



**University of Oklahoma College of Law  
International Human Rights Clinic  
The United States of America**

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Report on Belize to the 17<sup>th</sup> Session of the Universal Periodic Review, Human Rights Council, 21 October –1 November 2013

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## **Executive Summary**

The International Human Rights Clinic of the University of Oklahoma College of Law (IHRC-OU) submits the following report to the 17<sup>th</sup> Session of the Universal Periodic Review, Human Rights Council. This report concerns indigenous communities of Belize and surveys Belize's compliance with certain human rights obligations. This report focuses on the selected areas of education, healthcare access, reproductive and infant health, and land rights. The purpose of this report is to provide a balanced view of indigenous concerns in Belize and recommend measures to address those concerns. The IHRC-OU notes the expressions of commitment made by Belize to continue to develop and improve the protection of indigenous peoples.

## **I. Education**

### **Normative and Institutional Frameworks**

International Provisions: In its last review of Belize, conducted in 2005, the Committee on the Rights of the Child expressed concern that parents in Belize are often charged education-related fees, a financial obstacle that denies many children access to education. The Committee also reported that inadequate resources have been allocated to the education of indigenous children and the limited education provided is only in the national language, despite a right to multilingual and multicultural education.

Domestic Undertakings: The 2009 UPR Report recommended that Belize step up programs aimed at eradicating poverty and improving social indicators, including education. The 2009 Belize National Report committed the state to take active measures to ensure that a quality education is provided, including conducting inspections for quality assurance and requiring schools to plan for, implement, and monitor school improvement techniques. The Belize Ministry of Education and Youth has outlined a number of policy objectives and goals in its Education Sector Strategy 2011-2016.

The Belizean Government has provided limited support for multicultural and multilingual education through three model schools. The pioneering schools that have integrated culture and bilingual education into their curriculum are the Guilisi Garifuna School and La Escuela Garifuna, which both teach Garifuna traditions and language, and the Tumul K'in Centre of Learning, which provides Mayan education. There have been no apparent governmental efforts to further expand these programs, or create any more schools based on these models.

### **Human Rights on the Ground**

Belize does not currently have a language policy for integrating indigenous languages in the national curriculum. While less than one in twenty-five Belizeans speak English as a first language, English is the official language and the primary language of instruction throughout the education system. Three intercultural bilingual schools exist with limited support from the Belizean government, but there need to be more schools of this type in additional locations around the country. The government also needs to increase resources to the cultural schools already in existence. In addition, though there is teacher training at the universities, there is no

teacher training for indigenous languages and culture and no major research is currently being done in these areas.

Primary education is not completely free because of associated fees, including required uniforms, computers, and registration. While these fees are generally nominal, they often cause financial difficulties for many families, particularly in rural areas where incomes tend to be lower. In rare circumstances, schools make allowance for these situations by waiving fees. However, in the majority of cases, parents have to pay for their children's uniforms and school lunches.

## **Recommendations**

- Consult with the indigenous peoples to work toward the creation of a plan for integrating indigenous languages into the national curriculum, in accordance with the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP), Article 14.
- Invest in research into indigenous languages and cultures at the national university.
- Ensure that the training of teachers, particularly in the areas of indigenous languages and culture, are in accordance with international standards on indigenous peoples, such as those found in the UNDRIP.
- Consistent with UN Millennium Goal #2, ensure that, by 2015, all children in Belize are able to complete a full course of primary schooling without fees keeping them from completing their courses.

## **II. Health Care**

### **Normative and Institutional Frameworks:**

International Provisions: The 2009 UPR Report recommended that Belize (i) ratify the International Covenant on Economic, Social and Cultural Rights (ICESCR); (ii) consider ratifying the Convention on the Rights of Persons with Disabilities (CRPD); (iii) increase focus on eradicating poverty in order to improve health and social indicators; (iv) allocate resources to the health sector to address regional disparities in access to care; (v) enhance women's access to health care, particularly sexual health care and reproductive services; (vi) consider eliminating the required parental consent for HIV testing for minors under the age of 16; and (vii) strengthen activities designed to prevent stigmatization of and discrimination against those living with HIV.

