



PAN AMERICAN HEALTH ORGANIZATION

COMMITTEE BULLETIN

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TABLE OF CONTENTS

I. WELCOME LETTER

<i>Welcome Letter from English Director</i>	2
<i>Welcome Letters from Co-Directors Pan American Health Organization and its purpose.</i>	3
	4

II. TOPIC A:

<i>Historical Context</i>	5-6
<i>The Essence of Debate</i>	6-7
<i>Topics to Discuss</i>	7
<i>Questions to Be Answered</i>	7-8

III. TOPIC B:

<i>Historical Context</i>	9-10
<i>The Essence of Debate</i>	10
<i>Topics to Discuss</i>	10-12
<i>Questions to Be Answered</i>	12
<i>References</i>	13

Welcome Letter from English Director

Welcome delegates!

My name is Mayte Cruz and I am the current director of English Committees. My debate journey began in 2021 in OAS Special Mission, continued through to 2022 in the Press Corps committee, directed the same committee in 2023, and now have the honor to serve in the board of directors of the congress.

DALE will be an experience that allows you to immerse yourself in two days of rich conferences, a place for you to voice your ideas, and a platform that will impulse you into your future. Regardless of the committee that you choose, you will leave DALE with a sense of excellence and accomplishment. Delegates that dedicate themselves to their research and the congress as a whole are the ones who most often grow throughout this conference. I encourage you to give this experience all you have and dedicate your time to truly make this an enriching learning experience for you.

On a personal note, DALE has broadened my horizons to so many different opportunities and perspectives that have been platforms for new ideas. I am confident that it can do the same for you, too. I am open to any questions or concerns you may have leading up to the conference, so do not hesitate to contact me! Thank you for joining the DALE XI family, and see you at Camino Real!

Best of luck,

Mayte Cruz (mcruz@ans.edu.ni)
Director of English Committees

Welcome letters from Co-Directors

Hello, delegates! My name is Diana Ha and I am currently 16 years old. When the conference takes place, I will be in 11th grade at the American Nicaraguan School. I have been part of MUN, AASCA debate, DALE, and HACIA Democracy. From these experiences, my love for debating grew day by day. I am excited about this upcoming conference, and I believe debating is something everyone should try. It will help you develop important skills such as quick thinking, public speaking, and analyzing and constructing effective arguments. I hope that as your co-director I can help each of you practice and develop these skills, as well as enjoy debating. I hope that you can all enjoy debating as I do and I look forward to seeing you at this upcoming DALE conference. See you soon!

Hello and welcome to the XI Congress of the DALE conference. My name is April Jerez and I'll be the director of the PAHO committee for this DALE conference. First of all, I am currently studying at the American Nicaraguan School as a junior. Not only that but as of now, I'm 16 years old. Furthermore, I'd like to mention certain interesting aspects about me, which include some of the activities I typically spend my free time on. To illustrate, some of these activities include writing, reading, cooking, painting, watching films, and listening to music.

Sincerely your co-chairs, Diana Ha & April Jerez

dha@ans.edu.ni - Diana Ha

ajerez@ans.edu.ni - April Jerez

Pan American Health Organization and its purpose

The Pan American Health organization is a specialized international health organization.. There are 52 member nations and territories that comprise it. It works together with various nations in this region to protect and improve people's health. The mission of PAHO is to provide high-quality healthcare to those in need while also promoting and supporting everyone's right to good health. In addition to acting as the Inter-American System's specialized health agency, PAHO also serves as the World Health Organization's (WHO) Regional Office for the Americas, or UN specialized health agency.



TOPIC A: The Obesity epidemic in Latin America

Introduction

Seven out of ten deaths globally are caused by chronic health conditions, with Latin Americans being disproportionately affected by these illnesses. Since obesity raises the risk of developing the majority of chronic non-communicable diseases, it is alarming that more than 25% of the population in Latin America is obese. The rates of obesity and related chronic health conditions have skyrocketed in recent years due to the privatization of the food industry and a shift towards a more sedentary lifestyle. As nations develop, obesity prevalence has been observed to shift to lower wealth sectors due to socioeconomic disparities, according to several studies.

