



HUMAN RIGHTS & HEALTH

INDIGENOUS PEOPLES

THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF HEALTH IS ONE OF THE FUNDAMENTAL RIGHTS OF EVERY HUMAN BEING WITHOUT DISTINCTION OF RACE, RELIGION, POLITICAL BELIEF, ECONOMIC OR SOCIAL CONDITION.

—Preamble to the Constitution of the World Health Organization

AN INDIGENOUS COMMUNITY FIGHTS FOR ITS RIGHTS*

They are the Sawhoyamaxa, the people from “the land where coconut trees once grew.” They had always been hunter-gatherers. For centuries they flourished, getting ample food, clothing, and shelter from the savannah and scrub woodland that was their home. They moved with the seasons, crossing the vast terrain they called home in search of game to hunt and food to harvest. But this bounty would end.

By the end of the 19th century, enormous tracts of land began to be acquired by foreign investors—without the knowledge of the exclusively indigenous population that lived in the area. By the 1930s, non-indigenous land ownership had increased exponentially, and the only survival option for the Sawhoyamaxa was to hire themselves out as farmhands in the large cattle-grazing farms. What remained of the once-proud people now lived at the margin of society, with inadequate access to schooling or health care, in extreme poverty, and in deplorable living conditions that endangered their lives, health, and welfare.

In 1991, community leaders began to try and recover 36,000 acres in their ancestral lands. Helped by an NGO, they first petitioned the relevant administrative agencies that handled rural welfare and indigenous affairs. Pressure from the landowners halted this process. Then the leaders took their petition to the country’s two legislative chambers. Two deputies briefly sponsored legislation in the Chamber of Deputies to expropriate privately owned land to give to the community, but shortly withdrew their sponsorship. They suffered the same fate in the Senate.

After waiting 11 years to get their land back, and having taken their claim to every possible administrative, legislative, and legal venue in the country, the Sawhoyamaxa leaders brought their claim to an international human rights court.

Among other violations, the international tribunal found that the State had violated the rights of legal protection, property, life, and personal integrity. Further, it stated that the State should adopt all necessary legislative, administrative measures to return the community’s ancestral lands within three years of the sentence. And, while community members waited to have their lands restored to them, the State should provide basic goods and services necessary for their survival. The sentence also called for the State to establish, within six months, an adequate communication system so that the members of the community could communicate with health authorities and effectively seek emergency health care.

*This account is based on a real incident that occurred in Latin America. Similar cases dealing with the human rights and fundamental freedoms of persons with mental disabilities have been reviewed by the Inter-American Commission on Human Rights (IACHR) and the Inter-American Court of Human Rights, which are the human rights bodies of the Organization of American States (OAS).

WHO ARE THE VICTIMS? WHAT IS THEIR PLIGHT?

There are an estimated 45 million indigenous peoples in the Americas, encompassing more than 400 different ethnic groups with different languages, social organization, worldview, and cultural expressions. Every country,

save for Uruguay, has indigenous peoples among its citizens. But most—33 to 40 million by latest estimates—live in Latin America and the Caribbean. Moreover, the indigenous population of the Americas is highly concentrated. Almost 90% live in Bolivia, Ecuador, Guatemala, Mexico, and Peru. In Bolivia, the indigenous population represents more than half the total population; Guatemala’s is slightly less than half. Today, they face extraor-

dinary pressures caused by oil exploration, mining, logging, agricultural expansion, and border conflicts that endanger their livelihood and, indeed, their way of life and basic human rights and freedoms related with their physical and mental wellbeing.

In the Americas there are marked inequalities between indigenous peoples and their non-indigenous counterparts for almost every socioeconomic and health indicator, with indigenous people faring clearly worse. Indigenous peoples tend to live shorter lives and their health status is worse than other population groups. By the same token, indigenous populations are more likely to suffer from substance abuse, depression, and other mental disorders that are obstacles to the enjoyment of the right to the highest attainable standard of physical and mental health (“the right to health”) and to other related human rights and fundamental freedoms. HIV/AIDS and other sexually transmitted diseases are spreading rapidly in indigenous communities. At the same time, indigenous communities must face such issues as the economic exploitation of indigenous women and the lack of information about physical and mental health, which has implications with regard to the enjoyment of the right to receive information of all kinds (freedom of expression).

