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Medicina del Barrio: Shadow Medicine Among Milwaukee's Latino Community

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MEDICINA DEL BARRIO: SHADOW MEDICINE AMONG MILWAUKEE'S
LATINO COMMUNITY

by

Ramona C. Tenorio

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Anthropology

at

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ABSTRACT

MEDICINA DEL BARRIO: SHADOW MEDICINE AMONG MILWAUKEE'S
LATINO COMMUNITY

by

Ramona C. Tenorio

The University of Wisconsin-Milwaukee, under the supervision of
Dr. Tracey Heatherington

As a result of exclusionary state and federal policy decisions on immigration and health care, marginalized immigrants often seek health care in the shadows of U.S. cities through practitioners such as *curandera/os** (healers), *huesera/os** (bonesetters), *parteras** (midwives), and *sobadora/es** (massagers). under the radar of biomedical practice. This research focuses on this phenomenon in the context of globalized social networks and health care practices of marginalized Latino immigrants in Milwaukee, Wisconsin, and within the broader economic and political context in this country.

Latino immigrants continue practicing forms of their medicine even after immigrating to this country. People do not just throw away their cultural understandings of the body, of healing, birthing and illness when they cross international borders; rather, as I suggest in this research, these understandings become *translated* to fit into a new transnational context. People do not arrive to the U.S. as blank slates; they arrive as peoples with discernible cultural traditions. Immigrants to this country not only bring rich cultural foods and

language to their new locations, they bring with them a rich history of medicinal and healing knowledge that includes traditional pharmacopoeias.

This project draws from the medical anthropology literature, particularly from the areas of women's health and medical pluralism. Additionally, it draws on the broader literature on immigration, transnationalism and social networking.

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*For Gramma Limon, for teaching me the true meaning of unconditional love,
te amaré siempre.*

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PREFACE

When I tell people that I have a background in physical geography I am often asked what led me to begin studying Latino health practices. When I explain that my specialty in geography was plant biogeography and phylogenetics, they look even more perplexed. Certainly, the leap from plant studies to Latino health is not intuitive, but then I go on to explain that my interest in lay healing began in Veracruz, Mexico while researching the environmental constraints of *Mimosa pudica*, or as it is commonly known in that region *La Dormilona*, the sleeping plant.

This region of Veracruz is considered the *Zona Cañera*, the sugar cane producing area of the state. I would often work alongside the *Cañeros* (sugar cane workers) in the field. They would set the fields ablaze both before and after the *cosecha* (the harvest), and after clean up any leftover residue. The flames would cause the fields and nearby towns to fill with the sweet smell of caramelized sugar, spreading a coat of sugar cane ash on anything in its wake. This human-plant interaction was the beginning of my interest in how humans use, manipulate, consume, and talk about plants, particularly in Latin America.

In addition to my new found interest my sister-in law who had just given birth shared with me her intriguing stories of labor, delivery, and post-natal care. It was a sunny afternoon when my husband and I had arrived in Tuxtepec to see my new nephew. No matter how many times we would go to my sister-in-law's home we always manage to get lost. In a way, the street was never meant to be

easy to find. It is considered a *calle privada* (a private street), with a very narrow one-way road access. My brother-in-law's neighborhood in Tuxtepec reflects their higher socio/economic status. The fact that my brother-in-law, and not his servant, answered the door I took as a sign of his enthusiasm to present us to his first-born. After our initial greetings of kisses and hugs, he led us to the master bedroom where my sister-in-law was just finishing nursing my nephew.

After the men had left the room us woman, which also included my mother-in-law, began to talk about the more intimate aspects of birth. I had already had two of my four children in their preteens but between the three of us, we certainly had many birth stories to share. At one point in our *pláticas* (talks) while discussing continued postnatal care, my sister-in-law began to shy away from the discussion. I asked her what was wrong and she reluctantly began to divulge that she was feeling a little self-conscious, because she was afraid to tell me that she had taken my nephew to see a *partera* (midwife). I was shocked, not because she took my nephew to see a midwife, rather because she was scared to tell me. She explained to me that some of the midwife's practices were unconventional and many viewed them as superstitious. She told me many things about the midwives, including how my nephew was treated for *mollera caída** (sunken fontanelle).

In biomedical terms, the newborn skull consists of several non-cohesive bones, which eventually come together and harden through a process called ossification. A membrane called fontenalles covers the space between these bones. The anterior fontenelle in infants is often referred to colloquially as “the

soft spot” (NIH 2012). In both biomedical and folk healing practice the characteristic of fontanelles, whether sunken or bulging, can indicate disease or illness. In clinical practice, a concave, bulging anterior fontanelle for example may be an indication for encephalitis, or meningitis, while a sunken, convex one might indicate dehydration or malnutrition (Kaneshiro 2011). An interesting distinction between the way biomedicine and folk medicine view fontanelles is that the prior views it as an indicator of underlying disease or illness, while the latter perceives it as an illness in of itself, and one that can be altered, adjusted, and thus treated.

My sister-in-law lifted up her shirt to reveal her abdomen, which was tightly wrapped in a wide bandage of sorts. She explained that it was a *faja** (binding or bandage) that a Mexican woman will often wear after giving birth as a means to resituate her displaced organs and hip bones. I remembered when I had given birth and my mother-in-law came from Mexico to assist me during my *cuarentena** (the forty days of postpartum rest). She had brought me what I thought was a girdle. I thought it was a sweet gesture though I never wore the thing and perhaps, in retrospect, that was what contributed to my prolonged lower back pain following delivery. My sister-in-law told me that not only did the midwife bathe and swaddle her newborn, but that she did the same for her. She bathed her using healing, cleansing herbs, and placed the *faja* around her. “Herbs!” My plant senses perked up. “The midwives use herbs?”—I asked. That was the beginning of a journey of investigation and query.

I returned to my Geography Department and finished my Master's Degree. I told my Master's advisor of my interest in plant-human interactions, or ethnobotany as I came to learn. I told her that I wanted to do research in Mexico, with the healers and *parteras* there to understand the significance for the botanical properties of healing herbs. I wanted to find out if any of the plants used were invasive or all native. I wanted to contribute to botanical knowledge by documenting the use and practice of medicinal plants. I wanted to go on for a PhD in ethnobotany.

Within the geography department at the time there were only two professors who worked in the area of plant studies, my advisor—who was planning to leave the department for grander ventures in academia—and one who specialized in fossilized plants. I was advised to go elsewhere for my doctoral studies. “If you want to study ethnobotany Ramona you need to learn about cultures. You should apply for to the Anthropology department, and go talk to someone over there.” That is what I did, and I entered my first class Survey of Cultural Anthropology 803 in September of 2005. Simultaneously that year I took on an independent study to conduct a literature review in ethnobotany and ethnohealing with the hopes of developing a research proposal.

As I became fluent in the Mexican ethnobotanical literature—I read much of Berlin's work among the Maya in Mexico—I began to recognize several patterns 1.) Most ethnobotanists were housed within biological science departments. 2.) Any “culture” discussed was in passing and briefly part of the geographic description of article introductions. 3.) The emphasis was on the

plants, their distribution, or chemical composition, and not on the people using them. 4.) Much of the work was being published or funded with pharmaceutical connections. It was clear that after my first semester as an anthropology doctoral student, my research focus had changed on moral and ethical grounds. I no longer was interested in the plants, but rather the hands connected to them. I was no longer interested in the researching, chemically mapping, or publishing on medicinal plants. I felt that by doing so I was essentially pirating and pillaging native knowledge, something that I had come to disdain within the field of ethnobotany. I become an anthropologist. I began to understand what Brush meant in his 1993 work that outlines the role of Anthropology in studies of indigenous knowledge of biological resources as related to intellectual property rights. I realized, as Brush did, that while other disciplines have contributed to the body of work on indigenous knowledge, especially human ecology, and ethnobotany, Anthropology is uniquely sensitive in understanding the holistic impact of studying and extracting this knowledge (Brush 1993: 649). However, my cultural naïveté and linguistic ineptness would continue to follow me as I solidified my doctoral project.

PART I
INTRODUCTION

CHAPTER I

LATINO LAY HEALING IN MILWAUKEE

!Ay Caray!

I thought I could just jump up and dislodge the swing from the tree limb, no problem. Well the jumping wasn't anyway, but the landing was another story. I can still feel the popping, grinding noise of my ligaments twisting as I landed wrong. I thought for sure my ankle was broken because when I looked down it was already swollen and bruised. I immediately called my doctor to be examined.

I was used to calling the doctor for almost any problem now that I had great state insurance as a graduate fellow. When I went into the doctor's office, the first line of business was to rule out any broken bones, so my ankle was x-rayed. Once the results came back negative the doctor proceeded with the only other treatment he could provide, a Velcro® boot placed around me to immobilize my foot, of course this was accompanied with a prescription for a narcotic pain medicine, even though I had already told him that narcotics made me nauseous. So I went home with my oversized boot, discontented and still in pain.

After a week of no improvement and gaining frustration over the cumbersome and ridiculous looking boot, my husband remembered that Gudiel, a close friend of ours, was a *huesero* (bonesetter) and suggested that he treat me. My husband got on his cell phone and called him up, Gudiel agreed to treat me and we raced over to his Milwaukee apartment. Taking a heat balm that he

had—similar to Bengay®—Gudiel began to *tallarme* (rub me) in long strokes from my ankle up to my knee. In the beginning, the pain was excruciating and I could feel the snapping back of my injured ligaments, but as time progressed, my leg became numb to the pain and all I could feel was the warmth of his fingers against my skin. After about a half hour of this, Gudiel visibly tired now, stopped. He directed me to cover my leg so as not to catch *aire* ^{*1}(air) as we left his apartment. I went home, rested the leg, and returned the next evening for my second and final treatment. By the end of the final treatment, I was totally cured. I had no more swelling, bruising, or pain and I could walk normally. After some convincing, Gudiel agreed to let me pay him \$20.00 for his services.

Introduction

There are several reasons why I begin this journey with a personal narrative. First it reveals my own cultural intimacy with various forms of healing modalities, biomedical and lay healing practices. This brief account demonstrates how someone, in this case myself, makes pluralistic health care decisions. I first chose a biomedical route for my sprained ankle, but was not satisfied with treatment, so I sought out another treatment modality.

This narrative reveals many things about this particular type of lay healer. The *huesero* (bonesetter) works out of his home, he uses manual manipulation of the body along with a rubbing ointment. The cost of his service is much less than a biomedical practitioner charges. People do not need medical insurance to pay for the cost of service. While the *huesero*'s treatment was painful, it was also

¹ Words followed by an asterisk can also be found in Glossary of Terms

successful. These characteristics will become just some of the threads that I weave in telling the various accounts of lay healers and their patients in this research.

You will notice when reading this text that I purposefully am not absent from these pages. You will read about and hear many of my own stories that pertain to these issues and which inform my theory and practice. It is my hope that as a reader you will come to vicariously recreate some of my fieldwork and life experiences in your minds.

In this section, I begin a discussion on the theoretical underpinnings of Latino lay healing as a remnant, and cultural continuity of health care practices found throughout Mexico and Latin America and continued by Latinos in the United States. I address the problematic use of the term Traditional Medicine and question some of the tangled speech surrounding alternative medical practices. I look into the history and remnants of Hot/Cold Humoral medicine in Latin America and among U.S. Latinos.

I introduce a discussion of why Milwaukee's Latinos seek out the services of Latino lay healers. I provide a background into my own interests and experiences with Latino lay healing, and the impetus that got me to ask questions like, "Where do healers practice in Milwaukee?" and "How do patients find a lay healer?" Lastly, I provide a breakdown of the structure of this dissertation.

Research Contribution

The importance of this work transcends the theoretical aspects of anthropology by proposing practical applications in applied medical anthropology and community-level health care policy. Applied medical anthropology not only provides a theoretical lens to understand human behavior and phenomenon, but it also adds the component of practical, real-world applications. Without the benefit of applied medical anthropological research methodologies, clinical biomedical practitioners may not be aware of the full scope of their patient's medical pluralistic practices. Doctors may not understand that before they even see a patient, their patients have already attempted treatment on themselves, or have sought the services of a lay healer.

Working with Milwaukee's Latino population, I have been able to gather intimate narratives on their healing practices and behaviors, information that I intend to share with Milwaukee's Latino Health Coalition, a coalition of doctors, nurses, and health advocates, of which I am a member. It is my hope that Latino lay healing traditions will eventually find a place outside of the urban shadows to inform holistic clinical practice.

Researchers studying the Latino community in Southeastern Wisconsin will find this data beneficial, as it will expand the literature and knowledge about Latino cultural practice in the region. Additionally, this ethnographic data will be of interest to local healthcare providers in the community. This research seeks to document cultural understandings of the body, medicine, and healing in order to improve the quality of lives of Latinos in Milwaukee. With knowledge gained by

this research, healthcare providers interested in Milwaukee's Latino community, will become better equipped to serve their population more holistically and therefore more successfully. Additionally, this research brings a unique perspective on Latino identity that I discuss at length in Chapter II and in my discussion of transnationalism and border connections in Part V.

Questioning Cultural Continuity

In the diasporic literature and the studies of cultural artifacts in anthropology, one central figure emerges, Melville Herskovits. Herskovits was an anthropologist who challenged the conventional and racially embedded notions of his day, particularly as they related to African-Americans. During the early to mid—20th century, when Herskovits began his fieldwork, the public perception on race, led by academic and scientific persuasion, held that African-Americans were without culture, particularly in the Tylorian sense of the term (Gershonhorn 2004). Yet Herskovits argued that in fact African-American cultural practice demonstrated remnant attributes, or survivals as they are also referred, of their African cultural ancestors.

After completing two field trips to Suriname, Herskovits published a major interpretive essay in which he argued that African cultural influence extended throughout the Americas. Based on his ethnographic research and the writings of others, Herskovits maintained that it was possible to categorize the cultures of the Americas based on the degree of African influence. (Gershonhorn 2004:77)

In essence, Herskovits suggested that there are varying degrees of African cultural influence in African diasporic cultural practice, so for example, in “Brazil and Cuba, the Yoruba dominated” whereas, in Jamaica, the Gold Coast did. (Gershenhorn 2004:77).

At the time this was controversial work because if African-Americans could be seen to have culture, then what would that mean for the argument that they were beneath the “Cultured” race of White Americans? Herskovits’ diasporic research led him across the African continent, as well as the colonized Caribbean in search of cultural practice that connected with practices he documented among African Americans. Herskovits wanted to understand the processes of acculturation, including selection, determination, and integration of cultural traits (Redfield et al. 1936). Herskovits’ early work focused on dispersal and survivals, or visible cultural remnants, of African culture in blacks living in the diaspora (Patterson and Kelly 2000). Herskovits argued that blacks in America had a “culture” observable in their behaviors and had cultural traits linking them to their African past. He believed one could directly observe acculturation in the process (Redfield et al. 1936).

While Herskovits greatly contributed to diasporic studies and the theories related to cultural continuity, his work did not go unchallenged. Many critics have argued that his work reflects a lack of “attention to dynamics of power and agency” (Droogers, 1989; Shaw and Stewart, 1994). Still others began to focus their research gaze on discontinuity, “arguing that what resulted was a process of cultural syncretism shaped by the context of ‘cultural contact’” (Patterson and

Kelly 2000). In Wirtz's (2007:109) recent work, she suggests that there can exist a disjuncture between cultural continuity and "people's existential sense of continuity"

The problem I see with the terms continuity and discontinuity is that they take a linear approach to culture, one progressive and one discrete. Merriam-Webster's defines continuity in this context in two ways:

- a : uninterrupted connection, succession, or union
- b : uninterrupted duration or continuation especially without essential change. (Merriam-Webster's 2012)

Both of these definitions suggest that continuity is linear and one-directional. If we say that a particular cultural artifact or cultural practice reflects transnational cultural continuity then aren't we saying that the practice only moves in one direction, as in from Mexico to the United States? This research will show that the transnational transmission of healing knowledge in reality is multidirectional. I argue that transnational movements of healing knowledge by Latinos in Milwaukee are not one-directional, not un-altered, not continued practice, but rather translated practice. Healing knowledge moves across the border in both directions from Latin America to the United States and from the United States to Latin America.

I prefer translated practice, because as a volunteer Spanish/English translator for several years, I know that direct language translation is always problematic. Translated practice works nicely as a heuristic device to describe the transnational, two-directional movement, of Latino healing knowledge in Milwaukee. True to the position of Malinowski, I agree that language can never

truly be translated into another (Malinowski 1935). The paradox of translation suggests that a word-for-word match cannot be achieved. A translator needs a great deal of cultural understanding to navigate between languages. As Linguistic Anthropologist Alessandro Duranti suggests translation:

Implies an understanding not only of the immediate context but also the general assumptions, such as a people's worldview, including their ways of relating the use of language with social action. (1997:154).

Therefore, I anticipated that whatever survival medical/healing practices were to be found among diasporic Latinos in the U.S. it would not only be complicated by historical time and space but also by cultural assimilation, convergence, and transcendence to fit the new Latino cultural experience in the United States.

I was prepared to embark on a quest for traditional medicine, knowing that a linear one-to-one comparison of medical practice in Latin America and among U.S. Latinos would not be found, but I still held the naive perspective that *traditional medicine* existed and could therefore be distinguished from other forms of medicine, studied, and described. The healing practices of Mexican-Americans and U.S. Latinos has been widely researched. In many cases the research has focused on medical access, in other cases it has focused on homeopathic care, alternative medical practices, and community ideas related to illness and health. It is the latter that I focus my efforts.

Issues of power, identity construction and social change are at the root of recent diasporic studies in Anthropology (Kenny 2006). Jorge Duany looks at recent debates about nationhood in the context of Puerto Rico and its persistent colonial context with the United States. Duany challenges the notion of a nation

based exclusively on “territorial, linguistic, or juridical criteria”, because of the increasing bilateral flow of Puerto Ricans to and from the Island (Duany 2000:5). It is his argument that any reconceptualization of the Puerto Rican national identity, needs to take into account not only the Island, but the diaspora as well (Duany 2000).

My work considers how Mexicans, Hondurans, and others come to embrace the pan-ethnic identity of Latino in America. Chapter VII looks at how Latinos negotiate between a vulnerable yet increasingly powerful political collective identity, particularly in light of anti-immigrant tensions in America. Tensions of longing as people leave behind their homes and native lands for new opportunities in the United States are discussed, particularly in Chapters XI.

Hot and Cold

As a young mother, still an undergraduate, my husband was working in one of the local foundry on the Southside of Milwaukee. We did not own a car back then, and after my husband’s third shift would end in the early morning hours he would ride his bike home as fast as he could to see his newborn son just wake up. The foundry was a dirty business. He often came home with burn marks on his neck, shoulder and back from when molten shards of liquid metal had flared up off of a mold, hardening under the warmth of his tender skin. He always came home from work, grimy with soot, hot and sweaty. “*¡Báñate Manolo!*” (Take a bath!), I would say, so that our young children and I could embrace him. “No, I am too hot”, he would always reply.

Similarly, if he were up late reading by the dim light in our living room, he would have to wait to take a shower until his eyes cooled down. If he was playing soccer and working up a sweat, he could not drink water, especially if it was cold with ice, as so many American sports players do. I would point out to him the scenes on the sports news reports where huge Gatorade™ marked coolers of ice water would be poured over the winning Green Bay Packer players. “That is crazy!”—He would say. “They are going to die!” This was my early introduction to theories of Hot and Cold in Mexican culture. Perhaps my grandparents also talked this way, I just cannot remember.

The idea that illness can be caused by the sudden convergence of a hot body to cold objects/air is not new. Hot-cold theory has been described to great extent in a variety of ethnomedical contexts even as far back as the ancient Greek and Persian texts. The classical Greek humoral theory resided in the basis that the world was composed of four characteristics or qualities: fire (hot), earth (dry), water (moist), and air (cold) (Foster 1994). Normal health required homeostasis and balance of all humors, and illness was an indication that imbalance is present. Hippocrates believed that these humors corresponded to the body's four free-moving fluids, blood (hot and wet), phlegm (cold and wet), black bile (cold and dry, and yellow bile (hot and dry) (Foster 1994). In Latin America, and among US Latinos, a form of humor medicine and philosophy still exists, however, many have made note that while the binary of hot/cold theory exists, wet/dry is not prevalent Chinese medicine and Indian Ayurvedic medicine also have similar comparative views, but with varied distinctions.

Various Hot-Cold patterns have been documented all throughout the Americas. In the literature, in regards to the Americas, two origin theories have emerged. Some scholars suggest point to an Old World origin, based in Hippocrates's humoral medicine, while others have suggested a New World origin. While I have certainly encountered Latino's in Milwaukee hold to a hot/cold paradigm in regards to their own health, it is not my intention to take a stand on the origin theory. What is interesting to note however is the cultural continuity of such ideas within the diasporic setting. Latinos in Milwaukee especially those of the immigrant or first generation still take great care in avoiding risk to body equilibrium. In Chapter III, I share a treatment story where the healer advises her patient to avoid taking a bath after being treated for *empacho*. Similarly, when I have conversation with two of the *sobadores* (massagers) they also reveal their caution towards bathing when their bodies are over heated.

Tangled Speech and Deceptive Euphemisms: The Problem with *Traditional Medicine*

"Estos son 'tradiciones' que todo el mundo sabe"

—Elidia when describing *enlecho** and *ventosas**.

"Traditional medicines, including herbal medicines, have been, and continue to be, used in every country around the world in some capacity. In much of the developing world, 70–95% of the population rely on these traditional medicines for primary care."

—Robinson and Zhang (2011)

At the basis of *traditional*, is the word tradition. I began this section with two quotes that I believe embody various assumptions surrounding the use of the

term *traditional medicine*. The first is a quote from a sister of a local lay healer in Milwaukee. In discussing the practices of lay healing, Elidia says, “these are *traditions* that the whole world knows”. *Tradition* connotes a knowledge process linked to the past, transmitted and passed down from generation to generation, as a cultural continuity of sorts. However, I will outline in this section that the term *traditional* is intrinsically tied to the Foucauldian notion of knowledge as a structure of power in that it is related to the concept of modernity (Foucault, et al. 2003). The later quote represents the prevalence and prominence of the use of the term by anthropologists, other social scientists, medical professionals, and national and international organizations like the World Health Organization and UNESCO. Franklin (2002) argued that more value has historically been placed on Western knowledge, elevating its practitioners to a privileged state of authority, which has increased the divide between them and us. This divide is situated in ideas of superiority and dominance based on methodological practices rather than an understanding of nature.

When I officially defended my doctoral proposal in 2009, I gave it the title: Translated Practice: An analysis of transnational midwifery and traditional medicine practiced among Milwaukee’s Latino community. The title, as titles are meant to do, was an attempt to articulate the focus of my intended research. I was going to be working with Latinos in Milwaukee, Wisconsin. I was interested in understanding the transnational, cultural continuity of medicinal and healing beliefs and practice. I believed at that time that my research would reveal cultural continuity, similarity, and continuation, but translated, and altered in order to

meet the needs and demands of a new cultural space, and context in the United States. Lastly, one of the subjects of my inquiry was what I termed, quite naively in retrospect, “traditional medicine”. I used the term cavalierly, as if the definition alone was self-explanatory, and universal.

I was troubled when one of my committee members questioned my use of the term *Traditional Medicine*, “Why not?”—I thought. Everything I read in the medical anthropology, and ethnobotanical literature suggested that the term was appropriate and its use commonplace. Yet, I was unsettled and up for the challenge to reconsider the implications of such language.

In the beginning of my research I used in speech as well as writing the phrase “traditional medicine”. In my mind, I was incorporating this expression in order to distinguish between the biomedicine that is practiced by the established medical community in the both the United States and Mexico. However, I came to understand that this phrase was a loaded term, as well as being endlessly ambiguous. The World Health Organization (WHO) defines traditional medicine as:

The health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. (WHO 2002)

However, across the literature, many terms are employed to signify the same breadth as expressed in the WHO definition. Words often used to connote or replace the phrase “traditional medicine”, include folk medicine, indigenous medicine, ethnomedicine, homeopathic medicine, and alternative medicine. Most often, these terms are dichotomic in nature, as they are meant to infer a

distinction or separateness from Western medicine, *biomedicine*, *evidence-based medicine*, and *allopathic medicine*. I am not alone in noticing the problem with this terminology.

Foster and Gallatin Anderson (1978: 52) recognized the problem anthropologist were encountering in “attempting to describe medical systems other than our own.” Foster and Anderson however make the mistake in assuming that if such dichotomic terms like traditional and scientific or western are used within a strictly “classificatory system” than these terms should offend no one (1978: 53). I find it interesting that back in the 1970’s Foster and others called attention to these linguistic limitations, yet still by 2013 these terms are continually in use in a variety of disciplines and fields. Each time I came upon a new term to describe in the contemporary literature, uneasiness would envelope me. What was behind the continued semantic milieu in the discourse I wondered? Adding to the diversity of terms are *integrative medicine*, or *complimentary medicine*, indicating hybridity of practice where both halves of the dichotomy converge.