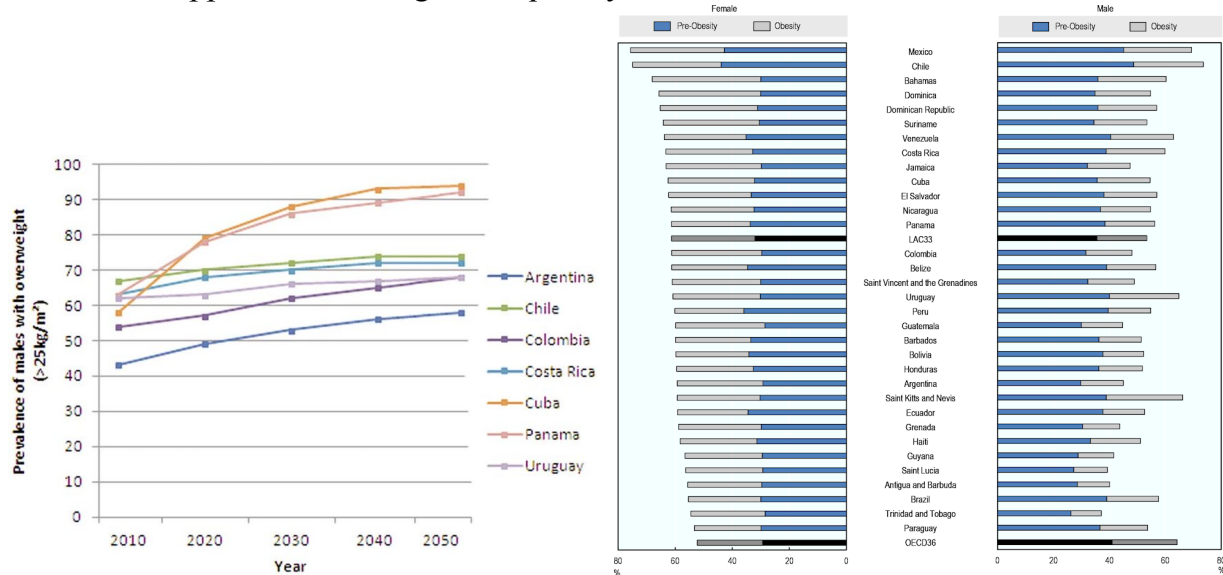


Historical Context

In Latin America, obesity is becoming more common than it is worldwide, particularly in low-income areas. Approximately 40% of men and over half of adult women in Latin America are currently estimated to be overweight or obese. More than half of men and over two thirds of women are overweight or obese, particularly in Chile and Mexico. Over all, 25% of Latin Americans are estimated to be obese, and the percentage is rising by roughly 0.5 percentage points annually. As a result, Latin America bears a disproportionately high burden of chronic conditions related to weight.

It has been discovered that some subgroups are more susceptible to the problems associated with obesity. Lower-class families, women, children, indigenous communities,

Afro-descendants, and rural families are among the most impacted subgroups. Every country in the Americas has seen an increase in the prevalence of obesity among women, according to an analysis of national health surveys conducted in 13 Latin American countries between 1998 and 2017.² The authors also pointed out that as nations develop, the prevalence of obesity has moved to lower-class sectors. Obesity affects children disproportionately, and their weight increases more quickly than that of adults. In Latin America, it is estimated that 20–25% of children aged 0–19 are overweight or obese. According to a geographic analysis of obesity trends, obesity rates are marginally higher in cities but appear to be rising more quickly in rural areas.



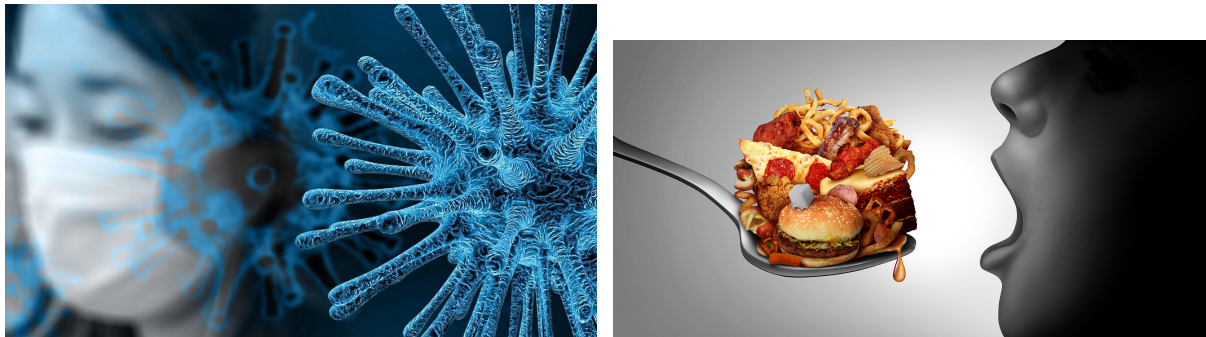
Essence of Debate & Topics to be discussed

