



VMUN 2026

United Nations Permanent Forum on Indigenous Issues

BACKGROUND GUIDE



Vancouver Model United Nations

The Twenty-Fifth Annual Session | January 23rd-25th, 2026

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Dear Delegates,

Welcome to the United Nations Permanent Forum on Indigenous Issues (UNPFII)! My name is Serina Fan, a sophomore at Crofton House School, and it is my distinct honour to serve as your Director at VMUN 2026. Working alongside me will be your Chair, Yihang Li, and your Assistant Director, Joshua Pham. We would like to extend a warm welcome to all of you!

When I entered my first committee session three years ago, I vividly remember offering my first speech with a mix of personal pronouns and occasional stutters. However, thanks to the unwavering support of friends and fellow delegates, my passion for this activity has grown exponentially. From late-night preparation sessions to exhilarating debates in the committee room, I came to value all the experiences MUN has offered me. Whether you are walking into this committee with a binder jammed with research or just exploring the world of diplomacy, I hope this weekend sparks your passion and builds your confidence for this non-spectator sport.

In this iteration of Vancouver Model United Nations, UNPFII will be discussing the topics of *Cultural Safety and Healthcare Access*, and *Sustainable Tourism Development*. These areas of discussion will encourage delegates to critically reflect upon the lasting legacy of colonialism and its impact on current injustices. To create comprehensive and innovative solutions, I would encourage you to conduct further research into your country's unique history and its relationship with Indigenous communities.

If you have any questions or concerns, please do not hesitate to contact me at unpfii@vmun.com. I wish you all the best of luck in your preparations, and I look forward to a weekend of fruitful debate!

Sincerely,
Serina Fan
UNPFII Director

Position Paper Policy

What is a Position Paper?

A position paper is a brief overview of a country's stance on the topics being discussed by a particular committee. Though there is no specific format the position paper must follow, it should include a description of your positions your country holds on the issues on the agenda, relevant actions that your country has taken, and potential solutions that your country would support.

At Vancouver Model United Nations, delegates should write a position paper for each of the committee's topics. Each position paper should not exceed one page and should all be combined into a single document per delegate.

For UNFPII, position papers, although strongly recommended, are not required. However, delegates who wish to be considered for an award must submit position papers.

Formatting

Position papers should:

- Include the name of the delegate, his/her country, and the committee
- Be in a standard font (e.g. Times New Roman) with a 12-point font size and 1-inch document margins
- Not include illustrations, diagrams, decorations, national symbols, watermarks, or page borders
- Include citations and a bibliography, in any format, giving due credit to the sources used in research (not included in the 1-page limit)

Due Dates and Submission Procedure

Position papers for this committee must be submitted by **January 12, 2026, at 23:59 PT**. Once your position paper is complete, please save the file as your last name, your first name and send it as an attachment in an email to your committee's email address, with the subject heading as "[last name] [first name] — Position Paper". Please do not add any other attachments to the email. Both your position papers should be combined into a single PDF or Word document file; position papers submitted in another format will not be accepted.

Each position paper will be manually reviewed and considered for the Best Position Paper award. The email address for this committee is unfpri@vmun.com.

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Cultural Safety and Healthcare Access

Overview

Culturally safe and timely healthcare remains inaccessible to Indigenous communities worldwide. Due to their historical displacement and the ongoing enforcement of discriminatory policies, many communities reside in remote locations far from medical services, resulting in understaffed clinics and a lack of training in culturally appropriate care.¹ For instance, the Tuxa community in Brazil is located approximately 4 hours from the nearest intensive care unit.² Consequently, Indigenous populations experience significantly higher rates of preventable infections, maternal and infant mortality, and chronic illness.³ Altogether, these disparities have contributed to an average of 20 years in Indigenous life expectancy compared to non-Indigenous populations.⁴

The concept of culturally safe and accessible healthcare was first introduced in New Zealand by Maori scholar Irihapeti Ramsden in 2012.⁵ Reports revealed that the Māori people experienced frequent discrimination, stereotyping, and miscommunication throughout their treatment processes.⁶ In response, New Zealand began integrating Māori perspectives into medical training and healthcare settings, which saw improvement in clinician engagement with Māori patients and a gradual reduction in health inequities, such as life expectancy.⁷ Since then, international agreements such as the United Nations Declaration on the Rights of Indigenous Peoples have been drafted to advocate for further protection of Indigenous medical traditions in legislation.⁸

The main barrier for Indigenous access to culturally safe care is the lack, and often inconsistent enforcement, of laws.⁹ While many nations pledge to uphold Indigenous peoples' rights to practice traditions and strengthen healthcare infrastructure, these efforts are often symbolic and fail to produce tangible benefits. Healthcare is inseparable from the recognition of Indigenous dignity and identity for peoples worldwide.¹⁰ Without widespread and systematic change, colonial patterns of oppression are inevitably perpetuated. Therefore, it is in the interest of the United Nations Public Forum on Indigenous Issues (UNPFII) to debate and implement resolutions that integrate and respect Indigenous ways of healing, ensuring they are not dismissed as inferior to Western medicine.

¹ Nam Hoang Nguyen et al., "Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada: A Narrative Review," *Healthcare* 8, no. 2 (2020): 112, <https://pmc.ncbi.nlm.nih.gov/articles/PMC7349010/>.

² Shasta Darlington et al., "Report: Brazil's Indigenous People Are Dying at an Alarming Rate From Covid-19," CNN, May 24, 2020, <https://www.cnn.com/2020/05/23/world/coronavirus-indigenous-death-apib-intl.ca>.

³ Michael Gurven, "Infant and Fetal Mortality Among a High Fertility and Mortality Population in the Bolivian Amazon," *Social Science & Medicine* 75, no. 12 (2012): 2493–2502, <https://doi.org/10.1016/j.socscimed.2012.09.030>.

⁴ "Indigenous Peoples." n.d. World Bank. <https://www.worldbank.org/en/topic/indigenouspeoples>.

⁵ "Cultural Safety." n.d. Obo. <https://www.oxfordbibliographies.com/display/document/obo-9780199756797/obo-9780199756797-0192.xml>.

⁶ Ibid.

⁷ "The Hui Process: A Framework to Enhance the Doctor–Patient Relationship with Māori," *The New Zealand Medical Journal*, January 18, 2024, <https://nzmj.org.nz/journal/vol-124-no-1347/the-hui-process-a-framework-to-enhance-the-doctorpatient-relationship-with-maori>.

⁸ "Frequently Asked Questions on the Health and Rights of Indigenous Peoples," *World Health Organization*, n.d., <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples/frequently-asked-questions-on-the-health-and-rights-of-indigenous-peoples>.

⁹ Cindy Brach and Irene Fraser, "Reducing Disparities Through Culturally Competent Health Care," *Quality Management in Health Care* 10, no. 4 (2002): 15–28, <https://doi.org/10.1097/00019514-200210040-00005>.

¹⁰ Oksana Buranbaeva et al., "Indigenous Peoples' Access to Health Services," in *State of the World's Indigenous Peoples*, ed. Jeffrey Reading (DESA, 2013), https://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/SOWIP_Health.pdf.

Crucially, such initiatives must consider both theoretical discussion on cultural differences, and practical changes that can be effectively delivered by practitioners.

Timeline

1493 — Pope Alexander VI issues the Doctrine of Discovery, justifying Spain's suppression of Indigenous traditions and permitting centuries of land dispossession and resource extraction. This doctrine establishes the ideological foundation for various colonial policies in centuries that follow.¹¹

1630 — European views on witchcraft were introduced in Latin America. Colonial governments begin viewing Indigenous medicine, rituals, and ceremonies as demonic and heretical.¹²

1883 — Healing rituals, medicine dances, and ceremonies were criminalized under the Code of Indian Offences in the United States. The Court of Indian Offences was established to prosecute individuals who participated in ceremonies, issuing punishments ranging from fines to imprisonment.¹³

September 24, 1907 — The Tohunga Suppression Act was passed in New Zealand, which criminalized Māori traditional healers for their practice. Western medicine was imposed as the more “rational” and “scientific” alternative to treatment.¹⁴

August 1, 1953 — The United States establishes the Indian Termination Policy, attempting to assimilate Indigenous communities to colonial society. The policy terminates formal recognition of tribes and federal aid for Indigenous-run services, including traditional healthcare.¹⁵

February 22, 1957 — South Africa introduces the Witchcraft Suppression Act. Under this law, Indigenous healers—sangomas and inyangas—were widely persecuted and harassed under accusations of sorcery and fraud.¹⁶

¹¹ “The Doctrine of Discovery, 1493,” *Gilder Lehrman Institute of American History*, n.d., <https://www.gilderlehrman.org/history-resources/spotlight-primary-source/doctrine-discovery-1493>.

¹² Nicole von Germeten, “Witchcraft in Colonial Latin America.” *Oxford Research Encyclopedia of Latin American History*. December 22, 2021, <https://oxfordre.com/latinamericanhistory/view/10.1093/acrefore/9780199366439.001.0001/acrefore-9780199366439-e-432>.

¹³ “Tribes - Native Voices.” n.d. <https://www.nlm.nih.gov/nativevoices/timeline/364.html>.

¹⁴ Mahi Tahi Media, “The Tohunga Suppression Act: How Māori Medicine Was Made Illegal for 55 Years.” n.d. <https://www.renews.co.nz/the-tohunga-suppression-act-how-maori-medicine-was-made-illegal-for-55-years/>.

¹⁵ “Termination, Relocation, and Restoration | American Archive of Public Broadcasting.” n.d. <https://americanarchive.org/exhibits/native-narratives/termination-relocation-restoration>.

¹⁶ John Hund, 2004. “African Witchcraft and Western Law: Psychological and Cultural Issues.” *Journal of Contemporary Religion* 19 (1): 67–84. <https://doi.org/10.1080/1353790032000165122>.

May 27, 1967 — The Australian Referendum grants the federal government jurisdiction over Aboriginal affairs, leading to the expansion of healthcare programs that prioritizes Western biomedical models over Aboriginal methods of healing.¹⁷

September 12, 1978 — The World Health Organization (WHO) adopts the Alma-Ata Declaration. Traditional Indigenous medicine receives formal recognition as Primary Health Care, setting a global precedent for the inclusion of Indigenous knowledge in health policy.¹⁸

August 17, 1999 — New Zealand's Department of Health launches guidelines for traditional Maori healing. This policy enables Indigenous healers to work formally in hospitals and clinics.¹⁹

August 31, 2000 — The African Union adopts the Plan of Action on Traditional Medicine in Africa. The policy recognizes traditional medicine as legitimate and urges member states to create regulatory frameworks to facilitate research on Indigenous healing practices.²⁰

September 13, 2007 — The UN General Assembly formally adopts the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Notably, Article 24 declares that Indigenous communities have rights to maintain traditional medicines and health practices, including access to resources essential to their healing systems, such as animals, plants, and other natural resources.²¹

October 20, 2008 — Ecuador becomes the first country to adopt the Indigenous right to intercultural health in its Constitution. The clause applies the concept of "Buen Vivir"—good living—which encompasses Indigenous rights spanning culturally grounded health, community development, and environmental protection.²²

December 19, 2013 — Bolivia passes Law 459: the Ancestral Bolivian Traditional Medicine Law, which incorporates Indigenous healing practices into the national medical system. The law establishes guidelines for the registration of national healers and includes provisions for the development of education in traditional medicine.²³

¹⁷ Australian Institute of Aboriginal and Torres Strait Islander Studies. n.d. "The 1967 Referendum." AIATSIS Corporate Website. <https://aiatsis.gov.au/explore/1967-referendum>.

¹⁸ Ted Brown, "The WHO's Alma-Ata Declaration of 1978," Circulating Now From the NLM Historical Collections, October 21, 2024, <https://circulatingnow.nlm.nih.gov/2019/10/10/the-whos-alma-ata-declaration-of-1978/>.

¹⁹ Christine Metusela, "Health Systems of Australia and New Zealand." Science Direct. <https://www.sciencedirect.com/topics/medicine-and-dentistry/maori-people>.

²⁰ Martin Ikhoyameh, Wealth Egbeaduma Okete, Ruth Mosunmola Ogboye, Olaitan Kayode Owoyemi, and Ololade Samson Gbadebo. 2024. "Integrating Traditional Medicine Into the African Healthcare System post-Traditional Medicine Global Summit: Challenges and Recommendations." Pan African Medical Journal 47 (January). <https://doi.org/10.11604/pamj.2024.47.146.43011>.

²¹ "Frequently asked questions on the health and rights of Indigenous Peoples" n.d. World Health Organization. <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples/frequently-asked-questions-on-the-health-and-rights-of-indigenous-peoples>.

²² National Secretariat of Planning and Development. 2013. "National Development Plan/National Plan for Good Living, 2013-2017. Summarized Version." 2013. <https://www.planificacion.gob.ec>.

²³ "Law No. 459 of December 19, 2013, on Ancestral Traditional Bolivian Medicine, Bolivia (Plurinational State of), WIPO Lex." n.d. <https://www.wipo.int/wipolex/en/legislation/details/14436>.

March 15, 2019 — Norway strengthens protection for Sami health programs and professional education for care providers. All clinics and hospitals must acknowledge Sami rights and have a basic level understanding of the Sami practices and customs.²⁴

February 7, 2023 — Canada commits \$2 billion over 10 years to increase access to safe and culturally informed healthcare services. The government collaborates with Indigenous groups and partners to distribute funds across First Nations, Inuit, and Métis communities.²⁵

May 26, 2023 — Taiwan enacts the Indigenous Peoples Health Act, aiming to improve Indigenous quality of life by mandating tailored healthcare legislation, Indigenous autonomy in decision-making, and the enforcement of culturally safe training.²⁶

October 22, 2025 — The World Health Organization (WHO) publishes a department update, which aims to strengthen Indigenous-led initiatives in global health and biodiversity governance. The announcement emphasizes the importance of Indigenous data sovereignty, intergenerational and gender equity and centrality in Indigenous medical knowledge.²⁷

Historical Analysis

Indigenous cultures and traditions are historically suppressed by colonial governments through discriminatory policies, typically aiming to relocate and assimilate communities. Settlers exploited Indigenous communities for economic profit. Initial contact often involved settler offerings of manufactured goods, weaponry, and cloth in exchange for fur.²⁸ However, as settlers sought to expand their wealth over time, they began abusing mistranslated and coercive treaties to acquire more land for resource extraction and industrial development.²⁹ For instance, the 1884 to 1885 Berlin Conference placed nearly 90 percent of the African continent into arbitrarily delineated territories under European control, restricting Indigenous self-governance and freedoms.³⁰

²⁴ Janne Isaksen et al, "Sámi and Norwegian Nurses' Perspectives on Nursing Care of Sámi Patients: A Focus Group Study on Culturally Safe Nursing," *International Journal of Circumpolar Health* 80, no. 1 (2021), <https://doi.org/10.1080/22423982.2021.1948246>.

²⁵ "Working in Partnership to Deliver High-quality Health Care for Indigenous Peoples," Prime Minister of Canada, last updated April 4, 2025, <https://www.pm.gc.ca/en/news/news-releases/2023/03/02/working-partnership-deliver-high-quality-health-care-indigenous>.

²⁶ □ □ □ □, "Legislature Passes Indigenous Peoples' Health Act," *Taipei Times*, May 26, 2023, <https://www.taipeitimes.com/News/taiwan/archives/2023/05/27/2003800520>.

²⁷ World Health Organization, "Strengthening Indigenous-led Engagement in Global Health and Biodiversity Governance," World Health Organization, October 22, 2025, www.who.int/news/item/22-10-2025-strengthening-indigenous-led-engagement-in-global-health-and-biodiversity-governance.