The National Center for Complementary and Alternative Medicine, an agency of the National Institute for Health, absorbs *traditional medicine* within the category of *complementary and alternative medicine* (CAM). CAM is defined as:

A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine, or medicine as practiced by holders of M.D. (medical doctor) or D.O. (Doctor of Osteopathic Medicine) degrees and by their allied health professionals such as physical therapists, psychologists, and registered nurses. (National Center for Complementary and Alternative Medicine, 2012)

In 1948, the United Nations established the World Health Organization (WHO), whose chief role in the world was to act as the leader in global public health, comprised mainly of Western medical doctors. Early campaigns of this intergovernmental institution were to eradicate diseases, such as malaria. During its early years, WHO faced growing contention from participating delegates over the lack of distributional equitability of medical equipment in poorer countries. Lebanon particularly threatened to withdraw membership from WHO if it did not provide more tangible solutions to their country's' medical matters. (Lee 1997: 27).

In response leaders within WHO recognized the disparities but implemented a strong paternalistic relationship with postcolonial states (Lee 1997: 27). The way WHO approached the problem speaks to the historical ideology of the West toward local healing knowledge. When reporting on the World's health status, WHO maintained that,

The struggle against disease, ignorance and poverty has been retarded by the persistence of superstitious beliefs and practices...the path from magic to the medicine age is a long process of social education. (Lee 1997: 28).

The connotation that the term *traditional* as backwards and ignorant is also noted as it relates particularly to woman healers and knowledge practice. Jamaican anthropologist Gertrude Jacinta Fraser's study of African-American midwifery in the South U.S. reveals the same negative perception of traditional midwives. Repeatedly her investigation of historical medical journal articles described midwives as backwards, filthy, and ignorant because of its connection

to African-American and Afro-Caribbean folk medicine traditions (Fraser 1998: 89, 144)

The ideology behind WHO's approach to public health, globally, was to impose Western ideology on developing countries through the vehicle of medicine and technology. They sought to replace the local healers with Western trained medical doctors. The ideology behind this push was that local healers of traditional medicine were substandard to Western Biomedical practitioners. WHO today has a very different perspective on the role non-Western healing practices play in the world health delivery system.

At the World Health Organization on Traditional Medicine held in Beijing China in 2008, "traditional Medicine" is described as:

A wide variety of therapies and practices which may vary greatly from country to country and from region to region, and that traditional medicine may also be referred to as alternative or complementary medicine (WHO Congress on Traditional Medicine, 2008)

Six major declarations came out of the meeting; the following are main points from the Declaration (See full document under APPENDIX D):

1. The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted.
2. Governments have a responsibility to formulate national policies, regulations and standards, for safe and effective use of traditional medicine.
3. Recognize and encourage governments in integrating traditional medicine into their national health systems.
4. Traditional medicine should be further developed based on research and innovation.
5. Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners.

Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements.

6. The communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes established.

What I find most notable from the Beijing Declaration is the idea that the knowledge of traditional medicine should be respected, preserved, and shared. No longer is “traditional Medicine” viewed as backwards, superstitions, or ignorant, and many advocates of alternative forms of health care view this as a laudable development. However, this declaration, as well as many of the proceeding ones, (see EB124.R9) reveals WHO’s continued goal to promote and advocate for control measures on traditional medicine, medical plant use, and certification of traditional practitioners. In chapter X, I discuss how similar measures to certify lay midwives in Mexico and in the United States was contested and in some cases undermined.

This is an issue that is particularly concerning with respect to my research among lay healers in Milwaukee, many of whom are undocumented. How would a system of following the Beijing Declaration work at a local level in Milwaukee? Right now, what is currently controlled, regulated, certified and therefore incorporated as complementary medicine in Milwaukee is Chinese-based medicine. Latino lay healing is not even on the radar. Even if we were moving away from the idea of scientific modernity which can only hold one healing truth at a time (Adams 1998), what are we moving towards, other than another kind of hegemonic program of control, and subordination, equivalent to having traditional medicine ride at the back of the bus.

This emphasis on control, regulation and certification fits within the historical framework WHO played in advancing western imperialism through medicine. Since the 1940's WHO's position, acceptance, and plan for traditional medicine was paved through paternalistic, development policies. One of the overarching goals of the Traditional Medicine Programme, was to aid in the development, and production of pharmaceuticals (WHO 1969, 1978, 1987, 1989). In chapter V, I discuss the issues of intellectual property rights and biopiracy as they relate to lay healers knowledge and use of medicinal plants. For more details on WHO's Policy shifts in regards to traditional Medicine please see APPENDIX D.

Another and perhaps larger problem with the use of the term *traditional medicine* is that it could mean different things to different people in different contexts. For example, the terms *traditional* and *non-traditional* can mean very different things in Mexico, and in the United States. Often times when I would mention my research in Mexico, I would use the term *medicina tradicional* (traditional medicine) and people would interpret that to mean "not related to biomedicine" or it is often constructed in terms of a static pre-Hispanic origin. This idea of that traditional medicine practiced in Mexico today is all pre-Hispanic in origin has been challenged.

Ayora Díaz (2000) critically examined 'traditional' medicine and its connection with indigeneity in San Cristobal de las Casas in the Highlands of Chiapas, Mexico. San Cristobal is a popular tourist destination, that often falls victim to the 'tourist gaze', both spatial and temporal, where non-indigenous

people in the region come to view local knowledge as exotic knowledge (Ayora Díaz 2000). During his fieldwork, Ayora Díaz observed three different forms of local medicine among the Tojolabel, Tzeltal, and Tzotzil-speaking groups in the region (Ayora Díaz 2000). Some locals criticized these indigenous healers as being “not really traditional” because they mix contemporary medicine, such as patent drugs, into their practice (Ayora Díaz 2000:176). Ayora Díaz makes the argument that self-representations of traditional healers are actual re-productions, or re-creations of an imaginary, nostalgic romantic notation of traditional created by the tourist-gaze and promoted by the *ladinos* or *mestizos* (Ayora Díaz 2000:176).

Yet in 2005 Lopez’ examination of health practices among Mexican American women refers to treatment of illness syndromes such as *susto* (fight sickness), *empacho**, and *mollera caída** (fallen fontanelles), as “remnants of traditional, indigenous belief systems” (Lopez 2005:23). By this statement, Lopez is not only connecting the word traditional with medicine, but is suggesting that this type of medicine conforms to Herskovits theory of a cultural remnant. Terms like, *folk healing*, *folk medicine*, or *ethnomedicine* are also used interchangeably with *Traditional Medicine*. Additionally, to describe herbal knowledge and use, anthropologists from the University of Washington use the term “bush” medicine to designate the medicinal plant use in the Commonwealth of Dominica, West Indies (Quinlan and Quinlan 2007). An article published in 2000 in the journal *Medical Anthropology Quarterly* recognizes the discipline’s continued use of the

term *traditional medicine*, and discusses how the designation *traditional* is problematic (Waldram 2000).

Conversely, the terms *traditional* and *non-traditional* medicine in the United States gave the opposite impression, with the former being tied to biomedicine and non-traditional equating to non-conventional or experimental. Likewise, I found that the use of the term *alternative medicine* in the United States distinctly relates to eastern medicine, such as reiki*, gua sha*, or acupuncture, but not necessarily *curanderismo** or other healing practices connected with U.S. Latinos.

The following is an ethnographic example of how these tangled euphemisms can have different meaning to different people. I approached a Latina living in Milwaukee, and introduced my research to her. I told her that I was conducting research in the Milwaukee area on Latino health and healing practices. I explained that for the past few years, I have been working closely with a number of traditional lay healers such as *curandera/os** (healers), *sobadora/o** (massagers), *huesera/os** (bonsetters), or *parteras** (midwives) who practice within their homes by providing much needed treatment and care to many Latinos in Milwaukee.

After giving her my credentials I asked her if she had ever received the services of a *curandera/o*, *sobadora/o*, *huesera/o*, or *partera* in the Milwaukee area, or if she knew of someone who has and would be willing to talk to me about it? She responded by stating the following:

I have never had any approach to non-traditional medicine since I am here in Wisconsin, but of course I have had it in Argentina. We have a lot of

curanderos and *comadronas* there... the word *partera* or midwife is not "non traditional" they are professional, they go to the university for at least four years so I wouldn't put it together with them. The *comadronas* were old women who would assist in the deliveries. My grandmother used to be a very popular *curandera* in her town, healing *empachos*, *pata de cabra* [foot of the snake], *quemaduras** (*fuego*) [burnings or fire] and *recalcaduras de nervios*—I guess it was like a sprain—among other conditions. I also know *como curar el empacho* [how to heal *empacho**].
—Field interview

In this narrative, there is a distinction between the Spanish translations for midwife *comadrona** and *partera*, with the *partera* being professional, not "non traditional", and the *comadrona* being characterized as "old women who would assist in the deliveries" and by association, traditional.

Cultural-Bound Syndromes

In common English parlance, people often use the terms illness and disease interchangeably, but most medical anthropologists view a distinction. Kleinman *et al.*, defines diseases to be "abnormalities in the structure and function of the body organs and systems", while illness is a part of social systems of meaning that include rules of behavior (Kleinman *et al.* 1978:251) This definition is defined within the structural framework of the Western biomedical understanding of the body, focusing on biological organs and systems. Furthermore 'disease' has been presented as something "modern scientists diagnose and treat", whereas illness is a term linked to the patient as something they identify themselves with, or experience. (Kleinman *et al.* 1978:251) Kleinman *et al.* discuss how patients may experience illness at various degrees of

pain and distress and yet be absent of a biomedically defined disease (Kleinman *et al.* 1978).

Throughout this dissertation, the reader will encounter several terms related to illness or distress, which in some cases have been described by others as “cultural-bound syndromes” (CBS). According to the American Psychiatric Associations’ Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), CBS are “recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category.” (American Psychiatric Association 1994).

Efforts have been made to introduce a cultural perspective in to Psychiatric nosology, or disease classification (Kleinman 1988), and in particular textual inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), after objections were voiced in regards to the way DSM-III dealt with certain indigenous, syndromes like *ataque de nervios*, and amok. The DSM-III initially left out these syndromes based primarily on rationality that they are culture-bound syndromes. Several of the illnesses I have come to encounter among Milwaukee’s Latinos fall under the category of culture-bound syndromes, including *empacho*, *nervios*, *susto*, *mal de ojo*, *ataque de nervios* (Bayles and Katerndahl 2009).

Recommendations by the DSM-IV committee to reevaluate and develop DSM suggested and demonstrated the need to include the specific syndromes of *ataque de nervios*, amok, and ‘possession trance disorders’ (Lewis-Fernandez 1998). The DSM-IV committee based their suggestions on the following criteria:

The syndromes had to be recognized by the local community as an illness. The illness had to cause distress and impairment, and its development generally believed to be involuntary. One of the issues that the DSM-IV committee had to contend with is that indigenous nosologies do not reveal a homogenous presentation, rather “the phenomenology of pathological disassociation across cultures displays considerable diversity.” (Lewis-Fernandez 1998:392)

What I find interesting and albeit a little troubling about syndromes like *ataque de nervios* being absorbed in the DSM and Western Psychiatry is that it makes the knowledge claim that these illnesses are all in the mind. Dissociative disorders implies a separation from reality, even if momentarily as a coping mechanism from overwhelming stimuli like stressors. If *ataque de nervios* is only recognized, diagnosed, and treated as a psychiatric disorder, than true physical pathology might be missed, especially since the phenomenology of pathological disassociation is very diverse. The DSM-IV committee also made the recommendation to involve and seek assistance from “‘cultural experts’ in the assessment of cross-cultural forms of disassociation.”(Lewis-Fernandez 1998:393). However, who the cultural experts are is not defined; does that mean *curanderas/os* that work to treat these illnesses or the anthropologists who study them?

Over the years there has been great debate and discussion as to the appropriateness of using the term culture-bound syndromes to describe folk illnesses (Rebhun 2004). Kleinmann’s perspective was that the designation itself within the area of American psychology offered itself up as a “category fallacy”,

essentially making the category itself a strictly etic one. Since the term was coined within the field of psychology, it posits that it is not a biological illness, and rather associated with behavior or the psyche. McCajor Hall (1996) describes how the term is problematic in that the “designation of "culture-bound" can imply that the illness is somehow "not real", or that a patient's experience can be dismissed as merely exotic.”

In an effort to assist the reader in understanding the terms they will encounter in this text, I have provided an Appendix with a glossary of terms using definitions supported by the literature as well as through ethnographic accounts. Additionally, I have formulated a table of illness types by treatment modality, healer type, and described ideology to assist readers in conceptualizing these ideas.

Finding a Latino Lay Healer

The problem with using a term like *traditional* to describe the medicine Latinos incorporate into their health care practices, is why I chose to instead use the term *lay healing*, or *lay medicine* rather than *folk healing* or *traditional medicine*. I refer to the practitioners of lay healing as *lay healers*, rather than *folk healers* because I think *lay* connotes the idea better that the practitioner is not certified, but does not carry the baggage associated with the term *folk* or *traditional*.

While the word *folk* can mean people generally, it can also be used diminutively to designate a particular kind, class or group of people, such as *old*

folks, country folk. Folk in front of the word *art* differentiates it as a lesser craft than art itself. *Folk art* is not valued in our society to the extent that art is. Therefore, I prefer the word *lay* when referring to the healers themselves and the services they provide.

Lay is derived from the word laity distinguishing the mass of the people from those of a particular profession (Merriam-Webster 2012). I do not contend however, that the term lay healer is without problems, rather I simply would like to establish that it is perhaps less problematic than the other choices mentioned above.

Lay healers are not professional or clinically trained, but often learn their skills and sharpen their intuitive knowledge through apprenticeship. Most of the lay healers I have had the privilege of working with on this project describe being called by supernatural means to their practice.

Latino lay healers, may or may not use herbs in the treatment of their patients. They may or may not use spiritual/religious/or esoteric means to heal. I use the lay healer as an umbrella term to describe individuals in the community who have a distinct reputation, connection, and practice to healing methods outside the dominant biomedical culture. Kottow (2013:21) also makes a distinction between biomedical 'expert' and 'lay-people' who engage in alternative medicinal practices.

Milwaukee is home to a variety of Latino lay healers (both male and female), each practitioner specializing in certain traditions and methods. The types of services Latino lay healers provide and whom they treat is multifaceted

and complex. First, they are not just healers, but parents, grandparents, spouses, siblings, neighbors, and church members. They incorporate several styles of healing in their practice. They can be known in the community by simultaneous titles, like *parteras*, *hueseras*, *curanderas*, and *sobadoras* or simply be called *Doña/Don* or *Señora/Señor*. One might for example approach a healer with a stomach issue and ask if he is a *sobador*, and he may reply yes. If a person comes to her with reproductive needs, she might respond to *partera*, and so on... therefore titles in practice and throughout this paper are relative and ambiguous. In Chapter III I discuss some of the observations I made in the gender distinctions among the healers.

There are many reasons Milwaukee's Latinos seek lay healers in the urban shadows. Some I characterized in this work as real or perceived blockages to biomedicine, others I attributed to genuine attractions to lay healing services. In Milwaukee, as elsewhere around the U.S., Latinos have responded to restrictive access to biomedical health care by establishing and sustaining social networks, allowing for the transnational flow of personnel, equipment, and supplies that support a shadow industry of lay healing practices. To assist in the medical decision making process, Latinos in Milwaukee rely on word-of-mouth references from family, friends, coworkers, church members, and neighbors. In this ethnographic vignette, one Latina in Milwaukee discusses how and why she sought a lay healer in Milwaukee to treat her daughter's back injury.

Ramona: Why did your daughter Raquel go see this healer?

Isabel: Because *se agachó* (she bent over), and hit her chin on the edge of her bed rail. And she felt that *se tronó todo el cuello* (her neck snapped). And she noticed that she was really hurt.

R: Did you think to take her to a medical doctor first?

I: I said to her, "Let's go to the doctor". But it was the weekend and so she said no. So I said, then let me take you to get a *sobada* (rubbing) and then we will see how you feel on Monday. By Monday, she could move her neck and everything. She said, "*Ya estoy bien mamá*, (I'm good now Mama)." So I said, Well let's go to a chiropractor so that you can get x-rays. "*No, ya me siento bien mamá* (no I feel good now mama)." She was well.

R: How much did it cost, the *sobada*?

I: Umm... like \$20.00.

R: What factors do you think played the greatest role in your decision to see the *sobadora*, the cost, or the effectiveness?

I: Um because it was the weekend.

R: And why was it significant that it happened on the weekend?

I: Because in order to use our medical insurance we needed to go see or family doctor first, so that they could send us to get x-rays, or whatever would be needed.

R: So do you think there are obstacles in the biomedical system?

I: Yes, the medical insurance. First, you have to be seen by a family doctor than they will refer you to a specialist.

R: If you would have taken her to a medical doctor, what specialist do you think she would have seen?

I: I think they would have sent her to a chiropractor, or to get x-rays first and then make a decision. If not we would have had to go to the emergency room and they would have just put a collar on her and have her wait. And we have gone to the emergence room in the past it cost \$100.00 for the co-pay, apart from what the insurance doesn't cover.

R: How did you come to know the *sobadora*?

I: From my sister, Inez

Fears of deportation, lack of money and health insurance are part of the reason Latinos in Milwaukee seek health care in the shadows, but as this work will show; it is not the only reason. Individual agency tied with communal

networks are also an important part of health seeking behaviors since health care decisions are embedded in a system of kinship and community networks.

Nostalgia, identity construction, and a sense of community also are important factors.

Lay healers like *curanderos* and *hueseros* are also found to be practicing in other Midwestern settings like Iowa. In Peterson and Grey's research one woman describes the reason *Mexicanas* in Iowa seek out these services,

“[p]eople really don't have the option of going to a doctor, so, the last resort is going to a healer instead. Doctors do a lot of blood work and x-rays, so it's expensive. If I were to be over in Mexico and go to the way of thinking that has been taught, I would believe that the healer can heal. The people would rather go to a healer than a doctor because they are very poor...if there was free doctor, there would be a long line.” (Peterson and Grey 2006:23).

Yet, blockages alone are not the sole cause of patients seeking health care in the shadows. Genuine attractions to lay healing services also prevail. These attractions include familiarity of practice, prior success and experience with lay healing traditions. Latino lay healers have cultural intimacy belonging to the same community network as the patients they serve. There is a language and cultural fit with lay practitioners speaking Spanish, and understanding and believing in similar ideas of the body and illness as their patients.

Medical choices are multidimensional when situated in the context of social, political, historical and economic processes. The idea that people make numerous choices in managing their health care is nothing new to medical anthropology. The idea of medical pluralism*—the incorporation of multiple medical systems for health and treatment of illness—has been around for a long

time and exists as a global phenomenon (Brodwin 1996, Crandon-Malamud 1991). The reason that people choose one healing method over another in a medical pluralistic society is not necessarily for functional purposes such as access, but other social, political, historical and economic reasons may be at play and must be taken into account (Crandon-Malamud 1991). However, for Milwaukee's medically marginalized undocumented Latinos, medical pluralism is additionally constrained by anti-immigrant rhetoric, an actual or perceived threat of deportation, and economic barriers.

Shaw (2005) looks at the politics of recognizing the need for culturally appropriate medical care. Taking the perspective from critical applied medical anthropology, Shaw (2005) suggests that the discourse on culture and health may possibly improve the usual practices of medicine. I would have to agree with Pfeiffer and Nichter (2008) when they comment that anthropologists are better positioned to document the effectiveness and impact of health services in people's lives. This is due to the unique cultural awareness that our field gives, but more specifically because of the ethnographic methodologies, we use in data collection and analysis.

In Milwaukee, finding a lay healer in the urban shadows can be difficult if you are not part of the community. While some healers have been known to place advertisements in Spanish- Language newspapers, most depend on word-of-mouth referrals for their clients. This affords a degree of anonymity from individuals, public health officials, and policy makers outside the Latino community. Word-of-mouth references are a crucial part of how Latinos find

resources that meet their treatment and health care needs. People travel near and far to seek out these healers, some traveling to Milwaukee, WI from as far as Green Bay, WI—near the Door Peninsula, and even Houston Texas.

Shadow Medicine

One day back on May 10, 2008, while I was surfing the internet in search of the day's news, and sipping my morning coffee, I happened to come across a *New York Times* article titled "Illegal Farm Workers Get Health Care in Shadows". The article described the phenomenon of *curanderas* assisting ailing immigrant farm workers in a small town in Southern California north of Los Angeles (Sack 2008). The article went on to explain how many Mexican immigrants seek health care in the *shadows* of their own communities, because of the obstacles to affordable, quality health care in the United States (Sack 2008).

The experience with my own twisted ankle discussed at the beginning of this chapter, and the subject of the *New York Times* article, influenced my decision later in graduate school to explore the scope and practices of Latino lay healers in Milwaukee, Wisconsin. I could personally relate to the news report and began to wonder what other healing practices were occurring in the Milwaukee community. I knew and experienced the healing hands of a *huesero*, but I was interested to find out if other healing practices were occurring in the *shadows*, particularly, as they related to woman's health.

Leo Chávez' seminal book, *Shadowed Lives: Undocumented Immigrants in American Society* brings to light the complex underground lives of undocumented Latinos in Southern California. Chávez's book, part of a series of case studies on Cultural Anthropology, uses the metaphor of the shadow to express the often discreet lives of undocumented immigrants living under hostile sociopolitical conditions in the United States (Chávez 1992). In this dissertation, I use the term *shadow medicine* as a heuristic device rather than a defined field or category of medicine. I draw upon the metaphoric hidden nature of a *shadow* to illustrate how Latino health care seeking practices are often hidden from view, and under the radar of the U.S. health care system.

A shadow, by definition is relational, i.e.: objects cast shadows in relation to light. If I stand outside on a sunny day, I will cast a shadow in the opposite direction of the sun's rays. I am the object blocking out the UV rays of the sun, thus behind me my shadow appears. This suggests a relationship, between the sun and me. In a similar relational manner, I see shadow medicine—a form of lay healing practice— as related to, and in interplay with biomedicine. However, this relationship should not be mistaken as diminutive, as in the phrase “*in the shadow of*”, which signifies 'lesser than'. I do not view, nor wish to convey, that *shadow medicine* is in the shadow of biomedicine and therefore lesser in importance, significance, or value than biomedicine.

In addition to relationally, a *shadow* can be understood in terms of its location. Not only can a cast shadow be understood as a relationship, between the sun, and me but also it can be understood as a location, and as a

characteristic. For instance, using the example above, the same shadow that I cast on a sunny day is located near me, and in a hue visibly darker, dimmer than the real me. Therefore, I also draw on the term *shadow medicine* to suggest a location, as in *the shadows of the city*, or in *the shadows of one's home* such as a basement, or a backroom of a storefront shop, as I became witness to while participating in the services of lay practitioners among Milwaukee's Latino community.

Dissertation structure

This dissertation is organized around the themes of *shadow medicine*, and sociomedical networking within the current hyper-political climate surrounding Latino immigration. This dissertation is divided into five parts, and twelve chapters. Part I, introduces readers to *shadow medicine*, Milwaukee's Latino history, and the methodological approaches to studying and writing about Latino healers in Milwaukee. This section also addresses the linguistic dangers of using the terms "traditional" and "traditional medicine" in referring to the practices of the individuals presented in this study, by continuing the discourse on cultural continuity, and acculturation among diasporic Latinos.

Part II, introduces the various lay healers that I was privileged to come to know and learn from in Milwaukee. This section situates the practices of these healers within the context of authoritative knowledge and gender ideologies. It also tackles how individuals in the community come to discern legitimate healing from illegitimate healing.

Part III delves into the individual practice of the healers. This section looks into the particular methods and symbolism of Latino lay healing. Readers will learn about the way healers manually manipulate the body, and prescribe herbal remedies for their patients. The section also goes into detail of the importance of spirituality, and cleansings. Additionally, I discuss how the healers act in many ways as mental health counselors for the community, providing a place of confidentiality and a listening ear, free of judgment and implication.

Part IV Situates the healers and the individuals who seek their services, in the broader context of increased anti-immigrant rhetoric and policies at the state and national levels of government. It introduces the reader to immigration and welfare policies that impact Milwaukee's Latino community. This section looks at sociomedical networking that takes place bringing Latinos information about lay healers and community resources. Additionally, I reflect on the interaction and engagement of community health professionals and lay healing practice.

Part V moves the scope of this work across borders of place, space, and time. It draws upon my fieldwork experiences with lay healers in Mexico, to bring about a discussion of transnational health care seeking behaviors beyond the border. It discusses of Latinos continue to connect with family, friends, and healers on the other side, utilizing at times technology including social media. The final chapter delves into the area of applied medical anthropology and the prospective future of *shadow medicine* in Milwaukee and in other parts of the United States. This section recommends ways Community health care workers

can better engage with the Milwaukee's Latino community in regards to cultural ideas of the body, illness, and healing.

CHAPTER II

FIELDWORK, METHODS, FINDINGS, WRITING

***Los Primeros*—Latinos in Milwaukee**

“Depicted as straddling “two worlds,” effectively “displaced,” and existentially homeless, the figure of the immigrant is often characterized by divided desires and a fragmented self. In short, it is always plausible that the immigrant may resist the social forces working to incorporate (and subordinate) his or her difference.”