There are many obstacles in the way of tackling the serious problem of Latin America's declining health as a result of high obesity rates. These include a wide range of socioeconomic factors that affect health, including food insecurity, safety concerns, lack of access to care, unstable health systems, a lack of health literacy and education, societal attitudes toward obesity, and, as of late, complications resulting from the COVID-19 pandemic's lasting effects. In order to address a problem that presently affects hundreds of millions of people throughout Latin America and the Caribbean, delegates will be required to come up with creative solutions.

Different groups' prevalence of obesity is influenced by social attitudes towards the condition. The shift in obesity rates is partly explained by cultural norms surrounding food habits, physical activity, social mobility, and the concept of "thinness." For instance, Anglo women were more likely to respond favorably to "tall and thin" models and aspire to their body type, according to a study comparing the attitudes of Latina and Anglo women toward the social depiction of thinness. However, thin models were more likely to be referred to as "anorexic" by Latina women, who instead valued "the curvy ideal" in

their bodies. Because of this, Latino communities' perception of an ideal body that is heavier and more curvaceous encourages people to pursue this cultural ideal, which frequently leads to excessive weight gain.

Economic disparities have not changed over the course of the obesity epidemic, which has continued to move to lower-income areas. Without a doubt, economic inequality is a major issue in Latin America that impedes development in almost every other area of society. Socioeconomic inequality is inextricably linked to healthcare, life expectancy, and quality of life. Obesity rates and the unequal distribution of resources among various socioeconomic groups are comparable. Researchers from Johns Hopkins University conducted a cross-sectional study spanning nearly two decades and discovered that obesity prevalence has risen in all of Latin America in recent years. Nevertheless, regional variations exist in trends. An independent review of additional studies found that in Latin American nations with increasing gross national product (GNP) and wealthier socioeconomic strata, the burden of obesity is concentrated in lower socioeconomic groups.



Questions that delegates should answer in resolution papers:

1. What are the inadequacies in the existing policies and programs concerning the prevention of obesity and chronic health diseases, and how might they be changed or possibly eliminated in order to attain success?
2. What strategies can nations employ to lessen health disparities (as well as other forms of inequality) among members of various socioeconomic groups?
3. How does your resolution paper support resources and future capabilities to uphold your proposal over time?

Intervention subjects:

1. In what ways can nations most effectively inform the public about the connection between comorbidities and obesity?

2. How can nations best address the issue of food insecurity and the scarcity of reasonably priced, nutrient-dense food that Latin Americans face?
3. How will the committee reach more vulnerable groups, like women, children, and the impoverished?

TOPIC B: LACK OF HEALTHCARE IN INDIGENOUS COMMUNITIES ACROSS LATIN AMERICA

Introduction:

To begin with, the issue of the lack of healthcare overall in Latin America is severely imperative as the lives of millions of citizens across this area are being detrimentally affected by this issue. Furthermore, although the lack of healthcare affects Latin America as a whole, it is essential to focus on those with low economic status or with ethnic identities which the government neglects.

To illustrate, 70% out of the 200 million people living in poverty, have no access to healthcare. Out of that 200 million poverty population, 43% are indigenous, and overall, 24% of this community is in extreme poverty. This obstacle is due to multiple factors such as the improper management of finances and health services, lack of or limited governmental intervention, geographical complications, lack of communication and transportation, insufficient epidemiological data on the indigenous villages; as well as predominant fear of discrimination.

Additionally, all of these factors are specially affecting indigenous women in rural areas, as they do not benefit of the aspects of healthcare that must be granted to them. For example, UNFPA research's demonstrated that the indigenous women and adolescent girls across 16 low to middle income countries, are substantially less likely to benefit from health services and thus have worse maternal outcomes. Consequently creating prejudicial outcomes such as Indigenous women death in pregnancy or childbirth, being relatively more common in these communities than for other women.

