

## PERSPECTIVE

# Wëlamàlsëwakàn (Good Health): Reimagining the Right to Health through Lenape Epistemologies

A. KAYUM AHMED, JOE BAKER, AND HADRIEN COUMANS

## Introduction

Human rights have historically advanced an anthropocentric world view that reinforces the right to health of human beings, disconnected from the health of nonhuman nature and what the Lenape people refer to as *Kahèsëna Hàki* (Mother Earth).<sup>1</sup> For the Lenape and other American Indian nations, as well as many Indigenous communities globally, the border between the body and the earth, between human and nonhuman, is more fluid than in Western knowledge systems.<sup>2</sup>

Since the human rights framework is historically shaped by Western ideologies that support a narrative in which humans dominate nature, the right to health invariably reflects this perspective. What would the right to health look like if we delinked it from Euro-American conceptualizations of human/nonhuman and instead drew on Lenape knowledge systems? More specifically, in the context of climate change, where the health of humans is dependent on the health of the planet, can the right to health be reimagined through Lenape epistemologies to protect the health of nonhuman nature?

While we recognize that Lenape epistemologies overlap with other Indigenous knowledge systems, we seek in this essay to amplify the Lenape understanding of health primarily to avoid the homogenization of American Indian identities. Two of us authors are co-founders of Lenape Center, a community-based organization working to continue *Lenapehoking*—the Lenape homeland—through community, culture, and the arts. The other author is affiliated with Columbia University, which is located on Lenapehoking in New York and works closely with Lenape Center.

## The right to health, nonhuman nature, and the limits of progressive realization

While the right to health is a complex component of the human rights framework, it continues to serve as a transnational articulation of the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”<sup>3</sup> Despite this broad conceptualization—and widespread recognition in national constitutions and international human rights law—the right to health’s epistemic foundations

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remain largely rooted in Euro-American knowledge systems that privilege a particular biomedical understanding of the human in human rights.<sup>4</sup> This understanding has historically reinforced the border between human and nonhuman nature but is being increasingly eroded in the context of climate change, compelling us to reconsider the relationship between human health and the health of the planet.

The formulation of the right to health is a relatively recent development and can be traced to the Constitution of the World Health Organization, adopted in 1946; the Universal Declaration of Human Rights, adopted in 1948; and the International Covenant on Economic, Social and Cultural Rights, which came into force in 1976.<sup>5</sup> The World Health Organization's Constitution defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," noting further that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."<sup>6</sup> The International Covenant on Economic, Social and Cultural Rights similarly compels states to recognize "the highest attainable standard of health as a fundamental right of every human being."<sup>7</sup>

More recently, the United Nations Declaration on the Rights of Indigenous Peoples, adopted in 2007, provides that "Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals."<sup>8</sup> While this declaration is not legally binding on states, it nevertheless offers a helpful framework for further advancing the right to health of Indigenous peoples by recognizing the right to traditional medicines and health practices. At the same time, the declaration does not examine the rights of nonhuman nature.

The human-centered articulation of the right to health in international covenants and declarations can be contrasted with more recent judicial and legislative approaches adopted in Colombia, New Zealand, Australia, Ecuador, India, and Canada that have advanced the rights of nonhuman nature.<sup>9</sup> For example, the Whanganui River in New

Zealand was the first river to receive the status of legal personhood in 2017 through legislation that expressly recognizes the "health and well-being" of the river and the communities that it sustains.<sup>10</sup> That same year, Australia passed legislation providing that "it is the intention of the Parliament that the Yarra River is kept alive and *healthy* for the benefit of future generations."<sup>11</sup> Even though the New Zealand and Australian laws do not specifically mention human rights or the right to health, they nevertheless extend the legislative conceptualization of health to include nonhuman nature.