—De Genova 2005

Like many migrant workers who came to Wisconsin to pick seasonal fruits and vegetables, my family eventually settled in the state, attracted by growing industrial job opportunities in foundries, and tanneries in Milwaukee and nearby Waukesha County. Documenting *Los Primeros*, or the first wave of Mexican immigrants to the Milwaukee area, Rodriguez and Sava (2006) explain how in 1922 “the Pfister-Vogel tannery on South Sixth Street recruited about 100 Mexican men to take the jobs of striking Anglos.” By World War II the Pfister-Vogel tannery was one of the world’s largest tanneries, hiring several Mexican immigrants to Milwaukee including my *padrino** (godfather) and *tío** (uncle), Geronimo Rivas, who is pictured in Rodriguez and Sava’s book (2006: 26).

Growing up on Milwaukee’s Southside off of 34th and National Ave., I always knew that my family was one of *los primeros* in the area, but being documented in the first book dedicated to the history of Latinos in Milwaukee is a great honor for my family. The reason however, that I go to lengths documenting my situatedness in Milwaukee goes beyond mere nostalgia and is in fact central to this ethnographic story about Milwaukee’s Latino community.

This is a story about how Latino immigrants have affected the socio/economic fabric of this community with each successive wave. It is also a story about how they see themselves and interact with each other, particularly as interlocutors of *shadow medicine*. It is about contesting Latino identities in Milwaukee, and how the history of racism, immigrant bashing, and civil rights have and has imprinted on the psyche of this community.

It is interesting that throughout my travels both in the U.S. and Mexico, people are surprised to hear about the rich history of Mexican immigrants in Milwaukee. Census data shows that Wisconsin's Latino population increased by 74 percent between 2000 and 2010 (Ennis et al. 2010). While the City of Milwaukee's total population of approximately 597 thousand decreased by .4 percent over the same time period, the Hispanic/Latino population increased to almost 44 percent (Ennis et al. 2010). The Pew Research Hispanic Center (2012) reports the total Hispanic population of Milwaukee County in 2010 to be 126,039. Milwaukee is not unlike other parts of the nation, where the largest growing segments of the Latino population are new immigrants and their children.

While most of my interlocutors are Mexican immigrants, I choose to use the term Latino to describe the community I am working with in Milwaukee, WI because its members are part of the larger Latino diaspora community. A diaspora can be described as a minority ethnic group of migrant origin who still maintain sentimental and material ties to their land of origin (González Gutiérrez 1999: 545). Latino is a pan-ethnic identity, which describes people of cultural and

ethnic descent from Mexico, Central and South America, while Hispanic is a term that denotes a cultural-linguistic connection to Spain.

I use the term Latino throughout this dissertation to define a specific subsection of Milwaukee's population. I use the same definition of Latino cited by others, "persons living in the United States whose origins can be traced to the Spanish-speaking regions of Latin America, including the Caribbean, Mexico, Central America and South America" (Flores and Vega 1998).

While most Latinos in Milwaukee are of Mexican descent, they identify as being part of the Latino community. Milwaukee's Mexican community finds solidarity and support by connecting with other ethnically and culturally identified Latinos living in the area. Often times Latinos in Milwaukee live in the same neighborhoods, shop at the same ethnic food stores, speak the same Spanish language, attend the same religious places of worship, and are often related through marriage or other kinship ties. While there is a sociopolitical unity within Latino communities across the country, it is important to note that "population health varies among Latinos of Mexican, Puerto Rican, Cuban, and other Latino origin or cultural heritage." (Lara *et al.* 2005:368)

This research looks at what it means to become part of a new community. Benedict Anderson (1991:7) describes communities as "a deep, horizontal comradeship", but in the context of Latinos in the Milwaukee, there are at times fissures within this 'community', especially during times of nationalistic or specific cultural holidays such as Mexican Independence Day celebrations. It has been a common practice that during such events and times Puerto Ricans would drive

around the Southside of Milwaukee in cars draped in large Puerto Rican flags. Puerto Ricans are a minority against the larger Mexican population of Milwaukee, and this display is a way to remind the community of their presence, and cultural autonomy. For many Mexicans this “flaunting” of Puerto Rican identity during Mexican events is unwelcome and at times, has caused ethnic tensions to flare in the city. Mexicans have reciprocated this ethnic parading at Puerto Rican events as well. Yet, even with the occasional ethnic tensions and intercommunity strife, the community largely self-identifies as Latino, particularly to outsiders.

Research on Latinos in Chicago found that Mexicans and Puerto Ricans viewed themselves as two distinct groups based on their newly acquired understandings of U.S. racial classification systems. Delineating the two group’s respective positions are the racialized narratives of the productive but undocumented Latino, and welfare-dependent U.S. citizen (De Genova and Ramos-Zayas 2003: 31). De Genova (2005) suggests that these two competing racialized identities help to maintain not only spatial separation, but also political separation of these two Latino groups in Chicago.

In Chicago there has been two distinct Latino *barrios** (neighborhoods), like Little Village on the South Side being approximately 92% Mexican, while the one located near Division Street on the Near Northwest Side, is strongly Puerto Rican (Genova and Ramos-Zayas 2003: 52). This latter neighborhood has had to contend with a changing ethnic population as more and more Mexicans move in, and as the area surrounding it become increasingly gentrified with Upper-middle class White Americans (Genova and Ramos-Zayas 2003: 53).

In response to the impending encroachment on their Puerto Rican neighborhood Puerto Rican activists have canvassed the area pleading with Puerto Rican families not to relocate out of the area (De Genova and Ramos-Zayas 2003: 52). Community members erected steel archways prominently depicting the Puerto Rican flag in the area as well, as a testament to the Puerto Rican ethnic identity of the neighborhood.

In Milwaukee there is one main Latino urban area consisting of several adjacent, collective, neighborhoods. Two other spaces in Milwaukee support a Latino presence but are not commonly referred to as “Latino neighborhoods”. The most recent Latino enclave is on the far Northwest side of the city and consists of a growing number of Mexican, and Central American families living in a series of multi-tenant apartments builds several city blocks long. Another Latino area is near Holton Ave. and North Ave. on Milwaukee’s Northeast side. This neighborhood while predominantly poor and black also consists of many Puerto Rican families.

Interestingly, there seems to be a religious division among the Puerto Ricans who live in the Latino area of the Southside, and those living on the Northeast side. There are many catholic Puerto Ricans on the Southside, taking advantage of the preeminence of the Catholic Church on almost every street corner. There is a common colloquial expression on the Southside, “there is a bar and a church on every corner.” Because there are very few catholic parishes near Holton Ave. and North Ave. many of the Puerto Ricans living there are

protestant, and affiliated with many independent Pentecostal churches in the area.

In Chicago, there is a contentious almost resistant fervor against the self-identifying use of the title Latino. De Genova and Ramos-Zayas' work suggests "robust evidence of significant divisions between the two" groups (2003: 55). Yet in Milwaukee, that does not seem to be the case. While it is very common for recent immigrants to view themselves primarily by their national identity such as Mexican, or regional identity like *Jarocho** (someone from Veracruz), they do not fight the pan-ethnic identity of Latino. Perhaps it is out of political necessity to embrace this shared Latino identity. This embrace does not however negate their *lealtad* (loyalty) to their homelands.

Overall, I get the feeling that we are talking about two different Latino realities, when comparing Chicago and Milwaukee. In Milwaukee, Latinos embrace a collective identity even while simultaneously celebrating ethnic and nationalistic differences. Likewise, most Latinos in Milwaukee are not indifferent to their community identity as being from the Southside or their regional association living in Wisconsin.

In many ways, Chicago is similar to Milwaukee, both are Midwestern cities, with highly segregated neighborhoods; however, here there is only one major Latino neighborhood, and it is not referred to as the Mexican neighborhood, but a Latino one. One of the most iconic depictions of Latino Southside identity is the Mural of Peace on the wall of the Esperanza Unida Building on 6th and National. Local Puerto Rican artist Reynaldo Hernandez, who

I had the pleasure of working with during high school, designed the mural. The Mural of Peace is composed of “an eagle, a dove and a rainbow of flags”, the most prominent ones being the American, Mexican, and Puerto Rican flags (Quigley 1999).

Perhaps it is because we are a mid-sized community, but more likely it is because there are constant reminders reinforcing our ‘united-ness’ in Milwaukee. For example, on the Southside we have community organizations with names like Esperanza Unida, United Community Center, Latino Community Center, Bruce Guadalupe Community School, Hispanic Chamber of Commerce, and Latino Arts. All of these Latino community organizations are inclusive of all pan-ethnic identities. On Milwaukee’s Southside you will not find organizations entirely serving one ethnic group over another. During church celebrations, or office parties, it is common for Milwaukee’s Latinos to show their ethnic pride by parading in traditional ethnic clothing, or carrying the flag of their native countries, but many times these events are positioned as *días de hermandad* (days of brotherhood).

Most of the Mexican-born participants in this research while expressing a shared Latino identity with their new community *acá* (here), still feel deeply connected to Mexico. Many believe that they will return to Mexico one day. Most come to this country envisioning only a stay of one or two years, or just long enough *to juntar dinero* (save some money) to start a business back home. Yet, living on minimum wage or worse, and sending remittances back home, provides

few the opportunity to save for future investments, and their stay in Milwaukee becomes much longer if not permanent.

Fieldwork

When I set out in May 2009 to begin this research I felt fairly confident that I would be able to make the necessary contacts to put me in touch with lay healers with relative ease, I was born and raised on Milwaukee's Southside. I was well allied with extended kin connections, I spoke Spanish, and I also was a participant in this form of medicine in my private life. With those "credentials" in place I ventured out into the field wide-eyed and eager. In my naivety, I was not prepared for the difficulties I faced early on to establish contacts with lay healers and their clients. Maybe it had something to do with the ridiculous clipboard and interview schedule I was carrying around, and sounding too sterile and official.

***Q:** Good morning, my name is Ramona Tenorio, I'm an anthropologist from the University of Wisconsin-Milwaukee. Could you give me a moment of your time to fill out a questionnaire?*

***A:** Right now, no.*

This pattern repeated itself several times before I got the hint that presenting myself as a formal academic was going to get me nowhere in the community.

Most of the interactions with Latinos took place on Milwaukee's Southside, but not all, some Latinos and Healers are neighbors of mine that live on the far northwest part of the city, bordering the next county. Milwaukee's Latino population is predominantly located within the city geographic area known as "the Southside". However to be able to understand the significance of that geo-

referenced term, I must bring to your attention that Milwaukee is the most segregated city in the United States, and as such, “the Southside”, doesn’t just suggest a geographic reference point, but also acts as a marker for racial and economic disparities, in this hyper-segregated city.

Most of my initial recruitment and networking for this research took place at an alternative healing center where I volunteered as a Spanish interpreter for acupuncturists and massage therapists. I also attended and participated in staff meetings. Working at the alternative healing center presented me with the opportunity to interact with their Spanish-speaking, mostly female patients. It was common for me to see a particular patient more than once a week strengthening my social relationship with them.

Supplementary to local fieldwork, this project was informed by periodic travels visiting with family, friends and lay healers in Veracruz and Oaxaca, Mexico. Additionally, virtual interactions also occurred throughout this project. Conversations took place via social networking sites like Facebook, both at a national and international scale. Conversations occurred and meetings were arranged via email and telephone.

This multi-sited ethnographic research study relied on a variety of qualitative methods including participant observation, interviews (both structured and open-ended), and oral narrative collection. Field locations occurred at various places (both private and public) in Milwaukee, WI. Ethnographic fieldwork in Milwaukee meant observing and participating in the services of Latino Lay healers, and meeting, speaking with, and developing a relationship with many of

their patients. Fieldwork included engaging with Latino community members, and biomedical community health care workers, and alternative medicine practitioners on a variety of professional, social, and familial levels. Obtaining intimate narratives from lay healing practitioners (both male and female) and their patients depended on numerous hours of listening to and engaging in the personal and social lives of Latinos in Milwaukee.

At times, this included going salsa dancing on New Year's Eve, sharing holiday meals together, or attending Community Health clinic office parties. As part of this research, I attended workshops on Immigration and Health sponsored by Milwaukee Latino Health Coalition and Proyecto Salud. I presented at a national conference on Immigration and Health in New York City sponsored by the newly formed Mexican-American Institute at Lehman College part of the City University of New York (CUNY) system. I conducted participant-observation at a Latina woman's sexuality circle.

Other times it involved participation in immigration and health activism. I attended meetings and marched in marches in support of immigration rights sponsored by Voces de La Frontera. Voces de La Frontera "is Wisconsin's leading immigrant rights group - a grassroots organization that believes power comes from below and that people can overcome injustice to build a better world." (Voces de la Frontera 2011).

I attended several immigration rights meetings, as a member of MIKLAT! A Jewish Response to Displacement. MIKLAT! is a "Jewish collaboration with The New Sanctuary Movement project of Voces de la Frontera, which seeks to

organize both immigrant and allied faith communities in the Milwaukee area to support families who are facing separation due to deportations and to work actively for comprehensive reform of the broken immigration system in this country.” (Waxman 2008, MIKLAT Internal Memo 2012).

I was a prime organizer and Spanish language translator of my synagogue’s First Annual Community Immigration Seder. The Seder provided a unique opportunity to bring together Milwaukee’s Jewish and Latino community under a banner of unity and mutual respect. Milwaukee’s Jewish community has been holding a Community Freedom Seder for many years with Milwaukee’s African-American community, reflecting a long-standing relationship between the two communities’ fight for civil rights and against societal inequalities. The first Annual Community Immigration Seder, I was involved with emerged out of a mutual concern by the Latino and Jewish communities’ on issues of workers’ rights, immigration rights and the protection of human rights.

Sometimes my involvement with the community was with large crowds and at other times, I was enveloped in intimate moments of conversation while visiting over coffee, or sharing in a meal in peoples’ homes. Fieldwork included sharing in the joys and celebrations at birthday parties, *quinceañeras**, baptisms, and weddings. However, it also meant embodying the sadness and grieving during the funerals of friends, and their children.

In addition to ethnographic research, this project required me to conduct archival research on immigration law, and health care policies, at both the state

and national levels. I became proficient at reading, interpreting, and navigating through databases on immigration law.

Research Participants

Early in my doctoral studies I conducted exploratory fieldwork with lay *parteras* and *curanderas* in Oaxaca and Veracruz, Mexico, so I was familiar with some of the practices associated with birth and birthing. I knew from experience that the scope of lay midwives in Mexico extended past the mere birth event and included treating both mother, and baby, and even injured men in the community. So I began to wonder, if shadow medicine extended past *hueseros* and *curanderos* to include some of the practices of *parteras* in the service to Latina women in the community.

I began my research to understand the scope and depth of practice of healers within Milwaukee's Latino community. The main theoretical focus of my work is on how sociomedical networking in Milwaukee are formed and maintained through informal relations that support lay healing traditions in the shadows of Milwaukee's health care system. Central to gaining entry to these networks, and the cultural practices that surround them, are issues of legitimization, and cultural access.

This project provided the opportunity for me to interview and meet with numerous individuals among Milwaukee's Latino community—some of whom assisted me in connecting with primary research interlocutors (n=53). While most of my healer interlocutors were woman, I have also engaged with male healers

and their patients. Latino lay healers see all types of patients both male and female, and of all age ranges. While most of the patients receiving treatment from lay healers are Latino, and predominantly recent immigrants with vulnerable immigration status, some are white Americans with familial connections to Latinos in Milwaukee.

Primary research interlocutors for this study included 6 Latino lay healers (4 females and 2 males), 18 Latino patients or participants in lay healing practices (12 females and 6 males), 11 (7 females and 4 males) Latino or white American biomedical professionals (physicians, social workers, clinic directors, clinic administrators, a financial counselor, medical assistants, mental health counselors, a lactation specialist, and a mammography technician), 6 white American female alternative medicine professionals (massage therapists, acupuncturists, reiki therapists) also participated in this research project.

Additionally, 5 Latina females shared their stories and experiences of participating in sociomedical networking, and 7 Latinos (5 females and 2 males) participated in a survey I conducted on Latino identity, immigration, and health care practices.

Research Questions and Findings

This research addresses six key questions of mine: (1) What types of Latino lay healers are practicing and treating patients in Milwaukee? (2) What are the reasons Latino lay healing occurs? (3) Where does lay healing take place? (4) How does an individual find a Latino lay healer? (5) Whom do Latino lay

healers serve? (6) What types of services do Latino lay healers provide? The following is a recap of my research questions summarizing my findings.

(1) *What types of Latino lay healers are practicing and treating patients in Milwaukee?* There are currently several types of Latino lay healers practicing in Milwaukee. They include *curandera/os* (healers), *huesera/os* (bonesetters), *parteras* (midwives), *sobadora/es* (massagers), and *espiritistas* (spiritualists).

(2) *What are the reasons lay healing occurs?* The reasons that Milwaukee's Latinos seek the service of lay healers, or service the community as a lay healer reflects complex medical pluralistic practice. Latinos make complex choices in meeting their health care needs. Milwaukee's Latinos will often opt to treat their own ailments, and illnesses and those of their family members, first at home. However, when assistance is needed they have a variety of options to choose from in terms of health care. They could go to a biomedical provider, they could go to an alternative medicine practitioner, or they could go see a lay healer from their own community. However, their "options" are often constrained based on economic means, medical insurance coverage, access to treatment, and immigration status. The reasons that Latinos in Milwaukee seek out the services of lay healers can be broken down into two broad categories that I call: *Real or Perceived Blockages* (to Biomedicine), and *Genuine Attraction* (to lay healing services). Categories associated with *Real or Perceived Blockages* to biomedicine include: fear of deportation, lack of money, lack of insurance, real/perceived racism, real/perceived lack of cultural appropriate medical knowledge, dissatisfaction with care, and limited results with biomedical care.

Categories associated with *Genuine Attraction* to lay healing services include familiarity of practice, prior success, language/cultural fit, perceived safety, experience with results in lay healing practices, and the fact that lay healers and patients tend to belong to the same social network; in essence, there is cultural intimacy.

For the lay healer, the reasons why they practice in the shadows of urban Milwaukee, and provide services to their community are also multifaceted and complex. What I have found most common is that the lay healers feel called somehow to help people. They gain a sense of purpose and peace by providing what they feel are much needed services for Latinos, and others as some have treated non-Latino Americans as well, although not as often. Many of the healers did not begin their healing arts in Milwaukee or the United States, but rather began practicing at a young age and were apprenticed by family members back in their home country. They expressed that they did not plan to heal or practice healing when they migrated to the U.S. and settled in Milwaukee. However, once they would heal or treat one person, news of their presence as a healer would spread by word-of-mouth through social networks of family, coworkers, neighbors, and fellow community members.

(3) *How does an individual find a lay healer?* While some healers have been known to place advertisements in Spanish- language newspapers, most healers depend on word-of-mouth references. This assures some degree of anonymity from outside the Latino community. Some healers will have formal business cards made, while others do not. Word-of-mouth referrals are part of

the sociomedical networking that Milwaukee Latinos engage in to find resources in meeting their treatment needs.

(4) *Where does lay healing take place?* Lay healing in Milwaukee occurs in the urban shadows of the city, in backroom treatment areas adjacent to storefront shops, in the basements of private homes, in designated treatment rooms of private homes, or simply a bedroom area in a private home converted into a treatment space.

(5) *Whom do lay healers serve?* While most of the patients receiving treatment from Lay healers are Latino, and most recent immigrants with vulnerable immigration status; some white Americans with familial connections to Latinos in Milwaukee also participate. Lay healers treat adults as well as children. They see both male and female patients for a variety of reasons.

(6) *What types of services do Latino lay healers provide (i.e. treatment modalities)?* Each type of Latino lay healer may focus on one or more services. They will treat illnesses such as: *empacho**, *enlecho**, *susto** (fright sickness), *mollera caída** (fallen Fontenalle), *brujería** (witchcraft), *mal de ojo** (evil eye), *envidia** or *celos* (jealousy), *aire** (air) and *nervios** (nerves). The latter is a type of disorder with a variety of causes. A person may experience distress, anxiety, loss of strength in the body, nervousness, fear, and panic. Research by Ransford et al. (2010) suggest that prayer plays an important role in the treatment of *nervios* among Latino immigrants in the United States. During fieldwork I too, was treated by a healer in Milwaukee for *nervios*, I discuss this in length in Chapter VI.

Sometimes the treatment modality by healers involves the manual manipulation of organs, ligaments, bones, and other parts of the body. Other Latino lay healers may perform massage, or a rubbing to relocate displaced, ligaments, bones, and muscle. At other times, their services to Milwaukee's Latinos could be described as counseling sessions, involving listening to and advising their patients as they are treated for stress, related to marital problems, work, or community gossip. Still other times their healing methods could be viewed, or categorized as spiritual, esoteric, or religious based related to treating *mal de ojo*, *brujería*, or *celos*.

Curandera/os perform certain methods including *las ventosas* (the cuppings) a suctioning process involving candles, alcohol, and glass cups to remove bad air. To treat *empacho* they will pull the skin covering the spine, a process called, *desempachar**. Treat *susto*, *mal de ojo*, *brujería*, or *celos* by rubbing a patient with smoke, or an egg part of a cleansing ritual to remove impurities. *Susto* like *mal de ojo* is often described as a folk illness in the medical anthropology literature. *Susto* (fright sickness), occurs when a person's soul departs due to a scary or frightening event or occurrence (Baer and Bustillo 1993). I describe such a case in Chapter XI

Curandera/os may also prescribe herbal treatments and supplements to their patients, or inject their patients with syringes filled with vitamins or antibiotics. They may prepare *purgas** (purges) from a variety of plants and oils to treat stomach ailments.

Huesera/os and *Sobadora/es* heal through manual manipulation of the body, treating back injuries, bone fractures, muscle pain, problems with tendons and ligaments, and even migraines. They might apply ointments and oils in the process of treatment.

Parteras (midwives) in Milwaukee support woman with maternal care (prenatal, perinatal*, and postnatal), as well providing pediatric care for infants and children. However, it is uncommon, and unheard of in this study, for *parteras* in Milwaukee to assist with births in a private home, because of the importance of registering a child's birth for immigration purposes. As part of maternal care, *parteras* may apply a *faja** (abdominal binding or bandage) after a woman gives birth. She may prescribe herbal treatments for nausea, and discomfort associated with pregnancy. She may prepare and prescribe herbal treatment for postnatal cleansing baths as well. As part of prenatal care, a *partera* will see a pregnant woman and give her stomach massages to get a sense of the condition of mother and child and to gauge the progress of the pregnancy. Pediatric care may involve fixing a *mollera caída* (fallen fontanelle or "soft spot"). This can be done through oral suction of the "soft spot", tugging hair and skin of the "soft spot" or, pushing a finger up on soft palate of the child's mouth. Among Mexican and Mexican American migrants in Florida, some believe that untreated *mollera caída* can even result in death (Baer and Bustillo 1998). A *partera* may also set an infant-sized *faja* to protect umbilical cord healing.

Other interesting findings: While many lay healers and their patient's call Milwaukee home, other lay healers and their patients may be temporary visitors.

One Latina patient described to me how she was healed of *empacho* from a healer from Mexico who was on vacation in Milwaukee visiting her son and his family. One of the healers I was well acquainted with ended up moving back to Veracruz, Mexico after a few years of living and practicing in Milwaukee. This same healer saw patients traveling to Milwaukee from as far away as Green Bay, WI and Houston, TX. All of the Latino lay healers are recent immigrants from Mexico, three of which come from the state of Veracruz. Three of them work out of their homes, and two have a storefront shop where they sell religious/healing objects and have patient treatment rooms in the backs of their stores.

Latino lay healing in Milwaukee is supported by a transnational flow of products (ex. herbal supplies, antibiotics), and people. In addition, Latinos in Milwaukee engage in medical tourism (dentistry, surgery) to meet their health care needs, when costs for treatment in Milwaukee would be too expensive. Latinos will also temporarily or permanently returning to their home country for treatment such as after a terminal diagnosis of cancer. Some cancer patients return to their home counties temporarily to receive treatment from respected lay healers, while others permanently return to recover from chemotherapy with the assistance from family, friends.

History of the 'Mexican Moon'

If one enters the city limits from the south coming up I-94 from Chicago, one approaches first the neighborhood, surrounding General Mitchell International, with its middle-class bungalow style homes, but slowly as the

freeway begins to curve heading into downtown Milwaukee, you will come upon two major cityscapes, to the east the Allen-Bradley clock tower now home to Rockwell Automotive, and to the west the copper-covered domed ceiling of The Basilica of St. Josaphat. Both of these iconic structures represent the importance of immigration and working-class economics to the Southside neighborhood that they occupy.

To the east of I-94 is the Allen-Bradley Clock Tower once referred colloquially as the 'Polish Moon' and more recently the 'Mexican Moon' is a linguistic register on the changing immigrant population of this working-class Milwaukee neighborhood. These cityscapes that once supported the early Polish immigrant community attracted new immigrant populations, including waves of Mexican and Puerto Ricans immigrants during the 1920s and 1940s.