In sum, it is essential to focus on such crucial issues such as the lack of healthcare in Latin America, as it affects the lives of millions of citizens across the area, especially those in rural areas or low income communities, indigenous populations including women in particular. Along with the dealing of its causes such as lack of or limited

government intervention, mass poverty, racial discrimination, and overall governmental neglect in regards to the limited and lack of government intervention across these areas.

Historical context:

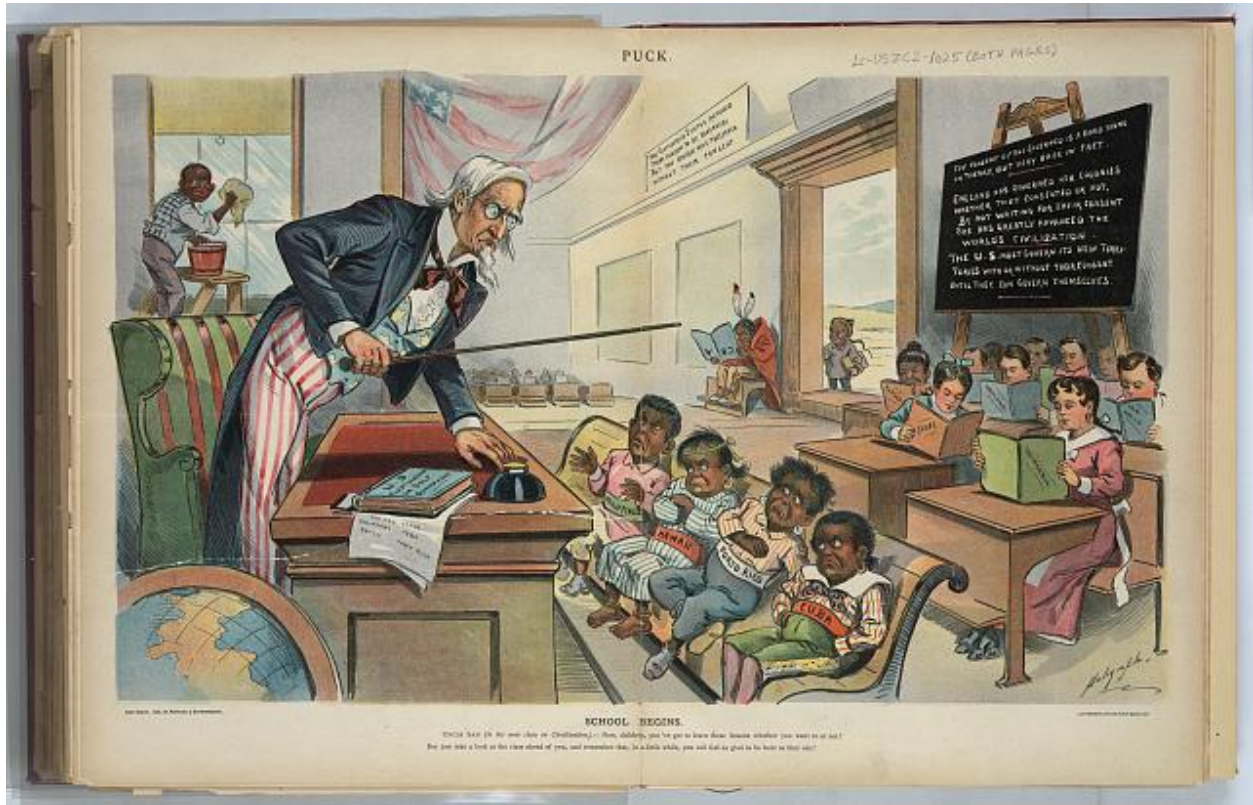
Essentially, to comprehend the background of the tragic political neglect towards indigenous people, particularly concerning healthcare across communities, it is essential to look over colonialism, imperialism, and the impacts that are still prominent in the 21st century. To begin, before looking over colonialism as a whole it is essential to understand the causes of such. Furthermore, before the voyages of Columbus towards the Americas and thus colonization, there was a massive technological development, where Asia and the Middle East in particular was in an age of innovation. This influenced Europe's desire to explore outside of its continent in order to not only provide Europe with more innovation, but also as a primary goal to spread Christianity. As an effect of the Protestant Reformation, there was a "Religious Zeal" (term used for passionate enthusiasm in one's religion) and preach for the uttermost establishment of Christianity. Across this aspect, they ensured to "bring back" Christianity among them and spread it as well, through the use of "jesuits", which were religious male missionaries sent to spread the religion. Therefore, in order to be able to reach this goal, Christopher Columbus becomes a supplicant of Queen Isabella of Spain, for which afterward, through multiple dilemmas, Columbus is offered the opportunity to attempt to connect to Asia and the Middle East, specifically what is now known as China, Japan, India and the Spice Islands (present Maluku Islands) and transport immense amounts of silks and spices with him. In the desperation of the carriage of goods to Europe, Columbus decided to attempt a new route to Asia and the Middle East, in which he encountered the Americas.