Furthermore, the United Nations General Assembly passed a resolution in July 2022 "recognizing the right to a clean, healthy and sustainable environment as a human right."<sup>12</sup> Even though the resolution is not legally binding, it could serve as a catalyst for important jurisprudential shifts toward recognizing the right to health of nonhuman nature. While scholars such as Schapper and Gonzalez have set out the limitations of applying a human rights framework to address climate change, César Rodríguez-Garavito asserts that the climate movement could benefit from incorporating a rights-based perspective.<sup>13</sup> Rodríguez-Garavito calls for "climatizing human rights"—an innovative idea suggesting that climate justice should be pursued through rights-based norms, frames, and tactics but also that human rights must evolve in response to the climate crisis. While Rodríguez-Garavito acknowledges the progress made by human rights and climate justice advocates toward climatizing human rights, he asserts that these efforts are focused primarily on climate adaptation rather than addressing the normative limitations embedded in economic and social rights, which pose "existential challenges to human rights."<sup>14</sup>

Other ideas for expanding the right to health are reflected on in special sections of the *Health and Human Rights Journal*, in which authors acknowledge that the right to health is defined anthropocentrically, while simultaneously considering "whether concepts historically reserved for human rights can be usefully extended to include the rights of other animals and nature."<sup>15</sup> Some of these authors draw on the One Health framework,

which supports interdisciplinary collaboration to address challenges at the intersection of global health and climate change.<sup>16</sup> Others suggest that in order to advance protections for nonhumans, “like the human right to health, the right to health for all biotic and abiotic nonhumans would be subject to progressive realization by states.”<sup>17</sup>

The principle of progressive realization, which is embedded across economic and social rights (ESR), limits the right to health by subjecting it to being realized over time and within available resources. Given the urgency of climate change and the US\$10 trillion cost of implementing policies such as the Green New Deal, this principle requires further consideration.<sup>18</sup> ESR—such as the rights to health, education, and housing—are progressively realizable, while civil and political rights (CPR)—such as the right to vote and the right to a fair trial—are not limited in the same way. This distinction between ESR and CPR can be traced to ideological differences during the Cold War, in which the United States argued strongly in favor of progressive realization for ESR while Eastern and Southern countries were opposed to the principle.<sup>19</sup> The details surrounding the emergence of progressive realization and its subsequent evolution are extensively captured in the academic literature and do not have to be recounted here.<sup>20</sup> What is important to note, however, is that progressive realization can be applied in multiple ways depending on whether the right to health is being approached as (1) a set of minimum standards that the state is obliged to fulfill; (2) a failure on the part of the state resulting in retrogression in realizing the right; or (3) a failure by one state to realize the right to health at the same pace as a comparable state with similar resources and demographics. According to Katharine Young, these three approaches overlap in various ways and “share a general limitation with respect to time.”<sup>21</sup> The temporal dimension of progressive realization—namely that the right to health may be realized over time based on available resources—is critiqued by Young, who finds that “waiting for rights can conflict with other basic goals of rights recognition. In making clear this argument, it is worth turning from the perspective

of the state to the perspective of the rights-holder: to how time is experienced, rather than measured.”

If time is considered from the perspective of Lenape rights holders, the right to health would be experienced as a continuum of historic events linked to the ongoing colonization of American Indian land, which includes the destruction of nonhuman nature. However, if we followed Hima-ni Bhakuni’s argument that the right to health of nonhuman nature should be subject to progressive realization, how would temporality be considered in relation to the harms of settler-colonial occupation?<sup>22</sup> Part of the challenge of extending the human right to health (including the principle of progressive realization) to nonhuman nature is that the epistemic foundations of the right to health that separate humans from nature remain intact.

We therefore argue that principles designed to realize the right to health for humans may not always be fully transferable to nature. As a result, the underlying principles that shape the right to health for humans should be carefully considered when applied to nonhuman nature.<sup>23</sup> As part of that reflective process, we suggest that the right to health be considered through the lens of Indigenous knowledge systems that challenge the human/nature binary. One of these knowledge systems developed by the Lenape people offers an example of what an Indigenous approach to the right to health could look like.