By the late 1800's thousands of Polish immigrants were streaming into Milwaukee's largely ethnically German city, settling on the city's Southside near Lincoln Avenue and Sixth Street (Gurda 1989). These early immigrants increased in numbers, becoming the second most populous ethnic group in Milwaukee by 1906. They established both secular and religious infrastructures to support their growing community, including several catholic churches and working class cottages in the area commonly referred to as "Polish flats". St. Stanislaus Catholic Church and the surrounding Southside neighborhood was the hub of Polish life in Milwaukee, until the Basilica of St. Josaphat later upstaged it. The construction of St. Josaphat that was completed in 1928, and

declared a Basilica by Pope Pius XI a year later, has served the Polish immigrant communities of Milwaukee's Southside for decades (Gurda 1989).

When Milwaukee Historian John Gurda wrote about the Basilica in *Centennial of Faith*, in 1989, he described the congregational ethnic and economic changes over the years, including the exodus of large numbers of Polish families from the Southside urban setting to suburban areas. As they moved out of their Polish flats, Latino immigrants took up the rent and mortgages in their place. By 1989, even though the Basilica congregants remained mainly Polish, nearly six percent were Hispanic, and confessions could be heard in Spanish as well as English and Polish (Gurda 1989). Today the congregation, while still mainly Polish is situated in the predominantly Latino neighborhood. Across the street, you can taste *pupusas*, a Salvadorian stuffed tortilla from Restaurante El Salvador, duplicate a key from M & R Cerrajería (Locksmith) or buy *novedades* (novelties) for a *bautismo* (baptism) or *quinceañera* from D'Carol Flowers and Gifts. The taste, sights and sounds, of Milwaukee's Latino community is keenly felt all along Lincoln Avenue today.

In 2006, University of Wisconsin History Professor Joseph Rodriguez along with former executive director of La Casa de Esperanza, United Community Center, and Latino Arts, Inc. Dr. Walter Sava coauthored the book, *Latinos in Milwaukee* as part of the Images of America series. The book tells the story of Latinos in Milwaukee beginning with a photo of the first Latino immigrant to the area in 1884, Mexican musician and composer Rafael Baez (Rodriguez and Sava 2006).

Latinos in Milwaukee captures immigrant stories similar to those I grew up hearing about my own family's settlement in the state. My grandmother Ramona Rodriguez was born in Shreveport, Louisiana around 1910. While raising me after my father passed away when I was six-years-old, she would tell me stories about how she met my grandfather, and how they migrated from Texas to Wisconsin. She married my grandfather Leon Q. Lemon², a Texas native, at the age of fourteen. It was not an easy marriage, and she was often mistreated by her mother-in-law who overlooked the abuse she received at the hand of my alcoholic grandfather. When my grandparents met, my grandmother was working the cotton fields in Louisiana and my grandfather was a *traquista** laying railroad tracks across Louisiana and Texas. Once married, the young couple settled back into Texas, and as migrant farm workers, began to raise their growing family. It would be this work that would eventually lead them to the state of Wisconsin, where my father Leon F. Limon would be born.

Embodiment as a Methodological Perspective

The question has been raised in Anthropology, "What counts as data?" (Luhmann 2010). As anthropologists our methods of gathering data is done through fieldwork and presumably participant-observation. We are not surveyors, or statisticians by trade, and have developed several theories on how fieldwork should be conducted. But while immersion—"off the veranda"—is required, it can be difficult to separate one's everyday mundane existence in the field with what

² At some point in my family's history, our surname Limon was Anglicanized to Lemon on my grandfather's legal documents. However, the original Spanish Limon was taken back in the following generations.

can be counted toward data collection. I would argue that for the native ethnographers working in their own community, this distinction from the mundane to the significant can become exceedingly blurred.

There was a time in anthropological history that the theory of what separates the mundane from significant was understood in terms of symbolic meaning. The idea that culture is full of symbols and that these symbols are models of reality. Quite simply, it was suggested that by understanding these symbols, one could understand cultural reality. The problem with this is that it assumes the ethnographer can first recognize, then interpret cultural phenomenon in order to decode its simple meaning into deeper, thicker meaning. This idea of symbolic interpretation has been expounded upon over the years. Some argue that placing the world into symbolic categories cannot capture a lived experience entirely, and suggest that rather than looking to understand the symbols of culture to get to the meaning of “reality”, we should look for the “raw moments” of embodied experience. To understand that the body –anybody, the ethnographer’s body in the world, influences our understanding of experience, and therefore field data (Luhmann 2010:213).

Using embodiment as a methodological perspective for anthropological study, Carol Laderman (1994) describes how she came to understand symbolic meanings during fieldwork living among the Malay. Laderman describes how symbolic systems can manifest at many levels from the conscious to subconscious, abstract to the concrete, and yet even at the most abstract level, symbolic systems give meaning to our worldview. (Laderman 1994:183).

Laderman (1994) shares a visceral example of embodiment when she describes how after living among the Malay she began to assimilate certain behaviors, habits, and actions of Malays culture. She describes how it was pointed out to her that she assimilated a crouching stance while she cooking, a common bodily posture Malays women took as they cooked. In reflecting on this, she reveals how prior to this being pointed out she was not consciously aware of her body's assimilation to Malayan symbolic action. She using this moment of recognition as a catalyst into deeper sensory and bodily reflection identifying the divide between the conscious and the unconscious in her ethnographic analysis. By employing an embodiment approach Laderman hopes to understand the body's ability to create cultural meanings as it is negotiating through the lived world.

I argue that this approach to anthropology allows us to understand how any and all of the social behaviors manifested by, and associated with, our bodies are unconsciously received, and inscribed upon our bodies. Questioning at the same time the process by which the external environment (culture) infringes upon us, and as anthropologists in the field, infringes upon the way we think, ask questions, and interpret and misinterpret what we experience.

In another ethnographic introspection, Laderman describes how after recovering from a severe illness a colleague of hers suggested that she try a relaxation exercise in a sensory deprivation tank. The narrow tank was filled with high salt-concentrated water, enabling her body to be supported, and float in very shallow water. With the tank cover closed over her, and in complete silence and

darkness she describes how she experiences a trance-like state, in which her body begins to move up and down and then, “slowly spin in a complete circle, a physical impossibility since [her] body is much too long for the width of the tank” (Laderman 1994:194). Shortly afterwards she begins to have very particular visions, first of birds and then of her in the god-figure of Vishnu.

These birds are symbolic in Malay culture. She explains how the *semangat*, a Malayan component of self commonly represented by the Swift, a sparrow-like bird, also appeared to her as she floated in the tank. Followed by the Cockatoo, which upon later reflection was symbolic of the anthropologist’s vanity. During reflection, she explains how the appearance of Vishnu was an “appropriate symbol for the return of the spirit life to an anthropologist who had so recently been absorbed in the study of Malay healing performance (Laderman 1994:195). Had she been a Christian she argues, perhaps these birds would have manifested as angels, or Vishnu as Jesus. Therefore it is her contention that “we all experience empirical reality, the reality of our own senses” (Laderman 1994:196). But these senses are framed within culture symbolic meaning, which gives us meaning to interpret what we experience (Laderman 1994:196).

Similar to Laderman’s experience and interpretation, in the next few pages I will share an ethnographic vignette about the meaning of healing candles in a healer’s storefront shop. I argue that the unconscious symbolic meaning that I embodied as a child pervaded not only my interpretation of the significance of these candles, but in fact directed my field questions as well.

Thomas Csordas (1990) also argues for embodiment as a methodological perspective for anthropological study. For Csordas, embodiment can be understood in terms of perception and practice. Perception is defined as the understanding of the self in relation to others in the world; whereas practice is how a person interacts with those perceptions (Csordas 1990:5). We are all objects in a world of objects, and only one of many that the world acts upon, even as we interact in the field (Csordas 1990:6).

Csordas also tries to explain the nuances in methodological orientations to embodiment focusing on Merleau-Ponty's concept of the preobjective and Bourdieu's concept of the *habitus*. Csordas suggests that Merleau-Ponty's thesis is primarily a critique of empiricism, which views perception to be a systematic relationship between external stimuli and our sensory apparatus (Csordas 1990:8). But this is not true according to Merleau-Ponty because there is always more than meets the eye, more than what is picked up by our physical receptors. Perception is most always, *not* perceivable (Csordas 1990:8). Thus for Merleau-Ponty, the importance of perception is not "perception" itself but the process of perceiving. The starting point is not what is perceived, but the experience of perceiving (Csordas 1990: 9).

The following ethnographic accounts trace this pattern of "perception", perception of myself as ethnographer in the field, and the perception(s) of what is/are perceived within the spectrum of engagement between interlocutors and myself. Our relationship with our interlocutors is a negotiated process, subject to a code of moral regulation (Wax 1980: 272; Emerson, Fretz, and Shaw 1995: 2).

Following Csordas' argument that the body is a productive beginning for analyzing culture and self, my work seeks to break down the "conventional distinction between subject/object" (Csorda 1990: 39). This vignette reveals how situated knowledge and cultural embodiment guides my observations and frames my questions. The vignette reflects participant-observation which occurred in the *curandera* Doña Marta's store Tienda de Los Santos.

While I was waiting at Doña Marta's storefront shop for her to arrive one afternoon, I was able to have a wonderful conversation with Marta's sister Elidia, who works at the store. I began asking her questions about the shelves of candles that lined one of the store walls. She told me that she did not know much about them, that it was Doña Marta who knew this stuff and that Elidia was just helping her sister out by working at the store.

I was able to recognize some of the candles from my own childhood. My Catholic grandmother would periodically buy them at the local Mexican food store in town and place them on the *altar** in the back bedroom of our home. I remember vividly our home *altar* that was constructed atop a dresser covered in a white lace tablecloth. The *altar* always contained a picture of *La Virgen de Guadalupe*, a small Mexican flag, a thin vase which contained some artificial flowers which were periodically changed for fresh ones my grandfather picked around the yard or back alleys near our home. The *altar* candle was always half-submersed in a bowl of water. The candle in our home remained lit day and night, and was a constant curiosity for me. I remember my grandmother's dismay at my fascination with playing with the melted wax and how I would carefully dip

my fingertips one-by-one into the wax to create fake colored fingernails, always making sure not to extinguish the flame, fearing that it would also extinguish the prayers.

However, here at Doña Marta's shop were other candles, candles that I did not recognize or remember ever seeing on my grandmother's home *altar*. Some of them even triggered in me a brief sense of irrational hesitation, even to the point of fear. In a way I felt that Elidia also exhibited a certain level of ambivalence toward these candles, but I didn't understand why until later reflection. My line of questioning is intricately linked to my embodied experience as a child growing up in a Catholic home. My senses of fear or hesitation caused by the unknown candles are framed within my own culture symbolic meaning, which gives me meaning to interpret what I experience.

The following is in response to my questions of the various candles that are sold in the *curandera's* storefront shop.

Elidia: The *velas* (candles) are used to ask for things, or to pray. Some candles come from the church, others *el diablo da poder—pone a trabajar las demás* (the devil gives power to make the others work). It's not God, nor the angels—it's the devil. If the priest came, he would say that she [Elidia's sister, a self-described *curandera*] sells candles that are not part of the church and that she shouldn't work in this. The other candles are from spirits of people that have died, but when they died they did not follow the light and stayed here.

Ramona: What is your opinion of all of these things—these different candles?

E: I can't say if it is good or bad, only God knows and will judge at the end of the world. The rest [pointing to other candles] are from other cultures, like Africa.

R: Do you use any candles?

E: No, I use these [pointing to a statue] *El Niño Dios*—*Jesus*. Well this is not *Jesus*, it just represents him. I believe in the Catholic saints because they were true saints, but I only ask things from *Jesus and La Virgin*. [She points out the various virgin statues] They are all different but the same *Virgin Maria* from different places. The other candles are African.

R: How do the candles work? What makes them useful as a vehicle for prayer? Is it because of the light they give off?

E: It all come from *la biblia*—the Old Testament. There were animal sacrifices back then, they would burn the animals, and the scent would rise to heaven to God and he would answer their prayers. Well you see, the candle wax is made from animal *grasa* (grease), you light the candle, the wax—the animal grease burns, and the scent reaches God, as a burnt animal—a burnt offering, same as in the Bible.

In this vignette, I thought that the flame was the symbol of the ability to heal, but for Elidia, the candle wax, not the flame, was the symbol of the ability to heal. The burning candle itself was an index for god, or the invisible healing vector. In this case, the candle wax is not an abstract symbol *vis-à-vis* the Pentateuch accounts of animal sacrifice. The candle as signifier did not exist because between us no shared cultural understanding of the healing properties of the candle existed. Rather, the signifieds applied to the candle were different to each of us based on *a priori* understandings of the functions of prayer, animal grease, flame, and smoke. Furthermore, my very questions, what I perceived in the room, and my preliminary understanding of the candles' significance, were part of a memory of mine from my childhood; a memory that was etched into me from a sensory experience, the light of the candle, and the warm wax on my fingers.

One of the significant reasons that Latinos trust and respect lay healing practices is that such practices support a convergence of spiritual as well and manual healing methods. Many Latinos in Milwaukee are catholic, and believe in

God's divine providence in their daily lives. They pray for strength, encouragement, health, and healing of themselves, their family members and their community. They see Latino lay healing is complementary to their religious and spiritual lives. The importance of prayer candles was expressed by Isabel who said that she would buy one every month for her mom, so that they would never *faltar comida* (be without food), and so that God's providence would reign over their family. On a visit to one of Doña Marta's clients whose name is Isabel, I asked about the significance of the candles and religious elements to Doña Marta's practice. When describing a hard time she was having Isabel described how she would pray to God for help and that she was comforted that God did not want her to suffer.

Isabel: He [God] wants us to search for the light. In relation to the candles. In my family, here no, but in Guadalajara, you know when we don't have a job. Do you know what we would have to do to find a job? We would go to the cathedral, and on one side near the entrance was a saint...well...um..without... as if it was forgotten by the people, but full of candles. You know what we had to do? We would go and *apagar una de las velas y dejar que se enfrías, y te lo llevas a tu casa* (extinguish the candle and wait for it to get cold, and then you would take it home). *Este...y tu siques buscando el trabajo* (Um...and you continue to look for work). When you would find work, with the first paycheck you would return the candle that you took and put it another one there too. The *imagen* (idol), was *El Divino Preso* (The Divine Prisoner), I think...yes...I am sure. This was the tradition for my family and for many people.

Ramona: So these traditions are in some ways related to the Catholic Church, but here in the United States, there are American Catholics, do you think they have the same traditions?

I: No..no, I don't believe so. I think this is an example of idiosyncrasies. Is that the word? Of the culture, like with *la Señora* Marta for example, the woman from Tienda de los Santos. When she treated me she rubbed a candle over me and then had me *persignar**, make the sign of the cross, three times. Then she began to rub my neck in the name of the Father, Son, and Holy Spirit.

Isabel describes use of Catholic symbols, prayers, candles, and rituals in Doña Marta's healing practice. For Doña Marta, spirituality and a connection to God, the saints, and spirits of the deceased is central to her healing. She sees no problem mixing more esoteric influences, enchantments, and prayers with manual manipulation of the body.

Ethnographic Writing

I look at my fingers, see plumes growing there. From the fingers, my feathers, black and red ink drips across the page. *Escribo con la tinta de mi sangre*. I write in red. Ink. Intimately knowing the smooth touch of paper, its speechlessness before I spill myself on the insides of trees.

—Describing writing is a sensuous act (Gloria Anzaldúa 1987)

Throughout my fieldwork experience, which includes both analysis and writing, I am constantly reminded and aware of how my own embodiment in this world has influenced both my conscious and unconscious mind. I am aware that how I come to understand the practices of Latino lay healers in Milwaukee rests upon my own embodied experience before, during and after the fieldwork concluded.

After the ethnographer goes into the field, they decide what to gather and maintain as field notes, then they review the field notes, (de)coding and analyzing the data, and eventually leading to the point where you are reading this now. Yes, I agree with you, that was a minimalist summation of the process. I purposefully skipped discussing the whole process involved in coding, decoding, and analyzing data, not because it is the most tedious portion of the ethnographic

process—and it is—but because I really want to focus this section on the process and outcome of writing ethnography, especially within the subdiscipline of medical anthropology.

The way that I write down the experiences I had in life and in the field so that you may read them may be unique to the way most ethnographies are written in the area of medical anthropology. My written form aligns more closely with a dance rather than formulaic script, a dance between narrative and ethnography, between the colloquial and the academic. I write at the intersectionality of narrative and ethnography incorporating the self-narrative in my work. It is from this standpoint that I believe that anthropological chauvinism, or the paternalistic authority of anthropological research is rendered unstable. (Cole 2009). The “storying” of lived experience, drawing upon this intersectionality is an “ambiguous, complex and developing feminist theory” (Cole 2009:563).

In her article on the *Persistence of Vision*, Haraway argues for a situated and embodied knowledge that does away with the unlocatable—and thus irresponsible—knowledge claims. Feminist objectivity is the recognition that situated knowledge is about limited location, and not infinite vision, which is the “God Trick” (Haraway 1997:285). We cannot understand all things, because we are not located everywhere, nor can we understand all thing because we do not embody everything, and even what we do know is only partial at best.

I strive for a written narrative, which attempts to throw off the pretexts of authority, while still recognizing that I can never truly do so. Haraway calls for

“the writer’s own situatedness in history and in his or her writing practice, and that make visible the very “apparatus of the production of authority” that all writers tend to submerge in their discourse.” (Olson 1996:1). I write knowing that I am consciously or not usurping a written authority through my mere choice of words and contextualization of my experiences in the field and in my life. I do not deny this, nor do I make the claim that my work is objective or methodologically certain, as Denzin suggests cannot be so.

In the social sciences today there is no longer a God’s eye view which guarantees absolute methodological certainty. All inquiry reflects the standpoint of the inquirer. All observation is theory-laden. There is no possibility of theory- or value-free knowledge. The days of naive realism and naive positivism are over. (Denzin 2003:245–246)

It is argued that this genre of ethnography, sometimes referred to as narrative ethnography, “dispenses with the pretense of objectivity,” thereby providing a window into the experiences of people as they negotiate and understand their world (Burkhalter Flueckiger 2006:24). Intimate narratives of the life histories of lay healers in Milwaukee’s Latino community depended on numerous hours of listening to and engaging in the lives of these women. The outcome of this work reflects their voices and my impression, as they shared their experiences, anecdotes, and memories related to their practice that they wished to reveal.

Most of the interviews and interactions with research participants occurred in the Spanish language. Fieldnotes were written and recorded in Spanish and later translated. I write in an unconventional and purposeful manner moving

between Spanish and English, and Spanglish. If a conversation switches between Spanish and English in the text, it does not always mean that the conversation occurred that way. In fact, most conversations took place in Spanish only. Convention would have me translate the dialogue into English, for my predominantly English-reading audience. However, I feel that by doing so, a great deal of meaning, emotion, emphasis, and voice is translated out.

Therefore, I take a bit of artistic license in allowing some of the original Spanish to remain. My purpose for doing so is not to confuse the reader; rather, I want to provide my interlocutors as authentic a voice as possible. I want to transmit the melodic rhythm of the Spanish language in the ethnography to the reader.

To assist readers, all Spanish words will be italicized with the exception of proper names. Some will be followed by direct English translations in parenthesis. At other times, I use Spanish words, followed by an asterisk, to indicate that a definition can be found in the Glossary of Terms. Furthermore, the reader will see terms that are not translatable into English. In such cases, I will either provide an explanation in the text, or in the Glossary of Terms.

Unconventional writing in academic circles is not unheard of, both Donna Haraway and bell hooks, use the pen as a tool to challenge hegemonic authority in writing. Bell hooks tells of a pivotal experience in her literary life that continues to inform her own unique writing style. She describes how reading a part of a poem by Adrienne Rich, on power, oppression, and political persecution held tremendous and transformative power for her.

One line of this poem that moved and disturbed something within me:
 “This is the oppressor’s language yet I need it to talk to you.” I’ve never forgotten it. Perhaps I could not have forgotten it even if I tried to erase it from memory. (hooks 1994:167)

Following the same awareness as Rich, I too believe that to write in English only would mean to follow a hegemonic trail of conquest. The Spanish language was something that was ripped from much of my family, through forced acculturation in U.S. schools. My *tíos* (uncles) and *tías* (aunts) tell stories of their childhood being beaten with a ruler for speaking Spanish in the classroom. My own children were given detention in school for speaking Spanish on the school playground. So while yes, as Rich says, I need to write in English to communicate with you, I do so knowing that English is not a benign language in this country of mine. I do so knowing that English was forced upon my family who came from Mexico. I do so knowing that English continues to be used as a political battle cry against immigrants in the United States.

As a feminist theorist, writer, and academic, bell hooks stepped outside the politics of legitimization occurring within the hierarchy of academia, instead determining to write to a broader mainstream populous. It was her feeling that traditional feminist writing was too aligned with academia, which white women had access too, but she argues most African-American woman did not. Therefore, the form bell hooks’ writing took was a direct and intentional commentary on the inaccessibility of the average woman, and the average woman of color to feminist theory. Using her own words bell hooks explains her position this way:

A great deal of my work is informed by a concern with what I want that work to do in the world. If I want my work to be part of a conversion process that seeks to create a pedagogy of resistance that shares feminist thinking and feminist struggle with more people, I'm automatically committed to theorizing in a certain way. Whether you are going to write in highly technical jargon is no longer an issue, because the moment you root your feminist project in a politic that seeks to inform a particular audience, that shapes the nature of your theorizing. It is fine that there are feminist thinkers who believe their particular political vocation is to work within an academic subculture. There are people who believe they can best serve feminist movement by engaging in a kind of dialectical intellectual interchange with other people in the academy. (hooks and McKinnon 1996:819)

My inspiration to writing comes from cultural anthropology, feminist scholarship, and Chicana literature. I embrace the works of Chicana writers and poets like Gloria Anzaldúa and Sandra Cisneros as examples of literary resistance. Anzaldúa's writing purposefully code switches, interspersing Spanish phrases and words with her English prose, thus allowing the text itself to reclaim a space for her Chicana identity. She makes no excuses for her untranslated Spanish text, boldly presenting her identity as a *mestiza*, Chicana, living in two worlds and languages. Writing is personal, it is organic from within. In the quote that begins this section, Anzaldúa (1987) describes it as writing in her blood, "*Escribo con la tinta de mi sangre*". Writing is lifeless until it is written; it is voiceless until it is read. But I am an anthropologist you say, not a writer of prose. There is not just one way to write ethnography or anthropology. True, this work is not about me, but it contains me, it is still my *tinta* that makes its mark here.

One writer and anthropologist in particular who has influenced my writing is Ruth Behar. I recently had the privilege of seeing her speak at the University of

Wisconsin sharing her Jewish Latin American experience. I had been familiar with Behar's work early in my doctoral studies and research on narratives of Mexican woman. I had read *Translated Woman* and fell in love with the vivid imagery evoked in her writing that shared the intimate narrative of Esperanza's life story. What I noticed from her lecture and her writing is that she attempts to reveal not only a deepness of her subject matter, but a deep self introspection as well, both of which draws her listeners and her readers along on an exploratory journey.

In *Translated Woman*, Ruth Behar (1993) brings Esperanza's *historia* of struggle, loss and suffering to life in a vividly descriptive ethnography/oral history. The rich description of Behar's work represents what is often missing from written ethnography, that being the voice of our research collaborators. Esperanza's story reveals many underlying issues of concern for anthropologists, feminists, and Chicano/Mexican historians. The issues raised span from abuse, kinship, suffering, gender roles, and while the words feminism and patriarchy are not part of Esperanza's discourse, her own words locate her position within the kinship and sexual domain (Behar 1993:276). Because of this Esperanza is able to be, and is, a translated woman (Behar 1993:276).

The power of Behar's work is how much space she provides in detailing the voice of one woman, Esperanza. This form of writing allows reflection to become enigmatic, and organic occurring within the ethnographic readers as well as the ethnographer's mind. In light of this, it is not only my intention to dedicate much of my dissertation writing to the voices of the women in this study, but I

hope to provide a place for my readers to also become part of this ethnographic journey.

I understand that my analysis of my fieldwork experience will constitute in part an interpretation influenced by the fact that I am a native Latina, born and raised on Milwaukee's Southside, with connection to the Latino community and access to this information through kin and community networks. While I might be able to claim that I "'naturally' inhabit the great underground terrain of subjugated knowledges" in the community (Haraway 1997:286), I am mindful of the risk of romanticizing the standpoint of the less powerful. I agree with Haraway that the "positioning of the subjugated are not exempt from critical reexamination, decoding, deconstruction, and interpretation" (Haraway 1997:286). Therefore, at times this ethnographic account critically examines not only the practices of Latino lay healers in Milwaukee, but also challenges the authority they often demand from the community they serve. This research is not intended to be a comprehensive study on traditional or lay medicine in the United States, or even in the Midwest. Rather, this research is intended to bring to light a relatively undocumented practice among Milwaukee's Latino community.

PART II

THE HEALERS

CHAPTER III

UNA MUJER HACE DE TODO

Introductions

I title this section, “*una mujer hace de todo*” (a woman does all things), because in this context these healers, most of whom are women, do many things. They are not just healers, but mothers, grandmothers, wives, sisters, neighbors, church members. The focus of this chapter is on female healers, but later in the chapter I also discuss my encounters with male healers. In Milwaukee, there is a distinction in the realm of practice between males and females. Female healers in Milwaukee use both ritual, herbs, and perform manual manipulation of the body, while the male healers I have come to know, work solely in the area of manual manipulation of the body. Male healers do not commonly use herbs in their practice, however they will use patent ointments that contain herbal products. The male healers only referred to themselves as *huesero*, or *sobador*, but not *curandero*, nor did they express any spiritual or religious component to their healing.

