

Culture, Conscious Well-being

By Mirjam Hirsch

Wide health disparities are evident the world over. Dramatic inequalities dominate global health. It is thirty years after the landmark agreement was reached in 1978 by 134 Member States of the World Health Organization gathering in Alma Ata to adopt primary health care as the key strategy for achieving “health for all” by the year 2000. A lot remains to be done. Primary health care is more urgently needed now than ever before.¹

We are entering uncharted terrain. The world is in the midst of a multiplicity of crises in relation to food, climate, and energy. Moreover the global financial system is unraveling at great speed. Very likely misery and hardship will increase for many poorer people everywhere. Extreme poverty leads to highly problematic health conditions. Modern lifestyles marked by insecurity, and a feeling of powerlessness due to rapid changes in peoples’ immediate surroundings lead to stress and accordingly illness. We are all being thrown into a deep sense of insecurity causing severe strain on people’s health.

Moreover for various reasons health costs in developed and undeveloped countries alike are skyrocketing. This puts unbearable strain on many states and communities. Their proper functioning if not their very survival is threatened. Clearly the world community has to act quickly and find efficient responses to the health crisis in all sectors involved.

Howsoever severe the negative effects of current developments there also is a new openness to convincing alternatives. People are looking for practical solutions that are immediately feasible and that put the health and wellbeing of the planet and every living being on it at their center. There is a strong demand for more democratic control over financial and economic as well as health institutions.

The world over health systems have increasingly been defined in monetary terms, with health care being called the “economics of health” in Germany. The ill are less regarded as patients in need but seen as customers using services.

In the Philippines for instance the government is interested only in the infusion of dollar-denominated remittances and not the critical effects of the

brain drain on a deteriorating healthcare system². The government is further pushing its agenda of commodifying Filipino workers. Showcasing to the world that the government's policy of exporting and exploiting its own citizens is a model that should be emulated.

But what about the people these health systems should serve? To them health care is more than just money, global budgets and government pigeonholes. Health is a universal human aspiration and a basic human need. Health care is about values, and how to move beyond our cherished myths and preconceived ideas and make a real positive impact on the lives of all the people. Not only the immediate causes of disease ought to be treated. The focus should be on the "causes of the causes"—the long term effects of colonization on indigenous communities, the fundamental structures of social hierarchy and the conditions these create in which people live and work as emphasized by the WHO Commission on Social Determinants of Health. For it clearly is the structure of the social, political, and economic system that is the key determinant of health and variation in health.

Therefore the politics of health in the context of dominant ideological understructures of social and political forms has to be analyzed more closely. Likewise the control of consciousness and thus life, mind and body must be examined to outline possibilities and the potential of raising community consciousness of cultural wellbeing to ameliorate devastating health situations.

A series of questions should be asked: Are there examples in the world where community participation in health could serve as a role model? What about the principle of subsidiarity and community participation? How do cultural, spiritual, and healing aspects interplay with each other in various indigenous medical practices? What are the benefits and disadvantages of combining indigenous healing practices with Western medicine? All possible benefits of indigenous medical practices as well as potential negative outcomes should be explored and elucidated.

In this paper first indigenous definitions of health are described, factors of indigenous ill health are analyzed putting special emphasize on the importance of culture and community cohesion in health. Then the special case of Swiss health care and a recent very successful popular health initiative in Switzerland is highlighted. Switzerland could serve as a role model for indigenous health endeavors recognizing the importance of regional culture in health and people deciding for themselves what health care systems and regulations best serve them. The potential benefits of the inclusion of complementary medicine in Swiss basic health care provision are shortly discussed.

Furthermore biodiversity conservation and international indigenous rights to health are illustrated.

Indigenous views on health- attempt of a definition

What is health? Every culture finds its own specific answers to this question. There is nothing such as the only one correct definition of health. How health and disease is perceived and understood very much depends on the local context of where people grow up and live.