In Columbus arrival to the Americas, this led to predominantly, evident destructions in the ‘New World’-which was a term to describe the American continent- such as the spread of diseases, eradication and exploitation of ecosystems, massacre, slavery, exploitation and multiple forms of violence towards Indigenous people, as well as forced Christianity. Years afterward, as the Americas began to downfall, this only meant expansion and rise of Europe as a whole, with new spices and goods typically used for medicinal purposes, extractions of gold and other valued metals and even sources of innovation.

Various aspects of colonization affected the Americas, such as the ones mentioned above, which led to an inclusion of white supremacy and racism as a whole through elements such as the Caste System created by the Spanish influenced by the establishment of the Caste System in India, and afterward supported by the theories by Charles Darwin during the 19th century. Furthermore, the Caste System was a hierarchy implied by the Spanish to divide the different ethnicities into social classes, which put Indigenous and African people at the bottom while leaving Spanish and other European nationals of Europe at the top. Which was a varied version of the Caste System which was a social hierarchy that divided families based on economic status. Additionally, Social Darwinism was introduced by Charles Darwin in the 1880’s as a statement to declare the “survival of the fittest” which based itself on evolution, however, was implemented to support ideas of racism, classism, and other discriminatory ideals, presenting the idea that Europeans should rule over different races because they were the ones were considered superior.

Eventually this led to ideologies and establishments such as imperialism over various continents, specially Africa and the cultral continent of Latin America at the time. The creation of imperialism led to the confirmation and support of previously existing racist beliefs and ideologies to justify the behaviors of imperealistic nations, and even control, mistreatment and overall discrimination towards non-Europeans or of European descent. For example, racist cartoons during imperealism began to rise, which represented Latin America and other non-European ethnic identities inferior to Europeans, such as the one known as “School begins” (1899).



Furthermore, within the impacts of industrialization, as different nations began developing and urbanizing, direct imperialism and colonialism decreased as well. During the industrial revolution with the ideologies of capitalism that defied mercantilism, a primary aspect of colonialism, direct colonization over nations began to repress. Additionally, within aspects such as decolonization and the revolutions included within them, different ethnicities and nations began to become more independent of colonizer countries, especially European ones. For example, an eastern nation such as India began to decolonize from Britain, South Africa, and present Namibia from Great Britain and the Netherlands, etc.

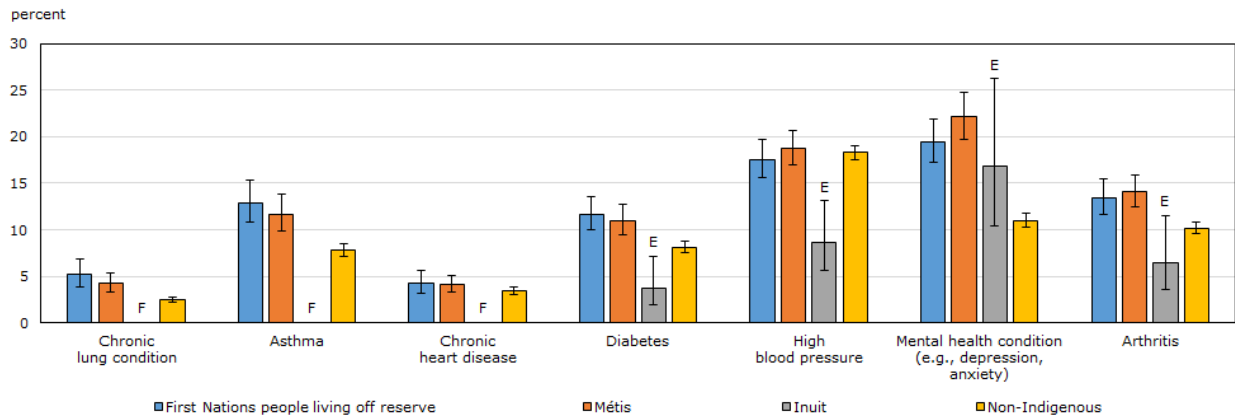
However, this does not mean that the impacts of colonialism are not present today, as Europe and the United States continue to grow especially among their white citizens, while Latin America is still repairing itself from the damages done by them. To illustrate, among the aspects of colonialism, which is a term used to characterize the interaction of Latin America's ostensibly independent countries with metropolitan or industrialized countries from independence in the 1820s to the present, exists the exploitation of resources or even people in Latin America by countries who participated in the colonization of others before. For example, in the fashion industry, it is a common practice for brands such as the ones in the United States, to create factories in Latin America or other countries where the minimum wage is below the one in the US to profit more over the exploitation of their workers and thus, gain more wealth.

