

Eye on the environment

June 2 2011



During the pilot project, members of indigenous groups documented their concerns about the impact of climate change on their health by taking pictures and then discussing them. This photograph was taken by one of the participants in the pilot project, and speaks to their concern about food security. Credit: Pilot research participant, Panaillo, Peru PhotoVoice research, 2011

The Canadian Arctic. The Amazonian jungle. The fringes of an African rainforest.

These lands are home to some of the most isolated and vulnerable people in the world – the indigenous populations of Canada, Peru and Uganda. Because of their dependence on the land for food and water, indigenous peoples' health is particularly affected by climatic changes. Indeed, they are already seeing dramatic effects due to changing temperatures.

Inuit hunters in the Arctic have fallen through early melting sea ice as

they search for seals. For the first time, there have been epidemics of malaria, a mosquito-borne disease, among the Batwa Pygmies of Uganda. In Peru, unprecedented cold conditions last year – below 10 degrees Celsius – led to an outbreak of pneumonia among the Shipibo and Shawi people, who have neither the clothing nor the housing to protect them from the cold.

Moreover, in addition to larger climate changes occurring in these areas, in each case, rapid economic and social change because of the extraction of mineral, forest and oil resources (depending on the country), is having a significant effect on both the climate and the health of the indigenous groups.

But it's not just a story full of doom and gloom. Now, a multi-disciplinary team of scholars from Uganda, Peru and Canada is setting out to study both some of the health effects of [climate change](#) on indigenous groups, along with some of the factors that may help them adapt to some of these changes. Leading the project are Drs. James Ford and Lea Berrang-Ford of McGill's Dept. of Geography.

The research project has some very concrete goals. One of the objectives is to pilot one intervention per community. Suggestions range from planting medicinal herb gardens in Uganda, to creating on-line web-based traditional health knowledge banks in the Arctic, and developing agricultural technical training programs in Peru. The aim of the pilot interventions is to find solutions which can help communities adapt and which can be scaled up in future.

More information about the research:

- It's based on a "bottom-up" approach of working closely with indigenous people and their organizations, rather than a "top-

down" approach driven by climate and epidemiological modeling.

- In all three countries, indigenous groups identified two main areas of concern during preliminary meetings: water-security, and food-security. For indigenous groups in Uganda and Peru, people were also worried about an increase in vector-borne diseases. In each of the communities people said that they were particularly concerned about the health effects of climate change on children and the elderly, groups that are especially vulnerable to disease.
- In all three countries, current health systems combine traditional healing techniques with "western" allopathic medicine. Indeed, in both Peru and Uganda pilot research revealed that traditional medicine is the first response when group members encounter health problems.
- A further goal is to train community-based adaptation leaders in each Indigenous community who may be able to help alleviate health problems among Indigenous people in the future.

The Indigenous Health Adaptation to Climate Change (IHACC) research project exists thanks to a \$2.5-million grant, spread over five years, and funded jointly by the International Development Research Council (IDRC) and the Tri-Councils – the Canadian Institutes of [Health Research \(CIHR\)](#), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC).

Provided by McGill University

Citation: Eye on the environment (2011, June 2) retrieved 22 June 2024 from <https://phys.org/news/2011-06-eye-environment.html>

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