Kanaka Maoli (Native Hawaiians) maintain that the first characteristic of their health was the continuum of a people.³ Connective social forms defined as elements of history and tradition, art forms, literature, etc. connect the generations. If these elements are not intact a people cannot maintain their health. Therefore, as an important part of the health program, Kanaka Maoli ask these connective social elements to be addressed in the provision of health services. Or as Pōkā Laenui from the Wai‘anae community of Hawai‘i, brings it so accurately to the point: “Health services should support the continuity of the consciousness of a people.”⁴

For Aboriginal peoples, health is “not just the physical well being of the individual, but the social, emotional and cultural well being of the whole community . . . [and] a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.”⁵

The Aboriginal community in Australia has an understanding of health that has its origins and meaning embodied in Aboriginal belief systems- social, cultural and historical understandings.

In the last decade therefore social and emotional wellbeing has emerged as a key priority, recognized as an integral part of the Aboriginal health reform agenda. Aborigines describe their wellbeing:

*Enjoying a high level of social and emotional wellbeing can be described as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one’s environment and exercising power of choice.*⁶

Important to note is that when defining health indigenous people the world over give more than a mere biological definition but a comprehensive one.

Also the definition of the World Health Organization is respectful of these concepts of health as expressed in the primary health care approach, which

maintains “health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”⁷

State of indigenous peoples’ health

Indigenous people recognize health as a priority. Many indigenous communities lack health facilities, and most government programs do not consider indigenous peoples in their health programs.⁸ In the past in countries like for example the United States of America traditional healers were even dismissed and outlawed by states’ governments as part of a program of enforced assimilation of indigenous communities. But traditional medicine (of which there is no one system; instead there is a system of health and healing for each tribe⁹) survived in many communities.¹⁰

Undoubtedly the health conditions of indigenous people are generally worse than those of the national populations in the countries in which they reside. The alarming health situation confronting some indigenous peoples of the world was noted at the first Pan American Health Organization (PAHO) Workshop¹¹ on Indigenous Peoples and Health in the Americas held in Winnipeg in April 1993. It was recommended that immediate action should be taken and PAHO and its member governments identify priority areas and the neediest communities. Resolution V adopted by PAHO acknowledges that "the living and health conditions of the estimated 43 million indigenous persons in the Region of the Americas are deficient, as reflected in excess mortality due to avoidable causes and in reduced life expectancy at birth, which demonstrates the persistence and even the aggravation of inequalities among indigenous populations in comparison with other homologous social groups".¹²

The Winnipeg workshop recommended not only the promotion of access by indigenous peoples to mainstream medicine, but also supported the need to develop socially and culturally sensitive local health systems in which “indigenous wisdom can be preserved”. The Workshop also stated that "indigenous peoples must regain control over their own lives, of which health is only one aspect", and acknowledged that it is "important to reassess the value of indigenous wisdom and to strengthen the unique elements of indigenous cultures, recognizing that it is the members of these cultures who have the best understanding of their own people, their health and development needs".

Factors contributing to ill-health

Social and cultural factors such as dispossession, dislocation and discrimination as well as economic and environmental disadvantages generally contribute to the poor health status of many indigenous peoples and the lack of access to good quality healthcare. Underlying these factors are specific health risk factors (such as obesity, physical inactivity and high blood pressure).

Dislocation, epidemics, depopulation, and subjugation have furthermore put indigenous peoples everywhere at high risk of depression and anxiety.¹³

Considering the importance of the factors listed above which are the disastrous consequences of colonization¹⁴ and lie outside the realm of the health sector, it is clear that improvements in indigenous health status are only likely to be achieved with substantial improvements in the overall circumstances of Indigenous people.

The struggle for better indigenous health is multi layered and very complex. It is a crucial part of the fight for cultural survival. It is about the struggle for self-determination and the endeavors of indigenous peoples to reclaim their native culture and land and thus ultimately their health.

Therefore to re-establish control over their own affairs indigenous people themselves consider the most fundamental basis for the improvement of living and health conditions.¹⁵

Culture and community cohesion

Indigenous peoples were slaughtered and dislocated from their territories. This deprived them of nearly all that gave benefit to their lives. Psychotherapist Alex Cohen maintains that it is “the loss of interest in life which allows indigenous peoples to work such ravages upon life and health.”¹⁶ As a result of this colonial experience, people now “live in the shadow of what they once were.”¹⁷

The break-up of traditional culture, way of life and belief systems can be the underlying cause for the high incidence of substance abuse, physical and sexual violence, child abuse, mental health problems, and family disharmony found among indigenous populations around the world. As Cohen underlines that “when pathways to meaning are no longer available, the result is psychopathology and mortality.”¹⁸

The true cause of indigenous ill health western health experts often explained with indigenous communities being passive, dependant and defiant. Health and culture appeared to be lying in opposition to each other. Celebrating indigenous culture and community to achieve better health were considered a contradiction within health services, due to the supposed unhealthiness of the indigenous experience.