Additionally, due to the multiple damages of colonization presented above, this has led to an overall neglect of Indigenous people and preference of the Europeans over them. As mentioned before, Indigenous communities, especially the ones in rural areas, are left behind and thus neglected by the government across diverse scenarios, in this case, concerning healthcare. Providing the overall urbanization of the nations in Latin America, without including the aiding of Indigenous populations. Furthermore, as mentioned before, one of the causes of limited or lack of governmental intervention in these areas, is partially due to racial and ethnic discrimination, as countries in particular tend to exclude indigenous people from their developments, innovations, and overall social aspects. In addition as previously mentioned, this is especially affecting women across these communities as they are not offered aspects of healthcare such as reproductive services and other additional factors.

The Essence of Debate:

As previously mentioned, it is certified that the issue of lack of healthcare across indigenous communities, people in rural areas, and women in particular, is extremely crucial. There continues to be little to no information about the health of Indigenous people across Latin America thus representing a limited government intervention within them, to grant them access to healthcare. Which leads to the continuation of unattended illnesses among these populations. However, this does not just include physical health conditions, but rather mental ones as well. As a study reported in 2019 by the [First Nations People](#), mental health disorders such as depression and anxiety were the most often reported chronic illnesses, with approximately one in every five Indigenous persons reporting them compared to one in every ten non-Indigenous adults.

Chart 1
Percent of First Nations people living off reserve, Métis, Inuit and non-Indigenous people with chronic conditions during the first year of the pandemic, by chronic condition, 2021, Canada (provinces only)



E use with caution.
 F too unreliable to be published.

Source: Survey on Access to Health Care and Pharmaceuticals During the Pandemic.

This is why delegates must discuss the possible solutions to this issue such as the compromise between nations to solve this issue, with examples such as the Declaration of Alma-Ata in 1978, which aided in the concept of Latin America’s Primary Health Care (PHC) and compromised to fulfill universal healthcare. Since it is not only crucial to discuss this dilemma but to also be able to eventually collaborate within different delegations to not only solve the issue in their own country but also in Latin America as a whole.

Delegates must take into account the individual and shared factors that are limiting the resolution to this topic, such as the ones mentioned above which include Inadequate longitudinal access to the patient's clinical history in health services closest to the villages; language and illustrations in health education booklets that are inappropriate for the indigenous context; difficulty communicating with health professionals; insufficient transportation to health units; insufficient epidemiological data on indigenous villages; a lack of information about local indigenous cultures; and fear that the indigenous patients might be discriminated or humiliated.