²⁸ "The Fur Trade," Milwaukee Public Museum, <https://www.mpm.edu/content/wirp/ICW-146>.

²⁹ Lin, Hung-Peng, Emiko Tajima, Karina L. Walters, and Marilee Sherry. 2025. "'Erased in Translation': Decoding Settler Colonialism Embedded in Cultural Adaptations to Family Group Conferencing (FGC)" *Social Sciences* 14, no. 5: 259. <https://doi.org/10.3390/socsci14050259>.

³⁰ Appiah, Anthony, and Henry Louis Gates. 2010. *Encyclopedia of Africa*. Oxford University Press eBooks. <https://doi.org/10.1093/acref/9780195337709.001.0001>.

Treaties forced Indigenous groups into reserves far from their traditional territories, disrupting medical traditions, including remedies reliant on regional resources. Specifically, settlers have disseminated rhetoric claiming that colonial ways of healing were more civilized, safe and rational, which justified outlawing Indigenous a variety of traditions.³¹ Most Indigenous medical practices and knowledge were lost or compromised due systemic oppression and disease, with commonly applied policy tactics including the criminalization of traditional healing and methods of forced assimilation.

Due to the government-enforced eradication of Indigenous healing rituals and ceremonies, and the ensuing social stigma labelling them superstitious, traditional healers were forced to practice underground. In India, for instance, the British government enacted the 1835 Medical Registration Act, which labelled traditional healers as unqualified.³² The policy denied Ayurvedic, Unani, Siddha healers legal status, funding and protection.³³ As a result, intergenerational Indigenous medical knowledge and practical apprenticeships were disrupted or forced to practice in unsafe and clandestine conditions.

Difficulties were furthered by the forced removal of Indigenous children from their cultural environments, such as in Canada, where residential schools enforced physical, emotional and mental abuse as consequences for practicing Indigenous languages and culture.³⁴ 76.8 percent of residential school survivors reported feeling a significant disconnect from their culture and traditional knowledge.³⁵ The consistent eurocentric belief in medical knowledge and practice superiority reinforced assimilative policies globally, facilitating the suppression of communal healing rituals and the forced removal of Indigenous children.

Although traditional healing methods were restricted, colonial governments made little effort to provide alternative treatment options. As a result, deadly infectious diseases spread by Europeans—such as smallpox, measles and influenza—left communities defenceless and without genetic immunity, killing up to 80 percent of the North American Indigenous population.³⁶ These illnesses compounded the neglect and abuse that Indigenous children faced, leading to the deaths of thousands who never had the opportunity to reunite with their families or impart their knowledge of cultural practices.

In instances where Western psychiatric institutions were available, the provided services remained culturally uninformed, dismissive, and discriminatory for Indigenous peoples.³⁷ Less visible and understood health concerns that fell outside of Eurocentric norms, including mental health issues, were overlooked and

³¹ Eni, Rachel, Wanda Phillips-Beck, Grace Kyoan Achan, Josée G. Lavoie, Kathi Avery Kinew, and Alan Katz. 2021. “Decolonizing Health in Canada: A Manitoba First Nation Perspective.” *International Journal for Equity in Health* 20 (1): 206. <https://doi.org/10.1186/s12939-021-01539-7>.

³² Sriram, Veena, Vikash R. Keshri, and Kiran Kumbhar. 2021. “The Impact of Colonial-era Policies on Health Workforce Regulation in India: Lessons for Contemporary Reform.” *Human Resources for Health* 19 (1). <https://doi.org/10.1186/s12960-021-00640-w>.

³³ Ibid.

³⁴ Kim, Paul J. 2019. “Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System.” *Health Equity* 3 (1): 378–81. <https://doi.org/10.1089/heap.2019.0041>.

³⁵ Ibid.

³⁶ “Guns Germs & Steel: Variables. Smallpox | PBS.” n.d. <https://www.pbs.org/gunsgermssteel/variables/smallpox.html>.

³⁷ Lloyd Wylie, Stephanie McConkey, “Insiders’ Insight: Discrimination Against Indigenous Peoples Through the Eyes of Health Care Professionals,” *Journal of Racial and Ethnic Health Disparities* 6, no. 1 (2018): 37–45, <https://doi.org/10.1007/s40615-018-0495-9>.

misinterpreted.³⁸ Colonial medical rhetoric framed Indigenous connections to the mind, body, and spirit as inferior.³⁹ Consequently, Indigenous patients who voiced concerns and symptoms were labelled as irrational and their concerns were deemed ludicrous.⁴⁰ This combination of systemic discrimination and culturally insensitive care contributed to internalized stigma among Indigenous peoples.⁴¹ Within communities, Indigenous patients resist seeking medical attention regarding mental health issues and reconciling intergenerational trauma or mental health issues due to the legacy of institutional colonial discrimination.

Past UN/International Involvement

Several countries began to attempt reconciliation with Indigenous nations throughout the late 20th and early 21st century. International agreements were introduced to recognize the importance of upholding culturally safe healthcare and protect the preservation of traditional medical knowledge. In 2002, the Inter-Agency Support Group on Indigenous Issues (IASG) was established to assist the UN Permanent Forum on Indigenous Issues (UNPFII), coordinating UN bodies with Indigenous communities to ensure that policy is aligned with Indigenous interests.⁴² These efforts culminated in the 2007 adoption of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).⁴³ Article 24 of UNDRIP explicitly reinforces that “Indigenous peoples have the right to their traditional medicines,” including the “conservation of their vital medicinal plants, animals and minerals”—protecting specific resources required for Indigenous rights and sovereignty to be upheld.⁴⁴ The article further states that communities are entitled to the “ability to access all social and health services” in an indiscriminatory manner. Altogether, international frameworks set the foundation for future legislation on regional levels, sparking discourse and enforcing accountability to dismantle overlooked systemic challenges.

World Health Organization (WHO) Involvement

The World Health Organization (WHO) is a specialized agency of the United Nations, established in 1948.⁴⁵ Although they are unable to create legally binding legislation, the WHO serves as a platform that builds partnerships and collective guidelines, ultimately seeking to influence national action.

In 2014, the Department of Gender, Rights and Equity supported the development of the Global Plan of Action for the Health of Indigenous Peoples, incorporating the input of Member States, Indigenous Peoples, UN agencies, and civil society.⁴⁶ The plan formally acknowledged Indigenous perspectives on healing, which ensured that Indigenous communities can receive higher quality healthcare without the imposition of Western ideologies

³⁸ Emily Pegler et al, “The Unique Experience of Intersectional Stigma and Racism for Aboriginal and Torres Strait Islander People Who Inject Drugs, and Its Effect on Healthcare and Harm Reduction Service Access,” *International Journal of Environmental Research and Public Health* 22, no. 7 (2025): 1120, <https://doi.org/10.3390/ijerph22071120>.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Sarah E. Nelson and Kathi Wilson, “The Mental Health of Indigenous Peoples in Canada: A Critical Review of Research,” *Social Science & Medicine* 176 (January 2017): 93–112, <https://doi.org/10.1016/j.socscimed.2017.01.02>.

⁴² “Inter-Agency Support Group (IASG) | United Nations for Indigenous Peoples.” n.d. <https://www.un.org/development/desa/indigenouspeoples/about-us/inter-agency-support-%20group.html>.

⁴³ United Nations Draft Declaration on the Rights of Indigenous Peoples.” 2006. May 13, 2006. <https://pdba.georgetown.edu/IndigenousPeoples/UNdraft.html>.

⁴⁴ Ibid.

⁴⁵ “About WHO.” n.d. <https://www.who.int/about>.

⁴⁶ “Global Plan of Action for Health of Indigenous Peoples” June 18, 2025, World Health Organization, <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples>.

affecting their medical models.⁴⁷ The WHO has also developed technical guidelines for Member States, urging them to introduce healers, midwives, and herbal practitioners to rural communities to expand access.

These changes inspired the effective expansion of community-led interventions rooted in Indigenous knowledge.⁴⁸ For instance, the WHO Global Plan of Action guided an interagency initiative in Colombia in 2015, which led to the integration of traditional Wayúu midwives in state-run maternal health services.⁴⁹ Between 2015 and 2023, the maternal mortality ratio in Indigenous communities globally reduced from 288 to 104 per 100,000 live births—a 64 percent reduction.

Upon the conclusion of the Global Plan, new policies continued to emerge to support the delivery of culturally safe healthcare for Indigenous populations. Notable initiatives include Kenya’s Community Health Strategy of 2020-2025 and Ecuador’s Intercultural Health System of 2008, which both directly integrate traditional Indigenous practices in their respective national healthcare systems.^{50 51}

International Covenant on Economic, Social and Cultural Rights (ICESCR)

The International Covenant on Economic, Social and Cultural Rights (ICESCR) is an international treaty adopted by the General Assembly in 1966. It was granted legal binding in 1976, overseeing the protection of various individual rights concerning economic, social, and cultural circumstances. Article 12 of the agreement originally stated “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

⁵² A more robust interpretation was ultimately enforced by the Committee on Economic, Social and Cultural Rights in 2002, mandating countries to follow the availability, accessibility, acceptability, and quality framework (AAAQ) in providing healthcare for Indigenous populations.⁵³ As of 2024, 172 countries have signed the ICESCR, agreeing to its terms and goals.⁵⁴

To maintain alignment with its establishing principles, the ICESCR conducts periodic reviews of committed states to examine their fulfillment of treaty obligations.⁵⁵ When nations are found to fall short, Indigenous communities can leverage the treaty to enforce legal accountability over their governments, exposing discrimination and inadequacies in their healthcare systems. Notably, the Australian government received public condemnation for violating cultural safety standards in their healthcare options for Aboriginal communities, which was discovered

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ World Health Organization, “Maternal Health for All: Indigenous Communities in Colombia,” World Health Organization, May 27, 2021, <https://www.who.int/news-room/feature-stories/detail/towards-access-to-maternal-health-services-for-all-in-colombia-indigenous-communities>.

⁵⁰ Ministry of Health et al, “Kenya Community Health Strategy 2020-2025,” Ministry of Health Headquarters, 2020, https://chwcentral.org/wp-content/uploads/2021/07/Kenya_Nat'l_Community_Health_Strategy_2020-2025.pdf.

⁵¹ Organización Panamericana de la Salud et al, “Health System Profile Ecuador: Monitoring and Analysis of the Change and Reform Processes,” report, third edition, OPS, 2008.

⁵² United Nations, “International Covenant on Economic, Social and Cultural Rights,” *United Nations*, 1966, <https://www.ohchr.org/sites/default/files/cesr.pdf>.

⁵³ “CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12),” Document E/C.12/2000/4, 2000, <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf>.

⁵⁴ “International Covenant on Economic, Social and Cultural Rights.” n.d. Counsel of Europe.

<https://www.coe.int/en/web/compass/international-covenant-on-economic-social-and-cultural-rights>.

⁵⁵ “Basic Facts About the UPR.” n.d. United Nations Human Rights Council. <https://www.ohchr.org/en/hr-bodies/upr/basic-facts>.

through a national examination in 2017.⁵⁶ Committee members noted that Australia failed to meet its “Closing the Gap” targets, and that their execution of ICESCR recommendations to recognize Indigenous rights in regulation lacked legislative clarity. As a result, Australia has vowed to provide cultural orientation for non-Indigenous staff, implement appropriate client feedback mechanisms, and employ local Indigenous Australians in healthcare.⁵⁷ Legally mandated progress reports prompt countries to adopt cultural safety training, Indigenous health equity frameworks, and disaggregated data collection—ensuring that national action affords Indigenous communities the autonomy to hold governments accountable when they are complacent.

Office of the High Commissioner for Human Rights (OHCHR) Involvement

The role of the Office of the High Commissioner for Human Rights (OHCHR) in advancing culturally safe healthcare is critical, as it monitors human rights violations.⁵⁸ The OHCHR has supported Indigenous communities through technical, legislative and judicial assistance. In practice, the office works closely with local governments, NGOs, and civil societies when violations are identified to restore peace and justice.⁵⁹

In 2024, the OHCHR issued a report in response to allegations of forced sterilization in rural areas of Peru, which discovered that doctors non-consensually sterilized over 300,000 Indigenous women.⁶⁰ Peruvian women had demanded reformation for almost 20 years; many testifying in court attributed mass sterilization to the population control campaign under President Alberto Fujimori’s government.⁶¹ Specifically, women reported that “health officials showed up” claiming that “their daughters needed vaccines” to coerce them into under-equipped clinics, often claiming that they would only make a “tiny cut”. In reality, tubal ligations were performed to seal women’s fallopian tubes completely.⁶²

OHCHR formally condemned the Peruvian government for their violation of human rights. They urged the nation to strengthen legal protections for Indigenous communities, provide financial compensation for victims, and ensure that the national healthcare system upholds informed consent and cultural respect.⁶³ International organizations also provided funding for ongoing investigations and lawsuits, which aim to encourage more victims to hold policymakers accountable in court.⁶⁴ Finally, international spotlight from news outlets exposed public pressure that compelled the Peruvian government to reform its healthcare systems. According to Registro Nominal de Asegurados, the national healthcare coverage expanded from 44 to 97 percent in 2023, enabling access to treatment for Indigenous individuals in Andean and Amazonian regions.⁶⁵

⁵⁶ “Australia violated Torres Strait Islanders’ rights to enjoy culture and family life, UN Committee finds.” 2022. OHCHR. September 23, 2022. <https://www.ohchr.org/en/press-releases/2022/09/australia-violated-torres-strait-islanders-rights-enjoy-culture-and-family>.

⁵⁷ Ibid.

⁵⁸ “OHCHR | UN Human Rights: The Leading Voice on Human Rights.” 2024. OHCHR. 2024. <https://www.ohchr.org/en/video/2025/un-human-rights-leading-voice-human-rights>.

⁵⁹ Ibid.

⁶⁰ Kira Kay, “Peruvian Women Alleging Forced Sterilization Seek Justice.” PBS News, April 28, 2019. <https://www.pbs.org/newshour/show/peruvian-women-alleging-forced-sterilization-seek-justice>.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Cejil, “Peru Abandons Democratic and Human Rights Principles Days Before the OAS General Assembly,” June 16, 2025, <https://cejil.org/en/press-releases/peru-abandons-democratic-and-human-rights-principles-days-before-the-oas-general-assembly/>.

⁶⁴ Ibid.

⁶⁵ *Access and Quality of Care in Peru’s Healthcare System: OECD Reviews of Health Systems: Peru 2025*, OECD, May 7, 2025, https://www.oecd.org/en/publications/oecd-reviews-of-health-systems-peru-2025_f3ddb6a4-en/full-report/access-and-quality-of-care-in-peru-s-healthcare-system_2304ea07.html.

Current Situation

Although overtly assimilationist policies have been repealed, a majority of reformative changes are more performative than practical when implemented.⁶⁶ There is a lack of sustained investment, political will, and international accountability in countries globally, compromising cultural sensitivity for Indigenous patients. Persistent shortcomings of current policies reveal a myriad of issues that remain for governments to address, as inconsistent policies continue to jeopardize the physical and mental well-being of Indigenous communities.

Distrust Towards the Medical System and Doctors

According to a 2019 article published in *Health Services Research*, over 23 percent of Native Americans report feeling “discrimination in clinical encounters,” while 38 percent have experienced violence directed against themselves or loved ones.⁶⁷ In addition to the flagrant hostility, Indigenous populations encounter frequent microaggressions: continuously dismissive language, stereotyping, and invalidation of cultural beliefs exacerbate distrust in national healthcare systems among Indigenous communities.⁶⁸ Unfortunately, complaints filed by Indigenous communities are often dismissed or uninvestigated.⁶⁹ Culturally unaware doctors are shielded from accountability while Indigenous patients and families suffer.