However recently researchers have come to recognize that enabling indigenous communities to define and represent themselves is empowering and conducive to better health outcomes. Notions of identity and culture are held to be an important resource for empowering minority or marginalized communities.¹⁹ A better understanding of the phenomenology of ill health accordingly must not only encompass symptoms but take into consideration the interrelationship between culture and ill health, “the social contexts and cultural

forces that shape one's everyday world, that give meaning to interpersonal relationships and life events."²⁰

After colonialism took away indigenous people's place of communal interaction they now are trying to find ways to strengthen community cohesion. Indigenous peoples have to cope with pervasive changes disrupting social and cultural systems affecting family and community life and welfare and with which came exposure to further trauma caused by domestic violence, substance misuse, suicide and self-harm, as well as other sources of risk. To teach and learn their cultural lessons and find physical and philosophical roots and thus their identity could turn out to be crucial to indigenous' peoples health and very survival. The persistence of traditional practices and extended family systems can and already have formed the basis for resiliency of indigenous communities.

It holds true for everyone that in order to enjoy the most complete status of health we have to make possible ways of life that ensure a decent life quality for everyone, correspond to our specific worldviews and provide us with a sense of meaning in life and purpose in the world.

Role model Switzerland

Swiss social life has provided a framework for social, psychological and economic security, in which wellbeing was socially determined through the organization of relationships with the land and with people within frameworks of law and ceremony, family organization and systems of belief.

The healthcare system in Switzerland, regarded by some as the best solution in the world²¹ is of excellent quality, characterized by liberalism and federalism.²² The liberal element restricts state activity to guaranteeing health care 'when private initiative fails to produce satisfactory results'.²³ As a Confederation with decentralization of political power, the national authorities can only legislate when empowered so to do by constitution.²⁴ There are 23 cantons, three of which are split into demi-cantons, acting autonomously in the organization of healthcare in their area.²⁵ The result is 26 slightly different systems.²⁶ Local supervision of healthcare is the responsibility of cantonal health ministers.

Clearly there is much to learn from in the Swiss health care system. The Swiss "recognize the special nature of health care – it is partly a moral necessity and partly an ordinary consumer good."²⁷ Moreover the Swiss ensure "that people dependent on government support do not have an obviously inferior service. By combining insurance and solidarity, the Swiss ensure that the most disadvantaged people in society enjoy the same level of care as the working and middle classes."²⁸ Preferences of (potential) patients determine the structure of the system to a degree found in few other countries. The population of just over 7 million, divided between four language communities (French, German, Italian and Romansch), is directly involved in a three-level political process, through

seemingly-continual referenda. This means that patients really do influence the system.²⁹

During a recent study trip to Switzerland I visited a place called Appenzell. Without knowing that Appenzell is an oasis of health with claims of high quality, when driving or walking through the adjacent hills one is struck by a certain sense of harmony and beauty. Appenzell is characterized by a strong tradition based on agricultural life with many customs rooted in ancient vegetation and seasonal rites. Appenzell is a model example for the principle of participatory democracy efficiently implemented. Every year on the last Sunday in April the citizens' of Appenzell entitled to vote gather on the main square to appoint their representatives and decide themselves on all matters important to the community.

The visitor immediately gets the feeling of people caring for their surroundings. In the bakeries and restaurants delicious foods are offered not found anywhere else, made from herbs or fruits and berries growing in the region. In the pharmacies one notices an unusually vast array of natural products.

Natural medicine in Appenzell is extremely popular. On the one hand the population of Appenzell over centuries was formed of peasants who developed strong ties to nature. On the other government authorities did not put obstacles in the way of natural medicine. Law is not restrictive but liberal in that as long as it is not forbidden, it's allowed. Traditional medicine thus has been around for centuries and has been constantly improved over time the reason why nowadays, traditional medical practice enjoys a high reputation.