In 2007, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee noted concern over high rates of maternal mortality, teen pregnancy, and abortion-related deaths. The CEDAW Committee suggested that Belize (i) enhance sex education and the availability of contraceptives; (ii) remove a statutory provision punishing women who have abortions; and (iii) raise the minimum marriage age with the consent of parents from 16 to 18 years old. The CEDAW Committee particularly emphasized the needs of rural women, who are more likely to experience poverty and have the least access to services.

Belize still has not ratified the ICESCR, but in 2011, Belize signed and ratified the CRPD. The current government is publicly committed to establishing programs designed to eradicate poverty. Delivering health care to rural areas remains challenging because of a lack of rural infrastructure. Maternal mortality rates have decreased because of increased State efforts. Belize has not amended its law requiring parental consent for HIV testing of minors. The State also failed to address the stigmatization of and discrimination against those living with HIV. Belize has increased funding to the health sector, but there is concern that the increased spending will

not reach rural and indigenous areas. Although Belize accepted the recommendations for implementing CEDAW, the State has neither raised minimum age of marriage with parental consent nor amended its abortion law to remove the punitive provision.

Domestic Undertakings: In 2004, Belize adopted a national plan aimed at reducing poverty and securing access to health care for children and adolescents. This plan focuses on six key areas, including HIV/AIDS and access to health care. Belize has also increased access by creating health care regions, establishing regional oversight, and building satellite clinics in rural areas. Belize views maternal mortality as a priority. The Ministry of Health's Maternal and Child Health Unit has been working to decrease maternal mortality. Belize accepted the CEDAW's Committee recommendations and stated that the National Women's Commission, tasked with overseeing the implementation of CEDAW, had recently been strengthened. Belize has adopted the Millennium Development Goals and has implemented programs and initiatives to educate, prevent and treat HIV/AIDS pursuant to those goals.

### **Human Rights on the Ground:**

#### *Access to Healthcare*

Belize built satellite clinics in the Toledo District to increase access to health care. However, in these rural areas, access to quality health care is not a priority. Indigenous peoples still face long, costly treks to clinics and issues regarding clinic hours and continued lack of access to affordable treatment. Increased funding from the government has been focused on urban centers while rural satellite clinics remaining understaffed and underfunded.

Belize's effort to increase rural access to healthcare has not produced the desired results. The Government has failed to engage in adequate communication and consultation with the Maya that would enable Belize to serve the medical needs of the rural communities. For instance, mobile health clinics visit Maya villages, but at inopportune times. The Maya have also experienced discrimination when accessing healthcare.

#### *Maternal and Infant Health*

From 1990 to 2009, both the maternal and infant mortality rates increased, but both have decreased slightly since then. The number of births attended by skilled personnel has increased steadily. Typically, Mayan women give birth at home with a midwife attending. Many Mayan women report uncertainty over whether they should give birth in the hospital or stay at home because midwives in the Maya community report better health outcomes for Maya births than regional hospitals. Mayan women report discrimination and neglect when giving birth at the regional hospitals due to language barriers and negative stereotypes about Maya culture as backward.

Mayan women report contraceptive use at half the rate of the general population. Additionally, cultural barriers related to women's perceived proper place in society prevent some Mayan women from making family planning decisions. Raising the minimum age of marriage to 16 has helped challenge this assumption by increasing the number of Mayan women in higher education and at public meetings.

#### *HIV/AIDS*

Belize has made progress towards preventing the spread of HIV/AIDS by increasing the percentage of the population that is provided anti-retroviral drugs at no expense. However, stigmatization of and discrimination against those infected remains a major obstacle to treating and combating the spread of HIV/AIDS.