### Lenape epistemologies as a framework for reflecting on the right to health

Indigenous knowledge systems offer a compelling framework for thinking about the right to health of nonhuman nature. For instance, Indigenous Quechuan speakers across Latin America refer to *runa* to denote the relationship between humans and nonhumans, while Andean Indigenous thinkers use the term *vincularidad*.<sup>24</sup> One of the primary frameworks advanced by Lenape Center, an organization led by Lenape people in New York, is the notion of *Lankuntawakan*, or the Lenape way of life.<sup>25</sup> This knowledge system is centered on the idea of regeneration: “The Earth is in us when we

are alive. And we are in the Earth when we die. In every sense, we are the Earth.<sup>26</sup>

Defined as the reconstitution of Lenapehoking (the Lenape homeland), regeneration is a framework of continuance, resistance, restitution, and replenishment.<sup>27</sup> As part of the regeneration framework, the Lenape seek to restore the connection between land and people. The word “Lenape” roughly translates to “original person”—connected to the land through *wēlamālsēwakàn* (good health) and happiness.<sup>28</sup> Lenapehoking therefore reflects the relationship between the original people and the earth. Historically and through land acknowledgment, this land stretched from New York City to the Delaware River in present-day United States and was governed through a matrilineal clan structure.

Traditionally, for many American Indian communities such as the Lenape, private land ownership tied to capitalism is as inconceivable as owning air or sunlight. This epistemic orientation extends to the Lenape idea of *wēlamālsēwakàn*, which characterizes health as a public good connected to the land, rather than a commodity accessible only to those who can afford it. Similarly, the circular and intergenerational conception of time developed by the Lenape is an expression of fluctuations in the natural environment mirrored by humans. This construction of time reflects how seasonal changes shape human behavior, including planting and harvesting cycles, migration, and diet. Time as understood by the Lenape is therefore rooted in the cyclical nature of the environment and can be distinguished from the linearity embedded in progressive realization where time is conceived from the perspective of the state rather than the rights holder. Applying a Lenape epistemological framework that, first, centers health as a public good linked to the health of the earth and, second, conceives of time from the perspective of nature could contribute to shaping our understanding of the right to health of nonhuman nature.

While knowledge systems developed by the Lenape, as well as many other Indigenous communities, continue to be suppressed and ignored, the climate crisis has sparked renewed interest

in Indigenous epistemologies.<sup>29</sup> In the context of the existential climate threat fueled by capitalism and coloniality, knowledge systems crafted by the Lenape offer the opportunity for reimagining our engagement with the land, as well as with the right to health. Consequently, how can we apply the Lenape idea of regeneration to reimagine the right to health?

## Regeneration as a Lenape framework

Regeneration challenges us to go beyond incorporating nonhuman nature into the existing definition of the right to health reflected in the International Covenant on Economic, Social and Cultural Rights. Instead, regeneration can be seen as an epistemic framework informed by Lenape knowledge systems that could radically shift our thinking about the right to health in the following ways.

First, regeneration requires delinking from the anthropocentrism embedded in human rights and restoring precolonial connections between human and nonhuman nature. This necessitates a definition of health centered on a symbiotic relationship with nature, rather than protecting the environment only insofar as the destruction of natural resources limits humans from claiming their rights. We therefore support the right to health of nonhuman nature as a balancing mechanism to address the dominance of anthropocentrism. But we suggest that the protections offered to rivers and trees, for instance, should not necessarily be based on the prevailing Western normative frameworks applied to humans.

Second, the process of regeneration involves thinking about the right to health not only as a mechanism for protecting the current generation of rights holders but also for ensuring the health of future generations. The Lenape conception of time compels us to connect with past and future generations, simultaneously unearthing the knowledge systems of elders and ancestors, while anticipating the future. For the Lenape, time is an expression of variations in the natural environment, suggesting that human activity mirrors nature. The right to health then becomes an instrument that facilitates

connections between multiple generations of humans in relation to nonhuman nature, ensuring that the health of future generations is not jeopardized through ecological injustice.