The right to life of Indigenous communities across the Americas is frequently at risk, since this vulnerable group has substantially higher mortality and morbidity rates than the general public. The health and personal integrity of indigenous peoples is at risk throughout their lives—in infancy, mortality rates soar for indigenous populations, and throughout life, they face greater prevalence of disease and, consequently, death at earlier ages on average. Among the Maya of Guatemala, life expectancy is 17 years shorter than for non-indigenous population groups. In Mexico in 1995, life expectancy at birth for the indigenous population was estimated to be more than three years less than for the rest of the population, and the infant mortality rate of 54 for every 1,000 live births almost doubled that of the population overall. In Honduras, the average life expectancy for the total population is 65 years for men and 70 years for women; among the Pechthe, the average lifespan is just 39 and 42 years, respectively; among the Lencas, it’s 47 and 57 years.

Infant mortality is a special problem among indigenous peoples in the Americas which has serious implications with regard to the human rights of children.

For example, in 2003, studies showed that the infant mortality rate in the indigenous communities of Xavante in Brazil and Wayu in Colombia was three to five times higher than in the general population. Childhood sickness and undernourishment are also constant dangers to the rights to life, personal integrity, health, and education, among others. Thus, in Bolivia, the Guaraní, the third-largest indigenous group, contract tuberculosis at a rate that is five to eight times the national average; more than half of Guaraní children under five years old were undernourished, most of them chronically.

In Bolivia, only 9% of Guaraní people had access to safe drinking water, a need intrinsically related with the enjoyment of the right to health. Unmet infrastructure and medical needs are huge problems for indigenous communities, which are often isolated physically, leaving them outside the range of medical care. The **right to equal protection of the law** and the **right to physical, mental and moral integrity** are absolutely crucial to indigenous peoples who have been denied equal health care, both officially and unofficially, through barriers to access and other mechanisms. Furthermore, the **rights to a healthy environment** and to **safe and healthy working conditions** are absolutely essential to the protection of the health of indigenous populations.



PROTECTION THROUGH INTERNATIONAL AND REGIONAL HUMAN RIGHTS INSTRUMENTS

Both the United Nations (UN) and the inter-American human rights systems have a significant body of legal instruments that can be used to protect the rights and liberties of indigenous peoples and, therefore, their enjoyment of good health and wellbeing. International human rights instruments established by international law protect all persons without distinction of any kind such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Some of these tools have emerged from conventions or treaties, and they are legally binding for States that have ratified them. Others—international human rights **declarations or “standards”**—although not legally binding, are considered to be authoritative interpretations of international convention requirements. It is important to

note that these standards are enshrined in international law, and they represent a consensus of international opinion. In most cases, they are issued by the United Nations General Assembly or High Commissioner for Human Rights, and by the Inter-American Commission on Human Rights (IACHR) of the Organization of American States (OAS), as well as by specialized United Nations and Inter-American System agencies. They can be used to guide the formulation or review of policies, plans or programs; the enactment of pertinent legislation; and the restructuring of health services to benefit indigenous peoples. The existence of a UN Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous peoples is of great importance for this population group.

The United Nations System

Binding Instruments

International Covenant on Civil and Political Rights (1966). **Article 6** states that everyone has the right to life and that that right shall be protected by law. **Articles 2 and 26** ensures the right to non-discrimination and equal protection. **Article 7** states that no one shall be subjected to inhumane treatment.

International Covenant on Economic, Social and Cultural Rights (1966). **Article 12** recognizes the right to the highest attainable standard of physical and mental health (hereinafter the “right to health”), while **Article 10** provides for the rights of the child. Article 2 guarantees that the rights will be exercised without discrimination of any kind. Article 15 (1) acknowledges the right of everyone to take part in cultural life.

These two covenants, along with the **Universal Declaration on Human Rights**, constitute what is known as the **International Bill of Rights**. All three provide protection from discrimination against indigenous peoples.