One patient in Switzerland out of three is using alternative traditional medicine. Today more and more people are using this type of traditional medicine. 79% of the population says, "yes" to full coverage of complementary medicine. Herbal medicine is most popular and its efficacy has recently been widely proven by pharmaceutical companies.

In a scientific study, Program Evaluation Complementary Medicine (PEK) at the university of Bern, Switzerland the efficiency, usefulness and cost effectiveness of five complementary therapies was tested.

Practitioners of complementary medicine tend to treat rather younger, female, and better-educated patients who are oftentimes exhibiting chronic and more severe forms of disease. In their diagnostic analysis technical procedures are performed more rarely, and patients' wishes are taken into account more frequently in the choice of treatment.³⁰ Patients are more satisfied with the care provided in practices offering complementary medicine. Side effects are reported by markedly fewer patients than with conventional care.³¹

The study also concluded that with complementary medicine the total patient-related costs do not differ significantly from those for conventional care. Annual costs tend to be lower, thus helping to save costs in health care.

There generally is a greater weighting for consultation costs and a lower weighting for drug costs.³²

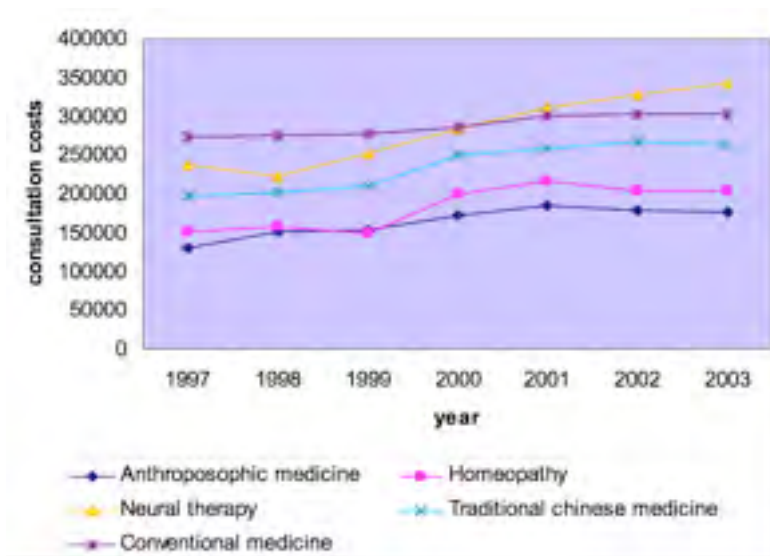


Figure 1: Development of consultation costs in basic healthcare provision (santésuisse) 1997 to 2003 comparing four complementary methods to conventional medicine, average costs (SFR) per certified practitioner. Source: Melchart, p. 53.

As evidence shows complementary medicine is of high importance to Swiss citizens. In science and politics it should have the same priority as amongst the population. The Swiss government, however, over the last few years has not adequately protected and supported complementary medicine. Quite the contrary, bureaucratic obstacles have rendered it more and more difficult for therapists to practice. “We fear to lose our traditional knowledge,” an Appenzell pharmacist said, “Swissmedic and new regulations make it too complicated and expensive to produce my natural remedies.”³³ Therefore the popular initiative “Yes to Complementary Medicine” was formed. The initiative demands an amendment to the constitution’s, Art. 118a, to strengthen the position of complementary medicine. The aim is the inclusion of five complementary therapies, anthroposophic medicine, homeopathy, neural therapy, traditional Chinese medicine and phytotherapy in Switzerland’s basic healthcare provision as well as licenses for non-medical practitioners, integration of complementary medicine in research and teaching and protection of approved natural remedies.

The popular initiative “Yes to Complementary Medicine” has been successful. In October 2008 was effected a national referendum to be held in the year 2009. It is in the hands of the people now to decide about whether to have a constitutional right to complementary medicine in basic health care provision.

As this empowering Swiss example shows self-determination and the principle of subsidiarity have great potential. It reflects the consciousness of people who feel responsible for their lives and surroundings. Basic democracy at the national level thus seems possible and works.

The Right to Indigenous Health Internationally

Successful as local initiatives can be, supra regional and global problems like climate protection, global resources distribution and conflicts have to be regulated at the global or supra regional levels. At the same time mechanisms of democratic control and transparency of international institutions as the UN, EU etc. have to be strengthened.