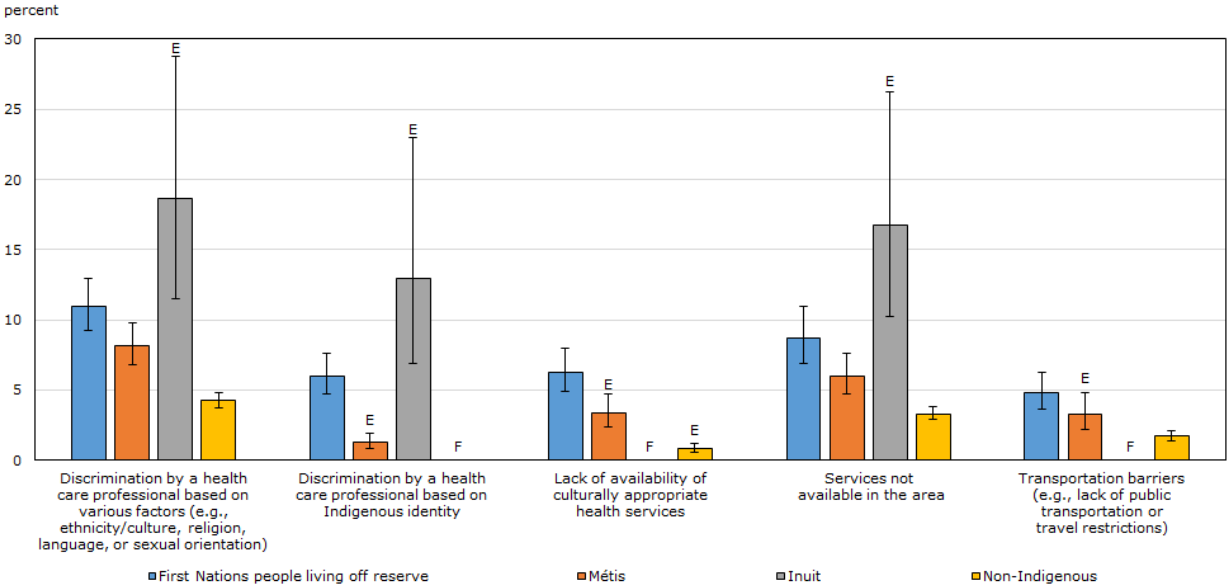


In addition, delegates must be able to include the prominent subtopics that are included in the lack of healthcare for indigenous people. Such as racial stigma, gender inequality, poverty, geographical locations that lead to complications, lack of communication and transportation, and overall lack of or limited government intervention.

Topics to be discussed:

As previously mentioned, the primary topics to be discussed across this controversy are racial stigma, gender inequality, poverty, geographical locations that lead to complications such as lack of communication and transportation, and overall lack of or limited government intervention.

Chart 4
Percent of First Nations people living off reserve, Métis, Inuit and non-Indigenous people who reported health care barriers during the first year of the pandemic, by barrier type, March 2020 to May 2021, Canada (provinces only)



E use with caution.
 F too unreliable to be published.
 Source: Survey on Access to Health Care and Pharmaceuticals During the Pandemic.

Poverty:

As previously mentioned, poverty is an aspect that affects Latin America and the rest of the globe as a whole, however, it is predominant in Indigenous communities, and continues to do so today. In fact, being born to indigenous parents significantly increases the likelihood of being raised in a poor family, contributing to a poverty trap that impedes indigenous children's complete development. Furthermore, it is immensely complicated for Indigenous people to receive healthcare in general, meanwhile, a prominent low economic income and placement in rural areas fuels this issue even further. This can be connected back the historical aspects mentioned before, such as the impacts of colonialism. Since, Indigenous peoples are frequently denied legal acknowledgment of their lands, territories, and natural resources. They are frequently the last to get government investments in basic services and infrastructure, and they confront several impediments to fully participating in the formal economy, access to justice, and

participation in political processes and decision-making. Which overall leads them to be impacted by hazards such as the COVID-19 pandemic and even be intensely affected by illnesses that their geographical locations may influence.

Racial stigma:

Moreover, the substantive racial stigma that abounds this issue can be represented across multiple factors in diverse areas which consequently have affected the indigenous populations before and are still present today, especially in regards to the lack of healthcare provided for them. As a result, nations such as Bolivia, who have a predominant population of Indigenous people in their country, there is crucial concern regarding the racism towards Indigenous society in the country. To illustrate, as stated by the [World Bank](#), in a short story contest, over 600 people shared perspectives on the causes and consequences of racial discrimination in Bolivian society, as well as the activities and methods required to combat this scourge. The racial stigma presented in these countries, are limiting the communication between representatives of healthcare necessary, as well as the implementation of government intervention to provide these communities with the resources needed concerning their health.

Geographical Locations and complications:

In addition, due to the common geographical locations in which Indigenous people live in, this causes aggravations between transportation and further on, lack of communication between representatives of healthcare and the government. However, the degree in which this is contributing to this issue, varies across different countries. As it typically relates to the geographic obstacles in reaching communities, language barriers, and information barriers all contribute to disparities in health care services delivered to non-traditional urban populations and indigenous peoples. Conversely, the degree to which this is affecting public healthcare, is varied across countries in Latin America, for example, the lack of geographical access to the health services was the primary concern in Indigenous communities in Peru. On the other hand, in Bolivia and Brazil, the preeminent disturbance was communication between health professionals and indigenous patients, making it difficult for these people to accept official health treatments. Which is an effect of the geographical obstacles, however, it is not the central problem as a whole.