Harmful interactions reinforce fear and skepticism, deterring patients from seeking care even as their symptoms worsen. In the United States of America, approximately 15 percent of Indigenous patients avoid seeking healthcare due to fear of prejudice and violent encounters within the medical system.⁷⁰ Neglect, misdiagnoses, and medical errors embeds distrust in collective memory and are passed down through generations. Worse, this further limits these communities' willingness to build improved relations with healthcare professionals.

Unavailable Training Programs

Training is often unavailable or insufficient to provide a full picture of cultural safety. A study conducted by BMC Nursing illustrates the lack of proper education for nurses working in Austria, Germany and Switzerland, who reported knowing little about cultural safety in health care.⁷¹ Throughout the study, semi-structured interviews and nominal group meetings offered significant data that revealed few workers recognized that truly learning to provide indiscriminatory care requires them to challenge subconscious biases and existing mental frameworks.⁷² Programs are based on what governments believe is important to deliver proper care, yet not every single program is carefully crafted to meet the needs of Indigenous groups. True cultural competence comes with interaction and sufficient real-world application after individuals are compelled to acknowledge their shortcomings through

⁶⁶Annette J. Browne et al, “Enhancing Health Care Equity With Indigenous Populations: Evidence-based Strategies From an Ethnographic Study,” *BMC Health Services Research* 16, no. 1 (2016), <https://doi.org/10.1186/s12913-016-1707-9>.

⁶⁷Mary G. Findling et al, “Discrimination in the United States: Experiences of Native Americans,” *Health Services Research* 54, no. S2 (2019): 1431–41, <https://doi.org/10.1111/1475-6773.13224>.

⁶⁸ Ibid.

⁶⁹Krista Stelkia, “Structural Racism as an Ecosystem: An Exploratory Study on How Structural Racism Influences Chronic Disease and Health and Wellbeing of First Nations in Canada,” *International Journal of Environmental Research and Public Health* 20, no. 10 (2023): 5851, <https://doi.org/10.3390/ijerph20105851>.

⁷⁰ Ibid.

⁷¹Catharina Roth et al, “Internationally Trained Nurses and Host Nurses’ Perceptions of Safety Culture, Work-life-balance, Burnout, and Job Demand During Workplace Integration: A Cross-sectional Study,” *BMC Nursing* 20, no. 1 (2021), <https://doi.org/10.1186/s12912-021-00581-8>.

⁷² Ibid.

classes, putting themselves in another perspective to realize the prejudiced treatment that Indigenous communities often face.⁷³

National medical systems have mainly lacked meaningful integration of Indigenous perspectives, even when integration and training are implemented. They often prioritize Western models of care and refuse to recognize Indigenous ways of healing within the hospital setting. Some nations, such as Canada, have attempted to integrate more Indigenous ideals into their medical system to uphold safety, yet it is not consistently implemented, nor are community leaders involved. By observing 2573 citations and the ultimate analysis of 31 studies, researchers from the National Library of Medicine revealed how attempted integration was done in Canadian healthcare.⁷⁴ Within the reported strategies, 18 studies successfully integrated all aspects of culturally safe Indigenous healing traditions into their system, and 24 studies involved discussion with communities at every step of the study.⁷⁵ Yet, only “39 percent studies used functional integration,” such as data sharing or referrals, “26 percent organizational,” through partnerships in clinics, “19 percent normative values” between systems, and 16 percent demonstrated professional collaboration. On the contrary, Morocco has been a nation that has long neglected their Indigenous populations in rural areas, which resulted in those groups having minimal healthcare and limited culturally safe options for treatment. Despite 80 percent of Moroccans relying on traditional remedies such as herbalists, cupping therapy, and spiritual healers, these ways of healing are discouraged in the national healthcare system.⁷⁶ This was particularly seen during COVID-19, when the Moroccan government warned people about traditional approaches and discouraged active participation.

Geographical Distance Preventing Timely Treatment

Indigenous communities have lost traditional knowledge due to the historical criminalization of their medical systems. This displacement of Indigenous communities created geographical division between the impoverished residing in rural areas and urban cities, where the majority of advanced care is provided.

Rural populations face a shortage of healthcare professionals due to harsh living conditions and a lack of career opportunities. Indigenous communities continue to be neglected and left helpless in the face of medical emergencies and illness. For instance, in India, 74 percent of doctors serve in urban areas—leaving the rural regions with often ignorant and fraudulent doctors.⁷⁷ Resource insufficiencies have led to child mortality risk in Adivasi communities being more than 1.5 times higher compared to urban counterparts.⁷⁸

Additionally, Indigenous peoples are vastly underrepresented in the medical field, limiting the number of professionals capable of providing culturally appropriate care and comfort to Indigenous patients.⁷⁹ Without Indigenous involvement, medical facilities lack critical internal perspectives that can identify discriminatory

⁷³ Ibid.

⁷⁴ Melissa Corso et al, “Integrating Indigenous Healing Practices Within Collaborative Care Models in Primary Healthcare in Canada: A Rapid Scoping Review,” *BMJ Open* 12, no. 6 (2022), <https://doi.org/10.1136/bmjopen-2021-059323>.

⁷⁵ Ibid.

⁷⁶ “A New Look at Traditional Medicine in Morocco.” 1989. PubMed. 1989. <https://pubmed.ncbi.nlm.nih.gov/2610831/>.

⁷⁷ Kishor Parashramji Brahmapurkar et al, “The Need to Focus on Medical Education in Rural Districts of India,” *The National Medical Journal of India* 31, no. 3 (2018): 164, <https://doi.org/10.4103/0970-258x.255761>.

⁷⁸ Ibid.

⁷⁹ “Indigenous Populations Face Unique Barriers to Accessing Mental Health Help.” n.d. <https://www.psychiatry.org/news-room/apa-blogs/indigenous-populations-barriers-to-help>.

practice and devise comprehensive strategies to fix them.⁸⁰ Instead, under the instruction of national and international policy, facilities currently rely on Western perceptions of effective policy to enforce care—which are often elitist and lack genuine consideration for Indigenous lived experiences.

Case Study: Amazon Basin — Yanomami Peoples



Figure 1: Map of the Amazon Basin.⁸¹

The Amazon Basin spans the territory of 8 distinct nations and is inhabited by over 400 Indigenous groups with unique cultures and traditions.⁸² These communities have resided in the land for millennia, enabling them to build traditions that are deeply rooted in the environment, cultivating knowledge that has passed down through generations. Over 100 Indigenous groups remain uncontacted by choice, while others have struggled through prejudice in mainstream society.⁸³ The Yanomami are among the Indigenous communities most significantly exposed to colonial governance, with a population of approximately 35,000 people—one of the largest nations across Brazilian and Venezuelan regions of the Amazon rainforest.⁸⁴

Since 1992, the Yanomami have been granted legal rights to over 9.6 million hectares of land in an attempt to safeguard their autonomy; however, regulatory enforcement is weak, enabling illegal gold miners—garimpeiros—

⁸⁰ Ibid.

⁸¹ “The Amazon River Basin and Its Main Tributaries Mapped Over the SRTM,” ResearchGate, last updated n.d., https://www.researchgate.net/figure/The-Amazon-River-basin-and-its-main-tributaries-mapped-over-the-SRTM-Shuttle-Radar_fig1_343946138.

⁸² Mramstead. 2022. “Here Are Our Top Facts About Amazon.” WWF, March 16, 2022. <https://www.wwf.org.uk/learn/fascinating-facts/amazon>.

⁸³ Ibid.

⁸⁴ Ibid.

to continue deforestation for resource extraction.⁸⁵ However, geographic isolation compromises treatment access for the Yanomami peoples. Over 50 percent of villages require more than one day of transportation to the nearest clinic, and many clinics are unequipped to meet patient demands.⁸⁶ More than 570 Yanomami children have passed away from treatable diseases in the past four years.⁸⁷

In response, the Brazilian government has made an effort to expand healthcare services. Brazil's central mechanism for public healthcare and emergency response, the Emergency Operations Center (COE), reported that renewed federal investment into infrastructure and service quality led to a more robust presence of professional resources.⁸⁸ Over 1,700 health professionals are currently situated in the region in 2024, a 158 percent increase in patient care capacity compared to 2023, with only 690 doctors.⁸⁹ By 2024, health-related deaths documented on Yanomami territory were reduced by 21 percent; in particular, diseases such as acute respiratory infections and malaria have dropped respectively by 47 and 42 percent.⁹⁰

However, Yanomami populations continue to face cultural barriers to healthcare due to government inaction. Recognized psychiatric research on cultural competency has urged governments to undergo significant reformation.⁹¹ A 2024 report identifies that the way basic needs identified by diverse patients are addressed varies.⁹² By creating cultural integration training in undergraduate health studies, professionals would become more equipped to deliver culturally sensitive care.⁹³

⁸⁵ Glenn Scherer, "Resource Wars: Brazilian Gold Miners Go up Against Indigenous People," *Mongabay Environmental News*, December 20, 2016, <https://news.mongabay.com/2016/12/resource-wars-brazilian-gold-miners-go-up-against-indigenous-people/>.

⁸⁶ Doctors Without Borders - USA, "Bringing Health Care to Brazil's Yanomami Indigenous Community," last updated n.d., <https://www.doctorswithoutborders.org/latest/bringing-health-care-brazils-yanomami-indigenous-community>.

⁸⁷ Ibid.

⁸⁸ "With expanded healthcare services, deaths in Yanomami territory dropped by 21% in 2024." 2025. Secretaria De Comunicação Social. May 7, 2025.

⁸⁹ Secretaria De Comunicação Social, "With Expanded Healthcare Services, Deaths in Yanomami Territory Dropped by 21% in 2024," May 7, 2025. [https://www.gov.br/secom/en/latest-news/2025/05/with-expanded-healthcare-services-deaths-in-yanomami-territory-dropped-by-21-in-2024?=.](https://www.gov.br/secom/en/latest-news/2025/05/with-expanded-healthcare-services-deaths-in-yanomami-territory-dropped-by-21-in-2024?=)

⁹⁰ Ibid.

⁹¹ 2024. "Interview With Manuela Rodrigues Müller." Culture, Medicine, and Psychiatry. September 13, 2024. <https://culturemedicinepsychiatry.com/2024/09/15/interview-with-interview-with-manuela-rodrigues-muller/>.

⁹² Ibid.

⁹³ Ibid.

Case Study: New Zealand — Māori Peoples

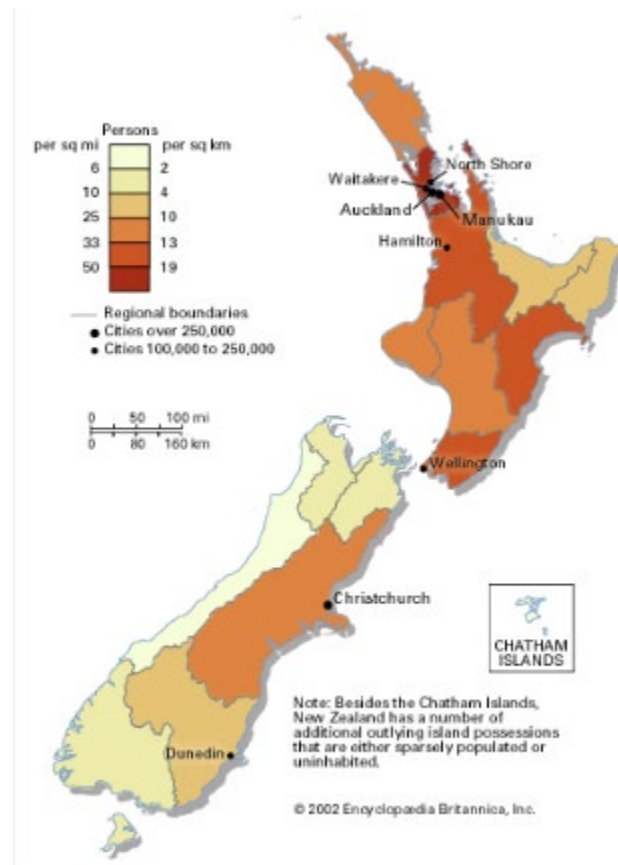


Figure 2: Population distribution of Māori across New Zealand.⁹⁴

An island nation in the South Pacific, New Zealand is the native territory of the Māori peoples, who are an Indigenous Polynesian population. Having inhabited the land for over 800 years, they represent 17 percent of the nation's demographic.⁹⁵ Since the Treaty of Waitangi in 1840, New Zealand has recognized Maori legal rights to protection, self-determination and participation in healthcare, aiding in the integration of their perspective in federal systems.⁹⁶ Legislation laid the structural foundation for future efforts to help Indigenous communities access treatment, and brought social awareness to often overlooked struggles.⁹⁷

New Zealand led the adoption of “cultural safety” as a standard in healthcare globally when reports of discrimination and miscommunication against Māori people surfaced in 2012. Recognition of systemic injustice sparked large-scale change in governmental sectors. In 2022, New Zealand established Te Aka Whai Ora—also known as the Māori Health Authority—an government entity specifically dedicated to aiding Indigenous health,

⁹⁴ Sinclair, Keith, Vowles, Jack, Blyth, Conrad Alexander, Dalziel, et al. 2025. “New Zealand | History, Map, Flag, Capital, Population, & Facts.” Encyclopædia Britannica. November 7, 2025. <https://www.britannica.com/place/New-Zealand/People>.

⁹⁵ Xanthaki, Alexandra, Dominic O'Sullivan, University of Brunel, and University of Waikato. 2007. “Good Practices of Indigenous Political Participation: Maori Participation in New Zealand Elective Bodies.”

⁹⁶ “History Milestone: The Treaty of Waitangi,” *Origins*, January 1, 2020, <https://origins.osu.edu/milestones/treaty-waitangi-new-zealand-maori>.

⁹⁷ Ibid.

serving alongside three other national bodies in the national healthcare system.⁹⁸ Te Aka Whai Ora grants Indigenous leaders the authority to design, deliver and govern services that are aligned with their perspectives and formally integrate traditional ways of healing.

Under the Te Aka Whai Ora, healthcare providers began to integrate Indigenous methods of healing into colonial systems—embracing the use of native plants, massage therapy, and spiritual guidance for patients in clinics.⁹⁹ Māori patients who seek treatment are further supported by kaiāwhina, Indigenous care navigators who guide individuals throughout their treatment process to mitigate miscommunication.¹⁰⁰ Seeking to extend culturally appropriate healthcare to the families of all patients, Māori-led initiatives such as Whānau Ora are funded by the government to ensure Māori individuals are not left to endure treatment alone.¹⁰¹ In particular, since the establishment of Whānau Ora commissioning agencies in 2014, investment increased from NZD 30.484 million in 2014, engaging 8,269 whānau, to NZD 156.858 million in 2023, engaging over 37,000 whānau.¹⁰²

Despite their period of progress, Indigenous empowerment in New Zealand healthcare systems has significantly regressed. In June 2024, legislation was passed to remove the Māori Health Authority and consolidate it with Health New Zealand, merging Indigenous professionals into the national system and stripping them of their right to cooperative governance.¹⁰³ The government argued that the agency added an additional layer of bureaucracy, which would slow decision-making and consume significant resources.¹⁰⁴ Immense controversy ensued in the aftermath of the decision—today, New Zealand continues to see mass protest from Māori communities and healthcare providers, which call for further investigation and legal accountability.¹⁰⁵

Possible Solutions and Controversies

Funding Indigenous-Led Healthcare Agencies

Implementing Indigenous-led healthcare systems empowers traditional ways of healing and ensures that communities have autonomy over treatment, accessibility, and cultural integration. When clinics are managed by Indigenous peoples, the principle of self-determination is fulfilled—communities are no longer forced to accommodate imposed standards of Western governments, and can take swift action to hold discriminatory doctors accountable without bureaucratic barriers. Thus, such initiatives offer a sanctuary that shields patients from racism, misunderstanding, and violence.