Today there are increasing numbers of regional, international, and global instruments that provide for health as a human right as well as indigenous peoples' right to their traditional medicines. The International Covenant on Economic, Social and Cultural Rights provides for the right to health:

... the right of everyone to the enjoyment of the highest attainable standard of physical and mental health... (Article 12.1).

The right to health is also indirectly provided for in Article 25 of the Universal Declaration of Human Rights:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...

During the International Decade of the World's Indigenous People (1995- 2004) proclaimed by the United Nation's General Assembly, in its Resolution 48/163 in 1994 the focus was "to improve the lives of indigenous people in such areas as health..." (United Nations General Assembly resolution 48/163).

After more than 20 years of negotiation between nation-states and indigenous peoples the United Nations General Assembly (GA) adopted the Declaration on the Rights of Indigenous Peoples on September 13, 2007. The Declaration guarantees indigenous peoples right to health and traditional healing systems:

- Article 7: "the rights to life, physical and mental integrity, liberty and security of person..."
- Article 23: "the right to determine and develop priorities and strategies...for health programs affecting them"; and
- Article 24:
- 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. Indigenous

individuals also have the right to access, without any discrimination, to all social and health services.

- Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
- Article 31: the right to maintain, control, protect and develop their... medicines, knowledge of the properties of fauna and flora....

Biodiversity- Environmental and human health

Another law instrument at the international level is the U.N. Convention on Biodiversity, signed or ratified by 190 countries. It calls for significant reduction in the loss of biodiversity by 2010. Indigenous peoples' vital role to save life on earth through indigenous knowledge of various plant and animal species is recognized. Strengthening universal and comprehensive healthcare systems in all countries is an outcome included in the treaty.

The physical health and wellness of indigenous people is particularly closely tied to the sound connection of the health and wellness of their environment. Scientists and public health experts have given little attention to the intricate relation between human health and the health of other species. Plant, animal, and microbial species support human health. Interacting with each other and with nonliving components of the environment, they make all life, including human life, possible on Earth, producing what are called “ecosystem services.” Understanding these connections will be increasingly important to physicians and other health care professionals in coming decades, as the number of species driven to extinction continues to mount.³⁴

Only fairly recently has the dependence of human health on healthy environments, and ecosystem services been highlighted by World Health Organization's (WHO) reports and the Millennium Ecosystem Assessment.³⁵ According to estimates by the World Health Organization up to 80% of the population of Africa uses traditional medicine for primary health care.³⁶ This medicine to a very large extent is derived directly from endemic plants.

Many indigenous communities are the first to notice and the first affected by changes in biodiversity and natural resources exploitation. Indigenous groups share the devastating consequences of the ravages done to the environment. Not sustainable economic practices such as mining or non-traditional harvesting of natural resources, tourism and development have negatively impacted indigenous lands, polluting water systems and destroying unique ecosystems. Indigenous peoples were and are losing their biodiversity in terms of food. Apart from changing diets which affected the health of indigenous peoples making them more susceptible to diseases, such as diabetes, environmental, also

pollutants accumulating in natural foods cause ever greater threat as those natural foods oftentimes no longer are safe for consumption.

Despite this being common knowledge the destruction of species continues at an alarming rate the world over. To discover those species immense value as unique and irreplaceable sources for new life-saving medicines is thus rendered impossible. Precious indigenous knowledge is lost to the world. Even more extreme we do not shy away from disrupting the vital functioning of ecosystems on which we know all life depends.

Policy-makers and the public have to fully understand that human health and life ultimately depend on the health of other species. They must at once give protection of the global environment and integrity of global ecosystems their highest priority. Medical practitioners and other professionals working in health care need to play an important part in promoting this understanding and should learn more about the human health dimensions of species loss and ecosystem disruption.

Conclusion

There is an urgent need to develop an alternative cultural and environmental perspective on health. We have to continue to test the hypothesis of causal societal factors in indigenous communities ill health by revitalizing local traditional culture; and resisting further forced assimilation, cultural conflict, and self-harming, destructive foreign lifestyle ways.

