INTERVENTION ON ARTICLE 20BIS HEALTH ASPECTSON BEHALF OF IPEN,CALIFORNIA INDIAN ENVIRONMENTAL ALLIANCE AND ISLAND SUSTAINABILITY ALLIANCE CIS INC.

Thank you Mr. President,

This intervention is on behalf of BIODIVERSITY RESEARCH INSTITUTE, IPEN, CALIFORNIA INDIAN ENVIRONMENTAL ALLIANCE, and ISLAND SUSTAINABILITY ALLIANCE[i].

We support the inclusion of Article 20 bis and believe that cooperation between the WHO, ILO, and parties to the mercury convention would create effective synergies in protecting those who are most at risk from the adverse health impacts of mercury. Currently, we are exposed through diet, cultural practices, occupations and contaminated sites.

Approximately 92% of the global fish harvest for general human consumption consists of marine fish (*UNDP et al 2003*). People who live by subsistence fishing such as indigenous peoples are disproportionately impacted by methylmercury concentrations in fish and other food items, particularly in marine ecosystems.

Two terms are used in describing people most at risk from the harms of mercury: “populations at risk” and “vulnerable populations”.

1. “Populations at risk” is a very narrow definition, and does not take into account the changing perception of harm, as well as multiple and chronic exposures. Activities such as precautionary measures, education, and awareness-raising that focus on “populations at risk” will therefore exclude protection for sensitive populations.

2. In contrast, the term “vulnerable populations” is a broader, more inclusive term that better reflects treaty objectives to protect human health from the harm of mercury.

Indigenous Peoples experience disproportionate impacts and are recognized in other United Nations norms and standards as distinct peoples. Therefore, we must include Indigenous Peoples after every reference to vulnerable populations. For example, in paragraph A in 20bis we suggest “Promote health studies with risk management plans, focusing on the most vulnerable populations AND Indigenous Peoples.”

To fulfill treaty objectives, we must also examine and monitor mercury concentrations in biota, such as fish. This is because there is not a simple straightforward relationship between mercury deposition and fish mercury concentrations. Therefore, subsistence fishers and Indigenous Peoples that depend on these resources should be involved in the use and establishment of biomonitoring systems.

In addition, new scientific understanding of the harms from mercury should be incorporated into biomonitoring assessments and effectiveness evaluations. This has been done recently for lead to make exposure limits more protective. The same should be done for mercury as new information emerges so that governments can protect populations from harm.

As an example of new scientific technologies, biomonitoring can help identify and track mercury sources for distinguishing mercury isotopes. This cost-effective approach can help to determine the origin of mercury contamination for specific sites that may be near or far from the source. Understanding these connections will specifically help to improve areas of particular concern for human and environmental health, such as biological mercury hotspots.

In conclusion, the treaty should identify vulnerable populations, specifically mention Indigenous Peoples, develop and implement strategies to encourage collaboration and engagement of biomonitoring, verify the strategies are working, and broadly share experience to increase the effectiveness of treaty implementation.

Thank you for your consideration.

[i] This intervention was to be read by Dr. David Evers, Executive Director and Chief Scientist from the Biodiversity Research Institute, based in Maine within the United States, who unfortunately had to leave before the discussion of Article 20 bis.