⁹⁸ “New Zealand Moves to Abolish Maori Health Authority Despite Protests,” *Al Jazeera*, February 27, 2024,

<https://www.aljazeera.com/news/2024/2/27/new-zealand-moves-to-abolish-maori-health-authority-despite-protests>.

⁹⁹ “Review of Early Progress by Te Aka Whai Ora (Disestablished June 2024),” Ministry of Health NZ, January 23, 2025.

<https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-committees-and-boards/hauora-maori-advisory-committee/review-of-early-progress-by-te-aka-whai-ora>.

¹⁰⁰ Ibid.

¹⁰¹ “Whānau Ora.” n.d. <https://www.tpk.govt.nz/en/nga-putea-me-nga-ratonga/whanau-ora>.

¹⁰² “Response From Te Puni Kōkiri.” n.d. *Office of the Auditor-General New Zealand*. <https://oag.parliament.nz/2024/whanau-ora-follow-up/te-puni-kokiri-response.htm?>

¹⁰³ “New Zealand Moves to Abolish Maori Health Authority Despite Protests.” *Al Jazeera*, February 27, 2024.

<https://www.aljazeera.com/news/2024/2/27/new-zealand-moves-to-abolish-maori-health-authority-despite-protests>.

¹⁰⁴ Minister of Health et al, “Disestablishment of the Māori Health Authority,” 2024, https://www.health.govt.nz/system/files/2024-02/cabinet_material_disestablishment_of_the_maori_health_authority_black_box_watermarked.pdf

¹⁰⁵ Waitangi Tribunal, “Tribunal Releases Report on Disestablishment of Te Aka Whai Ora,” *Waitangi Tribunal*, November 28, 2024, <https://www.waitangitribunal.govt.nz/en/news/tribunal-releases-report-on-disestablishment-of-te-aka-whai-ora>.

Indigenous-led healthcare programs have been historically adopted by many nations, including Southern Alaska’s Nuka System of Care and Australia’s Aboriginal Community Controlled Health Services. Both initiatives have demonstrated improvements in health outcomes and the creation of trust between Indigenous groups.

Established in the late 1900s, the Nuka system emphasizes a relationship-based approach to healthcare, which is incorporated across several fields of treatment, including medical, dental, behavioural, and traditional services provided for Alaska Native and American Indian people.¹⁰⁶ A significant way in which the Nuka system differs from the national default is the way in which patients are labelled and treated—patients are seen as “customer-owners,” granting them more autonomy and dignity in the treatment process. Since their adoption of the program, the region has seen a reduction of 36 percent in hospital admissions, 42 percent in emergency room visits, and improved satisfaction rates among both patients and healthcare workers.¹⁰⁷ Ultimately, the Alaska Native-owned Southcentral Foundation received the Malcolm Baldrige Quality Award for its healthcare redesign.¹⁰⁸

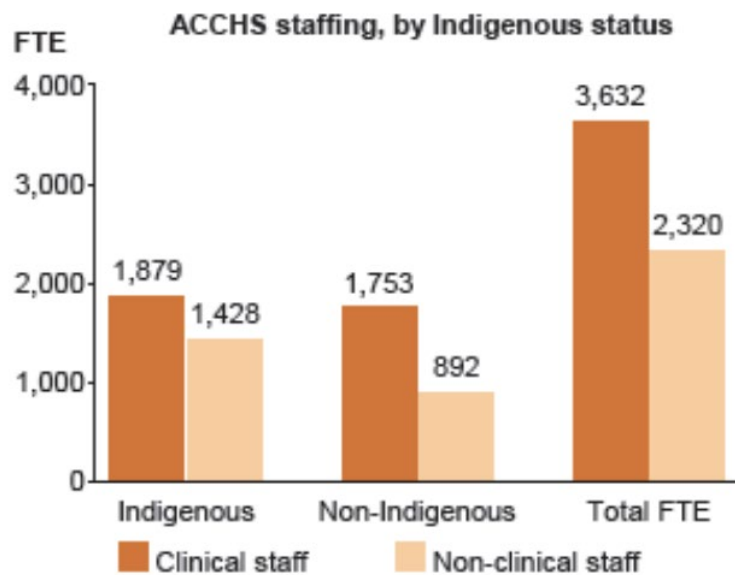


Figure 3: ACCHS Staffing by Indigenous Identification.¹⁰⁹

Similarly, the Australian Aboriginal Community Controlled Health Services (ACCHSs) is a community-governed health organization that provides aid for Indigenous individuals, operating across both urban and rural areas. All services are managed by an Aboriginal board, and supported by the Indigenous Australians' Health Programme (IAHP)—ensuring culturally appropriate treatment in fields including maternal health, chronic disease management, and mental wellness. Indigenous professionals represent 56 percent of the program staff,

¹⁰⁶Katherine Gottlieb, “The Nuka System of Care: Improving Health through Ownership and Relationships,” *International Journal of Circumpolar Health* 72, no. 1 (2013), <https://doi.org/10.3402/ijch.v72i0.21118>.

¹⁰⁷ Ibid.

¹⁰⁸Andis Robeznieks, “Native Americans Work to Grow Their Own Physician Workforce,” American Medical Association, August 22, 2019, <https://www.ama-assn.org/delivering-care/health-equity/native-americans-work-grow-their-own-physician-workforce>.

¹⁰⁹ AIHW et al, “Aboriginal Community Controlled Health Services: A Comprehensive Overview,” report, 2017, <https://www.naccho.org.au/app/uploads/2021/09/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf>.

allowing community members to feel represented and access care without fear of racist encounters.¹¹⁰ Since its establishment, Aboriginal health services attract and retain 23 percent more Aboriginal clients compared to Western doctors.¹¹¹

However, reforming Indigenous-led healthcare services have often enabled national governments to neglect communities further, as they stall action to resolve underlying injustices that affect groups. Under the guise of providing autonomy, governments shirk responsibility from further support when they claim that Indigenous groups are granted leniency; in addition, creating standalone systems can alienate Indigenous populations from mainstream development and prevent effective coordination of national health resources.

The promise of self-determination can lead clinics to become under-resourced and overburdened. In Australia, for instance, independent reviews have critiqued that the burden for success in Indigenous health rests heavily on Aboriginal and Torres Strait Islander parties.¹¹² The issue of underfunding continues to pose barriers—although Indigenous-led services foster better understanding of the needs of Indigenous patients, organizations still lack the resources to enact policies to fully fulfill their goals. In the end, the quality of care from clinics can remain inconsistent or delayed due to the increased demand for them, balanced with fewer resources.

Mandating Cultural Safety Training

Social biases deeply affect the judgement of healthcare professionals in colonial systems, resulting in both conscious and subconscious prejudice Indigenous patients. Even when racism is visible, surrounding workers are unequipped to address related issues.¹¹³ Mandatory cultural safety training requires that all professionals confront their biases and understand their personal role in mitigating structural racism in the medical sphere.¹¹⁴ Paired with education in patient care, training would offer a formal platform for traditional healers to impart Indigenous medical knowledge, allowing their wisdom to become more widely appreciated.

Cultural competency can be built through emphasizing the importance of continuous learning.¹¹⁵ Systems that incorporate mandatory cultural safety into the medical curriculum foster more empathetic, respectful patient-doctor relationships while reducing the prevalence of discriminatory treatment. For example, the post-apartheid health system in South Africa implemented the Batho Pele principles to enhance cultural safety in the healthcare

¹¹⁰ Ibid.

¹¹¹ National Aboriginal Community Controlled Health Organisation, “Aboriginal Community Controlled Health Services Are More than Just Another Health Service - They Put Aboriginal Health in Aboriginal Hands,” 2021, <https://www.naccho.org.au/app/uploads/2021/09/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf>.

¹¹² Sarah Collard, “Governments Are Leaving ‘Heavy Lifting’ on Closing the Gap to Underresourced Aboriginal Groups, Review Finds,” *The Guardian*, June 23, 2025, <https://www.theguardian.com/australia-news/2025/jun/23/closing-the-gap-governments-leave-heavy-lifting-to-underresourced-aboriginal-groups-review-finds>.

¹¹³ Lloy Wylie, Stephanie McConkey, “Insiders’ Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals,” *Journal of Racial and Ethnic Health Disparities* 6 (2018): 37–45, <https://doi.org/10.1007/s40615-018-0495-9>.

¹¹⁴ Ibid.

¹¹⁵ Elana Curtis et al, “Why Cultural Safety rather than Cultural Competency Is Required to Achieve Health Equity: A Literature Review and Recommended Definition,” *International Journal for Equity in Health* 18, no. 174 (2019): 1–17, <https://doi.org/10.1186/s12939-019-1082-3>.

system—focusing on dignity, respect, and responsiveness as core principles of healthcare, which specifically aims to treat patients equally regardless of race and cultural identity.¹¹⁶

Despite their intended benefits from reforms, potential risks are associated with the implementation of mandatory cultural safety training. Curricular reforms are often performative, especially when they are primarily designed by the national government, with Indigenous knowledge only featuring as non-essential information. Material can lack specificity, mitigating its ability to be tangibly applied in practice. Furthermore, standardized testing based on lecture comprehension is an ineffective measure of professional readiness—while many professionals may recall Indigenous principles in controlled settings, biases remain in intense and often emergency situations that doctors must confront. Without reevaluating accountability measures beyond exams, doctors may continue to act on prejudiced assumptions.

Formal Recognition of Indigenous Healers

Historically, legislation was created to prevent the dissemination of Indigenous medical knowledge and practices. As a result, most of the cultural traditions were lost. To rectify these issues, legislation must recognize Indigenous healers as part of the national medical system. The Traditional and Alternative Medicine Directorate (TAMD) in Ghana serves as a key example of recognition and integration of traditional healers into the national medical system.¹¹⁷ Within the directorate, Indigenous healers became legally permitted to participate in public health policies, obtain an official license, and receive education. In fact, in 2022, over 40 public hospitals integrated Ghana herbal medicine units that offer more options for patients.¹¹⁸ This change was significant in Ghana as it offered 70 percent of Ghanaians who primarily resorted to traditional medicine legitimate and safer conditions to seek care. In particular, in rural areas where biomedical models of care have not been expanded to or developed, formally incorporating traditional healers helped provide regulatory oversight. Moreover, formal recognition allows public health initiatives to be more effective and accountable.¹¹⁹ Due to historical injustice and persisting inequality, communities continue to distrust many national institutions, fearing that seeking care could result in misdiagnosis or discriminatory treatment. However, since many of these populations rely on and trust those who are in their communities, patients could be compelled to seek treatment. However, Western Indigenous approaches to healing do not always align. Without strong partnerships and mutual respect, conflict can easily arise. Integration may become difficult if biomedical doctors still hold prejudiced views on how Indigenous ways of healing are unscientific and unreliable.¹²⁰ A potential problem through these interactions may be tokenism. This is where Indigenous healers are symbolically represented within the medical sphere, but they are limited in the amount of work they can perform, their ideas may be sidelined, and they have less capacity to make decisions. This model was often pushed back by the biomedical professionals who feel threatened by these changes or simply don't understand Indigenous methods. Therefore, it is essential to debate how governments can regulate

¹¹⁶ Review Service Delivery: *A Learning Journal for the Public Service*, 2012, https://www.dpsa.gov.za/dpsa2g/documents/service_delivery_review/SDR_vol9_ed2_complete.pdf.

¹¹⁷ Abukari Kwame, “Integrating Traditional Medicine and Healing into the Ghanaian Mainstream Health System: Voices from Within,” *Qualitative Health Research* 31, no. 10 (2021): 104973232110088, <https://doi.org/10.1177/10497323211008849>.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Roher, Sophie Isabelle Grace, Paul Andrew, Susan Chatwood, Kimberly Fairman, Tracey Galloway, Angela Mashford-Pringle, and Jennifer L. Gibson. 2023. “Envisioning Indigenous and Biomedical Healthcare Collaboration at Stanton Territorial Hospital, Northwest Territories.” *International Journal of Circumpolar Health* 82 (1): 2253603. <https://doi.org/10.1080/22423982.2023.2253603>.

interactions, offering Indigenous communities more decision-making power and creating a system where both perspectives can be respected.

Bloc Positions

North America and Australia

North America and Australia continue to battle lasting legacies of colonialism and systemic oppression against Indigenous populations. Although residing within high-income countries, Indigenous communities are mostly relegated to rural areas that lack culturally safe and sufficient healthcare resources. Barriers persist primarily due to persisting legislative discrimination. As a result of attempts at assimilation, several Indigenous groups have lost intergenerational knowledge, as seen through the Indian Act in Canada—which criminalized the Potlatch and Sun Dance, therefore permanently compromising Indigenous history of healing traditions.

Countries in this bloc are likely to support increased protection for Indigenous practices through legislation and continue to develop government-funded systems that ensure Indigenous leaders obtain independence in healthcare governance.¹²¹ Legislative reforms that formally recognize Indigenous autonomy within national systems can legitimize practices in several aspects, including: empowering traditional healers, protecting Indigenous intellectual property related to medical knowledge, and protecting access to sacred sites for ceremonies. In addition, existing initiatives can be leveraged to support Indigenous leadership in healthcare, which may involve the empowerment Indigenous-run health authorities and legislative reforms that enshrine Indigenous health rights.¹²²

However, countries continue to contend with a myriad of systemic barriers, including politically dependent budget constraints and compromised service capacity in remote areas. Through strengthening accountability and collaborating with Indigenous leaders, delegates must ensure that proposed solutions are appropriately tailored to diverse cultural needs.

Latin America and the Caribbean

Indigenous communities in Latin America and the Caribbean have an extensive ecological understanding of their land cultivated through intergenerational legacies, in which they have grounded deep and localized medical knowledge. For instance, the Quechua and Aymara peoples of the Andes have developed natural remedies using coca leaves, which effectively treat symptoms such as altitude sickness and alleviate pain.¹²³ However, due to historic colonial policies that have pressured the forced relocation of Indigenous communities, much of this knowledge is lost; in its place, groups became increasingly reliant on Western biomedical systems, as public health

¹²¹ Canada, “About Indigenous Health Care,” Sac.gc.ca, 2024, <https://www.sac.gc.ca/eng/1626810177053/1626810219482>.

¹²² Lynden Crowshoe et al, “The Indigenous Primary Health Care and Policy Research Network: Guiding Innovation within Primary Health Care with Indigenous Peoples in Alberta,” *Health Policy* 125, no. 6 (2021), <https://doi.org/10.1016/j.healthpol.2021.02.007>.

¹²³ Quechuas Expeditions, “The Sacred Coca Leaf of the Incas,” *Peru Machupicchu Travel - Peru Tour Packages*, February 27, 2023, <https://www.quechuasexpeditions.com/the-sacred-coca-leaf-of-the-incas/>.

funding is overwhelmingly concentrated in colonial models and diminishes the development of viable alternatives.

As a result, countries in this bloc are required to prioritize mediation between national and Indigenous medical systems, including implementing policies that grant traditional health officials legal protection. Specifically, the region should consider coordinating investment to improve sanitary and safety standards within rural communities.¹²⁴ Internal political instabilities, uneven distribution of funds, and ideologies disparities across nations may complicate regional coordination—posing several challenges delegates must reconcile to develop actionable plans of implementation.

