer from diabetes at a rate that is 3 to 5 times higher than the national Canadian average. Treatment for Type 2 diabetes complications are **higher** for Indigenous Peoples because of factors including reduced access to health care services, earlier onset and greater severity at diagnosis. The devastation this disease inflicts on our families and communities has reached pandemic proportions and is a public health emergency.

Globally, diabetes affects 246 million people and is expected to affect 380 million by 2025. Each year a further 7 million people develop diabetes and 3.8 million deaths are attributable to this disease. Every 10 seconds two people develop diabetes. Type 2 diabetes accounts for almost all cases of diabetes amongst Indigenous Peoples and it generally occurs at a much younger age. In Canada, Indigenous children are now being diagnosed with Type 2 diabetes, a situation virtually unheard of in the general Canadian population.

The Indigenous Task Force of the IDF has great potential to provide much needed international collaboration among Indigenous People in the fight against diabetes. Although not currently

active, this Task Force could more effectively bring the issue of diabetes among Indigenous People to the global front and generate awareness that is essential to stopping its grip on our people.

Diabetes risk factors include obesity and a sedentary lifestyle. A wealth of evidence also supports the notion that socioeconomic conditions are equally or more important to health status than medical care and some personal health behaviours. Social determinants of health such as income inequality, insubordinate housing, food insecurity and lack of education have a direct negative impact on health. Indigenous Peoples tend to occupy the lowest socio-economic positions of our respective territories. For instance, Indigenous People in Canada are twice as likely to live in poverty and three times more likely than the average Canadian to be unemployed.

It is also important to note that diabetes among Indigenous Peoples was virtually unheard of prior to 1950. Since then, traditional lifestyles and dietary patterns that have sustained people over generations have been disappearing. Many Indigenous Peoples cannot afford to purchase healthy foods for their families so consume over-processed foods high in sugar, starch and preservatives that are poor in nutritional value.

Without funding dedicated to culturally appropriate diabetes prevention and management programming, the diabetes problem in indigenous communities is only going to get worse. While Indigenous Peoples represented 3.4% of the Canadian population in 2001, we will represent 4.1% of the population by 2017. More and more Indigenous Peoples will be suffering from diabetes in the near future. This public health emergency can only be halted at the community level with properly funded programs and services staffed by qualified Indigenous health care educators and providers.

In addition, people with diabetes incur medical costs that are 2 to 3 times higher than those without diabetes. As Indigenous Peoples tend to occupy the lowest socio-economic positions, costly diabetes treatment is a barrier in managing this chronic disease. In Canada for instance, the recent report "*Rekindling Reform: Health Care Renewal in Canada 2003- 2008*" highlighted ongoing gaps in services that result from the complex structure of health care funding and delivery for Indigenous Peoples. Poor integration of services has meant that care that is routine for other Canadians may be delayed or simply not available to Indigenous Peoples.

Also concerning for our youth, diabetes is increasingly occurring in much younger children, with greater severity and with higher rates of complications than in the general population. Lack of timely and coordinated treatment of this disease in indigenous communities has also led to an increased prevalence of secondary health complications. Heart disease, hypertension, stroke, nerve damage and lower limb amputation, kidney disease, dental problems, impotence and blindness are becoming commonplace. These complications result in premature mortality, disability and a compromised quality of life, and are ultimately very costly to treat. These complications are also occurring at a younger age due to the earlier age of disease onset.

The management of diabetes in the indigenous population requires a coherent, integrated approach that promotes effective diabetes care and management to ensure optimal quality of life and to prevent or delay costly and devastating complications. As a chronic condition, diabetes is

costly to the health care system. Diabetes care must be geared toward effective disease management before complications develop and cause healthcare costs to skyrocket.

Therefore, in accordance with articles 3, 21, 23, and 24 of the UN Declaration on the Rights of Indigenous Peoples we respectfully submit the following recommendations:

1. We recommend that the International Diabetes Federation reinstate the Indigenous Task Force as it has great potential to address the emerging epidemic of diabetes that is now affecting our children.
2. We recommend that UNPFII8 include in its report a recommendation that governments take measures to improve the social determinants of health for Indigenous Peoples including increasing access to healthy food and recreational programs.
3. We recommend governments provide funding for Indigenous Peoples to develop culturally-relevant diabetes related programs and services to stop this epidemic. For Canada, this should include obtaining the meaningful input and full participation of Indigenous Peoples in renewing the Aboriginal Diabetes Initiative.
4. We recommend that governments take measures to make diabetes medication and treatment options available to all Indigenous Peoples regardless of their status, residence and socio-economic position.