Some of the female healers use more sacred ritual in their practice, particularly Doña Marta, who self describes as a *curandera esoterica* (esoteric healer). Doña Marta as you shall soon come to understand is constantly learning new healing methods and incorporating them into her practice.

These healers perform many duties, including several styles of healing. They are known by many titles, or simply by the honorific titles of *Doña** or

*Señora**. Simply referring to a healer as *Doña* or *Señora* has been cited in studies of Mexican and Mexican-American healers in the United States (Baer and Bustillo 1998). Additionally, it needs to be understood that the titles as *parteras*, *hueseras*, *curanderas*, and *sobadoras* are arbitrary and at times interchangeable titles that are often not formally used when addressing any given practitioner. One might for example approach a healer with a stomach problem and ask if she is a *sobadora*, and she may reply yes. If one comes with a reproductive needs she might respond to *partera*, and so on... therefore the title is only as important as it relates to the type of treatment being sought. Additionally, while most of the healers I work with are women, in my work both in Mexico and in Milwaukee, it is common for these women to see patients that are both male and female, and of all age ranges.

Many of the Latino lay healers in Milwaukee started treating in their home countries, often apprenticed by family members passing down traditions and methods. Many describe being called to heal at a young age, some even before they were born. A person that heeds the calling is thought to be bestowed with a *don*, or gift of healing.

Cosminsky's (1982) work among Guatemalan midwives also revealed recognition to supernatural callings. The midwives are most often recruited through a supernatural calling or dynasty. Their knowledge and strength comes from prayers to God and the spirits of dead midwives. These spirits help provide knowledge of certain birth practices such as herbal knowledge or massage.

Dreams also play a role in midwifery practice by aiding in the determination of the sex of the baby (Cosminsky1982:207).

At a young age, these healers learned alongside their grandmothers, and mothers who assisted in their development of their intuitive knowledge. As a form of *bricolage*, lay healers also combine some biomedical practices in their services. One healer for example, uses sterile, pre-packaged, syringes to inject vitamins or antibiotics into her patients, a practice also common among lay healers in Mexico.

A *curandera* (healer) for example may treat health syndromes such as *susto** or *empacho**. *Empacho* is often described as a problem with digestion caused by eating the wrong thing, eating at a wrong time causing the food to be stuck inside. A patient treated with *empacho* put it this way, “it is like when you swallow a piece of food and it gets stuck or the sides of the stomach get stuck together, or in the intestines.” This understanding of *empacho* is similar to how others have reported on it (Flores and Vega 1998). Researchers in Cuba surveyed health care professionals including pediatricians and gastroenterologists to see what they perceived and understood *empacho* to be, with most describing *empacho* as, “*parálisis de la digestión*” (digestive paralysis), or “indigestion” (Mulet Pérez et al. 2008).

Curanderas receive patients with stomach pains and can treat with herbal preparations. The *hueseras* (bonesetters) I know have treated patients with back injuries, bone fractures, muscle pain, and problems with tendons and ligaments. These practitioners tend to focus on manual manipulation of the body to heal,

incorporating ointments, and oils in their practice. The manual medicine of *hueseros* is describes in the literature as, “a set of healing traditions prioritizing the use of the hands and manual manipulation of the body to bring healing” (Hinojosa 2002). *Sobadores* (massagers) may also treat *empacho*, stomach ailments, and *aire* (bad air) at times incorporating a practice called *las ventosas**, which suction the bad air through the body. In this process, small glass cups are heated and sterilized with a flame and alcohol, before being placed on areas of the body where bad air is trapped, when the cups are removed so too the bad air. Hinojosa notes that like *hueseros*, *sobadores* are prominent in almost every community in Guatemala and southern Mexico, yet they are frequently underrepresented in the literature (Hinojosa 2002: 22).

Parteras (midwives) focus on areas of maternal and pediatric care. Maternal care can include prenatal, perinatal, and postnatal stages of pregnancy and birth. Examples include application of a postnatal *faja** (abdominal binding or bandage), believed to relocate displaced organs and bones after a birth event. Also common, are herbal preparations for perinatal nausea, and discomfort, and postnatal cleansings.

In addition to maternal care, pediatric care is also common in partera's service to Latinas in Milwaukee. While most Latinas give birth in biomedical hospitals in Milwaukee in order to register their infant and obtain a birth certificate, they also describe the need they have for their babies to be seen by a lay healer knowledgeable of specific illnesses. For example, Latinas look to these lay healers to *componer una mollera caída** (fix a fallen fontanel). Fixing a fallen

fontanel can be achieved through a variety of manual manipulations including, oral suctioning of the fontanel or soft spot, tugging the hair and skin at the site of the soft spot, or pushing a finger up onto the soft palate of a child's mouth. My findings concurs with the research of others (Baer and Bustillo 1998) that Latinos who believe in *mollera caída* often describe the illness based on symptoms or a combination of symptoms, such as diarrhea with a sunken soft spot.

In this section, I describe in detail some of the interactions between myself, and the lay healers and their patients. You will hear about how I met Doña Celia, Doña Trini, and Doña Marta. You will learn how each uniquely treats and heals Milwaukee's Latino community, and why. You will get to understand their economic contributions to their families both here in Milwaukee and in abroad. I also hope you will begin to recognize the multifaceted nature of their work. You will also notice that I place myself into these stories. My own life experiences inform my understanding, and direct my questions. Therefore it is important to share my personal connections in this community.

Encounters with Doña Celia

I was given only Doña Celia's name and her address, and was quite reluctant and worried about showing up unannounced at her house, but that is just what I did, one summer day in 2009. It was hard to find her address, because like many of the congested houses on Milwaukee's Southside, her's was a duplex accessible from an alleyway. I had to park on an adjacent street and walk to her house. Each of my strides were slow and hesitant, I took my

time thinking and worrying about what I would say, how I would introduce myself. I wondered if it was not too late to turn back. Maybe I should wait and go with my husband later, I thought. What if I tripped over my Spanish? My tongue always seems to experience a clumsy transitioning period when switching from speaking English all day at work to Spanish in the evening. Kids were playing outside on the sidewalk. The jagged, limestone curbs betrayed the cities' lack of road construction in the area. Some alleyways still revealed their original cobblestoned paths. In the distance, I could hear the jiggling bells of the *paletero* (popsicle man's) cart, while sounds of car engines mixed with *Reggaetón** bounced down the main drags.

I knew the neighborhood well, because my favorite *panadería* (Mexican bakery) was just down the road, and the Seventh Day Adventist church where my husband and I were married in was across the busy street. The congregation has since moved on, and a Pentecostal congregation now occupies the church building. My husband's congregation decided to move because there was no parking lot adjoining the church. The building, like most of the churches on the Southside, were never designed with parking lots in mind they were 'neighborhood' churches. There is a common saying on the Southside, "there are churches and taverns on every corner". In the past, most people lived close by their church and could walk there. However, as more and more people left the inner city of Milwaukee for the surrounding rural and suburban areas congregants still tied to their churches needed to drive in, and park on the

already congested city streets for weekend services, much to the disappointment of the neighborhood residents.

The gate on the chain-link fence that surrounded Doña Celia's property was already ajar. I would soon discover this was because the gate rubbed up against the sidewalk and could not close properly. Her place was a typical Southside duplex. It was tall and narrow, with a front porch providing access to the upstairs and downstairs residents. The porch was lined with faded and tattered artificial green turf, and its white paint was in desperate need of a fresh coat. Each step was decorated with pots filled with herbs and plants with an occasional artificial flowers stuck into them. I could tell they were fake from afar because the stems of the roses, and pansies still carried a barcode tag on them. I walked up the steps, and my eyes were briefly drawn to a Christmas decoration still hanging from the porch ceiling, it was a plastic mistletoe, with hanging chimes that danced in the breeze.

I knew I would have to pound hard, because the door looked thick and wires shot out from the place where the doorbell used to be. The door opened and standing before me was a woman in her sixties, a bit shorter than myself and I am 5'2". She was wearing tan polyester pants and a nice patterned blouse. I wonder how I must have looked to her. I imagined I was somewhat of a cross between a deer caught in the headlight and a ball of rainbow cotton candy—the latter a reflection of my bright colored skirt, and my frizzy uncontrollable hair.

I stumbled over my words and what came out was *¿Usted es la partera?* (Are you the midwife?)— I asked. She was hesitant to respond and asked how I

came to arrive at her home. Still standing at the doorway, I proceeded to explain that I had received her name from a patient from the alternative healing center where I volunteer as a Spanish interpreter for acupuncturists and massage therapists—but that I did not know the name of this person. Eyeing me up and down, she reluctantly invited me in and agreed to talk with me. She offered me a seat on her couch located near the door.

Our first meeting was awkward in the beginning; the anxiety in the room was palpable as we asked each other many questions. Soon, however, this eased as we began to discuss our mutual connections and family ties to Veracruz, and particularly to Coatzacoalcos (Coatza) —the Veracruz coastal city where she was from, and where my *cuñada* (sister-in-law) lives. I told her about the *parteras* I knew in Veracruz and Oaxaca, and how I was interested in their valuable service to women. Little did I know at the time, but this dialogue was an exercise in trust building and legitimization for us, so much so that I was invited to return to her house again, to continue our *pláticas* (talks).

The following week, when I arrived at Doña Celia's home, she was already attending to a male client who was sitting in her living room/waiting room. I could tell that Doña Celia was attempting to still overcome her ambivalence toward me, but after our brief greetings she introduced me to her patient, who later agreed to let me watch as he was treated for *empacho*. For a brief time Doña Celia left the living room to prepare the *hierbas** (herbs), she had asked the man to bring her. While she was gone out of the room, I nervously visited with her young grandson who was playing on the floor. After the herbal preparation, or *la purga** (a purge),

was ready, Doña Celia proceeded to lead us down to the basement treatment area. Past her aroma-filled kitchen was a back door, which led to a winding, narrow staircase.

It was at this point that fear struck me deep to my core. What was I doing? I had only just met this woman and man, and here she was taking me down some scary, dark, basement steps, to who knows where. However, I had to trust her. I was the anthropologist, after all, and she was my first major informant. My fear only began to subside when I realized that she had to trust me just as much as I had to trust her. For all she knew, I was an axe murderer or, worse, the city health inspector.

The small, makeshift treatment room was situated in the back of the damp basement, past piles of waiting laundry. Inside the room was a treatment table positioned against the back wall, resembling the kind one might find in a doctor's office, with faux-leather padding designed for easy cleaning. Along another wall was a table surrounded by two chairs, presumably one for the patient and one for the practitioner. On the table was an *altar** (altar) of sorts, lined with jars of soaking herbs, various bottles of *colonias esotéricas** (esoteric colognes), oils, *velas** (candles), a small statue of Buddha with coins surrounding him, and a large dragon statue as a centerpiece.

The patient and the healer briefly discussed the issues he was having: his skinniness, lack of appetite, and *dolores estomacales* (stomach pains). She told him, "*necesitas desempacharte*" (you need to *desampachar*, or take out the *emphacho*). She asked him to lie down on the table with his shirt off and pants

rolled above the knees. She began to massage his whole upper body, front and back, and lower legs and feet with oil. Occasionally I could hear the man grunt, indicating that the massage was not one of comfort, but for affectivity.

Next Doña Celia had him lie on his stomach as she grabbed sections of his skin from his back and quickly tugged, releasing a snapping sound down his back— '*traca, traca, trac*'. Afterward the patient got dressed and sat up on the treatment table. "*¿Como te sientes?*" (How do you feel?) she asked. "*Bien*" (Good) he said with an unconvincing smile. "Now when you get home, don't take a bath or *mojarte*" (get wet) she instructed. "*Ahora tomate esto*" (Now take this), she said while handing him a green, oily drink. He looked at it with ambivalence, and made a face as to say *¡Guacala!* (Yuck!). She did not seem amused and told him to drink it, drink it all. He did as instructed. From the look on his face, it was not pleasant tasting. Plugging his nose, he drank it as fast as he could. This cost of the treatment was \$30.00. I would later learn that that was a very generous price for this service.

The cautious instructions Doña Celia's gives her patient in regards to bathing after treatment suggests a connection with hot/cold theory. If the body comes into contact with a drastic temperature change, illness could set in. The herbal tea that the patient was made to drink after the massage was warm but not too hot. The oil that was added to the drink was to help aid the passage of any "stuck" substances in the stomach. The thought being that oil is a lubricant that will coat the stomach and aid in digestion.

In The Kitchen with Doña Celia

I thought to myself, “what slim *pickin’s* for *pan dulce* (sweet bread) this morning.” My favorite, *cochinitos* (little gingerbread pigs), were all gone and even the *conchas* (shell-shaped donuts), looked overcooked. However, I chose at least a dozen of the *panaderia’s* (bakery’s) slim selection this morning because I did not want to arrive at Doña Celia’s house one more time empty handed. Especially since she had been so kind sharing her stories, experiences, and food with me. I thought that the *pan* (bread) would be a nice accompaniment to our usual coffee.

As usual when I arrived, I woke her husband up who answered the front door for me. He would sleep during the day to attend his night-shift factory job in the evening. He was always gracious, but I could tell he was regretting that he and Doña Celia had converted the front room into their sleeping quarters. Not only was privacy limited to a hanging sheet that separated his bedroom from the living room, but it was the room closest to the front door.

Doña Celia was in the kitchen cooking his supper when I got there. She greeted me from afar and called me into the kitchen. I remember the first time she invited me into her kitchen. It was significant because previously all our conversations occurred in either the living room, or her treatment room where she met with patients. However, after meeting a couple of times I was invited into the family’s more intimate space—the kitchen. Doña Celia spent much of her day, when not treating and healing patients, in the kitchen. She was the matriarch of the home that consisted of her husband, daughter, son, daughter-in-

law, and two grandchildren. The home had a distinct aroma of recently fried meats and *chiles* (chile peppers)

This day, she invited me back once again. I greeted her with a hug and kiss on her cheek and inquired to her health and general well being, while handing her the bag of *pan dulce* (sweet bread). She looked surprised, but happy. ¡*Que rico!*—she exclaimed. “Should I start a pot of water for coffee?”—she asked. “*Si gracias*” (Yes please), I replied. I sat down to the kitchen table covered in a vinyl, flower-print tablecloth. Atop the table were the napkins, and a half-filled jar of Nescafé®. She made the coffee the way it is often prepared in Mexico, with hot water, instant Nescafé®, and tons of milk and sugar mixed in until it is a very light and creamy brew.

After she served the coffee we sat down and eat our *pan* and drank our coffee. We laughed and talked for a bit, enjoying our light meal, when she got up and went to the stove. There she served me a plate of chicken *mole**, and heated up some *El Rey* brand tortillas. It was delicious. While I was eating, she got up to resume the dishes that she had been doing before I arrived. She started complaining about the disarray of her kitchen and apartment. I think it was a way of apologizing to me for the unsightliness. However, she was a renter, and the peeling paint, dripping faucet and occasional roach crawling across the counter was not her fault. Yet she was embarrassed nonetheless. I asked her if she had spoken with the property owner about fixing the problems and she said that she had, but that he would just make promises to fix the situation and never come out to fix the problems.

This unfortunately is a common complaint among Latinos living on the Southside of Milwaukee. The housing there is very old, and many of the property owners are white American's who live in the outskirts of the city or in the suburbs, away from the decaying buildings and unkempt lawns. I was shocked when Doña Celia told me how much she paid for the rent \$800.00 for a two-bedroom duplex that had several structural problems. I was visibly angry at first, knowing that the landlords themselves would never live in such dilapidated housing, and suggested to Doña Celia, rather naively, to relocate to a better part of the city.

I told her that where I lived her and her family could have a much newer and well-kept apartment for the same amount of money. "Where?"—she asked. "The Northwest side", I told her. She gave me an awkward side-glance to say, maybe, but I don't think so. As she turned back to attend the dishes, I started thinking in my mind, and asking myself why us Latinos had to live in this shit on the Southside, why couldn't I just get my community to pick up and move to a better location in the city, with newer home construction. Some of these building were built in the 1800's.

The answer of course was clear, but not comforting. This is where all the Latino support infrastructure is located, the bakeries, the supermarkets, the community health clinics. This is where people speak Spanish on the streets, and the schools are bilingual. This is where the Council for the Spanish Speaking, a Milwaukee organization that advocates "on behalf of Latinos and the socially and economically challenged" by offering programs in housing, education, and human services is located. This is where UMOS, a non-profit advocacy organization that

began in Milwaukee in 1965 as a childcare service to migrant families, and now “provides programs and services which improve the employment, educational, health and housing opportunities of under-served populations” is headquartered. It is also where, The United Community Center “a comprehensive social service agency serving the families of Milwaukee's south side” Including an elderly care program for individuals with cognitive impairments such as Alzheimer's is available. It is here on the Southside, with these old Polish-style and duplex houses that the Latino community strives and grows, despite over-inflated rent for dilapidated apartments.

Encounters with Doña Trini

It was drizzling as my huge green express van trudged through the narrow one lane street on Milwaukee's Southside. It had just drove down the street only moments earlier in a lost stupor, searching for what I thought would be in vain for the home of the *curandera* I was looking for. We had made arrangements to meet, but she had only given me a street intersection and not her address. I was about to give up when saw a person about to enter one of the “Polish flats” that lined the narrow city street which looked more like an alley. I thought, “what the heck, it's worth a try”, and I lowered my van window and asked the women in Spanish if she knew where Doña Trini lived in the neighborhood. To my surprise and luck, she stated “*Aquí, aquí vive.*” (Here, she lives here). With a smile on my face, I thanked her and parked my oversized van. I felt so guilty driving that gas-guzzler, but my smaller car was broke, and it's not like I didn't need this

oversized beast of a vehicle. This van transported my family of six almost every year down to Veracruz to visit family.

My husband was following me in his beat up economical car. I had asked him to meet me there after he got out of work at the health clinic, so that he could go with me. I was always nervous meeting new people in the community. Not because I feared for my safety, but because I was always self-conscious about how I would be received. I always get nervous speaking Spanish with strangers because it often requires that I use the formal tenses of *Usted* (you) instead of *Tu* (you). In my home growing up, I never used *Usted*, addressing my grandparents who raised me using the more informal, familiar *Tu* form. It wasn't until I took formal Spanish classes in college as an undergrad that I realized that this informal speech could be viewed as disrespectful, the last thing I wanted when meeting a *curandera* for the first time.

Another one of my worries was my skin color; you see as a white-skinned Chicana, my color was always a problem for me growing up. While my grandma was light-skinned like me, and many of my aunts too, most of my cousins were much darker and they would taunt me and accuse me of thinking that I thought I was better than them because of it. But that was not true; in fact I always wished my skin color was darker. I never liked it when my *tíos* (uncles) called me *güerita** (little white one), the difference I felt from the rest of my family often made me cry as a young girl and the memory of how I am perceived still occupied my mind. Sometimes my *tías* (aunts) would even call me *gringa**, a name that for me has come to mean rejection, and I grew up hating that word.

Even to this day, when other Latinos use it to refer to white Americans I hear it as an insult, even though for them they mean no such disrespect. My husband was born in Mexico, Veracruz to be more precise, and he is a beautiful dark brown color, and speaks with impeccable Spanish. I always feel more prepared when he accompanies me in the field, as if his brown skin might rub off on me.

My husband and I meet each other in the street after locking our car doors, and head toward the *curandera*'s house together. Adorning the door were some Christmas decorations, still strung up even though it was now May. I knocked and a woman answered the door, "Are you Doña Trini?—I ask. "No, *pero aqúistá, pásenle*" (No, but she is here, come in.), the middle-aged woman says while gesturing for us to sit in the empty chairs next to another young woman already seated.

It was a small room, giving me the impression that it is a waiting room of sorts. The room was decked with chairs lining the walls for clients to sit on. A large television playing a popular *telenovela** (soap opera) was located along the adjacent wall from us. The room was decorated with several figurines; some strategically arranged, giving me the impression that they were symbolic in some way. A large two-foot statue with several single dollars adorning it was standing on the floor. Atop the television was what looked like an *altar* (altar) consisting of a *mantelito* (small tablecloth) decorated with trinkets, and statues, placed alongside a lit prayer candle, and burning incense.

My husband and I took the two open seats near the door, the woman who let us in asked if we had an appointment, and I responded, "Yes, Doña Trini is

expecting me.” She smiled and told us that she is with another person and she will be out soon. Waiting we scan the room and greet a young woman sitting next to us.

After a while of awkward silence, I strike up a conversation with the young woman. “Do you come her often”—I inquired, “*No, es la primera vez*” (No, it is the first time). She explained the reason for her visit, that her husband injured his back at work and her coworker told her about Doña Trini, so she brought him here to be treated.

She asked my question right back to me, and I tell her that it is also my first time here, that a friend of mine gave me the healer’s name and phone number, so I called Doña Trini to set up a date to meet. During our conversation my husband—who was watching the *telenovela*—began to laugh, drawing our attention back to the television. We all laughed, creating a sense of shared experiences among us.

I looked back at the woman and asked her where she is from. She tells me that she and her husband are from Jalisco, Mexico. Again, she asks me the same question and I reply, “*Aquí, de Milwaukee*” (Here, from Milwaukee). Perplexed, she presses the question, “*Si pero de dónde*” (Yes, but from where?), stressing the *dónde*. I understand that she is trying to gauge my country of origin, I tell her that I am Chicana, and that I was born in Milwaukee. Still not satisfied, she asks, “*Y tus papas?*” (And your parents?). “*También.*” (Them too.)— I replied

Still looking confused, I began to tell her what she was searching for. I explained that my great-grandparents came from Guanajuato, Mexico “*y mi*

esposo es de Veracruz.” (and my husband is from Veracruz). At this point, my husband turned to join our conversation—always ready and eager to talk about Veracruz any chance he gets. He is cut short however, when the door next to the young woman opens up, and out comes a smiling young man, presumably her husband.

Following the man, is a kind of short stout woman, *bien chaparrita** with incredibly long, straight, black hair. Even with her being *gordita* (chunky), *chaparrita* (stocky) she is incredibly alluring; she has a charisma about her, an energy that I find compelling. After getting to know Doña Trini since this first encounter, I have come to understand the significance of her charisma, that the positive energy that she emits is part of her lifestyle and treatment philosophy.

Doña Trini was much younger than I had imagined, I thought “she couldn’t be older than me perhaps 37-years-old at the most”, but I would come to find out that she was in fact 47-years-old, a divorcee with three grown sons all in their twenties, still living back in Guadalajara. When she entered her makeshift waiting room, she looked bewildered at my husband and me, not knowing which one of us was the patient and so she asked.

I reminded her that I was Ramona *la antropóloga* (the anthropologist), and that I had talked with her only two days ago to set up the meeting. She smiled in recognition and said “*Sí, sí pásale pásale.*” (“Yes, yes, come in, come in). My husband and I both got up to enter into the room, when she abruptly said “*¡No!*”—wagging her finger—“*Solamente tú! Tu esposo, ¡No!*” (Only you, your husband, *No!*).

We were both caught off guard and I became anxious, not understanding her refusal. I began giving myself a pep talk in my mind saying, “Okay, you’re on your own...you can do this, you know Spanish and your an anthropologist by god! This is what you’ve trained for.” So I entered the treatment room and she closed the door behind me.

My anxiety and apprehension must have been written on my face because in a friendly manner, she whispered in my ear, “it’s just that...I move in ways *indiscreto* (indiscreet) and I don’t want a man seeing my butt, that’s why I don’t allow them to come in and watch.” I released an audible sigh of relief at her honesty and candidness with me. This was woman-to-woman talk, and I felt a huge weight lift off my shoulder, I smiled and told her not to worry that I completely understood.

The treatment room was very small, maybe even smaller than the waiting room, but the waiting room was packed with furniture giving the effect of a cramped space, and this room was almost entirely empty. I was expecting that she would have a treatment table or at least some chairs like in Doña Celia’s treatment room, but she didn’t.

A small CD player and an electric teapot in one corner, a large rug in the center of the carpeted floor, and a couple of throw pillows in the other corner, occupied the space. A plastic shelf displaying what appeared as bottles of manufactured herbal supplements and oils was against one of the walls. Displayed on three of the walls were several anatomical charts, and pictures of

the human body, similar to ones found in a chiropractor's office. The charts and pictures were all in Spanish.

She gestured for me to lie down on the carpet and I stopped to explain that I was not there to be treated, as I tried to jog her memory about our phone conversation, that I was the student anthropologist, studying the medicinal practices of Milwaukee's Latino community. Remembering, she shook her head and offered me a seat on the rug to begin our *charla* (talk).

To my amazement, the *chaparrita* (stocky woman) nimbly got down on the floor sitting with her legs crossed above her knees. I thought, "My god— I am never going to be able to get on this floor and sit without my creaky bones crying out in distress", sure enough, my knees set off cracking sounds the moment I bent them, and my face flushed with embarrassment. Doña Trini and I talked for close to two hours. She was very accommodating and eager to answer my questions. Getting to know her was an amazing experience.