Advice and information needs to be a bottom-up process. Change has to come from all of us. It will only succeed if we can generate participation from individuals, families and communities. Therefore this community participation has to be fully supported from the health system and regulations. In helping local people to find their own solutions as a liberation from colonialism and institutional racism reinforces feelings of empowerment and control over their lives and thus ultimately better health.

Civil society must also play a strong part in holding companies and governments to account over health inequalities.³⁷ As companies sell in terms of profit and highest possible returns the pharmaceutical lobby is interested mainly to sell pharmaceuticals. Unless laws restrict them or the costs of conflict caused by image loss are too high and stop them health will solely be a profitable market. First and foremost though health is a value system based on social justice and community cohesion.

Movements have to grow stronger to evaluate the efficacy of indigenous health care systems and efforts have to be undertaken in coordinating and legitimizing traditional health care with the biomedical care system. More information about indigenous health care beliefs and practices establishes the basis for policy development for culture based health care delivery to and by indigenous peoples.

An agency should set up the necessary monitoring and evaluation system for improvements in indigenous health. Findings will have to be translated into country-specific policies, as countries will need to work on practical policies for their individual populations, whose needs might differ depending on their geographical locations.

Governments are then better able to provide in environmentally sound surroundings culturally sensitive, effective health care to all the citizens.

References

Chivan, E. (2001). Species loss and ecosystem disruption —the implications for human health *Canadian Medical Association Journal*;164(1):66-9.

Chivian, E. (2002). Biodiversity: Its importance to human health. A Project of the Center for Health and the Global Environment. Harvard Medical School.

Bodley JH (1988) Tribal peoples and development issues: a global overview. Mountain View, CA, Mayfield.

Cohen, Alex (1999) The Mental Health of Indigenous Peoples, WHO.

Hollow W. (1999) “Traditional Indian Medicine” in Galloway J, Alpert J, and Goldberg. *Primary Care of Native Americans*.

Jacobs, R and Goddard, M. (2000). Social Health Insurance Systems in European Countries, Centre for Health Economics, York.

Lancet, Editorial Volume 372, Issue 9650, Page 1607, 8 November 2008 Can health equity become a reality?
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61663-3/fulltext?_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61663-3/fulltext?_eventId=login).

Mahler, H. (2008) Primary health care comes full circle An interview with Dr Halfdan Mahler. <http://www.who.int/bulletin/volumes/86/10/08-041008/en/index.html>.

Melchart D., Mitscherlich F. (2005) Programm Evaluation Komplementärmedizin – Schlussbericht, Bern,
<http://www.bag.admin.ch/themen/krankenversicherung/00263/00264/04102/index.html>.

Minder, A. (2000). Health Care Systems in Transition, Switzerland, European Observatory on Healthcare.

National Aboriginal Health Strategy Working Party (1989). A national Aboriginal health strategy. Canberra: Australian Government Publishing Service.

Poka Laenui (Haydden F. Burgess) (1997) An approach to the Health of the Hawaiian people. <http://www.opihi.com/sovereignty/health.txt>.

South Australian Aboriginal Health Partnership (SAAHP) (2005). Aboriginal Health, Everybody's Business: Knowing the Business: Social and Emotional Wellbeing: A South Australian Strategy for Aboriginal & Torres Strait Islander People 2005 - 2010. SAAHP, SA. (last viewed, 11 November, 2008: <http://www.health.gov.au/>)

The Swiss Healthcare System (2002) Civitas: The Institute for the Study of Civil Society <http://www.civitas.org.uk/pdf/Switzerland.pdf>.

United Nations Economic and Social Council E/CN.4/Sub.2/AC.4/1996/3 GE.96-16751 (E) 11 June 1996 Commission on Human Rights Sub-Commission on Prevention of Discrimination and Protection of Minorities Working Group on Indigenous Populations Fourteenth session 29 July - 2 August 1996.

WHO (2001) Highlights on Health in Switzerland, World Health Organisation.

WHO (1979) Health for all.

Williams L, Labonte R, OBrien M. (2003). Empowering social action through narratives of identity and culture. *Health Promotion International* 2003; 18: 33-40.

Endnotes

¹ Dr Halfdan Mahler, Primary health care comes full circle An interview with Dr Halfdan Mahler. <http://www.who.int/bulletin/volumes/86/10/08-041008/en/index.html>.