East Asia and the Asia Pacific Region

70 percent of the world's Indigenous population is found in Asia, with more than 216 million Indigenous peoples inhabiting Southeast Asia.¹²⁵ Given the region's history of colonialism, sparse efforts have been made to reclaim Indigenous health sovereignty. For instance, the Asian Indigenous Peoples' Pact (AIPP) has advanced community-led research and advocated for the enhancement of legal protections for Indigenous healers.¹²⁶ In continuation, many Asian countries are likely to support policies that recognize Indigenous medical knowledge and expand culturally safe services through funding.

However, several governments currently grapple with issues of national unity and separatism, including China, Myanmar, and Vietnam—leading them to act hesitant and neglectful over Indigenous concerns due to the risk of ideological fragmentation. Budget constraints have further mitigated the Blocs' ability to enact change, which can result in legislative inconsistency and division unless carefully deliberated.

Europe

Discussion of Indigenous rights in Europe is limited, as a comparatively small number of concentrated Indigenous communities inhabit the region. Nonetheless, several countries have been consistently involved in setting and influencing global norms due to their strong political and economic hegemony, and high regard for human rights protection. The European Union has directly supported the empowerment of Indigenous communities worldwide through funding mechanisms, human rights initiatives, and environmental policy.¹²⁷

On the issue of accessible and culturally safe healthcare, European countries are likely to advocate for ethical standards in bioprospecting, respect of informed consent, and the protection of Indigenous intellectual property. As a result, this bloc is likely to prefer research-based approaches for integration and the preservation of

¹²⁴ *The Urgency of Investing in Health Systems in Latin America and the Caribbean to Reduce Inequality and Achieve the Sustainable Development Goals*, Economic Commission for Latin America and the Caribbean, 2024.

<https://www.cepal.org/en/publications/80764-urgency-investing-health-systems-latin-america-and-caribbean-reduce-inequality>.

¹²⁵ "International Day of the World's Indigenous Peoples," WHO, 2024,

<https://www.who.int/southeastasia/news/speeches/detail/international-day-of-the-world-s-indigenous-peoples-2024>.

¹²⁶ "About Us." n.d. Asia Indigenous Peoples Pact. <https://aippnet.org/about-us/>.

¹²⁷ "EU Boosts Support to Indigenous Peoples' Rights around the World," *International Partnerships*, August 9, 2022, https://international-partnerships.ec.europa.eu/news-and-events/news/eu-boosts-support-indigenous-peoples-rights-around-world-2022-08-09_en.

Indigenous knowledge.¹²⁸ With a generous capacity for donations and potential to enforce accountability, Europe is positioned to provide valuable support to other global regions should they be meaningfully appealed.

Africa

In many African nations, traditional healing practices are embedded in community life and remain the preferred source of care, especially seen in rural regions.¹²⁹ The World Health Organization estimates that over 80 percent of the African population relies on traditional medicine.¹³⁰ Unlike other regions, Indigenous knowledge systems are not regarded simply as alternatives to Western models, but are used in parallel with biomedicine. As such, this bloc may strongly support the formal integration of Indigenous healing practices into national healthcare frameworks, along with standardized training, legal protection, and collaboration between biomedical and traditional practitioners. African countries should also call for recognition of local Indigenous wisdom in international forums in order to educate non-Indigenous healthcare workers on culturally informed care.

Discussion Questions

1. How does colonialism affect the treatment of Indigenous peoples in modern healthcare systems? Which regional factors pose additional barriers in different countries?
2. What strategies can improve consistent, culturally safe healthcare delivery in rural Indigenous regions with limited infrastructure and medical personnel?
3. What takeaways from Indigenous wisdom on healing can be applied to enhance colonial methods of treatment?
4. How can social distrust between Indigenous communities and healthcare systems be addressed? To what extent can policy initiatives resolve distrust, or are structural transformations necessary?
5. How can countries balance Indigenous sovereignty while leveraging existing medical institutions to address healthcare demands?
6. How can international accountability ensure that member states move beyond symbolic recognition toward tangible, enforceable outcomes?

Additional Resources

The Indigenous World 2025: Breakdown of each Country's Colonial History and Current Injustices
<https://iwgia.org/en/resources/indigenous-world.html>.

Overview of Cultural Safety in Healthcare: Definitions, Historical Context, and Strategies
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3>.

WHO: Global Plan of Action for Health of Indigenous Peoples

¹²⁸ World, "WHA78: Traditional Medicine Takes Centre Stage," WHO, June 2, 2025, <https://www.who.int/news/item/02-06-2025-wha78--traditional-medicine-takes-centre-stage>.

¹²⁹ Jocelyn Hutchinson, "Traditional African Medicine," *EBSCO Information Services*, 2022, <https://www.ebsco.com/research-starters/health-and-medicine/traditional-african-medicine>.

¹³⁰ WHO, "African Traditional Medicine Day 2022," WHO Regional Office for Africa, August 31, 2022, <https://www.afro.who.int/regional-director/speeches-messages/african-traditional-medicine-day-2022>.

<https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples>.

Indigenous Healthcare and Revitalization: <https://www.un.org/en/academic-impact/we-are-indigenous-%E2%80%98culture-meets-care%E2%80%99essential-indigenous-healthcare-and>.

Insiders' Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6347580/>.

Bibliography

“3.08 Cultural Competency.” AIHW Indigenous HPF. <https://www.indigenoushpf.gov.au/measures/3-08-cultural-competency>.

“Aboriginal Community Controlled Health Services are more than just another health service —They put Aboriginal health in Aboriginal hands.” <https://www.naccho.org.au/app/uploads/2021/09/Key-facts-1-why-ACCHS-are-needed-INAL.pdf>.

AIHW, Department of Health, K. S. Ong, M. A. Campbell, and T. Vos. 2017. “Aboriginal Community Controlled Health Services: A Comprehensive Overview.” Report. <https://www.naccho.org.au/app/uploads/2021/09/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf>.

Australian Government Department of Health, Disability and Ageing. “National Aboriginal and Torres Strait Islander Health Plan 2021–2031.” Australian Government Department of Health, Disability and Ageing, January 25, 2025. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en>.

“A Brief History of Civil Rights in the United States: The Termination Era (1953 - 1968).” Last updated Nov 12, 2025. Howard University. <https://library.law.howard.edu/civilrightshistory/indigenous/termination>.

Browne, Annette J., Colleen Varcoe, Josée Lavoie, Victoria Smye, Sabrina T. Wong, Murry Krause, David Tu, Olive Godwin, Koushambhi Khan, and Alycia Fridkin. October 4, 2016. “Enhancing Health Care Equity With Indigenous Populations: Evidence-based Strategies From an Ethnographic Study.” *BMC Health Services Research* 16, no. 1. <https://doi.org/10.1186/s12913-016-1707-9>.

Darlington, Shasta, Jose Brito, and Flora Charner. 2020. “Report: Brazil’s Indigenous People Are Dying at an Alarming Rate From Covid-19.” *CNN*, May 24, 2020. <https://www.cnn.com/2020/05/23/world/coronavirus-indigenous-death-apib-intl>.

Ehrenpreis, Jamie E, and Eli D Ehrenpreis. “A Historical Perspective of Healthcare Disparity and Infectious Disease in the Native American Population.” *American Journal of Medical Science* 363, no. 4. January 22, 2024. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8785365/>.

Smiles, Deondre. “Erasing Indigenous History, Then and Now.” Origins: Current Events in Historical Perspective, September 2021. <https://origins.osu.edu/article/erasing-indigenous-history-then-and-now>.

“Frequently Asked Questions on the Health and Rights of Indigenous Peoples.” World Health Organization. <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples/frequently-asked-questions-on-the-health-and-rights-of-indigenous-peoples>

“Global Plan of Action for Health of Indigenous Peoples.” World Health Organization. <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples>.

“Governments Are Leaving ‘heavy lifting’ on Closing the Gap to Underresourced Aboriginal Groups, Review Finds.” *The Guardian*, June 23, 2025. <https://www.theguardian.com/australia-news/2025/jun/23/closing-the-gap-governments-eave-heavy-lifting-to-underresourced-aboriginal-groups-review-finds>.

- “Historic Resolution Calls for Action to Improve the Health of Indigenous Peoples.” World Health Organization, May 23, 2023. <https://www.who.int/news/item/29-05-2023-historic-resolution-calls-for-action-to-improve-the-health-of-indigenous-peoples>.
- “ILO at the Eighteenth Session of the United Nations Permanent Forum on Indigenous Issues.” International Labour Organization, February 1, 2024. <https://www.ilo.org/meetings-and-events/ilo-eighteenth-session-united-nations-permanen-forum-indigenous-issues>.
- Marcus, Constanza. “The Indigenous World 2025: UN Permanent Forum on Indigenous Issues (UNPFII).” IWGIA. <https://iwgia.org/en/un-permanent-forum-on-indigenous-issues-unpfii/5716-iw-2025-unFii.html>.
- Müller, Manuela Rodrigues, Rossano Cabral Lima, and Francisco Ortega. “Rethinking Cultural Competence in Healthcare Practices in Brazil: Towards Cultural Sensitivity in Care.” *Saúde e Sociedade*, December 15, 2023. <https://www.scielo.org/article/sausoc/2023.v32n3/e210731pt/en/>.
- Natanahira, Tuwhenuaroa. “Crown Failed to Follow Process in Māori Health Authority Disestablishment: Waitangi Tribunal.” RNZ, November 29, 2024. <https://www.rnz.co.nz/news/te-manu-korihi/535186/crown-failed-to-follow-process-in-aori-health-authority-disestablishment-waitangi-tribunal>.
- “Native American History Timeline.” History.com, May 27, 2025. <https://www.history.com/articles/native-american-timeline>.
- “Our History, Our Health.” First Nations Health Authority. <https://www.fnha.ca/wellness/wellness-for-first-nations/our-history-our-health>.
- Pilarinos, Andreas, Shannon Field, Krisztina Vasarhelyi, David Hall, Elder Doris Fox, Elder Roberta Price et al. “A Qualitative Exploration of Indigenous Patients’ Experiences of Racism and Perspectives on Improving Cultural Safety within Health Care.” *CMAJ Open* 11, no. 3. May 1, 2023. <https://www.cmajopen.ca/content/11/3/E404>.
- Schmal, John. “Smallpox Comes to the Americas (1507-1524).” Indigenous Mexico, September 4, 2024. <https://www.indigenoustmexico.org/articles/smallpox-comes-to-the-americas-1507-1524>.
- “Sleep Influences on Cardio-Metabolic Health in Indigenous Populations.” Māori People – an overview | ScienceDirect Topics. <https://www.sciencedirect.com/topics/medicine-and-dentistry/maori-people>
- Sinclair, Keith, Vowles, Jack, Blyth, Conrad Alexander, Dalziel, et al. 2025. “New Zealand | History, Map, Flag, Capital, Population, & Facts.” Encyclopedia Britannica. November 7, 2025. <https://www.britannica.com/place/New-Zealand/People>.
- “UN Permanent Forum on Indigenous Issues, 15-26 April 2024 | Division for Inclusive Social Development (DISD).” United Nations. <https://social.desa.un.org/news/unpfii-2024>.
- United Nations Permanent Forum on Indigenous Issues: A Resource Guide For Participants. https://www.un.org/esa/socdev/unpfii/documents/resource_guide_en.pdf.
- WHO. 2022. “African Traditional Medicine Day 2022.” WHO | Regional Office for Africa. August 31, 2022. <https://www.afro.who.int/regional-director/speeches-messages/african-traditional-medicine-day-2022>.

Witchcraft in Colonial Latin America | Oxford Research Encyclopedia of Latin American History.
<https://oxfordre.com/latinamericanhistory/display/10.1093/acrefore/9780199366439.0010001/acrefore-9780199366439-e-432?p=emailAm2xNHyr5f5xs&d=/10.1093/acrefore/9780199366439.001.0001/acrefore-9780199366439-e-432>.

Sustainable Tourism Development

Overview

From religious pilgrimages to the lavish Grand Tours, history has seen that individuals afforded with disposable income and time seek to travel. The development of railways, steamships, and commercial airlines throughout the late 19th and 20th centuries has spread both tourism's capacity and appeal—inspiring entire industries catering to the comfort-wandering joyseekers. Today, tourism is defined as the practice of travel for recreational purposes.¹³¹ Tourists are found worldwide—chasing mesmerizing sceneries, cultural exchange, or simply respite from the monotony of a stationary life.

In 2024, tourism constituted 10 percent of the global GDP, generating USD 10.9 trillion and supporting 357 million jobs.¹³² Despite economic stagnation caused by the global COVID-19 pandemic, 1.46 billion people travelled internationally in 2019, and recovered by another 2 percent in the years that shortly followed. Popular tourist destinations often feature a rich cultural heritage, high availability of luxury amenities and offerings in beauty and entertainment—such as France, which attracted over 100 million travellers alone in 2023.¹³³

To meet rising demand for tourism, vast stretches of land are acquired to construct infrastructure and transportation that caters to the visitor's appeal. However, underregulated projects come at the direct expense of local communities and the environment. Observable damages of mass tourism development include cultural commodification, ecological degradation, displacement of marginalized communities, and unequal distribution of the industry's financial yield.¹³⁴ Indigenous populations often bear the brunt of such consequences, as they lack political and economic leverage to resist corporate violations—leading to structural disenfranchisement of their Free, Prior and Informed Consent (FPIC).¹³⁵

Although international efforts and agreements have been established to encourage sustainable tourism development, their lack of enforcement and funding remains a global issue. For instance, the 2012 Larrakia Declaration on the Development of Indigenous Tourism was endorsed by the UN World Tourism Organization; however, the resolution is not legally binding, and therefore relies solely on voluntary response from national governments.¹³⁶ Looking ahead, countries must determine the effective balance between tourism's revenue and its local devastation, which threatens not only vulnerable communities and the climate, but corporations themselves.

¹³¹ "Tourism," *Merriam-Webster Dictionary*, 2025, <https://www.merriam-webster.com/dictionary/tourism>.

¹³² "Travel & Tourism Economic Impact Research (EIR)," *WTTC*, <https://wttc.org/research/economic-impact>.

¹³³ "Global Tourism Statistics & Trends - 2023 and 2024," *Road Genius*, <https://roadgenius.com/statistics/tourism/>.

¹³⁴ Sustainability Directory, "Tourism Equity Dimensions Term," *Pollution → Sustainability Directory*, March 31, 2025, <https://pollution.sustainability-directory.com/term/tourism-equity-dimensions/>.

¹³⁵ Eugenia Hestad Recio and Dina Hestad, "Indigenous Peoples: Defending an Environment for All," *International Institute for Sustainable Development*, April 22, 2022, <https://www.iisd.org/articles/deep-dive/indigenous-peoples-defending-environment-all>.

¹³⁶ "All Events," *UNWTO*, <https://www.unwto.org/events>.

Timeline

November 17, 1869 — The Suez Canal opens, running across the Isthmus of Suez in Egypt and connecting the Red Sea and the Mediterranean. The canal helps to reduce travel time between Europe and Asia, which enables elite tourism on steamships and luxury liners.¹³⁷

May 22, 1933 — Commercial airlines, such as the Boeing 247, are available for passengers. The 247 enhances intercontinental travel due to its practicality and speed, which was 50 percent faster than competitors.¹³⁸

June 5, 1972 — The United Nations Conference on the Human Environment discusses the environmental degradation from human activity globally. The conference sparks discourse around infrastructure development and individual actions.¹³⁹

April 27, 1987 — The World Commission on Environment and Development (WCED) publishes The Brundtland Report, which introduces the concept of sustainable development. The WCED develops policies that target the causes of environmental degradation and its effect on social equity and economic growth.¹⁴⁰

June 3, 1992 — The United Nations Conference on Environment and Development, also known as the Rio Earth Summit, adopted Agenda 21. The global policy for sustainable development highlights that development must consider social and environmental factors for all citizens globally.¹⁴¹

December 4, 1995 — The World Heritage Committee in UNESCO warns that world heritage sites have been degraded as a result of uncontrolled tourism through an evaluation under its Operational Guidelines.¹⁴²

September 4, 2002 — The UN World Summit on Sustainable Development calls for the integration of more Indigenous perspectives within tourism development.¹⁴³

¹³⁷ Egypt Tours Portal, “The Suez Canal: Navigating History, Power, and Global Commerce,” *Egypt Tours Portal*, March 26, 2025, <https://www.egypttoursportal.com/en-ca/blog/suez-canal/>.