Encounters with Doña Marta

I heard of Doña Marta's store Tienda de los Santos (Store of the Saints) from Isabel, a patient at one of the alternative health clinics in Milwaukee. I developed a deep friendship with Isabel and her family over the course of this fieldwork. On this occasion, Isabel agreed to accompany me to Tienda de los Santos to present me to the lay healer, Doña Marta. Tienda de los Santos was filled with esoteric products, such as candles, talismans, amulets, and herbs, to

be purchased by people to treat themselves with at home, or for a *curandera* to use during a treatment session.

Isabel and Doña Marta greet each other with a kiss and hug, and after Isabel introduces me, explaining that I am an anthropologist interested in learning about her practice as a *curandera*. Doña Marta chuckles and replies, “Oh that’s great I will be an anthropologist too”. We all chuckle back, as Doña Marta invites us into her back treatment room, each of us finding a place to sit and begin our *charla* (talks). The treatment room is quite large, furnished with a desk, two chairs for patients to sit on, a large treatment table, and various altars, situated around the room. The room is smoke-filled from a mixture of burning incense in the room. Isabel, Doña Marta, and I do not get a chance to talk for very long, just enough time passes to allow a connection to be formed between the healer and myself. It was late at night, and all of us needed to get home and cook dinner for the family.

I returned to the Tienda de los Santos alone, a few weeks later. Upon entering, I was greeted by Doña Marta’s adult daughter who was tending the cash register. I asked if the *curandera* was available, and she told me yes, but that she was already busy with a client. After standing and browsing the shop for a while, I decided to take a seat by the cactus-lined window. After Doña Marta emerged from her treatment room, she said goodbye to her patient. I did not see any transaction of money between them and figured the exchange must have taken place in private. Doña Marta’s daughter points me out to her, she recognizes me, and I am gestured to come forward.

We sit down in her treatment room and she seems eager to resume where our talks left off last time. She seemed to be as interested in my background, as I am in hers. I told her more about anthropology and told her stories of healers and midwives I knew in Mexico, giving me I think, an intimation of credibility. I told her how I used to live just around the corner from her shop. Which I think also positioned me in a place of confidence. Yet, nothing could compare to the personal introduction provided me by Isabel, weeks prior.

I obviously couldn't be someone of great economic means if I had lived just around the corner. At the time I lived there, rent was \$300.00 a month for a one bedroom, which included heat. I was a single mom at the time, living on a meager income of \$9000 a year, desperately trying to support two young children while finishing my undergraduate degree. While living at this apartment I met and married my current husband from Veracruz, Mexico.

I explained my entire personal story to her as I just did to you just now. I felt that in order to expect intimate details about her life and practice, I should be open about mine. After feeling that I shared enough about me, I delved into some questions for her. I led her through a semi-structured interview schedule that I had prepared. She did not hesitate to answer, and her one silver-coated front tooth always showed through her smile.

Ramona: How long have you been practicing here?

Doña Marta: For a couple of years now at this place [the storefront shop called Tienda de los Santos]

R: How many people do you see in a day? Week?

D.M.: It really varies, sometimes like today I can see a couple people, and the next day no one.

R: How do people know about you?

D.M.: I am not sure

R: Have you ever gone to see another healer in Milwaukee?

D.M.: Um, no, but I would like to. I would like to learn more about how they treat people. I am always learning.

R: Where do you go when you need to get treated?

D.M.: She looks at me with a blank expression so I clarify the question.

R: Do you go see other healers, or do you go to the clinic?

D.M.: Yes, I go to the clinic.

R: Do you know other *curanderas* in the area? If so, would you ever refer some of your patients to them? And for what reasons would you do that?

D.M.: Yes. I have heard of a couple. If I can't help someone I would try to help them find someone *que le servía* (that would work).

R: Do you treat *empacho*, *susto*?

D.M.: Yes

R: Is this your primary occupation?

D.M.: Yes. I work here full time, and *cuidar mis hijos* (take care of my children).

La Doctora at the Nutrition Store

I had seen and driven past the store for years, yet never ventured into it. The store is prominently situated on a busy intersection on National Avenue—one of the main streets on the Southside. I walked in, my purse's long strap hanging diagonally across my chest. There were two doors that I could enter from; I chose the one closest to the traffic lights outside. As I entered, the door's bell jingled alerting the young female employee of my presence. Our eyes met and she greeted me with a "Hello, can I help you". "No", I explained, "I'm just

looking.” She did not smile when she greeted me, and looked even more annoyed at my response, as she looked back down at the magazine she was reading before I came in. The store is multifaceted; really consisting of two separate buildings conjoined by a doorway.

Half of the store looked like a sort of pharmacy or vitamin store stocked with a large selection of bottled pills, ointments, and elixirs from various U.S. and Mexican manufacturers. The section I entered in was filled with esoteric objects similar to those found in Doña Marta’s storefront shop; prayer candles, incense, waters, statues, amulets, talismans alongside displays of *chile*-flavored snack chips and cheap pewter jewelry. There was even a small refrigerator stocked with sodas for sale near the entry, presumably to cater to the bus stop patrons waiting outside. This cornucopia of the sacred and the secular, of various religious and spiritual traditions is not unlike what Viladrich (2006) reported in her observations of New York City *botánicas*.

After a while, the teenage employee left and the owner came into the room. She eyed me with even more scrutiny than her employee. “Can I help you?” she asked. “No”, I repeated, “I am just looking.” I continued browsing. There was a particular portrait of a man repeatedly displayed on some of the prayer candles and talismans, *El Niño Fidencio*. I became aware of *El Niño Fidencio* phenomenon when I started my fieldwork. One of my committee members who did research in Argentina asked if I had come across him and his followers, or *Fidencistas* in my own research. At the time, I said no, I had not. But as my research progressed *El Niño Fidencio* did become a prominent figure

among more the spiritual, esoteric healers I came to learn from. I would later come to find that there is an entire website dedicated to El Niño Fidencio scholarship: El Niño Fidencio Curanderismo Research Project, through the University of Texas Brownsville see: <http://vpea.utb.edu/elnino/fidencio.html>.

The Doctora's store was connected to her living quarters in the back, and a treatment room where she does iridology. She gave me a brief tour of her treatment space and explaining that she is a doctor of iridology, the diagnostics of illness through the observation of *manchas* (blemishes), and impurities visible in the eye. She seemed rather proud of her title as "doctor" and her elaborate heavy-duty, machinery. Her title as doctor would give her a great deal of legitimacy and honor in the community, even among other healers. Yet it was not iridology or her machinery that she was known for in the community. She was a supplier of lay healing products, and a place to go for herbal treatments.

The next time I came in the Doctora's store, I was not alone. I asked my husband to join me. Under her watchful eye, Manolo and I leisurely browsed the aisles of shelves. To my left, I stumbled upon packages of Jaloma® Venda Elastica, large gauze bandages commonly used as *fajas* (abdominal bindings) by *pateras* I knew in Mexico. Excited to see them there, I ask the *Doctora* if she had any products for pregnant woman, but she nervously responded no, and tried to mislead me. Her response did not convince me and Manolo and I continued our browsing of the store aisles

Shortly afterwards, Manolo and I overheard a conversation in Spanish the *Doctora* was having with a male patron. The man seemed to be in a hurry and

was anxious. He told her that his wife was six months pregnant and that she sent him there to get the *Doctora*'s advice. The man explained that his wife was uncomfortable and in a lot of pain, and needed something to help her. The *Doctora* who, just a few moments ago, denied that she sold products for pregnant woman, tells the man not to worry, that she would prepare something for him to give to her. She directs him to follow her to one of the glass cabinets, grabbing some items from off the shelf; she mixes up a preparation of herbs for him. She proceeds to give the man detailed instructions on how to administer the herbs to his wife. He seems content with the product and his understanding of its administration. He pays her and leaves the store.

Out of the corner of her eye, the *Doctora* sees that my husband and I are in earshot, so she heads over to us. She must have noticed that we overheard her conversation with the man, and comes over to tell us that she might have some products I was looking for. She pulls down a large clear plastic bin from a top shelf, and begins rummaging through it. Inside the bin are small Ziploc bags filled with a variety of dried herbal leaves and flowers. The bags are individually marked with homemade computer labels. She hands me one bag, on it reads, "Baño Postparto" (Postpartum Bath).

I am thankful for the new information and for the bag of herbs, which I gladly pay for around \$4.00. Yet Manuel and I leave the store perplexed. Why did the *Doctora* feel she had to lie to us in the first place I wondered? She did not mind divulging the truth to her male patron, but why did she lie, then change her story to us? Maybe I asked the wrong question, I thought. Perhaps, my question

was not personal enough. Perhaps if I was pregnant and asked if she had something for my condition she would not have hidden the herbs from me. I asked these questions to one of her patrons later, and she thought that perhaps the Doctora was scared that I was undercover somehow, like an immigration official, a police officer, or someone from the health department.

Los Hueseros, The Bonesetters

Up until now, my research and this section has focused on woman healers. I want to spend some time now and talk about the two male *hueseros* (bonesetters) in the community that have also become part of this body of research. The first is Gudiel, and the second is Joel. Both healers demonstrate a deep intuitive connection with manual manipulation and sensory experience with the treatment informs the healer when the patient is healed and when to stop treatment.

Interestingly both are from Mexico and around the same age range, early thirties. Joel demonstrates confidence in his healing practice and success of treatment through both experience and outcomes. Gudiel treated me on one occasion in the past for a sprained ankle that would not heal even after being evaluated, and treated by my medical doctor. After x-raying my foot to make sure no broken bones were present, Dr. Brown fitted me with an orthopedic support boot with Velcro straps to adjust for tightness. I limped out of his office on crutches and headed home. After a week of resting my swollen and bruised ankle, a friend suggested I see a *huesero* he knew to “fix” my problem.

Gudiel saw me in his home and led me to a spare bedroom where he sat me down on a chair and began his healing. He warned me that I would feel a lot of pain at first, but once my foot would “heat up”, it would feel numb and the pain would subside. Using Ungüento Árnica Abuela™, Gudiel rubbed my tendons one direction from the middle of my shin down to the ankle, each pass with increasing numbing pain. By the next day the swelling had gone down and I could walk on the foot for the first time in a week.

I was already sitting on the brown leather couch in my living room when Joel stopped over. He came in beaming as if to tell me something, but really that is how he always looked when coming over. Sometimes he would come bringing food with him to share with us. He is a chef at a fancy restaurant just outside of town. Many of the menu items are his own invention and I am gladly one of his guinea pigs. One day he brought me this amazing *Chicken & Broccoli Pasta Alfredo*, sautéed with seasoned chicken and broccoli and tossed in a sun dried tomatoes with Alfredo sauce and linguini pasta. I also savored his other concoction, *Chipotle Lime Tilapia*, which is a tortilla crusted, baked tilapia served with a tangy pineapple salsa. But tonight he did not bring me food, rather he shared with me a story of healing.

Ramona: Tell me, who called you?

Joel: My cousin who lives on the Southside and sells tamales there...he called me. Telling me... saying that he had a friend who fell outside and fractured something.

R: From the snow?

J: Yes, he fell on the snow.

R: When

J: Today in the morning.

R: Oh my gosh!

J: Well I was at home when he called me and the fall happened yesterday. So I told him that I would be there in an hour. I arrived and the guy *estaba bien hinchado* (was really swollen). From here [touching his leg by his ankle]...it was a ball!

R: Oh really?

J: He was like this look....[showing how big]...he couldn't move his foot from side to side.

R: That's what happened to me one time too. Was he all bruised also?

J: [Shaking his head in affirmation] So then I applied the *pomada** (cream).

R: Which *pomada*?

J: *La Tía* [Ungüento* de la Tía™]

Joel takes the small container from his pocket and hands it to me. I notice that the main ingredient in the ointment is *Allium sativan*, garlic. Garlic has been described in both clinical studies and literature on folk medicine as having anti-inflammatory and antibacterial properties (Chandra et al. 2010). Ungüento de la Tía™ is also available in veterinarian strength, yet used by humans similar to the American-made product Bag Balm® commonly sold at Walgreens. These products while patented and approved for animal use are often used for human application.

Ramona: What is that like? Where did you get it from?

Joel: In the *El Rey* grocery store. It's nothing real strong, but this pomade, whatever *hinchazón* (swelling) you can put it on. But what you have to do, before is you need to bathe, or else afterwards you cannot use water at all, *para nada* (not at all). And like right now, I can't use water at all. [he shows me his hands still warm and greasy with the *ungüento* use]

R: So you mean that you can't take bathe or get wet either? Not in any part of your body can you use water?

J: No, because *lo sobé*, (I rubbed the person)...the hot air he had inside him, that passed to me, to my muscles and tomorrow I will wake up with pain here [pointing to his palms] if I put myself in water. The hot *aire* (air) inside of the patient passes through to the healer when leaving the patient's body during treatment.

R: If you put water on you?

J: Yes, Yes. If I don't touch water I will be fine.

R: Ohh

J: Tomorrow I can do whatever I want.

R: What about the snow outside? If you touch that will you be alright?

J: Nothing will happen to me. Well...if my hands touch the snow but yes... If I go right now and wash my hands, in a Little bit, or later tonight I will feel pain on both sides [caressing both arms simultaneously].

I had known from previous experience that one should not bathe after a *sobada*, but I was not familiar until now that the *sobador* as well should take cautious steps to avoid contact with the cold. Both the massaged body and the massager's hands have achieved a great deal of heat during the treatment process. Coming in contact with water, even warm or hot water would be dangerous and could result in illness. It is interesting to note, that the real danger lies more with an overheated body exposed to abrupt cold than the reverse (Foster 1979).

The hot/cold dynamic here is that the body has been heated and bathing (even with hot water) could cause the person to get cold, and *enfriarse* (catch cold). George Foster (1987: 360) describes this practice succinctly when he says, "Judiciously balancing food and drink intake and avoiding exposure to the elements, people hope to avoid illness. When they fail in their efforts and fall ill, therapy is based upon, or rationalized in terms of the "principle if opposites."

However, the latter observation of Foster's is less dogmatic in real life, as a person might not even be able to express why a treatment of "opposite" is called upon, it is rather something that they have learned growing up, or through life experiences. Stories of people suddenly dying after an extreme exposure, after being hot on moment than rapidly cold another, is common. These stories, often accompany advice to an at risk person to take caution. The idea that illness can be transmitted through cold air has been noted in folk medicine practice in both United States and Latin America (Foster 1979, Buss 2000).

Ramona: So tell me how did you help him?

Joel: So I saw him and applied the *pomada*. First, I rubbed him down. [Joel gestures, moving his hands in a circular motion] *Con un dolor lo sobé* (with a pain I rubbed him).

R: How much time did this take?

J: Half an hour. I gave him three rubbings. First, I put on the pomade good, then after about ten minutes, I let it absorb into the body...his ankle...then afterwards I began to rub him down.

R: And how do you massage? Uh...is it only in one direction?

J: No. So with my fingers I grab a part with my hand [motioning now with his arm and wrist bone], and feel if it is bad...if it makes noise...that's how I check...bit by bit. When I find the bad part that's where and when I begin working,

R: So was it his bone and not just his tendons that were bad?

J: Yes, it was the bone, but it's related because the bone caused problems for the tendons. Together that's what made him unable to walk. When I touched the area, the man almost cried!

R: Oh yes, I remember the pain! [Recalling my own experience when I twisted my ankle and I went to a *sobador* to fix it after weeks of being in pain and walking with crutches] But after so much rubbing the pain goes away. You don't feel the pain because of all the rubbing."

J: Yes, just like that. So then, I gave him three rubbings, by the last one, I knew that I put the bone in its place. I would feel the difference immediately in my hands. I come to feel it when I enter the bones.

R: Wait, what do you mean you feel it when you enter the bones? How do you enter into the bones?

J: When the bones go to their place, I feel it. I realize that I was done. It was very swollen and started in the vein. Every time there is a fracture it is purple, the blood is not moving. Then when it goes into its place the blood moves. In about a half an hour he started to walk.

R: So did the swelling go down and the purple go away, or not?

J: Yes...the fractured area looked like a little hole in his leg when it was so swollen, but not once the bone was in place. I told him if he would have anymore problems—but I don't think there will be more anymore problems because I did not feel anything out of place. I grabbed the foot and I checked again. My finger felt where the bad was, but then it wasn't there anymore. Also, he told me that he don't feel anything anymore. It was still swollen, but he was able to move it now. Before he was not able to move his foot at all...and now it was in place. In addition, tomorrow I am going to massage a person's back. A young man that works in construction and fell. This person told me that many people have given him a massage for his back, but that he wasn't better, and they just charge him a lot of money.

R: Where did he go for his back massages?

J: In Milwaukee.

R: Yes, but with whom? Someone from the community?

J: Businesses, I mean, people like me that know how to massage but they have their business. They make a living of it. This man told me that every massage session cost him \$150.00.

R: More than \$100.00, no way! The healers I know only charge like \$30.00 or \$35.00.

J: I tell people to give me what they can afford. Sometimes, like now, I went and charged \$40.00, but that was only because I had to go to the Southside. If I was close, maybe I would only have charged \$20.00 but I had to go all the way over there.

R: Yes, and it is far. No, that's good, that's good. And do you have to go back or is one treatment enough?

J: No. If the pain does not go away, or the swelling, I will go back again but I won't charge him again. But that never happens... that they would call me again because it was not fixed the first time. It is always fixed. Also, with my cousin, he fell by the door because of the snow and I went to heal him. I just fixed him all up.

Bonesetters can be found throughout Latin America, and has a long tradition in Mayan community life in both Guatemala and Mexico (Hinojosa 2002). Some suggest that this manual medicinal practice has roots in both the New and Old Worlds (Hinojosa 2002).

Unlike a biomedical practitioner, a *huesero* does not require an X-ray to peer into the interior realms of the body to identify bone injuries and fractures. Rather the sensory of touch is very important to a bonesetter for diagnostics and healing, as patient and healer come in direct contact with one another. While most *hueseros* I met more commonly treated injuries to soft tissue such as ligaments, tendons, and muscle, they all work in setting bones as their names in English suggests. The following is an ethnographic vignette tells the story of Nadia, a 24-year-old Honduran immigrant, who after breaking her arm sought the assistance of Gudiel, a Mexican *huesero* in Milwaukee.

Ramona: So tell me about the time you went to see Gudiel for treatment.

Nadia: Well I broke my arm...

R: How did you do that?

N: Umm... I don't know, I banged it against something...a wall, and it hurt really bad and I knew it was broken because couldn't move my wrist.

R: So what did you do?

N: *Pues* (Umm)... I wrapped it up and put ice on it...it didn't get better so I went to see Gudiel.

R: How did you know that Gudiel could help you?

N: Um I knew he was a *huesero* and that he *sobaba* (rubbed people).

Gudiel not only attended the same Christian church as Nadia, but he also lived in the same apartment building as Nadia and her husband at the time of this interview.

Ramona: Ok so then what happened? Did he come to you or did you go by him?

Nadia: No, he came here. He grabbed my arm, rubbed it, and put the bone back into place. Then he bandaged it up again.

R: Did it hurt? [I asked with a look of pain on my face]

N: *Si...mucho* (yes...a lot). But later it was better.

R: So, when you broke it, why didn't you just go to the hospital?

N: [Laughing shyly] Because it would have cost a lot of money, and I thought why should I pay for that bill when I could go see Gudiel.

R: If it had been your son who broke his arm, would you have taken him to Gudiel instead of the hospital? [I ask while looking down at Nadia's son playing on the living room floor.]

N: Oh no...I probably would have taken him to the hospital.

R: Why?

N: Because *duele mucho* (it hurts a lot), and I would just take him.

In this vignette, it is clear that Nadia first tries to treat her injury at home by bandaging her arm and putting ice on it to bring down the swelling. Once that is deemed insufficient to treat her broken wrist, she calls for help from her friend and local *huesero*. The treatment was described as painful, yet successful. Showing me her arm a year later, there was no sign of it haven been broken at

all. Yet, even with the successful treatment of her broken arm, Nadia clearly states that if her young son had broken his arm she would have sought medical attention at a local hospital.

For Nadia, money constraints and the prospect of having a large doctor bill, because she is uninsured, played a primary role in her seeking the care of a *huesero*. Similarly, Finerman's (1998) work in Ecuador found that medical choice was more related to environmental, social, and cultural costs and benefits than unwillingness to use biomedical care. General Assistance Medical Program (GAMP), a county-funded health insurance for uninsured individuals and families, covers her son, who like her is also undocumented.

Nadia is not covered by health insurance for two reasons, first because she is undocumented, and second because her and her husband are self-employed. Nadia makes a substantial wage for someone of her vulnerable immigration status, owning her own cleaning business. She has many wealthy clients who she describes pay her, and treat her well. She has earned a great reputation amongst her clients who tell their friends, families, and coworkers about her services increasing the client base for her business. Nadia even has two Milwaukee Policemen as patrons of her cleaning business. They, like other clients, suspect she is undocumented but do not ask, turning a blind eye. Recent research suggests that under the new Affordable Care Act of 2010, commonly referred to as Obamacare, undocumented immigrants will comprise an even larger share of uninsured in America, unless other policy measures are in place to provide coverage. The research of Zuckerman *et al.* (2011) points to a two-fold

impact of the new Affordable Care Act on undocumented immigrants when it is scheduled to take effect in 2014. The first is the direct impact of disqualifying undocumented immigrants from participating in the new health care system. The second, an indirect consequence of the Act, might result in undocumented employees to lose coverage if their employers switch to one of the new health insurance exchanges. Either way, current projects suggest that more undocumented immigrants and their families will be left outside the parameters of access to health care under the Affordable Care Act, making informal health care such as that provided from lay healers even more important.

Bones of a Dog

I heard the yelp come from the other room followed by my daughter Vanessa's screams for help. Know instinctually that something was wrong, I ran to her bedroom to see my daughter intermittently crying while trying to explain why my seven year old Chihuahua Jack was limping and whining in pain. "He jumped from my arms!" she explained in a concerned voice. Not being a vet, I still could see that something was wrong with Jack's limp paw that he raised slightly above the ground, but it was night, and I determined that I would let him rest for the night and take him to the vet in the morning.

That evening however, Joel stopped by, as he often did, bringing baked treats of brownies and coffee cake left over from the restaurant where he works. Joel and Jack were well acquainted, as we would often unite Joel's pug and Jack for play dates in our backyard. "What happened to Jack?"—asked Joel. Vanessa

dropped him on accident, and he hurt his leg, I explained. “*Aver* (let me see)”, said Joel. To you want me to *tallarle* (rub him)? Really? I questioned. You can? Yes, I have fixed animals before.

I watched cautiously like an anxious mother. Jack went to his arms trustingly, but my husband still needed to restrain him a bit because he was in so much pain. Joel began by first assessing the ability of Jack’s leg and paw to move. He compared his good leg with the injured one, and showed me how the two were dramatically different from each other at this point. “You see”, he said while holding both of Jack’s legs in his hands, “his leg should be able to extend straight, but it is fractured, it is *chueco* (bent).” He asked me again before proceeding if I wanted him to *tallar* (to rub) Jack. I reluctantly said yes, not wanting Jack to feel pain. I remembered back to my own leg injury a few years ago and how the *sobador* was able to help me, so I felt confident that Jack would benefit from a treatment as well. Joel began rubbing Jack’s leg from the knee down to the toenails, straightening and extending his leg out in the process. Jack was visibly uncomfortable and even snapped at Joel a few times, although not meaning to bite. After a while, Joel stopped and explained again that he would probably need more *tallada* (rubbing) in order for him to be well again. I told him thank you, and scooped Jack up into my arms to reassure him with hugs and kisses.

The next morning I took him to his veterinarian who scheduled an x-ray right away. The results revealed a slight hairline fracture in the ulna. The vet didn’t do much more for him except prescribe antibiotics for him. I left his office

quite unsatisfied and angry at the hundred plus dollars I had spent there to confirm what Joel had already told me for free. To make matters worse, Jack became violently ill on the antibiotics that the vet prescribed him. He was vomiting all over the house, and when I called the vet back he seemed unconcerned and said maybe Jack was sick and that I should bring him in again. “My dog wasn’t sick until you gave him this medicine” I told him, and decided to take Jack to another veterinary for advice. This new vet was surprised that the first one did not put his leg in a cast and prescribe pain medicine for Jack. By the time we left the vet clinic I had paid another \$100.00 for the appointment, and Jack had a new green colored cast on his leg.

While there is much literature in Mexico and more recently in the United States about lay healers and their patients, I have not come across anything written about the treatment of pets by these lay healers. This particular aspect of this pet healing needs to be studied by future researchers in this area.

Who is a True Healer? Legitimatization and Charlatans

Interestingly, it was Doña Trini herself who first warned me of *charlatanería**, the work of charlatans, or fake healers. She even attended a conference held in Chicago that demonstrated common tricks of the trade. The name of the conference was not given to me, but she shared with me one of the common tricks of charlatans. “Well they showed us how many charlatans will add things to the yoke of an egg to convince a person that they have been bewitched. While holding an egg in her hand, Doña Trini goes on to describe the process.