Convention on the Elimination of All Forms of Discrimination against Women (1979). **Article 11** ensures the same rights equally to men and women, including the right to protection of health.

Convention on the Rights of the Child (1989). **Article 6** recognizes the right of children to life. **Articles 19 and 24** note the right to physical, mental and moral integrity and health of children specifically. **Article 24** recognizes the right to a healthy environment.

ILO Convention 169 (1991). **Article 3** states that indigenous peoples “must fully enjoy fundamental human rights without obstacles or discrimination.” **Article 2** gives governments responsibility for ensuring that all indigenous peoples have the same rights and opportunities as non-indigenous peoples. **Article 5** recognizes and protects “the social, cultural, religious, and spiritual values and practices of these peoples.” **Article 7** specifically refers to the obligation that States Parties have with regard to the improvement of the conditions of life, work, levels of health and education as a matter of priority in national plans. **Articles 14 and 16** guarantee the rights of ownership and possession of land by indigenous peoples, and the right not to be displaced. **Article 25** enshrines the obligations of State Parties with regard to the right to social security and health which in summary include: availability of health services to indigenous peoples; implementation of community based services which shall take into account traditional preventive care and healing practices and medicines; and the training of local community health workers.

Declarations, Principles, Standards and Technical Guidelines

Universal Declaration of Human Rights (1948). **Article 3** states that everyone has the right to life, liberty, and security of person. **Articles 2 and 7** entitle all people to equal protection under the law without discrimination. **Article 19** states that everyone has the right to freedom of opinion and expression. **Article 23 (1)** guarantees the right to safe and healthy working conditions, and **Article 5** says that all have a right to humane treatment.

Declaration on the Rights of Indigenous Peoples (2007). **Article 1** states that indigenous peoples have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms as recognized in the Charter of the United Nations and the Universal Declaration of Human Rights and international human rights law. The most relevant rights enshrined in this Declaration include their right to their traditional medicines and to maintain their health practices and to the enjoyment of the highest attainable standard of health (**article 24**) which are fundamental for exercising other rights and freedoms included in this Declaration such as the right to be free from any kind of discrimination (**article 2**); the right to life (**article 7**); the right to physical and mental integrity (**article 7**); the right to practice their cultural traditions and customs (**article**

INTERNATIONAL INSTRUMENTS FOR THE PROTECTION OF BASIC HUMAN RIGHTS AND FREEDOMS OF INDIGENOUS PEOPLES

UNITED NATIONS HUMAN RIGHTS SYSTEM						
Protected Rights & Fundamental Freedoms	Universal Declaration of Human Rights	International Covenant on Civil and Political Rights	International Covenant on Economic, Social and Cultural Rights	Convention on the Rights of the Child	Convention on the Elimination of All Forms of Discrimination against Women	Convention against Torture and Other Inhuman or Degrading Treatment or Punishment
Life	Art. 3	Art. 6.1		Art. 6.1		
Humane Treatment	Art. 5	Art. 7		Art. 37.a		Arts. 1 & 16
Personal Liberty	Art. 3	Art. 9		Art. 37.b		
Fair Trial	Art. 8	Art. 14		Art. 40.2		Art.13
Privacy	Art. 12	Art. 17		Art. 16		
Freedom of Expression	Art. 19	Art. 19.2		Art. 13		
Name		Art. 24.2		Art. 7.1		
Movement	Art. 13	Art. 12		Art. 10.2	Art. 15.4	
Equal Protection	Art. 7	Art. 26		Art. 2	Arts. 3 & 15.1	
Judicial Protection	Art. 10	Art. 14		Art. 40.2	Art. 15.2	Art. 13
Work	Art. 23		Arts. 6 & 7	Art. 32	Art. 11	
Enjoyment of the Highest Attainable Standard of Physical and Mental Health	Art. 25.1		Art. 12	Arts. 17, 19.1 & 24	Art. 12	
Education	Art. 26		Art. 13	Art. 28	Art. 10	
Benefits of Culture and Scientific Progress	Art. 27		Art. 15	Art. 31.2	Art. 13.c	
Protection of Persons with Disabilities	Art. 25.1			Art. 23		
Protection of Children	Art. 25.2	Art. 24	Art. 10	All		
Protection of Women	Art. 25.2		Art. 12.2.a		All	
Protection of Older Persons	Art. 25.1					

COUNTRIES OF THE AMERICAS THAT ARE PARTY TO UNITED NATIONS HUMAN RIGHTS TREATIES:

Universal Declaration of Human Rights: Not subject to ratification.