¹³⁸ “Boeing 247-D,” *National Air and Space Museum*, January 3, 2022, https://airandspace.si.edu/collection-objects/boeing-247-d/nasm_A19540069000.

¹³⁹ United Nations. n.d. “United Nations Conference on the Human Environment, Stockholm 1972.” <https://www.un.org/en/conferences/environment/stockholm1972>.

¹⁴⁰ Michelle E. Jarvie, “Brundtland Report | Sustainable Development & Global Environmental Issues,” *Encyclopedia Britannica*, April 28, 2014, <https://www.britannica.com/topic/Brundtland-Report>.

¹⁴¹ “United Nations Conference on Environment and Development, Rio De Janeiro, Brazil, 3-14 June 1992,” *United Nations*, <https://www.un.org/en/conferences/environment/rio1992>.

¹⁴² “World Heritage in Danger,” UNESCO World Heritage Centre, <https://whc.unesco.org/en/danger/>.

¹⁴³ “Plan of Implementation of the World Summit on Sustainable Development,” *United Nations*, https://www.un.org/esa/sustdev/documents/WSSD_POI_PD/English/WSSD_PlanImpl.pdf.

April 19, 2012 — The establishment of the World Indigenous Tourism Alliance (WINTA) creates support for collaboration and negotiation between Indigenous communities and governments or companies.¹⁴⁴

June 17, 2016 — Australia releases the Kakadu National Park Management Plan. The plan includes details about collaboration between Indigenous communities and regional authorities to enhance tourism investment.¹⁴⁵

March 18, 2021 — The Sámi Parliament urges stricter regulation of tourism in their homeland, Sápmi, as it creates issues such as disrupting reindeer migration, commodifying culture, and excluding Indigenous perspectives in tourism planning.¹⁴⁶

September 2022 — Bhutan increases its Sustainable Development Fee (SDF) from USD 65 to USD 200 USD daily throughout their stay. This tax increased the average cost of travel within Bhutan by 30 percent.¹⁴⁷

August 25, 2023 — The Royal Government of Bhutan announces a 50 percent reduction in the SDF 200 dollar tax due to significant drops in tourism levels and economic development. All visitors who have paid the fee since its implementation in 2022 are eligible for partial refunds.¹⁴⁸

August 28, 2023 — Indigenous groups in Ecuador block oil drilling and development efforts in Yasuni National Park through a referendum. Indigenous communities oppose the expansion efforts, citing that it will create irreparable environmental harm.¹⁴⁹

Historical Analysis

The earliest forms of tourism began in the 17th century; young European aristocrats participated in Grand Tours across cities like London, Paris, Rome, and Venice as part of their education. As tourism became more accessible, demand also increased, compelling the construction of sites and tours globally. This development was rooted in colonial ideologies like *terra nullius*, where European governments believed that Indigenous lands were unoccupied or underutilized.¹⁵⁰ As a result, Indigenous villages were displaced by tourist sites, which were

¹⁴⁴ “WINTA Information Sheet,” *WINTA Advisory Services*, <https://winta.org/wp-content/uploads/2016-WINTA-Advisory-Services-Information-Sheet.pdf>.

¹⁴⁵ “Sustainable Tourism Overview 2011-2016,” *Parks Australia - DCCEEW*, October 3, 2021, <https://www.dcceew.gov.au/parks-heritage/national-parks/parks-australia/publications/sustainable-tourism-overview-2011-2016-parks-australia>.

¹⁴⁶ “Ethical Guidelines for Sámi Tourism | the Sámi Parliament of Finland.” n.d. The Sámi Parliament of Finland.

<https://samediggi.fi/en/areas-of-expertise/livelihoods-justice-and-environment/ethical-guidelines-for-sami-tourism/>.

¹⁴⁷ Sangay Dorji, “Bhutan Set to Raise SDF to 200 USD,” *Daily Bhutan*, June 28, 2022, <https://www.dailybhutan.com/article/bhutan-set-to-raise-sdf-to-200-usd>.

¹⁴⁸ Travel Weekly Asia, “Bhutan Slashes Daily Tourist Fee,” *TW*, August 28, 2023, <https://www.travelweekly-asia.com/Destination-Travel/Bhutan-slashes-daily-tourist-fee>.

¹⁴⁹ “Yasuni-ITT Project in Ecuador,” *Open Case Studies*, <https://cases.open.ubc.ca/yasuni-itt-project-in-ecuador/>.

¹⁵⁰ Morgan Westcott, Wendy Anderson, “12.2 Tourism, Colonialism, Indigenous Human Rights and Reconciliation,” *Pressbooks*, June 4, 2021, <https://opentextbc.ca/introtourism2e/chapter/tourism-and-indigenous-human-rights/>.

constructed around scenic and culturally significant landmarks. Governments attempted to justify their land grabs by claiming they were preserving the land and increasing public access.¹⁵¹

Upon obtaining full control of the land, colonial officials rebranded Indigenous land as national parks, heritage attractions or recreational sites. Indigenous culture was viewed as primitive and inferior, and thus, governments attempted to eradicate it through their policies and institutions. For instance, early development in British-occupied Kenya and Tanzania was based on wildlife conservation. Using the land, settlers established game parks and hunting reserves. Some of the most famous and popular sites include the Serengeti and Ngorongoro parks, which attract approximately 350,000 and 500,000 annual visitors respectively.¹⁵² The Indigenous communities, the Maasai people, were forcibly removed from their hunting lands to create these reserves for settlers and elite tourists.¹⁵³ Beyond geographical displacement, the Maasai community received limited recognition for their land rights, whereas foreign developers obtained the majority of the economic benefits.¹⁵⁴

In the 20th century, cultural tourism gained popularity, commodifying Indigenous identity and traditions under a European lens. Cultural symbols, stories, and performances were repackaged to meet the expectations of foreign tourists.¹⁵⁵ Ethnic tourism, cultural trophy hunting, ecotourism, and photo safaris were the most popular activities for visitors.¹⁵⁶ Within this process, national governments and external investors reaped the majority of the benefits, resulting in Indigenous influence becoming minimal. The overt display of marketed traditions eventually reinforced negative and one-sided stereotypes of Indigenous culture.¹⁵⁷

Growing resistance began in the 1980s and early 2000s as Indigenous communities fought to reclaim their lands.¹⁵⁸ Community-led heritage exhibits and cultural performances were the most popular methods of formal resistance against national tourism projects.¹⁵⁹ Informal resistance was present in everyday acts. Communities would strive to preserve Indigenous languages, practice traditional ceremonies, and assert land rights in local spaces. Altogether, these efforts aimed to reintegrate Indigenous epistemologies, histories, and contemporary political struggles within public spaces.

¹⁵¹ Lara Domínguez, Colin Luoma, “Decolonising Conservation Policy: How Colonial Land and Conservation Ideologies Persist and Perpetuate Indigenous Injustices at the Expense of the Environment,” *Land* 9, no. 3 (2020): 65, <https://doi.org/10.3390/land9030065>.

¹⁵² Navaya Ole Ndaskoi, University of Western Ontario, “The Roots Causes of Maasai Predicament,” *Aboriginal Policy Research Consortium International (APRCi)*, 2005, <https://uwo.scholaris.ca/items/7b21f53d-618b-4544-af6e-1c02d4b11020>.

¹⁵³ Ibid.

¹⁵⁴ Ibid.

¹⁵⁵ Q.D. Tuyen, “Staging Culture, Selling Authenticity: The Commodification of the Cham Community’s Traditions,” in *Heritage Conservation and Tourism Development at Cham Sacred Sites in Vietnam*, in *Global Vietnam: Across Time, Space and Community* (Singapore: Springer, 2023), https://link.springer.com/chapter/10.1007/978-981-99-3350-1_8.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

¹⁵⁸ Khokaneswar Tripura, Gareth Butler, Gerti Szili, and Kevin Hannam, “Indigenous Resistance to Settler Colonialism: Tourism Stories From the Chittagong Hill Tracts,” *Tourism Geographies*, July 2023, 1–17, <https://doi.org/10.1080/14616688.2023.2231424>.

¹⁵⁹ Ibid.

Past UN/International Involvement

World Indigenous Tourism Alliance (WINTA)

The World Indigenous Tourism Alliance (WINTA) was founded in 2012 in Australia to support ethical tourism practices and collaboration between Indigenous communities and global institutions.¹⁶⁰ The WINTA global network brings together six Indigenous tourism associations and 170 Indigenous and non-Indigenous organizations across 40 countries, including government groups, businesses, and infrastructure developers. The first gathering for WINTA marked the establishment of the Larrakia Declaration, which highlights a series of principles that the development of Indigenous tourism must follow.¹⁶¹ This document later would create the foundation for the Global Code of Ethics for Indigenous Tourism, centring around the importance of free, prior, and informed consent (FPIC), benefit-sharing, and the protection of sacred sites and traditional knowledge.¹⁶² WINTA also supports initiatives that help Indigenous workers develop skills, access funding, and share knowledge through a myriad of global networks. Through all its efforts, the organization recognizes that tourism can become a tool for cultural revitalization and economic development when it is developed sustainably and guided by Indigenous communities.

United Nations World Tourism Organization (UNWTO)

The United Nations World Tourism Organization is responsible for promoting sustainable and accessible tourism globally.¹⁶³ It notes the importance of tourism as an economic stimulant and thus urges that the distribution of benefits be equal among all stakeholders, including Indigenous populations.¹⁶⁴ A notable achievement of the UNWTO is the establishment of the Global Code of Ethics.¹⁶⁵ This code is a comprehensive outline of principles that are crucial in sustainable tourism development.¹⁶⁶ By incorporating the roles of governments, developers, and local communities, it seeks to maximize economic benefit while minimizing the environmental and cultural harms of tourism. The UNWTO encourages all nations to voluntarily comply with its terms, as the code itself is not legally binding.¹⁶⁷

Furthermore, in recognition of tourism and its potential contribution to poverty reduction and the United Nations Sustainable Development Goals (2030), the UN General Assembly declared 2017 the International Year of Sustainable Tourism for Development.¹⁶⁸ The UNWTO has also funded programs, in cooperation with its member states, to introduce initiatives focused on sustainable coastal and maritime tourism.¹⁶⁹ Special attention

¹⁶⁰ World Tourism Network. 2025. "World Tourism Network (WTN)." World Tourism Network (WTN). May 27, 2025. <https://wtn.travel/>.

¹⁶¹ Law, Narf - Cu. 2020. "Larrakia Declaration on the Development of Indigenous Tourism – the Implementation Project." May 13, 2020. <https://un-declaration.narf.org/larrakia-declaration-on-the-development-of-indigenous-tourism/>.

¹⁶² Ibid.

¹⁶³ "United Nations World Tourism Organization (UNWTO)." n.d. United Nations Division for Ocean Affairs and the Law of the Sea. <https://www.un.org/regularprocess/content/united-nations-world-tourism-organization-unwto>.

¹⁶⁴ Ibid.

¹⁶⁵ "Background of the Global Code of Ethics for Tourism | UN Tourism." n.d. <https://www.unwto.org/background-global-code-ethics-tourism>.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ "2017 International Year of Sustainable Tourism for Development," *UN Tourism*, <https://www.unwto.org/tourism4development2017>.

¹⁶⁹ Ibid.

is given to the unique challenges faced by Small Island Developing States (SIDS), where tourism is often a major economic pillar.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO was founded in 1945 with the primary purpose of upholding international cooperation in education, the arts, sciences, and culture. The organization has helped to safeguard Indigenous culture through formal agreements like the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage.¹⁷⁰ This treaty was legally binding, meaning a failure to uphold its terms would result in formal punishments, and was ratified by over 180 countries to recognize all oral traditions, rituals, languages, and knowledge systems from Indigenous communities to be critical forms of heritage.¹⁷¹

Additionally, UNESCO works to protect heritage sites globally, many of which are popular tourist destinations. This raises the critical issue of infrastructure development on Indigenous land and the impact of tourism on the local environment.¹⁷² Governments around the world have attempted to enforce legislation to prevent these harms. However, independent assessments, performed by associations like the International Indigenous Peoples' Forum on World Heritage, have reported that implementation of policies remains inconsistent, prioritizing profit over Indigenous voices.¹⁷³ To strengthen enforcement, UNESCO enacted the Policy on Engaging with Indigenous Peoples in 2017, which aims to protect sacred sites and ensure Indigenous groups hold power in making decisions on their land.¹⁷⁴ This policy laid the foundations in ensuring that tourism development does not impede Indigenous livelihoods and cultural safety.

Current Situation

Lack of Indigenous Control Over Tourism Projects

Private developers make up a large portion of the global tourism industry. Their capacity to market and attract tourists allows them to maintain market dominance in most nations.¹⁷⁵ As a result, local businesses lose control over development and access to economic benefits.¹⁷⁶ In Canada, for instance, ecotourism is a popular leisure activity for tourists. However, only 0.2 percent of tourism-related businesses are run by Indigenous peoples.¹⁷⁷

¹⁷⁰ United Nations Cultural Organization, "Sixth Session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage, Bali, Indonesia, 22-29 November 2011, Media Kit," *2003 Convention for the Safeguarding of the Intangible Cultural Heritage*, 2011, <http://www.unesco.org/culture/ich/en/6COM/>.

¹⁷¹ Ibid.

¹⁷² "World Heritage and Sustainable Tourism Programme," *UNESCO World Heritage Centre*, <https://whc.unesco.org/en/tourism/>.

¹⁷³ "Indigenous Peoples' Rights and UNESCO World Heritage Sites: Submission to the UN Special Rapporteur on the Rights of Indigenous Peoples," *IWGIA*, April 19, 2022, <https://iwgia.org/en/news/4721-unsrrip-77unga-protectedareas.html>.

¹⁷⁴ Ibid.

¹⁷⁵ Emalee A. Vandermale and Courtney W. Mason, "Sustainable Tourism Development and Indigenous Protected and Conserved Areas in Sub-arctic Canada," *Frontiers in Sustainable Tourism* 3 (July 2024), <https://doi.org/10.3389/frsut.2024.1397589>.

¹⁷⁶ Ibid.

¹⁷⁷ The Conference Board of Canada, "Indigenous Tourism Sector Impact in Canada," *The Conference Board of Canada*, 2025, https://indigenoustourism.ca/wp-content/uploads/2025/01/indigenous-tourism-sector-impact-in-canada_jan2025.pdf.

Furthermore, tourism infrastructure developed and operated by national governments often conflicts with Indigenous cultural and environmental values.¹⁷⁸ Within businesses, existing power dynamics persist, allowing influential external organizations to have financial and political leverage over Indigenous communities.¹⁷⁹ Indigenous workers often offered low-wage, seasonal, and labour-intensive employment.¹⁸⁰ Without targeted development initiatives, Indigenous entrepreneurs struggle to compete with established external operators who control much of the tourism industry.