“To do this you poke a tiny bit of the eggshell and add things, like blood, *colorante* (artificial color), or hair. Then, you glue back the broken piece [to the rest of the egg]. To conceal the crack you can touch it up with white paint.” “Why would someone put hair in the egg?”—I ask. “Well let’s say I tell you that you are having problems in your marriage because of another woman who wants your husband and she goes and sees someone to put a curse on him. The hair shows that she used your hair to put the curse on you.” “Oh I see”—I reply. “That is why I never break my eggs...that is what charlatans do. I use the eggs to take the impurities out”. While Doña Trini, cannot express into words the actual process or manner by which eggs remove impurities, she knows and believes in the power of the eggs. Yet it is not the eggs alone, but rather the way she holds the eggs in her hands, and moves them across a patient’s body that is important. She uses one after the other and is able to determine when one egg has fulfilled its service, requiring her to use another egg to continue; she uses up to five or six eggs per each treatment.

Doña Trini is cautious to make a distinction between her practice and those of charlatans. In her view, there is a right way to use eggs in the practice of healing and a wrong or fraudulent way. Joel, the bonesetter mentioned above, expresses similar anxiety about fraudulent healers when discussing how much he charges patients. Joel expresses disgust when he learned that a patient he sees was paying \$150.00 to another a *sobador* in the community. Joel points out that he only charges from \$20-\$40.00 for a treatment. Charging too much is often a signal that the healer may be a charlatan. Money can be seen as a way to

establish legitimacy as a healer. If you charge too much you can be viewed as a person out to take advantage of other people. Joel is careful to point out that if his initial treatment is not successful, he wouldn't charge a patient again. "If the pain does not go away, or the swelling, I will go back again but I won't charge him again. But that never happens...". Doing so could be viewed as taking advantage of the person. Caution with money and the cost of treatment is not without warrant. In 2006, the Chippewa Herald published a news report of a healer in Milwaukee who was arrested for stealing money from clients. The story describes how the healer, who advertised on LaGran D radio station, was charging patients up to \$1000 for treatment that for many never resulted in a healing. A number of Catholic parishioners alerted their priest about the fraud who in turn encouraged them to notify the police. The Catholic priest interviewed for the news story is quoted as saying, "the curandero healing tradition, which typically uses herbs, ointment, candles, and prayers, is real, but that authentic practitioners charge only a nominal fee and that this man who is arrested is not [a true healer]." (Chippewa Herald 2006).

In Milwaukee, there is a gender distinction in practice. Female healers in Milwaukee use ritual and herbs, and perform manual manipulation on the body, while the male healers only perform the latter. Male healers, during their manual body manipulations, often will incorporate manufactured ungüentos (ointments) such as Ungüento Árnica Abuela™, or Ungüento* de la Tía™ in their rubbings. Male healers often refer to themselves only as *hueseros* or *sobadores*, but not *curanderos*. Some of the female healers use more sacred practices especially

Doña Marta who describes her practice as *esotérica* (esoteric). She is constantly learning to incorporate more traditions in her practice. She currently depends heavily on folk-Catholic rituals. Folk-Catholic rituals in this case combine orthodox Catholic practices of prayer recitation and saint adoration, and candle-lighting with heterodox practices of the adoration and supplication to non-Catholic saints, summoning the dead spirits for assistance, particularly from El Niño Fidencio, and performing cleansings with eggs, smoke, and or waters.

All the lay healers that I worked with on this project are Catholic, even if most self-describe as non-practicing, with the exception of Gudiel who is a Seventh Day Adventist. Both the patients and healers discussed some of the moral conflict they experience between healing practice and their religion. Doña Marta's sister for example was careful to point out that while her and her sister are Catholic, their priest would not be in agreement about their heterodox religious ways. One of Gudiel's patients Nadia, also a practicing Seventh Day Adventist, recognized the incongruent beliefs in the supernatural realm of *mal de ojo*, and her religion's doctrinal rejection of all "superstitious" and Catholic practices. Still when it came to the well being of her daughter, she did what ever she could to protect her, even if it meant transgressing religious precepts. I discuss this further in chapter V.

Only the Seventh Day Adventists who participated in the research project discussed, without prompting, organized religion and its place in their lives. However, Doña Trini did discuss how the book, *El Secreto* (The Secret) and its spiritual philosophies affect her life and practice. Both Doña Celia and Joel, while

culturally Catholic, they are non-church attending. Doña Marta attends mass weekly as she is able.

Overcharging for service is not the only reason some one might be accused of being a charlatan. According to Doña Marta, Doña Celia looks at her as an illegitimate healer because she is new to the practice. Doña Celia told her that because she was new and inexperienced that she should stop treating people, that what she is doing is wrong. Doña Marta told me that when she met Doña Celia at her home, the meeting was less than congenial. In fact, Doña Celia straight out disrespected Doña Marta telling her “*que no servía para este tipo de trabajo* (that she is useless for this type of work)”.

Doña Celia accused Doña Marta of being a charlatan, just wanting to make a profit from people’s problems. However, Doña Marta assured me that that is not what she is doing at all, that she truly cares about the people she sees and wants to help them. Rather than attempting to tarnish Doña Celia’s reputation, Doña Marta held her in high esteem, explaining that when a problem is too big for her, she would even send her own patients to Doña Celia. Doña Marta saw Doña Celia as a true healer, even if Doña Celia did not return the sentiment.

When speaking with Doña Celia, she did agree that she was familiar with Tienda de los Santos, but explained to me that she did not respect Doña Marta or see her as a legitimate healer. On the other hand, Doña Celia was intimately familiar with *La Doctora* and her *Naturista** Store; she would refer to the storeowner as *Doctora* as well, saying the title with an air of honor and respect.

Doña Celia explains that she visits the *Doctora's* store frequently, as she is able to find the products she needs there for her own healing practice.

Conclusion

In this section I introduce the various healers that I came to know during the course of this research. I share the stories of our first encounters and how I came to seek them out in the community. I tried to provide a visual description of the neighborhoods and locations of our interactions.

Many of these healers practice out of their homes or travel to their patient's homes to provide treatment. Several illnesses and their treatments were mentioned including *empacho*, and *mal de ojo*. I discuss the various treatment modalities employed by these healers. Some include herbal preparations, body manipulation, and the use of patent medicines from ointments to injectable vitamins. Treatments involving the manipulation of the body, such as massage or bonesetting usually makes the body hotter for both the healer and patient. Most healers inform their patients of the dangers of dramatic temperature fluctuations, such as coming into contact with cold things, like liquids or even air. Doing so, can be harmful and result in injury or illness. These ideas I describe are variant of humoral Hot/Cold theory still prevalent throughout Latin America.

Latino Lay healers in Milwaukee treat both males and female, and some even treat people's pets. This latter discovery was not found in my literature review, and more research should be done in the area of pet healing.

CHAPTER IV

AUTHORITATIVE KNOWLEDGE AND GENDER IDEOLOGIES

Introduction

This study has been significantly influenced by the medical anthropology literature on women as healers (Finerman 1998, Singer and Garcia 1998, Shepherd McClain 1998), traditional midwifery (Buss 2000), authoritative knowledge (Davis-Floyd and Davis 1996, Sesia 1996, Jambai and MacCormack 1996), and feminist theory on female reproductive issues (Browner 2001, Martin 1987). When feminists use the term gender, they refer to the “social organization of the relationship between the sexes”, not merely the biological sex categories of male and female (Scott 1999:28). The demarcation between these terms is important since, gender is not directly determined by the biological sex nor does it determine sexuality (Scott 1999). Instead, gender is a symbolic construction of social relationships that can be based on sex, but is not limited to it.

Anthropologists and other social scientists have argued that the reason we know gender exists—as a separate category from sex—is because different definitions of women and men occur throughout space, time, and cultures. What constitutes a man or woman is contingent on the society you come from and the time in which you live (McDowell 1999). However, feminists continually are faced with the problem of this divorce between sex and gender. For example, if there is no *woman* how then can there exist feminism, and the fight for women’s rights? Additionally, the issues of intermediary and transitional categories of gender, like

transvestitism and transgenderism become particularly problematic (Prosser 1998).

Cultural anthropologist, Sherry Ortner first gained attention for her feminist work after the publication *Is Female to Male as Nature is to Culture* in 1974. In this work, she suggested that the subordination of women was a universal phenomenon across cultures. She explained that this universal devaluation of women was linked to the nature/culture dichotomy, which projected women as closer to nature and men closer to culture (Ortner 1974). Rosaldo, and Lamphere's work *Woman, Culture, and Society* published in the same year continued on these same lines. However even early on, this idea of universal subordination of women was challenged. Subsequently, feminist work in anthropology began to deconstruct the stereotypical, androcentric position that posited woman as powerless (Stockett and Geller 2006).

In this chapter, I look at women as healers within gendered expectations of their families, relationships to men in their lives, and society at large, but at the same time find autonomy on their work. This research reveals how women healers are not powerless, but in fact hold positions of respect within the community and their patients. I discuss how women are often the guardians and teachers of healing knowledge. Latina lay healers address issues of reproductive care, and rely on intuitive knowledge when serving their female patients.

The following ethnographic account between myself and a female *huesera* Doña Trini also challenges this view and demonstrates the autonomy, and economic resourcefulness of Latina healers in Milwaukee.

Woman's Work and Female Autonomy

"No Necesito un Hombre (I don't need a man)"

—Doña Trini

On one of my visits with Doña Trini, I noticed that her countenance was euphoric and almost giddy. She led me to her treatment room like normal and I laid down on the white terrycloth bath towel awaiting her warm, firm hands to touch me. She began with pulling my neck, stretching it upward from my torso, occasionally adding a swift and deliberate tug to the otherwise smooth motion. Once she got my spine into the alignment and extension that she wanted she positioned her hands along my jaw line and nap of my neck, turning my head slowing from one side and the other. Crack!! With one swift movement, she adjusted by neck bones, I tried to remain relaxed and quiet, stifling my anxiety over the procedure. I pushed to the back of my mind the worries and fears I had over becoming paralyzed if she overextended a turn. I trusted her I reminded myself.

The worst part was over, now she moved down to the rest of my body, my arms, fingers, hips, legs, knees, toes, each adjusting as needed and as my muscles allowed for. During the process, Doña Trini shared why she was excited. She had just had a wonderful time with her boyfriend earlier that day and shortly before I arrived she spoke with him on the phone. Without inquiring, She volunteered to tell me about him. She said, "You're not going to believe it but he is much younger than me, *tiene veinte un anos* (he has twenty-one years)", "21-

years-old!”—I thought smiling from ear to ear. I liked that we were having girl talk. “No, I can believe it”, I told her, “You are very beautiful.” I was not exaggerating or giving an unwarranted compliment. Even though she was *chapparita** (short and stocky), she was electrifying with her lush, long black hair that reached to her buttocks. Her positive disposition was alluring and I could see why any man, or woman for that matter, would be drawn to her.

How did you meet him? I asked. “We met at a restaurant where he worked. At first, I ignored his advances, thinking he was insincere, but *luego, luego nos salimos* (later, later we went out together). In the stores, he would hug and kiss me, grabbing a hold of my hand as we would shop. At first, I told him to stop, telling him that people probably thought he is my son and that it would look bad. But you know what he said? He looked me right in the eye and told me that he didn’t care, that he thought I was beautiful and he didn’t care who knew that I was his *mujer* (woman, or wife).” Her eyes were so bright when she recounted this story to me, and she moved her chunky compact figure around the room with such confidence and sensuality. “*Ya no me importa lo que diga la gente. ¡Estoy feliz!*” (Now I don’t care what people say, I’m happy!)

“So do you think you will marry him?”—I asked. ¡No, no!—she said with certitude. “*Mire* (look), I had a husband, but I divorced him.” “When? Here?” ¡No, no!—in México, *ya tiene tiempito* (it’s been awhile). I left him because he was no good. He had a lot of woman, and we fought. But I don’t regret it. I have my kids. Are your kids here? No, they are all in México, but I send money back to them. “With this work, you are able to support them?” I ask as she grabs for the eggs to

finish my cleansing/healing session. “Yes, I do not need a man to help me, I work by myself and pay for everything by myself.” In addition to her healing service, she also makes money selling vitamins and other health products, as well as body slimming suits that my grandmother would recognize as a girdle. Her dating a much younger man also contributed to her confidence of being in control of her life. She was not under the power of a dominant male, nor did she feel that the younger man saw her as a mother figure. Rather, she saw a mutual relationship in companionship and sexuality.

Knowledge Transmission and Knowing One Another

Knowledge transmission between generations of women within the same family is also a prominent narrative among Latina healers in Milwaukee. When discussing how she became of healer, Doña Celia explains that she was told at birth that she would be a healer. “It was the midwife who delivered me, that told my mother...from there I learned things from my mom who also was a midwife, and her mother before her.”

Doña Trini began healing at a very young age, younger than 10 years old. Both her maternal and paternal grandmothers were lay healers and both apprenticed her. One she described as a *quebra-huesos* (bone breaker) or *huesera* (bonesetter), the other was a *partera* (midwife). She told me that she was always the one grandchild, one out of out of forty that was called on to assist her grandmothers in their practice.

“At first”, she explains, “I hated it, I was mad that I was made by my mom to help them. I wanted to be outside playing with the rest of the kids, but little by little I really liked being there.” She came to accept that this was something she was to do with her life, that she too would be a healer. Her mother and grandmothers told her that she would be a doctor one day, but she chose to be a lay healer instead. At the age of 13 Doña Trini began healing people on her own. She recalled a time on the school playground when a child was injured and the other kids asked her to heal the kid. “Kids would say things like, my wrist is out of place, heal me Trini”, and I would respond and put their bones back in place.”

As a young adult, Doña Trini studied psychology in college in Mexico, and even though she liked psychology, she took a seven-week course in chiropractic medicine. She explains that all her formal schooling combined with the teaching and apprentice of her grandmothers provided her with a unique insight into the body and health. She explains that nothing she was taught in either psychology, or chiropractic science was novel for her, rather each built upon the knowledge she had already gained from her grandmothers.

In explaining why she became a lay healer and not a doctor, Doña Trini told me that even with all her formal schooling and education, she never got the same level of satisfaction as she did working alongside her grandmothers. She was glad she was able to obtain a level of theory in school, but all her intuitive and empirical knowledge was gained from working alongside her grandmothers. I asked her if she has ever had, or would ever teach others to heal, she said, “No, it’s not something that can be taught. How can I teach something that comes

from within, that is felt?” she explains. She goes back thinking about working alongside her grandmothers, the hours, days, weeks and years of watching them, learning from them, learning to intuit illness and the process of healing. She tells me, “You cannot teach knowing. You might be able to teach theory, or teach a technique, but knowing is not something you can teach, it is something you are born with, or that develops within you. I cannot teach this, it is a gift from God.”

Doña Marta feels self-conscious about her practice compared to the other healers in the area. Especially since unlike Doña Celia and Doña Trini, Doña Marta did not become a healer at an early age, Doña Marta was not apprenticed or born with the *don*, gift of healing as the others retell, rather her store and practice developed out of interest in the esoteric arts later in life while living in the United States. Because of Doña Marta’s newly acquired passion for healing she was the most open to discussion, dialogue, and learning new practices than the other healers I have meet.

Doña Marta moved to the United States from Mexico when she was 18 years old. She explained that she was always eager to learn new treatments and remedies, but that her main goal in life was to meet the needs of her patients, even if that meant simply listening to their problems. When I would ask Doña Marta questions of such as the healing of *empacho*, or herbal remedies, she said that yes, she does, but often times she would yield to the expertise of other local healers like Doña Celia.

Doña Marta seemed more comfortable treating the spirit than the body. She was more of a psycho/spiritual counselor, than a healer of the physical body. Because the body contains organs, tissue, and blood, Doña Marta understands that not just anyone should or can manipulate the body. Only those with training, experience or deep intuition should attempt such things. This lack of ancestral legacy makes Doña Marta feel inferior to the other healers. She has profound respect for Doña Celia, whom she knows to be a healer in Milwaukee. However, Doña Celia does not share reciprocal feelings.

Gendered Space and Power Structures

Divisions of gendered space and power structures between the public and private have been well documented (Martin 1987, McDowell 1999, Hardy and Wiedmer 2005). In many cultures in the world, space and location is constructed along gender lines. Women in most cultures traditionally have been associated with the domestic space of home, while men with community (Ortner 1974). The home in Mexican society has traditionally been viewed as the domain of women and the community space the workplace of men. For both Doña Trini and Doña Celia their home has become public, by treating both men and woman in their home. The line between public and private are blurred at times as both these women treat patients the traditionally private sphere of the home. Both have been able to allocate space in the home for professional use. For Doña Celia it is her basement treatment room. For Doña Trini it's her makeshift waiting room and adjunct bedroom now converted to a treatment space.

Doña Celia's is seldom alone when she meets with patients in her basement treatment room. Family members always accompany her. Her husband of 35 years, who works the night shift, is home even though he is often asleep in the front bedroom that is separated from the living room by a hanging bed sheet. Her daughter-in-law is usually home caring for her new infant. Even though Doña Celia earns her own money as a lay healer, when it comes to domestic work and the division of household labor, her husband still expects her to do all the cleaning, cooking, and shopping, "I don't go anywhere without him. I don't leave the house except for picking up my grandson from school." She explains. As a lay healer working from her home, Doña Celia, does not leave her home to work, the community comes to her.

Doña Celia not only receives clients to treat at her home, but she is also the primary healer and caregiver of her family. Finerman's work with indigenous women in Peru investigates the contributions of women in household health and healing (Finerman 1998:25). Finerman (1998) also looks at gendered allocation of work that has positioned women in households as the primary caregiver for ailing members of the home. She suggests that this occurs primarily because women have more access to the home and to the children, they are positioned to hear first the complaints of sick children, and that mothers often recognize an illness even before verbal expressions.

Unlike Doña Celia, Doña Trini on the other hand, often times finds herself alone as she conducts her healing practice from her home. As a divorcee, she lives only with a female roommate. There is no man in the home; and while she

expresses enjoy the freedom and autonomy this affords her she, she is also keenly aware of the dangers of her situation.

One day I asked Doña Trini if she was ever fearful of meeting and treating strange men in her home, considering her small constitution. She said yes, that she occasionally thinks about those things. In fact, men have come to her, thinking that her practice is “sexual” in nature and has had men beg her to perform sexual acts for payment. So there are several ways in which she tries to protect herself. One of the ways is by creating a professional atmosphere of her. Dividing the space, separating the mundane private areas from the areas of business is essential. That is why the ready-made waiting room and separate treatment area is so important to establish her as a legitimate healer/massager, and not a massager of sexual pleasures.

Often, she wears a white lab coat when seeing clients, particularly male ones. The lab coat acts as a register, a signifier of medicine, a professional. The anatomical charts lining the walls of the treatment area are also specifically placed social cues of propriety and professionalism. She works by herself; she is a self-described *chaparrita*, so she needs to create a safe workplace for herself. She also has a stethoscope hung in her room although I have never seen her use it. This is a very pragmatic use of incorporating these biomedical symbols in her healing space. They are to ward off the unwelcome advances of men, and not to position her practice within the biomedical sphere.

I was amazed to realize just how vulnerable she puts herself in serving the community. I was scared just to think of this sweet, joyful stocky woman being

offered payment for sex. She must have read the look of fear and shock on my face, because she reassured me that she is not fearful. That fear is a mindset, which she chooses not to engage. She is so prolific in the way she serves and treats others and lives her life. She exclaimed, “Only God knows the time I will die, and yes while it may be painful, or even brutal—if it were at the hands of a rapist—I cannot live my life worrying of the unknown. If I die, I die. That is how I was raised to think my by grandma and that is how I choose to live my life. I don’t even worry about any legal things. I once had someone come here and tell me that I needed to pay taxes for the money I earn. I told them that I do pay taxes, I go to an accountant, and pay my taxes.”

The choice to convert a private space, such as a home bedroom into a public space of practice is not without its problems, as seen in Doña Trini’s story above. She had to take extra precautions from the unwanted advances of men to establish her authority and legitimacy as a healer to her clients. For her setting up diagrams of body physiology, and wearing a lab coat provides a buffer between the public and private spheres she navigates.

Woman’s Reproductive Health and Intuitive Knowledge

Back in the kitchen with Doña Celia, she told me something that was quite surprising and almost fantastical. “I had a mummified baby in me”, she told me. I replied with the rapid fire of the four questions *What? Why? When? How?* She sat down next to me to begin her story. “I was in Mexico and I was, when I was still young and pregnant. My husband worked away from the house and when the

time came for me to have my baby, I had pains strong and my neighbor took me to the doctor. The doctor helped me deliver the baby, but after the baby was born I told him that I felt like there was still something inside of me, like there was another baby. He rebuked me and told me no, that he had delivered the baby, and the placenta. I went home to my husband who was waiting for me there. By the next morning, my stomach was still inflamed, and hard. I kept telling my husband that something was wrong, that I still had a child inside me, but he just repeated the doctor's words." " Was he a male doctor?—I interrupted. "Yes, he was from the clinic." So what happened? I exclaimed, anxious to get back to the story. Well, about a week later, I was still feeling the same and I had passed some clumps of blood, so I went back to see the doctor. This time he gave me an x-ray, and told me that there was something still in my uterus. An x-ray?—I asked confused because I thought they could only reveal bones and not tissue.

Was it an ultrasound?—I asked pushing further. "No, an x-ray." —she corrected me. So then, what happened? "So he took out the dead baby, or half of a baby. It was deformed and was already starting to mummify. It looked leathery." By now, my mouth was gaping open. Oh my god!—I said, so what did he say afterwards, I mean you kept trying to tell him and he didn't listen to you. "Yes, I know, no one believed me, they kept telling me no, but I knew, I just knew something was not right." This *knowing*, is often referred to as intuitive knowledge in the literature.

In 1996 Robbie Davis-Floyd, and Elizabeth Davis interviewed twenty-two white middle-class midwives in the United States to explore the authoritative

knowledge and intuitive knowledge for home-birthing women. Their research reveals that midwives place a deep value on treating the women holistically, and rely on their inner voice or intuition for guidance. This intuition is expressed as a spiritual connectivity between themselves and the birthing woman and child. The midwives express stronger confidence in their mind-body-spirit-led intuition than in the technologies of the technocratic model of biomedical care.

I asked Doña Celia if she placed a *demanda* (legal complaint) on the doctor, or considered suing him. She said, “No, it would not have worked in Mexico. It is like here, people cannot just sue someone, and even if they do, they most likely won’t win.” It is very interesting the extreme vulnerability that many undocumented immigrants feel. Living here in the United States, they do not wish to claim their rights because of their immigration status. Yet even in their country, many of the poor Mexicans feel that they cannot demand their rights, because of the lack of social capital they feel they have. This was how it was explained to be by Doña Celia, “you are either illegal or your poor, so it doesn’t matter. You just go on [with your life].”

Doña Celia’s interaction and experience with the male biomedical doctor is not unlike what Davis-Floyd and Davis noted among their work with female midwives. Davis-Floyd and Davis compare the midwifery model of care with the Western medical model of care. Davis-Floyd and Davis suggest that in the latter model women’s bodies are viewed as defective machines. This view of the birthing woman is just one example of the struggle midwives and women have to

establish themselves as having authoritative knowledge in the area of reproductive health (Davis-Floyd and Davis 1996).

Davis-Floyd and Davis (1996) introduced the term technobirth, the hegemonic system of technology-dependent reproductive care. In this model, the female body has become a defective machine, in which her caregivers act as hyper-educated machinists managing her birth in an almost assembly-line fashion. This technological approach to birthing has encroached upon the authority of traditional systems of birth knowledge practiced outside the West, reifying the claim that the science of birthing is superior to natural forms.

At the time of their research, Davis-Floyd and Davis (1996) reported that under Westernized biomedical care, certified midwives are still viewed as subordinates to biomedically trained nurses and doctors. In which they are refrained from actually delivering the baby. Midwives practicing in clinics or hospitals were often times under the sanctioned authority of the doctors, who asserted control, and limited participation in reproductive health care. I go into more detail about lay midwives and their positioning within biomedicine in Chapter X.

The belief in the superiority of the Western model of birthing, to the chagrin of intuitive-led care has commandeered the minds of policy makers to believe that nature must be managed through machines and technology. The interaction between the male biomedical doctor and Doña Celia was constructed within the power roles of the authoritarian/subject model, where the male

physician, imbued with biomedical credentials, knows more about the Doña Celia's body than she herself.

This power dynamic is unequal and paternalistic. In *“Women Come Here On Their Own When They Need To”: Prenatal Care, Authoritative Knowledge, And Maternal Health In Oaxaca*, feminist anthropologist, Paola Sesia (1996) examines a similar dynamic among lay midwives in Mexico and their male biomedical counterparts. Sesia (1996) suggest that intuitive knowing as part of midwifery care is neither respected nor appreciated in the biomedical clinic. In fact certain, intuitive practices such as the *sobada*, or external massage or external version, performed on pregnant women as a means of prenatal assessment was done away with in the biomedical setting.

Sesia (1996) suggest that the *sobada* serves many purposes, first it gives the midwife a first overview of the progress of pregnancy, it helps relax the woman, and correctly positions the uterus, or *bolita* (little ball) containing the child, so that the woman's organs and bones are unduly compressed and strained (Sesia 1996:127-128,129). The intuitive knowledge gained from the physicality and connectedness of midwife and mother during a *sobada*, acts as an assessment tool in recognizing a potential hazardous breech birth. The relationship between midwife and woman is collaborative rather than placed in the power roles of authoritarian/subject with communication being fluid and multidirectional.

