Correspondence

Migration and indigenous health during COVID-19

ABSTRACT

Indigenous communities during the pandemic are a precarious group. While they rely on the epistemological formation of their own knowledge systems, an integrated concept of indigenous health must include cooperation with other institutions and organizations. Drawing from grounded insights, this article highlights the crucial applicability of this idea to migrant indigenous groups during the pandemic.

Keywords COVID-19, indigenous health, Mamanwa, migrancy

During the coronavirus disease 2019 (COVID-19) pandemic, a correspondence that was published in this journal generally stresses on a preferential option for indigenous peoples (IPs), and it particularly recognizes the 'Indigenous Peoples Rights Act' (IPRA, 1997), that is, the Republic Act 8371 in the Philippines, as the cornerstone of the national policies on the IPs having the right to manage—own land, water, sacred places; hunt, fish and develop—ancestral domains.¹ Albeit this holds for indigenous communities that are still in possession of their ancestral domains, this is not the case for migrant indigenous groups. Comments on migration studies gravitate on emerging epistemic communities on their link to geography.² The idea is that geography and migration create substantial changes to indigenous knowledge. Migrancy and indigeneity forge a vital link that disengages an original notion of 'home' for a certain indigenous group. While this can challenge Western policies and conceptions of the indigenous as marked to a certain jurisdiction, it also points to the fact that ontological variations are possible for indigenous groups whose lives were affected by migratory experiences.

The effects of migration on indigenous knowledge as well as the intangible cultural heritage that transmutes to their practices change the ontological conditions of indigenous groups. Freedom, for instance, as a notion that is epistemologically informed for the Mamanwa of Basey, Samar, Philippines, also pertains to an ontological condition of struggle. This kind of indigenous knowledge already shaped by the changes

due to migration further elaborates indigenous ontology and thereby shifts the notion of place attached to an indigenous group. The Mamanwa of Basey as a diasporic group views the mountains no longer as their homeland but as a prison.³ The diasporic experience acts as a mediating agency⁴ that questions the very notion of indigeneity as an attachment to a certain place and emancipates new identifications.⁵ The reasons that are shown in the current findings report that emancipation becomes a desire to have more sustainable prospects of living, practically for resources, and ontologically, for a life that constantly develops. Indigeneity, in the sense of habitually integrating old and new forms of ways of life, becomes performative⁶ because it constantly acts on both indigenous knowledge and ontology as inherently welcome to change and movement.

An important lesson to be learned in dealing with indigenous groups is that while they should not be treated as a monolithic group, they should also not be treated as groups that are permanently seen to be identifiable to a certain place. Migrant IPs are vulnerable to certain changes, and this variable vulnerability makes up a precarious condition so that they seek help from others. Interdisciplinary perspectives can supplement and complement indigenous ways of coping, especially in the pandemic.⁷ Their experience detaches the ideas of displacement and homelessness and sticks to more proactive coping, that is, of finding ways and movements to deal with the crisis, even with the pandemic.

Why is this relevant in public health? The so-called 'Indigenous health' is an umbrella term that is often incomplete because of the inability to wholly capture indigenous notions of health, the disparities of explaining them all together and the various issues that pervade in dealing with its movements. Public health must recognize indigenous health movements in its policies and programs to attain high standards of health for them as part of human rights norms and standards. Migrant indigenous communities who settle in areas outside their domain must be acknowledged as having new domains with new epistemologies and ontologies.

As an adopted community of its extension, the Mamanwa of Samar has cooperated with the Leyte Normal University (LNU). LNU has, since the pandemic lockdown 2020, provided necessities such as rice, canned goods and lab-made disinfectants like alcohol. The 2021 centennial celebration has also raised funds for the tribe through a Fun Ride event with bikes. Finally, since water supply is connected to health when it provides adequate systems, ¹⁰ the LNU—through its various fund-raising programs, especially the concerts of its homegrown talents—made it possible for the Mamanwa to have a functioning water system.

IPs, while relying on their own ecological knowledge, also need institutions and organizations to guide them in their integration to societal functions. An integrated response acknowledges a mutual cooperation. In the pandemic, this mutuality is made more crucial for those migrant groups as a matter of a sustainable development in indigenous health systems.

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