Cultural Exploitation and Misrepresentation

Tourism has distorted and commodified Indigenous culture, practices, and symbols to attract foreign visitors.¹⁸¹ An important aspect of imposed activities is the creation of staged authenticity, which is carefully curated performances that are designed to meet tourist expectations rather than allowing Indigenous groups to practice their traditions naturally.¹⁸² As a result, traditionally significant items like regalia and objects that are mass-produced are stripped of their cultural meaning.¹⁸³

Similar issues are displayed worldwide. A 2019 study conducted by the United Nations World Tourism Organization discovered that 60 percent of tourism activities lack formal cultural protocols and community involvement.¹⁸⁴ This perpetuates the misrepresentation of Indigenous communities that is guided by national governments. As exoticized and simplified versions of culture attract tourists, organizations craft stereotypes of Indigenous culture so that they can market it globally.¹⁸⁵ Increasing Indigenous control in tourism development is essential to dismantling harmful stereotypes and reshaping public perceptions.¹⁸⁶ It allows communities to present their traditions, ceremonies, and identity on their own terms. When culture is displayed authentically rather than staged for external audiences, tourism can help empower learning instead of exploitation.

Environmental Harm to Traditional Lands

Rapid development of the tourism industry has caused environmental degradation alongside the aforementioned exploitation of Indigenous culture.¹⁸⁷ The infrastructure on Indigenous land was taken under colonial rule without free, prior, and informed consent by the communities that have resided on the territory for centuries. Through increased visitor traffic and activities, pollution and physical erosion of landscapes have been commonplace, preventing Indigenous communities from accessing their sacred lands and practicing

¹⁷⁸ *OECD, Linking Indigenous Communities With Regional Development in Canada*, OECD Rural Policy Reviews (OECD Publishing, 2020), https://www.oecd.org/content/dam/oecd/en/publications/reports/2020/01/linking-indigenous-communities-with-regional-development-in-canada_1633b75f/fa0f60c6-en.pdf.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid.

¹⁸¹ Robert J. Shepherd, George Washington University, “Commodification, Culture and Tourism,” August 2000, https://www.researchgate.net/publication/249631255_Commodification_Culture_and_Tourism.

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ *World Travel & Tourism Council*, “Travel & Tourism Sector Now Worth More Than Quarter of a Trillion Sterling,” *WTTC*, September 18, 2023, <https://wttc.org/news/travel-and-tourism-sector-now-worth-more-than-quarter-of-a-trillion-sterling-says-wttc>.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ *Human Rights Research Center*, “Indigenous Survival in the Face of Environmental Damage,” *HRRC (blog)*, May 13, 2025, <https://www.humanrightsresearch.org/post/indigenous-survival-in-the-face-of-environmental-damage>.

intergenerational traditions.¹⁸⁸ The Anangu peoples in Australia's Northern Territory, who are associated with Uluru, have called for its degradation to be addressed due to tourist overcrowding.¹⁸⁹ This resulted in rock climbing being banned to protect the landscapes from further destruction. Furthermore, the resources used within the resorts also pollute and consume immense resources.¹⁹⁰ These developments prioritize comfort for tourists instead of environmental sustainability. Many sites overextract water, deforest local areas for expansion, and over-rely on fossil fuels to operate facilities. The immense amount of waste, such as sewage, plastic, and food, contaminates local water that Indigenous communities rely on for their livelihoods and cultural practices.¹⁹¹ Even basic chemicals like sunscreen can be detrimental to the local environment, harming coral reefs and marine life.

Unequal Access to Infrastructure and Resources

Unsustainable tourism, developed by national governments and foreign investors, uses exorbitant amounts of resources, yet limits Indigenous citizens from accessing the necessary resources and infrastructure for survival.¹⁹² Hawai'i, for instance, experienced a crisis during the 2023 Maui wildfires, where local communities faced severe supply shortages in water and housing. However, resorts remained fully operational with their services and amenities.¹⁹³ This disparity highlights the current negative impact of tourism on local communities as external actors utilize resources and land for profit instead of considering Indigenous populations.¹⁹⁴ Despite resorts being incredibly developed, most visitors do not recognize the stark difference in the livelihoods of local citizens in comparison to their luxurious living conditions for vacation. Moreover, high demand for vacation homes in tourist hotspots has inflated the cost of living and housing prices.¹⁹⁵ As a result, Indigenous communities are priced out of the market and left without proper access to affordable housing options.

Possible Solutions and Controversies

Indigenous participation in project development

Indigenous communities traditionally have strong ties to their land, as most of their cultures and livelihoods depend on the environment.¹⁹⁶ It is essential to obtain Indigenous input at all stages of development, as oversight ensures that tourism remains respectful and sustainable. Indigenous leaders and elected representatives becoming involved in the decision-making process of tourism could shape the industry differently in two ways: first, by ensuring projects are more culturally reflective of Indigenous communities, and furthermore, by voicing environmental concerns related to sacred sites and land usage.¹⁹⁷ Transparent consultation helps to incorporate

¹⁸⁸ Ibid.

¹⁸⁹ Christof Pforr, "Last Chance to Behave Badly at Uluru, Australia," in *Routledge eBooks*, 173–90, 2024, <https://doi.org/10.4324/9781003365815-19>.

¹⁹⁰ Ibid.

¹⁹¹ Katerina Kwon, "Moving Beyond Assessment: Indigenous-led Cumulative Effects Management in Metlakatla First Nation Territory," April 23, 2025. <https://summit.sfu.ca/item/39451>.

¹⁹² Emalee A. Vandermale and Courtney W. Mason, "Sustainable Tourism Development and Indigenous Protected and Conserved Areas in Sub-arctic Canada," *Frontiers in Sustainable Tourism* 3 (July 2024), <https://doi.org/10.3389/frsut.2024.1397589>.

¹⁹³ John P. Rafferty, "Maui Wildfires of 2023 | Causes, Damage, Death, & Facts," *Encyclopedia Britannica*, July 11, 2025, <https://www.britannica.com/event/Maui-wildfires-of-2023>.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ "Indigenous Knowledges and Climate Change," *Climate Atlas of Canada*, <https://climateatlas.ca/indigenous-knowledges-and-climate-change>.

¹⁹⁷ Ibid.

new perspectives into development, which has shown an increase in community satisfaction by 30 percent.¹⁹⁸ However, exchanges risk becoming tokenistic as a result of disproportionate power dynamics. Governments may claim to deliberate with Indigenous communities, yet fail to tangibly implement their feedback into new projects due to conflicting interests such as profit. Additionally, Indigenous communities, especially within larger regions that transcend borders, may disagree on a conceptualization of tourism development.¹⁹⁹ These internal divisions may limit the capacity to implement change and prevent negotiations from reaching cohesive conclusions.

Support for Community-Led Economic Policy

External developers and national governments often obtain the majority of the economic benefits that tourism generates, marginalizing Indigenous communities to lower-wage jobs and limited control over tourism infrastructure.²⁰⁰ Shared revenue models allow for Indigenous communities to invest in local enterprises and support their community development. These partnerships give more autonomy to Indigenous groups, ensuring that they benefit meaningfully from the profits of tourism industries built on their ancestral lands and around their cultures.²⁰¹ Furthermore, allowing the establishment of Indigenous businesses can direct revenue to local citizens.²⁰² Without external actors or governments taking the majority of benefits, the money can go directly to Indigenous entrepreneurs. Importantly, these jobs are more culturally aligned with Indigenous perspectives, as the owners themselves are Indigenous and will likely share the values and interests of their communities.²⁰³ Nevertheless, the economic opportunities may not be accessible to all Indigenous citizens equally. As foreign actors remain disproportionately powerful, contracts may only benefit a select number of citizens and rewards may continue to be unevenly distributed.²⁰⁴ Furthermore, communities may face increasing bureaucratic barriers when reporting injustices within the distribution of revenue. It would be difficult for many Indigenous businesses to enter the market that was previously dominated by foreign actors.

Environmental Protection for Indigenous Land

Formal legal recognition of Indigenous land rights can help prevent exploitative development plans and strengthen accountability in the long term. Without clear legal frameworks, Indigenous communities remain vulnerable to displacement, resource extraction, and environmental degradation on their ancestral territories.²⁰⁵ Strengthening national laws to expand land rights and enforce existing protections is essential, especially when paired with government-backed land mapping and zoning to prevent reckless construction in ecologically or

¹⁹⁸ Department of Government Services and JWS Research, “2025 Local Government Community Satisfaction Survey State-wide Report,” Report, 2025, https://www.localgovernment.vic.gov.au/__data/assets/pdf_file/0025/217708/CSS-State-wide-Report.-2025.pdf.

¹⁹⁹ *Destination BC*, “Indigenous Tourism - Destination BC,” *Destination BC - Official Destination BC Website*, April 25, 2025, <https://www.destinationbc.ca/who-we-are/regional-community-industry-partners/indigenous-tourism/>.

²⁰⁰ Michael J. Greenwood, Sarah De Leeuw, and Nicole M. Lindsay, “Economic Development as a Social Determinant of First Nations, Inuit and Métis Health,” *Sharing Knowledge · Making a Difference*, 2018.

²⁰¹ *Ibid.*

²⁰² Export Development Canada, “How Indigenous Businesses Are Taking on the World,” EDC, August 18, 2022, <https://www.edc.ca/en/blog/how-indigenous-businesses-are-taking-on-the-world.html>.

²⁰³ *Ibid.*

²⁰⁴ Carter Squires, Et al. “Uncommon Ground: The Impact of Natural Resource Corruption on Indigenous Peoples,” *Brookings*, August 7, 2020, <https://www.brookings.edu/articles/uncommon-ground-the-impact-of-natural-resource-corruption-on-indigenous-peoples/>.

²⁰⁵ Lara Domínguez, Colin Luoma, “Decolonising Conservation Policy: How Colonial Land and Conservation Ideologies Persist and Perpetuate Indigenous Injustices at the Expense of the Environment,” *Land* 9, no. 3 (2020): 65, <https://doi.org/10.3390/land9030065>.

culturally sensitive areas.²⁰⁶ Furthermore, it is important to reduce excessive overcrowding within popular tourist sites, as frequent visits can erode cultural sites and cause environmental harm like pollution. Bhutan's "High Value, Low Impact" tourism policy exemplifies an empirical attempt to begin cultural and environmental preservation by limiting the number of tourists who can visit the country.²⁰⁷ Within this policy, tourists are mandated to pay a daily Sustainable Development Fee of USD 200 dollars and the number of visas granted was also restricted. However, due to low tourist traffic from the exorbitant compounding fees, the nation cut the fee by half.²⁰⁸

Bloc Positions

States with Tourism-Driven Displacement

In parts of Sub-Saharan Africa, Southeast Asia, and Latin America, tourism development contributes to large-scale Indigenous displacement.²⁰⁹ Governments from these regions typically prioritize generating revenue through eco-tourism and establishing resorts in restricted zones, preventing Indigenous communities from accessing those areas. In Kenya and Tanzania, the Maasai have been displaced to develop private conservancies and game reserves.²¹⁰ Brazil, Thailand, and Vietnam are also examples where countries have kept land vacant for tourism purposes while Indigenous communities are left without proper access to important infrastructure and resources. In fact, due to a lack of transparency and media attention in many areas, other non-Indigenous citizens are unaware of these disparities that communities have to face.²¹¹ Within this bloc, countries should prioritize fixing the existing issues within their borders. By strengthening legal land rights and upholding FPIC in development, Indigenous communities could earn more revenue and play a larger role in the development of tourism. However, issues in the status quo, such as short-termistic governments, political instability and corruption, remain a significant obstacle that countries ought to navigate to ensure new policies are upheld and consistently enforced.

States Facing Cultural Erosion and Desecration of Sacred Sites

Tourism in many countries revolves around the local culture and heritage sites that attract curious visitors worldwide. Sites in Peru, such as Machu Picchu and the Chan Cha Archaeological Zone, are frequently visited by tourists as iconic heritage sites and have been desecrated by visitors who would carve their names into the stone or litter in the environment.²¹² The culture in the area often homogenizes many Indigenous groups so that

²⁰⁶ Ibid.

²⁰⁷ Jackson, Leonard, "Community-Based Tourism: A Catalyst for Achieving the United Nations Sustainable Development Goals One and Eight." *Tourism and Hospitality* 6 (1): 29. <https://doi.org/10.3390/tourhosp6010029>.

²⁰⁸ Ibid.

²⁰⁹ *Tourism, Land Grabs and Displacement: The Darker Side of the Feel-Good Industry*, Routledge & CRC Press, <https://www.routledge.com/Tourism-Land-Grabs-and-Displacement-The-Darker-Side-of-the-Feel-Good-Industry/Neef/p/book/9780367767952>.

²¹⁰ *Human Rights Watch*, "Tanzania: Maasai Forcibly Displaced for Game Reserve," May 1, 2023, <https://www.hrw.org/news/2023/04/27/tanzania-maasai-forcibly-displaced-game-reserve>.

²¹¹ OHCHR, "Indigenous Lands Severely Damaged by Development, Mining, Tourism, Permanent Forum Told, as Debate Begins on Environment," <https://www.ohchr.org/en/press-releases/2009/10/indigenous-lands-severely-damaged-development-mining-tourism-permanent-forum>. <https://www.ohchr.org/en/press-releases/2009/10/indigenous-lands-severely-damaged-development-mining-tourism-permanent-forum>.

²¹² UNESCO World Heritage Centre, "Historic Sanctuary of Machu Picchu," <https://whc.unesco.org/en/list/274/>.

marketing becomes clear and appealing to visitors.²¹³ As a result, Indigenous communities have called for the national government to limit visitors and strengthen environmental legislation. Other countries that face similar problems include Australia, Mexico, the United States, Canada, and New Zealand. Despite the economic wealth and power these countries possess, the implementation of coherent laws remains uncertain, and corporations are rarely held accountable for failure to meet restrictions.²¹⁴ Delegates within this bloc will likely support stronger management of sacred sites and further integration of Indigenous leadership within existing tourism development projects. However, these changes may be halted by political resistance due to economic slowdown, since many countries depend on tourism as a large aspect of their national economy.

States with Unrecognized Indigenous Populations

Many Indigenous groups in South and East Asia are often not recognized legally within their country.²¹⁵ As a result, these communities lack autonomy and formal integration into tourism development on their lands.²¹⁶ These countries include Myanmar, India and Vietnam, which rely heavily on tourism and the display of minority cultures. However, most of these Indigenous groups, despite their traditions and land being used for profit, rarely receive formal recognition or power within the decision-making process, making them vulnerable to exploitation and displacement.²¹⁷ Within this bloc, delegates are required to navigate this discrepancy and push for financial and international recognition of Indigenous groups so that they can be more respected domestically. However, perspectives that prioritize national unity and entrenched systems of ethnic hierarchy may hinder specific recognition for Indigenous communities.

Global Influencers and Donor States

Many countries, especially those in Europe, do not have large Indigenous populations that are particularly harmed by tourism development. However, they are still some of the most influential states, home to a majority of tourists who can travel abroad and financially capable of donating to uplift programs from developing nations.²¹⁸ Countries such as Germany, France, the United Kingdom, and the Netherlands are home to major tourism operators and NGOs that fund development and conservation initiatives abroad in Africa and Latin America.²¹⁹ Delegates within this bloc will likely support specific policies that are discussed in an indirect sense by funding projects, supporting ethical travel standards, FPIC enforcement, and Indigenous-led development in the regions most impacted by tourism. However, these nations need to balance and share their influence with smaller countries directly impacted by the current unsustainable tourism development.²²⁰ Their funding and

²¹³ Ritva Karajaoja, “Commoditization of Indigenous Cultures through Tourism,” *Retrospective Theses and Dissertations, 1919-2007*, University of British Columbia, 1995, <https://doi.org/10.14288/1.0086900>.