International Covenant on Civil and Political Rights: Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

Convention on the Elimination of All Forms of Discrimination against Women: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention on the Rights of the Child: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Antigua and Barbuda, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, United States of America, Uruguay, Venezuela.

International Covenant on Economic, Social and Cultural Rights: Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

INTERNATIONAL INSTRUMENTS FOR THE PROTECTION OF BASIC HUMAN RIGHTS AND FREEDOMS OF INDIGENOUS PEOPLES

INTER-AMERICAN HUMAN RIGHTS SYSTEM						
Protected Rights & Fundamental Freedoms	American Declaration of the Rights and Duties of Man	American Convention on Human Rights	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador)	Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women	Inter-American Convention to Prevent and Punish Torture
Life	Art. I	Art. 4			Art. 4.a	
Humane Treatment	Art. XXV	Art 5			Art. 4	Art. 6
Personal Liberty	Art. I	Art. 7			Art. 4.c	
Fair Trial	Art. XVIII	Art. 8			Art. 7.f	Art. 8
Privacy	Art. V	Art. 11				
Freedom of Expression	Art. IV	Art. 13				
Name		Art. 18				
Movement	Art. VIII	Art. 22				
Equal Protection	Art. II	Art. 24		Arts. II & III	Art. 4.f	Art. 8
Judicial Protection	Art. XXVI	Art. 25			Arts. 4.g & 7	
Work	Art. XIV		Arts. 6 & 7	Art. III.1.a		
Enjoyment of the Highest Attainable Standard of Physical and Mental Health	Art. XI		Art. 10	Arts. III.2.a & III.2.b	Art. 4.b	
Education	Art. XII		Art. 13	Arts. III.1.a & 2.b		
Benefits of Culture and Scientific Progress	Art. XIII		Art. 14	Arts. III.2 & IV.2		
Protection of Persons with Disabilities	Art. XVI		Art. 18	All	Art. 9	
Protection of Children	Art. VII	Art. 19	Art. 16			
Protection of Women	Art. VII				All	
Protection of Older Persons	Art. XVI		Art. 17		Art. 9	

PARTIES TO INTER-AMERICAN HUMAN RIGHTS TREATIES:

American Declaration of the Rights and Duties of Man: Not subject to ratification.

American Convention on Human Rights (Pact of San José): Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador): Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para): Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Inter-American Convention to Prevent and Punish Torture: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela.

Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela.

11); the right to manifest their spiritual and religious traditions (**article 12**); the right to establish and control their educational systems (**article 14**); the right to maintain and develop their political, economic and social systems or institutions (**article 20**); and the right to the improvement of their economic, and social conditions (**article 21**); among others.

General Comment 14 of the United Nations Committee on Economic, Social and Cultural Rights (2000). In this Comment, the Committee analyzes the content, scope, and obligations of Member States deriving from **Article 12** of the International Covenant on Economic, Social, and Cultural Rights (the right to enjoyment of the highest attainable standard of health). The Committee establishes that the right to the highest attainable standard of health is closely related to and dependent on the exercise of other human rights, such as the rights to life; to non-discrimination; to equality; to freedom from inhumane or degrading treatment; to association, assembly, and movement; to food; to housing; to employment; and to education. It refers to indigenous peoples as a group whose vulnerability calls for special, relatively low-cost programs that offer access to health facilities, goods, and services without discrimination.

The Inter-American System

Binding Instruments

American Convention on Human Rights (Pact of San José) (1969) and the **Rules of Procedure of the Inter-American Commission on Human Rights** (2000). **Article 4** states that everyone has the right to life, and **Article 5** states that everyone has the right to physical, mental and moral integrity. **Article 19** recognizes the rights of the child to measures of protection by the state. **Article 1 and 24** guarantee the rights to non-discrimination and equal protection. **Article 13** notes the right to freedom of thought and expression. **Article 5** states that no one shall be subjected to inhumane treatment.