Third, regeneration requires balancing the biomedical model of health with traditional knowledge systems that advance wëlamàlsëwakàn. Traditional medicine, including ethnobotany, is often disregarded by dominant systems of scientific knowledge production.<sup>30</sup> We argue that centering historically marginalized knowledge systems such as Lankuntawakan could contribute to a more holistic understanding of health. This approach could lead to an epistemic regeneration of health that extends beyond the mechanistic, human-centered biomedical model that currently dominates global health systems.

Finally, the constitution of the right to health as progressively realizable over time within available resources must be critically considered from the perspective of Indigenous rights holders. Furthermore, the temporal element of progressive realization cannot fully contemplate the extension of the right to health to nonhuman nature. This limitation placed on the right to health through the principle of progressive realization is primarily reflective of a Western, capitalist logic that views health as a commodity dependent on the efficient distribution of limited resources. Adopting a regenerative framework that advances health as a public good necessitates a reconsideration of the principle of progressive realization in relation to the right to health of nonhuman nature.

## Conclusion

Regeneration offers a framework for reimagining the human/nonhuman binary embedded in the right to health as we contemplate the right to health of nonhuman nature. In thinking through how to meaningfully respond to the catastrophic impact of climate change, the framework expressly recognizes the inherent value of nonhuman nature, offering a perspective on the relationship between humans and the earth that differs fundamentally from Euro-American thought. Regeneration offers a lens

through which the epistemic limitations inscribed into the structural foundations of the right to health can be illuminated and possibly reconstituted. At the same time, this framework not only assists in mitigating future injustices at the intersection of health and climate change but also works toward undoing the erasure and epistemic subjugation of Lenape knowledge systems.

## References

1. Delaware Tribe of Indians, "Lenape Talking Dictionary," <https://www.talk-lenape.org/detail?id=16326>.
2. "American Indian" is the preferred term used by Lenape Center. The organization chooses to use this term instead of "Native American" or "Indigenous people" since it is the formal terminology used in US federal law granting tribal sovereignty.
3. International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI) (1966), art. 12(1).
4. N. Maldonado-Torres, "On the Coloniality of Human Rights," *Revista Crítica de Ciências Sociais* 114 (2017).
5. B. M. Meier, T. Murphy, and L. O. Gostin, "The Birth and Development of Human Rights for Health," in L. O. Gostin and B. M. Meier (eds), *Foundations of Global Health and Human Rights* (Oxford: Oxford University Press, 2020); J. Tobin, *The Right to Health in International Law* (Oxford: Oxford University Press, 2011).
6. Constitution of the World Health Organization (1946).
7. International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI) (1966), art. 12(1).
8. United Nations Declaration on the Rights of Indigenous Peoples, G.A. Res 61/295 (2007), art. 24.
9. *Center for Social Justice Studies et al. v. Presidency of the Republic et al.*, Judgment T-622/16, Constitutional Court of Colombia (November 10, 2016), <http://files.harmonywithnatureun.org/uploads/upload838.pdf>; M. Kramm, "When a River Becomes a Person," *Journal of Human Development and Capabilities* 21/4 (2020); D. Wardle, "Sustainable Indigenous Water Rights," in James C. Spee, A. McMurray, and M. MacMillan (eds), *Clan and Tribal Perspectives on Social, Economic and Environmental Sustainability: Indigenous Stories from around the Globe* (Bingley: Emerald Publishing, 2021); Constitution of the Republic of Ecuador (2008), <https://pdpa.georgetown.edu/Constitutions/Ecuador/english08.html>; S. Sen, "Of Holy Rivers and Human Rights: Protecting the Ganges by Law" (April 25, 2019), <https://yalebooks.yale.edu/2019/04/25/of-holy-rivers-and-human-rights-protecting-the-ganges-by-law/>; Observatoire International des Droits de la Nature, "Magpie River," <https://observatoirenature.org/observatorio/en/magpie-river/>.
10. New Zealand, Te Awa Tupua (Whanganui River

Claims Settlement) Act (2017).