²¹⁴ Susanne Prochazka, “Did You Ever Expect a Corporation to Have a Conscience?” *QMHRR* 2 (2015): 84, <https://www.qmul.ac.uk/law/humanrights/media/humanrights/news/hrlr/2015/Prochazka-2015-2-QMHRR-84.pdf>.

²¹⁵ *ASEAN, ASEAN's Indigenous Peoples: Who We Are - The Indigenous Peoples in Southeast Asia*, https://www.iwgia.org/images/publications/0511_ASEAN_BRIEFING_PAPER_eb.pdf.

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ *Tourism / Fact Sheets on the European Union / European Parliament*, <https://www.europarl.europa.eu/factsheets/en/sheet/126/tourism>.

²¹⁹ Ibid.

²²⁰ Qadar Bakhsh Baloch et al., “Impact of Tourism Development Upon Environmental Sustainability: A Suggested Framework for Sustainable Ecotourism,” *Environmental Science and Pollution Research* 30, no. 3 (2022): 5917–30, <https://doi.org/10.1007/s11356-022-22496-w>.

political capital must not overshadow the voices of other Indigenous communities, as it could result in wrongly identified priorities or ineffective allocation of resources.

Discussion Questions

1. How can governments and corporations effectively balance the economic benefits of tourism with protecting Indigenous rights?
2. How can sustainable reforms be implemented without risking economic instability or loss of livelihoods for local workers?
3. How can international organizations strengthen accountability for countries that fail to uphold sustainable tourism standards?
4. What mechanisms can ensure that Indigenous communities hold genuine rather than tokenistic decision-making power in tourism development?
5. In what ways can tourism be transformed into a tool for cultural revitalization rather than exploitation?

Additional Resources

WINTA: Indigenous Peoples & Tourism <https://www.humanrights-in-tourism.net/sites/default/files/media/file/2020/rc025indigenous-peoples-tourism-1197.pdf>

UNWTO: Compendium of Good Practices in Indigenous Tourism
<https://www.e-unwto.org/doi/10.18111/9789284424184>

UNESCO: Engaging Local Communities in Stewardship of World Heritage
<https://whc.unesco.org/en/activities/745/>

UNWTO: Responsible Tourism and Indigenous Communities
<https://www.unwto.org/ethics/indigenous-communities>

Global Sustainable Tourism Council: Indigenous Tourism eLibrary
<https://www.gstcouncil.org/indigenous-tourism/>

Bibliography

- “2017 International Year of Sustainable Tourism for Development | UN Tourism.” n.d.
<https://www.unwto.org/tourism4development2017>.
- “About Us | Mō Māta - New Zealand Māori Tourism.” 2025. New Zealand Māori Tourism. May 26, 2025.
<https://maoritourism.co.nz/about-us/>.
- Aldooseri, Homood, Sehailan, Mastura Jaafar 1*, School of Housing, Building and Planning, Universiti Sains Malaysia. 2024. “The Role of Indigenous Tourism in Sustainable Development.” *European Economic Letters* 14. https://www.researchgate.net/profile/Homood-Aldooseri/publication/384657719_The_Role_of_Indigenous_Tourism_in_Sustainable_Development/links/6700f165869f1104c6c6744a/The-Role-of-Indigenous-Tourism-in-Sustainable-Development.pdf.
- ASEAN. n.d. ASEAN’s Indigenous Peoples: Who We Are - The Indigenous Peoples in Southeast Asia.
https://www.iwgia.org/images/publications/0511_ASEAN_BRIEFING_PAPER_eb.pdf.
- Baloch, Qadar Bakhsh, et al. 2022. “Impact of Tourism Development Upon Environmental Sustainability: A Suggested Framework for Sustainable Ecotourism.” *Environmental Science and Pollution Research* 30 (3): 5917–30. <https://doi.org/10.1007/s11356-022-22496-w>.
- Bierman, Jonny. 2024. “Travel Alberta.” Travel Alberta. November 28, 2024.
<https://www.travelalberta.com/articles/four-ways-indigenous-tourism-supports-sustainable-travel>.
- “Boeing 247-D | National Air and Space Museum.” 2022. https://airandspace.si.edu/collection-objects/boeing-247-d/nasm_A19540069000. Canada, Export Development. 2022. “How Indigenous Businesses Are Taking on the World.” August 18, 2022. <https://www.edc.ca/en/blog/how-indigenous-businesses-are-taking-on-the-world.html>.
- Carr, Anna, Lisa Ruhanen, and Michelle Whitford. 2016. “Indigenous Peoples and Tourism: The Challenges and Opportunities for Sustainable Tourism.” *Journal of Sustainable Tourism* 24 (8–9): 1067–79.
<https://doi.org/10.1080/09669582.2016.1206112>.
- Center, Human Rights Research. 2025. “Indigenous Survival in the Face of Environmental Damage.” May 13, 2025. <https://www.humanrightsresearch.org/post/indigenous-survival-in-the-face-of-environmental-damage>.
- Department of Government Services, and Research JWS. 2025. “2025 Local Government Community Satisfaction Survey State-wide Report.”
https://www.localgovernment.vic.gov.au/__data/assets/pdf_file/0025/217708/CSS-State-wide-Report.-2025.pdf.
- Destination BC. 2025. “Indigenous Tourism - Destination BC.” April 25, 2025.
<https://www.destinationbc.ca/who-we-are/regional-community-industry-partners/indigenous-tourism/>.
- Directory, Sustainability. 2025. “Tourism Equity Dimensions → Term.” March 31, 2025.
<https://pollution.sustainability-directory.com/term/tourism-equity-dimensions/>.

- Domínguez, Lara, and Colin Luoma. 2020. "Decolonizing Conservation Policy: How Colonial Land and Conservation Ideologies Persist and Perpetuate Indigenous Injustices at the Expense of the Environment." *Land* 9 (3): 65. <https://doi.org/10.3390/land9030065>.
- Economic and Social Council. 2025. "Report on the Twenty-fourth Session (21 April–2 May 2025)." Permanent Forum on Indigenous Issues. <https://docs.un.org/en/E/2025/43>.
- Escobar, Daniela Lopez. 2024. "The 10 Greatest Influences on Tourism in the Past 10 Years." March 11, 2024. <https://blog.pressreader.com/hotels/the-10-greatest-influences-on-tourism-in-the-past-10-years>.
- Fsc-If. 2022. "Indigenous-led Tourism Benefits Communities, Economies, and Mother Earth." FSC Indigenous Foundation. September 1, 2022. <https://www.fscindigenousfoundation.org/indigenous-led-tourism-benefits-communities-economies-and-mother-earth/>.
- "Global Code of Ethics for Tourism." n.d. <https://www.unwto.org/global-code-of-ethics-for-tourism>. "Global Tourism Statistics & Trends - 2023 and 2024." n.d. Road Genius. <https://roadgenius.com/statistics/tourism/>.
- Greenwood, Michael J., Sarah De Leeuw, and Nicole M. Lindsay. 2018. "Economic Development as a Social Determinant of First Nations, Inuit and Métis Health." *Sharing Knowledge · Making a Difference*.
- Hadley, Lexie. 2025. "Exploring the Banana Pancake Trail: A Southeast Asian Adventure." April 22, 2025. <https://madmonkeyhostels.com/blogs/travel-guide/south-east-asia/exploring-banana-pancake-trail-southeast-asia>.
- "Hawai'i's Homeless Rate Soars to Worst in Nation After Lahaina Wildfire, UHERO Reports | Maui Now." 2025. May 14, 2025. <https://mauinow.com/2025/05/14/hawaiis-homeless-rate-soars-to-worst-in-nation-after-lahaina-wildfire-uhero-reports/>.
- Holliday, Ryan, et al. 2024. "The Health and Social Impacts of the Maui Wildfires: Post-Disaster Care From a Sociocultural Lens." March 1, 2024. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10915863/>.
- Human Rights Watch. 2023. "Tanzania: Maasai Forcibly Displaced for Game Reserve." May 1, 2023. <https://www.hrw.org/news/2023/04/27/tanzania-maasai-forcibly-displaced-game-reserve>.
- Jackson, Leonard A. 2025. "Community-Based Tourism: A Catalyst for Achieving the United Nations' Sustainable Development Goals One and Eight." *Tourism and Hospitality* 6 (1): 29. <https://doi.org/10.3390/tourhosp6010029>.
- Jarvie, Michelle E. 2014. "Brundtland Report | Sustainable Development & Global Environmental Issues." *Encyclopedia Britannica*. April 28, 2014. <https://www.britannica.com/topic/Brundtland-Report>.
- Johnston, Alison. 2000. "Indigenous Peoples and Ecotourism: Bringing Indigenous Knowledge and Rights into the Sustainability Equation." *Tourism Recreation Research* 25 (2): 89–96. <https://doi.org/10.1080/02508281.2000.11014914>.
- Karajaoja, Ritva. 1995. "Commoditization of Indigenous Cultures through Tourism." University of British Columbia. <http://dx.doi.org/10.14288/1.0086900>.

- Kwon, Katerina. 2025. "Moving Beyond Assessment: Indigenous-led Cumulative Effects Management in Metlakatla First Nation Territory." April 23, 2025. <https://summit.sfu.ca/item/39451>.
- Law, Narf - Cu. 2020. "Larrakia Declaration on the Development of Indigenous Tourism – the Implementation Project." May 13, 2020. <https://un-declaration.narf.org/larrakia-declaration-on-the-development-of-indigenous-tourism/>.
- Ndaskoi, Navaya Ole. 2005. "The Roots Causes of Maasai Predicament." Aboriginal Policy Research Consortium International (APRCi). <https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1002&context=aprci>.
- OECD. 2020. "Linking Indigenous Communities With Regional Development in Canada." https://www.oecd.org/content/dam/oecd/en/publications/reports/2020/01/linking-indigenous-communities-with-regional-development-in-canada_1633b75f/fa0f60c6-en.pdf.
- O'Hare, Maureen. 2023. "The World's Top City Destinations for 2023 Revealed." CNN Travel. December 11, 2023. <https://edition.cnn.com/travel/euromonitor-world-top-city-destinations-2023>.
- "Plan De Desarrollo Turístico Local." 2016. <https://asesoresenturismoperu.wordpress.com/plan-de-desarrollo-turistico-local>.
- Pforr, Christof. 2024. "Last Chance to Behave Badly at Uluru, Australia." In Routledge eBooks, 173–90. <https://doi.org/10.4324/9781003365815-19>.
- Prochazka, Susanne. 2015. "Did You Ever Expect a Corporation to Have a Conscience?" QMHRR, Vol. 2. <https://www.qmul.ac.uk/law/humanrights/media/humanrights/news/hrlr/2015/Prochazka-2015-2-QMHRR-84.pdf>.
- Quang, T. D., Noseworthy, W. B., & Paulson, D. 2022. "Rising Tensions: Heritage-Tourism Development and the Commodification of 'Authentic' Culture among the Cham Community of Vietnam." Cogent Social Sciences 8(1). <https://doi.org/10.1080/23311886.2022.2116161>.
- "Recommendations on Sustainable Development of Indigenous Tourism | World Tourism Organization." n.d. <https://www.e-unwto.org/doi/book/10.18111/9789284421299>.
- Recio, Eugenia Hestad, and Dina Hestad. 2022. "Indigenous Peoples: Defending an Environment for All." International Institute for Sustainable Development. <https://www.iisd.org/articles/deep-dive/indigenous-peoples-defending-environment-all>.
- Shepherd, Robert J. 2000. "Commodification, Culture and Tourism." August 2000. https://www.researchgate.net/publication/249631255_Commodification_Culture_and_Tourism.
- Šnajdar, Tea Gudek. 2025. "History of Travelling: How People Started to Travel." Culture Tourist. June 28, 2025. <https://culturetourist.com/cultural-tourism/history-of-travelling-how-people-started-to-travel/>.
- Staff, Wttc. 2024. "How Travel & Tourism Can Be a Force for Good — WTTC Travel Hub." WTTC Travel Hub. July 8, 2024. <https://travelhub.wttc.org/blog/how-travel-and-tourism-can-be-a-force-for-good>

- “Supporting Global Indigenous Tourism | WTTC Research Hub.” n.d.
<https://researchhub.wttc.org/product/supporting-global-indigenous-tourism>.
- “Sustainable Tourism Projects Can Bring Vital Economic Resources to Create Jobs and Infrastructure.” 2025. World Economic Forum. June 3, 2025. <https://www.weforum.org/stories/2023/10/this-is-how-to-leverage-community-led-sustainable-tourism-for-people-and-biodiversity/>.
- Team, Etp. 2025. “The Suez Canal: Navigating History, Power, and Global Commerce.” March 26, 2025. <https://www.egypttoursportal.com/en-ca/blog/suez-canal/>.
- “Tourism.” 2025. Merriam-Webster Dictionary. <https://www.merriam-webster.com/dictionary/tourism>.
- “Tourism | Fact Sheets on the European Union | European Parliament.” n.d.
<https://www.europarl.europa.eu/factsheets/en/sheet/126/tourism>.
- “Tourism, Land Grabs and Displacement.” n.d. Routledge & CRC Press. <https://www.routledge.com/Tourism-Land-Grabs-and-Displacement-The-Darker-Side-of-the-Feel-Good-Industry/Neef/p/book/9780367767952>.
- Tripura, Khokaneswar, et al. 2023. “Indigenous Resistance to Settler Colonialism.” *Tourism Geographies*, July. <https://doi.org/10.1080/14616688.2023.2231424>.
- Tuyen, Quang Dai. 2023. “Staging Culture, Selling Authenticity.” In *Global Vietnam*. https://doi.org/10.1007/978-981-99-3350-1_8.
- UNESCO World Heritage Centre. n.d. “World Heritage and Sustainable Tourism Programme.” <https://whc.unesco.org/en/tourism/>.
- United Nations. n.d. “UN Conferences: Rio 1992 & Stockholm 1972.” <https://www.un.org/en/conferences/environment/rio1992>.
- Vandermale, Emalee A., and Courtney W. Mason. 2024. “Sustainable Tourism Development and Indigenous Protected and Conserved Areas in Sub-arctic Canada.” *Frontiers in Sustainable Tourism* 3 (July). <https://doi.org/10.3389/frsut.2024.1397589>.
- Weaver, David. 2009. “Indigenous Tourism Stages and Their Implications for Sustainability.” *Journal of Sustainable Tourism* 18 (1): 43–60. <https://doi.org/10.1080/09669580903072001>.
- Westcott, Morgan, and Wendy Anderson, eds. 2021. “12.2 Tourism, Colonialism, Indigenous Human Rights and Reconciliation.” Pressbooks. <https://opentextbc.ca/introtourism2e/chapter/tourism-and-indigenous-human-rights/>.
- WINTA ADVISORY SERVICES. n.d. “WINTA INFORMATION SHEET.” <https://winta.org/wp-content/uploads/2016-WINTA-Advisory-Services-Information-Sheet.pdf>.
- World Tourism Network. 2025. “World Tourism Network (WTN).” May 27, 2025. <https://wtn.travel/>.

World Travel & Tourism Council. 2023. "Travel & Tourism Sector Now Worth More Than Quarter of a Trillion Sterling." September 18, 2023. <https://wttc.org/news/travel-and-tourism-sector-now-worth-more-than-quarter-of-a-trillion-sterling-says-wttc>.

World Travel & Tourism Council. 2024. "Indigenous Tourism to Inject \$67BN USD Into Global Economy." October 10, 2024. <https://wttc.org/news/indigenous-tourism-to-inject-67bbn-usd-into-global-economy-says-wttc-report>.

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