Additional Protocol to the American Convention on Human Rights in the area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988). **Article 10** acknowledges that everyone has the right to health, particularly as related to the prevention of endemic and other diseases and education of the public about health problems. **Article 3** guarantees the right to

non-discrimination. **Article 18** protects the persons with disabilities so that he or she may achieve the greatest possible personality development. **Article 14** states that everyone has the right to the benefits of culture.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belem do Para) (1994). **Article 4** recognizes the right to life and the right to physical, mental and moral integrity of women.

Declarations, Principles, Standards and Technical Guidelines

American Declaration of the Rights and Duties of Man (1948). **Article I** states that everyone has the right to life. **Article XI** states that everyone has the right to the preservation of health and **Articles VII and XXX** recognize the rights of children to special protection and care. **Article II** notes the right to non-discrimination and equal protection.

PAHO Resolution CD37.R5 (1993). The resolution urges Member States to promote disease-prevention and health-promotion programs for indigenous peoples, to transform the health system to one that includes alternative models of care and is appropriate for indigenous peoples, and to promote research and initiatives to increase information about the health of indigenous peoples, for those peoples and for the international community.

PAHO Resolution CD40.R6 (1997). The resolution urges Member States to detect, monitor, and reverse inequities in both the health of indigenous peoples and their access to basic health services. It further urges member states to search for sustainable solutions to health challenges.

PAHO Resolution CD47.R18 (2006). The resolution recognizes the existence of inequities in health and access to health care services that affect more than 45 million indigenous peoples living in the Region of the Americas. PAHO Member States committed to ensure the incorporation of indigenous peoples' perspectives into the attainment of the Millennium Development Goals and national health policies; integrate the intercultural approach into the national health systems of the Region; and to train human resources from the health system to act as intercultural facilitators, among other measures.

WHAT YOU CAN DO

The Government

Every branch of government can—and should—participate actively in the effort to promote the rights of indigenous peoples, and then to safeguard those rights. Some governments have voluntarily signed and ratified international and regional human-rights conventions, and by so doing have accepted a range of obligations to indigenous peoples which are intrinsically related to their physical and mental health. Human rights law requires protection against infringements on individual freedom, personal integrity, freedom of movement and judicial protection, among others. Countries across the Americas have committed themselves to safeguard the rights of indigenous peoples. For example, **Bolivia, Colombia, Ecuador, and Mexico** have all written multiculturalism into their constitutions.

Legislators should gather information about the international human rights instruments to which their Government is party to ensure that their country's legislation conforms with convention obligations and international human rights guidelines related to the highest attainable standard of health. If the domestic legal framework does not conform, it should be reviewed and revised to bring it in line. If needed, new legislation should be enacted.

Ministers of health, of education, and of labor—as well as civil servants at all levels in those ministries—and policy makers should be trained on the obligations from international human-rights conventions to which their Government is party. If national health policies, plans, and programs do not align with these obligations, efforts should be undertaken to revise them so as to make them consistent with those conventions and standards.

Policymakers can build and expand databases from national and sub-national sources to measure and monitor the impact of ethnicity on the exercise of human rights and fundamental freedoms related with health and the right to health per se. They can systematically monitor health trends among indigenous populations to determine ways to improve health care; they can also investigate the ways in which health is determined by outside factors, and the extent to which the government can remedy problems of infrastructure and public information, consistent with Governments' obligations with

regard to the right to receive information. Policymakers should also build networks of national and subnational research institutions that focus on health or other issues of importance to indigenous populations.

Ministers of health, of education, and of culture can encourage the dissemination of culturally appropriate health information materials in local languages; the inclusion of traditional leaders/healers in health promotion approaches; and the promotion of mutual learning, capacity building, and information sharing through workshops on traditional knowledge, medicine, and healing practices that are consistent with the right to freedom of expression.

Many indigenous people cannot access acceptable health care and services (and therefore do not exercise other civil, political, economic, social, and cultural rights) because of cultural barriers. Ministers can find ways to reduce or overcome these barriers while maintaining respect for a variety of belief systems. For example, governments can train indigenous people as health care workers by providing special programs or incentives.