Gender inequality:

As previously mentioned, gender inequality is a crucial topic to discuss when it comes to the lack of healthcare in indigenous communities, as women tend to be more affected by the absence of healthcare than men. In fact, poorer health among Indigenous women has been linked to greater health disparities caused by social and financial inequities associated with colonialism, racism, and sexism, such as increased vulnerability to victimization and poverty, intergenerational effects of trauma caused by colonial policies, and barriers to accessing quality and culturally appropriate health care (Halseth, 2013). For example, Indigenous women are disproportionately affected by poor reproductive and sexual health outcomes in various countries of Latin America. They are most often seen in rural, impoverished, and marginalized communities with limited access to health care and family planning services. Indigenous people have high rates of unwanted pregnancy and adolescent fertility, and women suffer higher risks of abortion-related complications and mortality than the general population. Furthermore, the mortality rates across the practice of un-safe abortion is represented across multiple nations, indicating how it is necessary to decriminalize abortion in order to compress the precarious health risks imparted upon women. To illustrate, in 2008, there were 43.8 million abortions globally; approximately half of all abortions were unsafe, with poor nations accounting for 98% of all unsafe abortions (Guttmacher Institute, 2012). In fact, these rates are especially high in South American nations with substantial Indigenous populations; between 1995 and 2000, it was estimated that unsafe abortion complications were responsible for 18% of maternal mortality in Ecuador, 16% in Peru, and 28% in Colombia.



It is also essential to understand, the impacts that sexual violence and abuse can have on women, as poverty and an abusive relationship or the lack of a partner were noted as major factors of reproductive health issues in studies of lower-income and Indigenous women in South America, and are thus, linked to unwanted pregnancies and induced abortions. Lafaurie et al. (2005) conducted a qualitative research in which some individuals from Ecuador and Peru who had induced abortions had been victims of intimate relationship abuse. Other risk factors for Indigenous adolescent pregnancy and unsafe abortion include sexual abuse and rape (Goicolea et al., 2009; Palma et al., 2006). Even in states where abortion is legal in cases of rape, women are rarely knowledgeable with abortion laws and policies, and many are unable to negotiate the complex legal system for help and restitution—demonstrating how it is crucial to discuss the lack of reproductive health services which primarily affect women across Indigenous communities, which are contributed by the lack of government intervention, and perpetuated by unrightful laws and/ or policies.

Lack of or limited government intervention:

As a final point, due to the overall lack of or limited government intervention in indigineous communities, there is limited urban infrastructure, which leads to inadequate and insufficient public administration and democracy. As due to the governments primarily focusing on the urban population, they commonly do not complete the basic and crucial demands of Indigineous people. This form of governmental neglect connects back to a form of racial stigma whereas, indigenous people are not given the same rights and advantages as other citizens within the nations. By which, this fundamental issue is prolonged since the impacts of colonialism, as during the independence of these states, indigenous populations were not included, thus the state does not intervene upon their territories, as the governments have also contributed to their territorial circumstances. Furthermore, in reference to the neglect of their demands, as the characteristics, values and rights of Indigineous people become more devalued, so does their economic status and overall lack of access to public services such as healthcare.

Questions to answer:

1. How can nations across Latin America, compromise to ensure the safety of adequate healthcare across Indginieous people in the Americas?
2. How can the overall exclusion of Indigineous people be terminated across countries?
 - a. How can the overall incorporation of Indigineous people be implemented and further on improved?

3. How can countries in the Latin America region accord and restore for an improved civilization after the impacts of colonization?
4. How can delegations agree on the overall legitimate causes and contributors to the lack of healthcare in Indigenous communities?
5. What actions and resolutions must each delegation take in their country individually in order to ensure the amended living conditions of Indigenous citizens?
6. How can gender equality be assured in Indigenous communities overall and in regards to healthcare?
7. What solutions can be implemented to ensure the lack of racial stigma towards Indigenous communities in nations?
8. What NGO's generated by Indigenous communities are rising for their demands?
 - a. How can delegations implement a primary focus on Indigenous people through the attention given to these Non-Governmental Organisations?

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