11. Australia, Yarra River Protection (Wilip-gin Birrangumurrong) Act (2017), preamble (emphasis added).

12. United Nations General Assembly, The Human Right to a Clean, Healthy and Sustainable Environment, UN Doc. A/76/L.75 (2022).

13. A. Schapper, "Climate Justice and Human Rights," *International Relations* 32/3 (2018); C. G. Gonzalez, "Environmental Justice, Human Rights, and the Global South," *Santa Clara Journal of International Law* 13 (2015); C. Rodríguez-Garavito, "Climatizing Human Rights: Economic and Social Rights for the Anthropocene," in M. Langford and K. Young (eds), *The Oxford Handbook of Economic and Social Rights* (Oxford: Oxford University Press, 2022).

14. Rodríguez-Garavito (see note 13), p. 6.

15. H. Bhakuni, "Beyond Anthropocentrism: Health Rights and Ecological Justice," *Health and Human Rights Journal* 23/2 (2021); M. Macdonald, "Emerging from COVID-19: A New, Rights-Based Relationship with the Nonhuman World?," *Health and Human Rights Journal* 23/2 (2021); H. R. Ferdowsian, "Ecological Justice and the Right to Health: An Introduction," *Health and Human Rights Journal* 23/2 (2021), p. 2.

16. L. Sellars, K. Bernotas, and J. Sebo, "One Health, COVID-19, and a Right to Health for Human and Non-human Animals," *Health and Human Rights Journal* 23/2 (2021).

17. Bhakuni (see note 15), p. 9.

18. E. Relman, "Alexandria Ocasio-Cortez Says Her Green New Deal Climate Plan Would Cost at Least \$10 Trillion," *Business Insider* (June 5, 2019), <https://www.businessinsider.com/alexandria-ocasio-cortez-says-green-new-deal-cost-10-trillion-2019-6>.

19. S-A. Way, "The 'Myth' and Mystery of US History on Economic, Social and Cultural Rights: The 1947 United States Suggestions for Articles to Be Incorporated in an International Bill of Rights," *Human Rights Quarterly* 36/4 (2014).

20. See, for instance, K. G. Young, *The Future of Economic and Social Rights* (Cambridge: Cambridge University Press, 2019).

21. *Ibid.*, p. 669.

22. Bhakuni (see note 15).

23. W. D. Mignolo, *The Politics of Decolonial Investigations* (Durham: Duke University Press, 2021).

24. M. de la Cadena "Runa: Human but Not Only," *Hau: Journal of Ethnographic Theory* 4/2 (2014); W.D. Mignolo and C. E. Walsh, *On Decoloniality: Concepts, Analytics, Praxis* (Durham: Duke University Press, 2018).

25. H. Coumans and J. Baker, "Indigenous Traditions: *Lankuntawakan*, the Lenape Way of Life," in K. Singh and J. S. Clark (eds), *Voices from Religions on Sustainable Development* (German Federal Ministry for Economic Cooperation and Development, 2016).

26. *Ibid.*, p. 87.

27. Lenape Center, <https://thelenapecenter.com/lenape-hoking/>.

28. Online Etymology Dictionary, "Lenape," [https://www.etymonline.com/word/Lenape#etymonline\\_v\\_6680](https://www.etymonline.com/word/Lenape#etymonline_v_6680).

29. J. Smylie, R. Harris, S. Paine, et al., "Beyond Shame, Sorrow, and Apologies—Action to Address Indigenous Health Inequities," *British Medical Journal* (2022).

30. E. Arteaga-Cruz and J. Cuvi, "Thinking Outside the Modern Capitalist Logic: Health-Care Systems Based in Other World Views," *Lancet* 9/10 (2021); Y. Boum, S. Kwedi-Nolna, J. E. Haberer, and R. R. G. Leke, "Traditional Healers to Improve Access to Quality Health Care in Africa," *Lancet* 9/11 (2021).