### **Recommendations:**

- Implement measures to regularly compile health statistics for indigenous communities in order to identify healthcare needs and track progress of indigenous healthcare programs.
- Submit all overdue reports to the United Nations Human Rights treaty body.
- Allocate both financial and human resources to the health sector for the purpose of improving access to quality health care in rural areas.
- Consider identifying persons in the villages, with whom Mayan women are comfortable, to train in various health areas, including reproductive health care.
- Provide space for patients to consult traditional healers in hospitals.
- Initiate cultural sensitivity training for medical personnel in order to diminish discrimination in the provision of healthcare and allow respectful dialogue regarding modern and traditional medicine.
- Raise the minimum age of marriage to 18 years in accordance with article 16, paragraph 2 of CEDAW and in accordance with the Convention on the Rights of the Child (CRC).
- Increase access to HIV/AIDS drugs.
- Initiate meaningful communication and trust building relationships between the Government and rural indigenous communities.

### **III. Maya Land Rights**

#### **Normative and Institutional Frameworks:**

International Provisions: The 2009 UPR Report recommended that Belize redouble its efforts to recognize and respect the rights of its indigenous peoples in accordance with the UNDRIP. There is no indication that Belize has implemented any measures in order to protect the rights of indigenous peoples in Belize in line with the UNDRIP provisions.

Domestic Undertakings: The 2009 UPR Report recommended that Belize protect Maya customary property rights by looking to Maya customary laws and land tenure practices and consulting the Maya people. Following the UPR Report, there were efforts to consult with the Maya people; however, those efforts effectively ceased when an oil company sought to explore the Toledo district for oil. The Government then reasserted its claim that the Maya did not have customary land rights.

In 2010, the Supreme Court of Belize held that the Maya have customary land rights in all Maya villages in the Toledo District and, where these rights exist, they give rise to collective and individual property rights within the meaning of sections 3(d) and 17 of the Belize Constitution. The Court enjoined the Government from leasing or granting lands or resources, registering interest in land, and issuing concessions for resource exploitation. The Court also recognized that the Government of Belize has an affirmative duty to identify and protect Maya land rights and consult with the Maya people to achieve that goal. However, the Government has appealed this ruling and has expressed its intention to continue to appeal the case to the final court for Belize, the Privy Council in the United Kingdom. Since the Maya land rights cases, widespread mistrust of the Government has emerged regarding this matter. Belizeans believe that Government

pressure was used to induce the retirement of justices favoring Maya land rights in order to appoint justices with pro-resource-extraction views.

The Government has given limited acknowledgement to Maya land rights in its Land Acquisition and Involuntary Resettlement Policy Framework, developed as part of a Municipal Development Project funded by a World Bank loan. The Policy Framework explains that compensation is due to individuals whose land is appropriated by the Government to further the Development project. The Policy Framework explains that, when the Government compulsorily takes lands, fair market value compensation is not due only to those having good and proper documentary title.

### **Human Rights on the Ground:**

Belize has made only cursory attempts at consultation. Moreover, even though the Belizean courts have recognized the customary land rights of the Maya, the Government continues to dispute the Maya in court and deny that the Maya have customary land rights. As a result, the Maya continue to live in uncertainty.

Additionally, the government has continued to grant logging, oil, and hydroelectric concessions to third parties on Maya traditional lands without seeking or obtaining consent from the Maya villagers. Though fewer government concessions have been granted since the Maya Land Rights case injunction, the Government continues to allow resource exploitation to the detriment of the Maya. For example, after the first Maya Land Rights case, which was sparked by a controversy over logging around Maya communities, officials from the Forestry Department convinced certain Maya to log on their own lands and facilitated the transportation of Rosewood without stamps, which are required by law. This allowed government officials to avoid paying Mayan farmers the fair value of the Rosewood that was extracted. Similarly, unless the Government acknowledges and protects the land rights of the Maya, oil will also be extracted from Maya land without fair compensation.

### **Recommendations:**

- Engage in meaningful consultation with Maya leaders and allow leaders sufficient time to consult with their people so that they may participate in accordance with their traditions.
- Develop a national strategy that ensures adequate transparency in the processes administered by the Land Department.
- Abstain from any acts that might lead the agents of the State itself, or third parties acting with its acquiescence to affect the existence, value, use or enjoyment of the property located in the geographic area where the members of the Maya people live and carry out their activities until this matter has been appropriately completed.
- Establish a concrete mechanism to identify and protect Maya customary property rights in accordance with Maya customary laws and land tenure practices.