Finally, it is of utmost importance that ministers of health establish appropriately staffed and equipped health centers in areas with large poor and underserved ethnic populations as a measure to facilitate the enjoyment of the highest attainable standard of health and other related human rights and freedoms. For example, the Health Policies and Strategies, 2000-2004, of the Ministry of Health of Panama, adapts health care programs to appropriately serve the various indigenous groups by respecting their culture and medicine. Furthermore, Article 256 of Executive Decree 194 from August 26, 1999, of the Ngöbe-Buglé Region of Panama, includes the "Office of Traditional Medicine" under the Medical Bureau. Article 257 creates a medical commission for the purpose of "harmonizing and fusing western with traditional medicine."

Judges, ombudspersons, the police, and officers of other relevant agencies in the criminal justice system should be aware about the international treaty obligations that they may be called upon to enforce. Ombudsperson's offices can follow up citizen complaints to ensure compliance with national laws. They also should include the human rights of indigenous peoples as part of their agendas.

Civil Society

Civil society can motivate and involve decision-makers by promoting human rights instruments that speak to human rights (especially the right to personal integrity, life, equal protection under the law, and health), educating the public on its rights and how to exercise them, and forming networks to take action.

Activists, organizations for indigenous people, and nongovernmental organizations working on human rights issues should understand how international human rights legal instruments protect the basic rights and freedoms of indigenous peoples and how to use the mechanisms of protection provided by the human rights bodies. They can also

help advocate for and create community-based programs to help empower citizens and promote awareness about the health and human rights of indigenous populations.

Non-governmental organizations can help by linking health and ethnicity initiatives with equality-oriented development initiatives and by other national and international mechanisms, and working with important international, regional, and national bodies to promote policies and strategies that meet the health needs and human rights of marginalized ethnic populations.

The **media** can air any human rights violations. It also can help by disseminating the mechanisms of protection afforded by international instruments.

THE PAN AMERICAN HEALTH ORGANIZATION'S WORK

The Pan American Health Organization (PAHO) as the UN and OAS specialized agency for health in the Americas, has a central role to play in promoting and protecting the right to the enjoyment of the highest attainable standard of health and linking this right to other human right. PAHO will:

- Through training workshops, disseminate knowledge about international human rights instruments that protect the life, personal integrity, health, and other rights of indigenous people.
- Collaborate closely with ombudspersons' offices and other national governmental agencies charged with protecting human rights.
- Collaborate with PAHO Member States on reviewing and reforming, as necessary, national policies, plans, laws, and programs in the context of indigenous peoples' health, to ensure their conformity with international human rights treaties and standards.
- Collaborate with organizations of indigenous peoples and public health personnel in activities related to the promotion and protection of basic human rights and fundamental freedoms of indigenous peoples, especially those human rights that deal with the access to health care, health services, and essential medicines.
- Provide technical collaboration to regional and international human rights bodies charged with promoting and protecting the human rights and fundamental freedoms of indigenous peoples, such as the IACHR,¹ including participating in hearings and issuing technical opinions dealing with health.
- Publish and disseminate technical documents outlining the human rights framework applicable to the health and well being of indigenous people.
- Work closely with the Center for Law and the Public's Health (Georgetown University Law Center and Johns Hopkins School of Public Health), which is the PAHO/WHO Collaborating Center on Human Rights Law.

¹ For example, some of the functions of the Inter-American Commission on Human Rights are to review and grant decisions regarding petitions concerning alleged violations of human rights recognized in the American Convention on Human Rights and other Inter-American instruments, visit OAS Member States and review their compliance with Regional human rights treaties, request that States adopt precautionary measures to prevent irreparable harm to persons and conduct general and specific hearings on human rights issues or individual cases. For further information see <http://www.iachr.org>



This brochure was written by Javier Vasquez, PAHO Human Rights Advisor, and the editors of the Publications Area. It was reviewed by Rocío Rojas, PAHO Advisor on Indigenous Peoples' Health. Any errors or omissions are the responsibility of the authors.

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