² Health Alliance for Democracy (HEAD) Media Release 22 October 2008 Health Group Condemns Export of Nurses in International Conference

³ Poka Laenui (Haydden F. Burgess) (1997). An approach to the Health of the Hawaiian people. <http://www.opihi.com/sovereignty/health.txt>.

⁴ Ibid.

⁵ National Aboriginal Health Strategy Working Party (1989). A national Aboriginal health strategy. Canberra: Australian Government Publishing Service.

⁶ SAAHP (2005) p 6.

⁷ WHO (1979) Health for all.

⁸ United Nations Press Release: Permanent Forum on Indigenous Issues Second Session 20 May 2003 13th & 14th Meetings.

⁹ Hollow W. (1999) "Traditional Indian Medicine" in Galloway J, Alpert J, and Goldberg. *Primary Care of Native Americans*.

¹⁰ J. Kristin Olson-Garewal, Ed Tso, and Dine' (Navajo) Medicine Men Association October 4, 2000 Ethical and Practical Considerations Relating to Governmental Coverage of Traditional Indigenous Medicine.

¹¹ The recommendations of the Winnipeg workshop and resolution V are contained in "Health of indigenous people", Pan American Health Organization, 1993.

¹² Working Group on Indigenous Populations-Health And Indigenous Peoples: Note by the Secretariat <http://www.austlii.edu.au/au/journals/AILR/1997/23.html#fnB1>.

¹³ Cohen, Alex (1999) The Mental Health of Indigenous Peoples, WHO.

¹⁴ Bodley JH (1988) Tribal peoples and development issues: a global overview. Mountain View, CA, Mayfield.

¹⁵ United Nations Economic and Social Council E/CN.4/Sub.2/AC.4/1996/3 GE. 96-16751 (E) 11 June 1996 Commission on Human Rights Sub-Commission on Prevention of Discrimination and Protection of Minorities Working Group on Indigenous Populations Fourteenth session 29 July - 2 August 1996.

¹⁶ Cohen, Alex p. 11.

¹⁷ Smith, p. 39.

¹⁸ Cohen, Alex p. 11.

¹⁹ Williams L, Labonte R, OBrien M. Empowering social action through narratives of identity and culture. Health Promotion International 2003; 18: 33-40.

²⁰ Cohen, Alex p. 11.

²¹ The Swiss Healthcare System (2002) Civitas: The Institute for the Study of Civil Society, p. 8, <http://www.civitas.org.uk/pdf/Switzerland.pdf>.

²² Jacobs, R and Goddard, M. (2000). Social Health Insurance Systems in European Countries, Centre for Health Economics, York.

²³ Ibid.

²⁴ Ibid.

²⁵ Minder, A. (2000). Health Care Systems in Transition, Switzerland, European Observatory on Healthcare.

²⁶ WHO, 'Highlights on Health in Switzerland', World Health Organisation, 2001.

²⁷ The Swiss Healthcare System (2002). Civitas: The Institute for the Study of Civil Society, p.9. <http://www.civitas.org.uk/pdf/Switzerland.pdf>.

²⁸ Ibid.

²⁹ Jacobs, R and Goddard, M. (2000). Social Health Insurance Systems in European Countries, CIA World Factbook, 2000

³⁰ Melchart D., Mitscherlich F. (2005). Programm Evaluation Komplementärmedizin – Schlussbericht, Bern, p. 14. <http://www.bag.admin.ch/themen/krankenversicherung/00263/00264/04102/index.html>.

³¹ Melchart, p. 15.

³² Ibid.

³³ A pharmacist affected by new regulations by Swissmedic (Swiss Agency for Therapeutic Products), direct discussion with the author, August 2008.

³⁴ Chivan, E. (2001) Species loss and ecosystem disruption —the implications for human health *CMAJ* 2001;164(1):66.

³⁵ Millennium Ecosystem Assessment. Biodiversity Synthesis. 2005.

³⁶ Chivian, E. (2002). Biodiversity: Its Importance to human health. A Project of the Center for Health and the Global Environment. Harvard Medical School.

³⁷ The Lancet, Editorial Volume 372, Issue 9650, Page 1607, 8 November 2008 Can health equity become a reality? [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61663-3/fulltext?_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61663-3/fulltext?_eventId=login).