Doña Celia's experience with her mummified baby was another catalyst in directing her toward healing, and significantly, when it came to female

reproductive care. “The same thing happened to my daughter-in-law here.” She had a mummified baby? I asked with a look of shock on my face. “No, that the doctors wouldn’t believe her that something was wrong [after giving birth]”. Oh, I sighed in relief, too quiet for Doña Celia to hear. “What happened?” I asked, encouraging her to continue this stream of incredibly rich oral narrative.

“Well one day after giving birth at St. Jude’s Hospital, she told me that she was feeling bad, and that she felt something inside her. She was having bad cramps, throwing up, and bleeding from her uterus. I told her that she needed to go back to the clinic and see a doctor, so she did. She went there and told the nurse what she was feeling and experiencing, and the nurse handed her a small plastic cup and told her to go pee in the cup. My daughter-in-law was confused, she knew that they were looking to see if she had a bladder infection, but she told the nurse that she didn’t have one, and instead asked for a pelvic exam. The nurse told her no, that they needed a urine sample and sent her off to the restroom. Of course the test came back negative, and they told my daughter-in-law she was fine and sent her home.”

“When my daughter-in-law got home, I asked her how she was and what the doctor said. She told me the story of how the doctor didn’t even see her, and they didn’t massage her or check her pelvis. By this point *pobrecita* (poor thing), she was real bad, she even had a fever, and was sweating. She asked me to heal her so I told her okay. I prepared some *hierbas* (herbs) and made a tea for her to drink. Doña Celia explained that the herbal drink included *romero*. In Fran Buss's beautifully written ethnography about a New Mexican midwife named

Jesucita, who describes how she would make a tea from *romercillo*, as preventive measure for hemorrhages in post-parturient mothers (Buss 2000:79). I wonder even now if Doña Celia's *romero* is akin to Jesusita's *romercillo*, unfortunately, there is no way for me to know since Doña Celia is always very cautious about revealing her herbal knowledge.

"Then I told her to take a nice hot bath"—Doña Celia continues.

"Afterwards *la sobó, y tu creas que luego* (I rubbed her, and can you believe it, afterwards) she went to the bathroom and out comes a huge blood clot. *¡Enorme como un melón!* (Enormous like a melon!)" "*¡No me digas!*" ("You don't say")—I exclaimed.

One day I asked Doña Trini if she treated women for reproductive issues. I had a friend at the time who was suffering from terrible menstrual cramps. She told me yes, that she does. "What is it that is happening?"—Doña Trini asked. "Well I know she said she has lots of pain, even to the point where she faints and can't walk. She has had to go to the emergency room several times." "Is she passing *coágulos de sangre* (blood clots)?"—She asks. Yes, that too. Um, she says thinking. Sounds like her *matriz está caída* (she has a fallen uterus), or perhaps her body might be compacting the uterus causing discomfort and pain." Doña Trini goes on to explain to me that she treats this by pulling and elongating the spinal column. "*Mándamela* (send her to me)."—She says. "Send her to me so I can see her, so I can put the column back up into place. As demonstrated above, healers treat woman for a variety of issues, ailments, and conditions related to reproductive health and birthing.

In addition to treating a fallen *matriz* (uterus), Doña Marta commonly treats woman who suffer with infertility. When discussing reproductive issues with Doña Marta, she told me that she would often ask woman, who came to see her, if they really wanted to have children. She would tell them frankly, “Well, if you want children you need to *calentar la sangre* (heat up the blood) of your husband’s”. Meaning that ejaculation was not enough to ensure fertility, rather the man’s blood needed to be heated to produce viable and fertile sperm.

“I would also ask them how long it would take their husbands to ejaculate”, explains Doña Marta. “Many of the women would respond, “Oh like ten minutes”. And I would say, “oh no, that is not enough time to get you ready””. She explained to me that [the semen] comes out cold, and that the woman needs to *calentar* (heat up) [the semen], so that when the man ejaculates, *se va volando* (it goes flying), *y se pega* (it attaches) [to the egg].

“One time I had to tell my doctor what to do”, Doña Marta says, to my surprise. “Huh?” I mumble. “During an appointment, my doctor told me that her and her husband were considering adopting a child because she is infertile and couldn’t have children. So I tell my doctor that that her husband needs to eat lots of *higos* (figs), before they have relations [sexual intercourse], and eat *semilla del platano* (banana seeds) before [intercourse] too.”

Doña Marta’s unsolicited advice for her medical doctor was interesting to me for many reasons. She felt completely confident in offering sexual advice to the health professional, and while *higos* do exist, *semilla de platano* do not, or at least not in the botanical sense. Using the banana as a sexual aphrodisiac is

ironic because the herbaceous plant is asexual, and seedless. The banana is a hybrid product of cultivation and genetic mutation, resulting in a plant reliant on humans to propagate, rather than seeds for reproduction. “Perhaps she meant something else”, I wondered in retrospect.

Conclusion

In the United States Latina immigrants’ reproduction has been positioned within anti-immigrant rhetoric and conspiracy theories, as part of the ‘Latino threat narrative’ (Gálvez 2011:28). Leo Chavez describes how Latina procreation is has become central to the irrational concern of a “secret Mexican plan to take over the United States.” (Chávez 2008:3). Browner suggests that it was Marx who recognized biological reproduction as a social activity. Reproduction "can be considered social in a Marxian sense insofar as it is cooperative, purposive, and above all conscious." (Browner 2001: 773). In other words, a woman becomes pregnant within a social network and not in isolation.

The commandeering and reproductive control of the Latina female body is nothing new. Lopez’s (1998) work on the medicalization of Puerto Rican women’s reproduction looked at the relationship between Puerto Rican woman’s reproductive choices, specifically sterilization, and the socio-cultural historical context of their experiences. The new political economy of 20th Century American imperialism forced the medicalization of Puerto Rican woman’s reproduction. The 1930’s Eugenics movement in the United States pushed for high and in many cases forced sterilization in Puerto Rico. Throughout colonial history, Puerto

Rican woman on the island have been the subjects of medical and reproductive experimentation, including the testing of the IUD, birth control pill, and Emko™ contraceptive foam in the 1950's (Lopez 1998:242). "The medicalization of women's reproductive behavior infused and gave medical and state authority more control over the alleged "population problem" and subverted many other community practices, transforming women's social and cultural practices through the larger process of colonialism." (Lopez 1998:243).

Yet amid the social constraints stacked against Latina women and Lay healers, they assert their own agency in locating and receiving reproductive care treatment. Doña Celia even hinted to preparing herbal preparations for women not wanting to be or become pregnant, however because of the moral issues involved she remained rather vague about her treatment. In this chapter I describe how woman's autonomy in their work, relationships, and health care decisions unfold. In many cases, space in the home, a gendered space often associated with woman, and woman's work, is the place where Latina lay healers practice and demonstrate their independence.

PART III
THE PRACTICE

CHAPTER V

HERBS, FIRE, WATER, EGGS

Introduction

In the U.S., researchers have also found that many Latino immigrants continue to use herbs as part of their health care seeking behaviors. Balick et al. (2000: 345) found that even in urban U.S. settings such as New York City, Latino immigrants continue to use medicinal plants as part of their health care practices in addition to other biomedical treatments. My research suggests that herbal usage is common among Latinos in the Midwest. In this chapter I not only discuss the use of herbs, but also draw attention to issues of indigenous botanical knowledge, intellectual property rights, biopiracy.

In this section, I also discuss the various ways that lay healers treat illness and view the body. They heal the body through manual manipulations, they heal the spirit through religious, esoteric means, they heal the mind through counseling and listening. They treat with incantations, eggs, smoke, prayers, fire, water and herbs.

Towards the end of this chapter I share my own embodied experience of being treated for empacho at the hands of a healer in Milwaukee. I try to bring a phenomenological presence to the ethnographic experience in order to draw readers into the visceral process of memory as I internalize the present treatment with one I received years ago in Mexico.

Latino Herbal Knowledge

I encounter herbs and herbal knowledge in my own research with Lay healers in Milwaukee, WI. In fact, herbal knowledge and utilization in treatment was one of the things that tied all the healers together. Every healer (*parteras*, *sobadoras*, *curaderas*, etc.) used herbs in one form or another, whether prepared as a tea for a patient to drink, or found as the active ingredient in a *sobador's* rubbing ointment.

Herbal use among Milwaukee Lay healers can come in the form of dried or green plants to create teas, tinctures, or poultices, or as powders from ground parts of a plant. Doña Celia talked in detail at one of our meetings about the various herbs she uses to treat people and the importance of herbs in her practice. She explained that some of the herbs she uses could be found here in Milwaukee, or the United States, while others can only be found in Mexico. She uses herbs for external use for bathing, or internal use for teas.

All of the female healers I worked with during this research used herbs in some way, shape, or form. While many did share specific *recetas* (recipes) to treat a variety of illnesses with me, I choose to share only limited information here. I base my discretion in the conscious awareness that others have appropriated herbal, botanical knowledge for capitalist gains. I wish, as much as possible, to leave Latino lay healers autonomy over their own botanical knowledge. Below, I share a vignette of when I was introduced to the healing properties of *Ibervillea sonora*. I choose to share this particular encounter

because the medicinal properties have already been studied and published, and therefore I do not feel I am betraying any secrets.

While visiting Doña Trini one summer afternoon, I had the misfortune of tasting the root of a plant commonly known as *huereque*, or *wereque*. The fan was humming, bringing in fresh air from the outside.” Ramona”, says Doña Trini. I want you to try something.” Okay”, I say, a say with hesitation in my voice. Doña Trini leaves the room briefly, returning with a large brown glass bottle. She opens it and tells me to dip my finder in it to taste a sample. The powder is very fine; I dip the tip of my pinky into the substance and lift it to my lips. I only had an extremely thin layer of powered on my finger, but that alone was enough to cause my body to cringe from the intense bitter taste. *¡Guacala!* Yuck!—I screech. My face must have crinkled up, because Doña Trini let out a burst of laughter. She must have been expecting my reaction as if I was the butt of some unknown joke. I held my tongue out from my mouth, not wanting to taste it again. Still smiling and laughing she said that she would go bring me a glass of juice to wash it down.

In addition to acute illness or injury, Doña Trini also treats patients for chronic illnesses. Doña Trini explained to me that she uses the dried and ground root of *huereque* plant, as a way to control diabetes in her patients. The plant’s botanical name is *Ibervillea sonora*. There has been some biomedical interest in *Ibervillea sonora*, as a possible treatment drug for type II diabetes, and the research looks promising (Alarcon-Aquilar et. al 2005).

“Where did you get this from?”—I asked. “Someone brought it back from Mexico for me.”—She said. “Where do you get it from down there?”—I pressed. “Oh...at a nutrition store, or *herbaria*, herbal store.”—She replied. “Well, my husband is going back in a couple of months do you want him to get you some more?”—I asked. “Yes!”—she replied enthusiastically. “That would be wonderful.” “O45kay, there is one small *tienda esoterica/naturista** store in his town of Tres Valles, if it’s not there it’s gotta be at a store in Tuxtepec”—I tell her. Three months later when my husband went back to Mexico, this time without the rest of us, he did look for *huereque*, but didn’t find it. I regretted raising Doña Trini’s hopes of procurement.

Guarding Herbal Knowledge and the History of Plant Imperialism

“Plants are significant natural and cultural artifacts.” (Schiebinger 2004:3) After cartography, botany was the most highly funded discipline in Europe during the 17th and 18th centuries (Schiebinger 2004:10). “Botanists became agents of empire.” (Schiebinger 2004:11). When I first asked Doña Trini about her work with herbs she was cautious, and did not disclose much information. Even when I was present to see a young male patient of hers treated, she was particular in asking me to wait in her living room while she went to the kitchen to prepare the concoction. Much indigenous botanical knowledge is gender specific, as is in the case for midwifery. In Mexico, the majority of indigenous midwives are female and their plant knowledge is often kept guarded (Báez-Jorge 1970).

During fieldwork in Mexico, I found that most lay *parteras* (midwives) use some sort of herbal treatments as part of their practice. Yet once a lay midwife undergoes the midwife certification process, they are often forbidden to use herbs in their practice (Cosminsky, 1982). It is reasoned that some of these herbs may actually work, and therefore be too dangerous since the dosage is not measured (Cosminsky, 1982). It is interesting that while many practicing *parteras* are required to abandon this herbal knowledge, corporations are patenting this knowledge through the practice of bioprospecting for huge profits.

Ironically, while herbal medicine is often met with skepticism, applications of medicinal plants are increasingly bioprospected and mass-produced to the Western consumer (Harding, 2006). Plant knowledge is absorbed and modified in tablet form to fit the biomedical model of scientific acceptability. The unclean plant is transformed into a chemical base, packaged, and manufactured for the Westernized consumer. Pharmaceutical corporations enjoy multimillion-dollar profits as more certified midwives are forced to replace this plant knowledge with patent medications (Cosminsky, 1982).

In the late 18th and early 19th century botanical gardens began appearing in Europe as research facilities (Merson 2000). The transport of animal and plant material from the colonized tropics to Europe and other colonized countries increase. Bioprospecting of the resources was what fed and sustained the colonialization process. When colonies were threatened by tropical illnesses and disease, new medicines were sought after in order to sustain the colonial communities. With the increase in diseases came an increase in the search for

new biologically derived medicines and cures. This meant that the documentation of local knowledge of plants and medicine became an increasingly important part of chemical, pharmaceutical, and biotechnology industries. As research increased in this area, nation-states became increasingly concerned about the protection the intellectual property, and in 1930 the US passed the Plant Patent Act (Merson 2000). The incentive for patents is linked with money, and research if unpatentable would be unprofitable.

It is interest that is motivated by profit and profit protected by patents. “Patents like other forms of intellectual property, are in fact meant to be tools of exclusion: they grant exclusive property rights of a particular kind, not to a thing but to an idea, technique or process” (Hayden 2003:23). Certainly, ownership of nature is long standing, we can think of early mineral prospecting as example, or cosmetics, food products, etc. So until the 1992 UN Convention on Biological Diversity natural resources were considered part of our shared international heritage, theoretically accessible to all. Still, others began to argue that patent designs, and corporate innovations—were simply repackaging of established knowledge, and therefore not patentable.

In the United States, there are different types of patents which outlining the length of time the patent in guaranteed, the degree of exclusion, and how the property may be used. However the basic criteria for intellectual property remains the same, it must be knowledge that is “novel, useful, and nonobvious” (654). The definition of Intellectual Property Rights (IPR) has been expanded to include life forms and biological material, such as plants. Lastly, there has been

an increase in pressure for an international standard, and for nation-states to implement IPR's.

Proponents of IPR's have argued that they are an extension of natural rights, and that they increase economic efficiency. Brush, provides evidence that states the contrary, and suggests that IPR's cannot be justified on a moral basis, or demonstrated economic need. As for economic efficiency, IPR protection is extremely expensive and difficult to enforce. Despite these facts pressure of IPR continues because the high stakeholders are the rich and powerful living in the developed world

Mgbeoji explains the philosophies and theories behind the patent system, namely, Western society's affinity to the ideology of individualism, capitalism, and the protestant work ethic espoused by Calvin (Mgbeoji 2006:19-20). Proponents of the patent system justify the practice based on three theories. The first is the Reward Theory, which "argues that inventions are made because the patent system offers reward to inventors" (Mgbeoji 2006:20). Mgbeoji argues however that inventions would always exist, regardless of reward, since inventions are a product of need. History itself shows that the world invented well before the birth of the patent system.

The second is the Contract/Disclosure of Secrets Theory, which posits that the patent system creates a contract between inventor and the state, in which the inventor discloses the secret of the invention to the state to receive a limited monopoly over its use. However, critics argue that regardless if an invention remained a secret, given time, others would eventually develop it, since

again, “necessity is the mother of inventions” (Mgbeoji 2006:20). The third theory for the justifications of patents is referred to as the Encouragement of Invention Theory, which advocates a causal link between patents and inventiveness and industrialization. Basically, here advocates suggest that inventiveness and industrialization is caused by the patent system. However, the author suggests that inventiveness is not directly motivated by profit. That in fact, Dr. Salk the inventor of the polio vaccine gave it to the world freely (Mgbeoji 2006:21) and that considering the legal language of patents and the expensive nature of the patent process, patenting an invention can be out of reach of the common person.

Hayden stressed that there is no such thing as a static and stable knowledge of plants it is as fluid as the people who have encountered each other. For example, rosemary and chamomile, two herbs that are frequently used by traditional healers in Mexico are native to Spain. Most recently, alternatives to Western medicine increasingly have Chinese influences even in Mexico, forming a contemporary hybrid. Other indications of the widespread mixing of plant knowledge are the standardization of vernacular plant talk in Mexico. One of the vehicles for plant knowledge exchange is the marketplace, where researchers and vendors exchange knowledge of plants in the space of “public domain”.

Fire and Water

During a visit with Doña Trini we had a lengthy discussion on the bad energies that people give off and receive during their normal day. From looking

at me, she said, “*Ramona te cargas mucha energía. ¡Demasiado!*” (“Ramona you carry with you a lot of energy, too much!”). When I asked her what she meant by this, she asked me, “well do you feel tired a lot, run down?” “Yes”, I said—knowing that working on a Ph.D. was a very stressful and demanding enterprise. “It is because you carry too much energy of the people around you, people on the street.” She explained that after a day of meeting and interacting with people, some of which had their own bad energy, thoughts, feelings, and energy, that I would absorb this and that is why I felt bad.

She asked me if I took the proper precautions and cleansed myself. Knowing that she was not referring to a deodorizing shower, I told her no, that I never had. Disappointed in my answer, like a schoolteacher who heard the wrong answer from her pupil, she reached into a box on her desk and preceded to hand me something. “Here, take this and this, you’re going to burn them and I want you to fan the smoke on you to purify yourself.” I looked into the palm of my hand at the small objects she placed there; one was a perfectly round black tablet. She told me it was charcoal. I had seen this type of charcoal before, at a *quinceañera*, it was used to keep the pans of food in the buffet line warm.

The other small object was a rock, no...*mejor dicho* (better said), a resin. “¿*Es copal**?”—I asked. “Sí”, she said. I got excited. I loved copal! Immediately seeing the *copal* I lifted it to my nose to smell it, but there was no fragrance. I knew that that would come once it burned. *Me dió nostalgia al ver el copal* (It gave me nostalgia to see the copal). It brought me back to the *mercados** (markets) of Oaxaca City during the summer of 2006, when I lived there with my

daughter while studying Mixteco through a Summer Intensive Language Program run by San Diego State University. I remember the smell of the *mercado* just outside the city *zócalo* area, or main plaza, it was an infusing concoction of fresh fruits, fragrant herbs, and the dull smell of blood from freshly cut meat. The ground was concrete, but I do not remember seeing the walls of the large *almacén* (warehouse), because they were always covered by *huipiles* (traditional Mexican shirt/dress), hanging weaved baskets, *sarapes* (blankets), and other various items for sale. Each section of the *mercado* seemed to specialize in a certain product, and in one corner, I remember stopping at a vender selling herbs, candles, and copal, all scattered in a huge wicker basket. I remember the grainy feel of the stony resin, resembling amber but with a sweet spicy aroma to it.

I loved the smell of burnt copal. It always held such a special spiritual meaning for me. It reminded me of the earthy spice smell of incense burnt during the mass at Nuestra Señora de Guadalupe Church where I went as a child with my grandmother. This time there were no songs of *Alabaré Alabaré** accompanying this scent. Instead, as I burned the incense on my front porch stoop, the sounds of the television, and my kids fighting could be heard in the foreground. I burned my finger a little when I lit the charcoal brisket, not realizing that it would light so quickly and burn so strong. I placed the copal *encima* (on top), and as the smoke began to rise carrying the delicious fragrant smell, I waved my hands toward my body directing the streams of smoke toward me. I waved my hands the same way I do when I light Shabbat candles to greet the

Sabbath Bride. I felt that the smoke could cleanse me. Why not? Copal was special, or at least I was raised to think so, even if I was never told why.

On another occasion, Doña Marta gave me two camphor tablets and instructed me to go home and add one tablet to boiling water. She told me it would cleanse my home from strong energies or the *mal de ojo* that people would leave behind after visiting me. This use of camphor and water as a way to cleanse ones' home from bad energies has been reported in other urban locations and among Latinos who are not of Mexican descent (Viladrich 2009).

Again, she was surprised and giggled a little that I did not know this custom, and did not take care of my home in this manner. I appeared to her somehow negligent for not cleaning out the spiritual dirt from my home as one might sweep or vacuum the material dirt. Examining the tablets in my hand, I thought how beautiful they looked, almost like pure white sugar cubes, or a mound of snow in the winter. They smelled strong, and I remembered this scent as possibly being a prime ingredient in my grandma's "*vaporub*", Vick's Vapor Rub® that she would apply on anything from a bug bite to back pains. Grandpa even would eat the stuff, and put gobs of it up his nose to breathe better. I smiled and chuckled at these comical memories in my mind.

I keep the two tablets in a small plastic sandwich bag in my towel drawer next to my kitchen sink; unfortunately, it was not one of those zipper kinds. I was waiting for an appropriate time to take them out and use them. I knew that the smell would be strong, so I wanted to do it after supper, not wanting to mix my

*estofado** with the scent of camphor. Days past, then weeks, and the tablets started to become crumbles in my overcrowded kitchen drawer.

I meant to do as Doña Marta had instructed me, but I never got around to it. I felt guilty, knowing that she gave them to me to use. At some point—sick of my tortilla towels smelling and my tortillas tasting like camphor—I threw the tablets into the trashcan. The next week when I saw the smiling Doña Marta and she asked me if I had used the tablets. I panicked and lied. “Yes”, I told her, “Thank you, I loved the smell.”

Variations of the evil eye, or *mal de ojo*, can be traced in many cultures throughout the world, not just in Latin America. Variants have been found as far back as the ancient Sumarians, Greeks and Romans (Bayles and Katerndahl 2009). Even within Jewish communities, women will be found wearing a hamsa around their necks to ward off the evil eye. A hamsa is an amulet somewhat resembling a hand with an eye in the palm. Hanging Hamsa placards can also be found on the walls throughout Jewish homes.

The Shell of an Egg

While waiting for Doña Marta to return to her shop one afternoon, I had a very interesting and informative conversation with her sister Elidia. When I entered the store, Elidia was sweeping behind the glass counter where the cash register was. During our talk, the conversation of illness treatments came up. I asked Elidia what types of illnesses Doña Marta treated. She said that Doña

Marta often sees patients for *enlecho**. The following is the conversation about the illness, treatment, and the healing process.

Elidia: *Enlecho* is an illness that occurs when a baby is normally fed formula that is lukewarm, and all of a sudden is given formula that is too hot. It causes the babe to get *enlecho*.

Ramona: Is this the same as having *cólico* (colic)?

E: No.

R: What do you do in this case?

E: The *curandera* would break an egg, split it down the middle, add milk to the shell, then carefully put it on the stove, balancing it on the metal burners so as not to spill the milk. Then she adds a little *chocolate*...

R: Like *chocolate Abuelita*®?

E: Yes. Then you add olive oil, letting it boil then cool down. Then you give it to the baby to drink.

R: What is the significance of the eggshell? Couldn't you just use any type of pot to heat the ingredients? Or is the eggshell important?

E: No, a pot or anything else wouldn't work, the egg is very important. It takes the chemical properties of the egg, but I don't know which. You know—the way an egg is found inside the body of a hen. Inside the hen near the *espinazo* there are eggs, little eggs.

R: What is the *espinazo*?

E: It's the place where the hen forms an egg inside herself—or when the egg forms inside her it is soft and rubbery-like until it comes out and hardens.

R: How does this happen?

E: *Quién sabe* (who knows)?

I suggest that the way Elidia is unable to articulate and describe the way an egg forms and develops inside the hen, first as a soft gummy creation, and then how it is transformed chemically into a hard egg shell, is similar I think to how she cannot fully articulate the way the power to cure *enlecho* works. She can see

things happen; she can touch and sense a change. An intuitive sense aided by sight, taste, smell, and touch informs her. Yet a full understanding of how and why things work the way they do elude her. This is similar, I think, to the faith we often place in taking physician-prescribed antibiotics, expecting a cure without fully understanding how the process works.

Another treatment would be to *pasar el huevo por fuera* (rubbing an egg on the outside), rubbing it along the body (arms, chest, head...) to rid *el mal de ojo* (evil eye). Elidia demonstrated how the *mal de ojo* is given. She suggested that when a person meets someone on the street or in a place, and for one reason or another *te cae mal, o la cae mal* (you don't like her or she doesn't like you), she may look at you out of the corner of her eye in an unfriendly manner—*dando el ojo* (giving the eye). Again, Elidia explains that the rubbing of the egg works to rid the patient of this, but again she does not know why. Another treatment illness similar to *enlecho* is called *emplasto**, a type of stomach ailment but the curing process is different as it is applied topically rather than ingested. The process involves making a paste by mixing with an egg, with crushed *platano* (plantain) bread, and alcohol. You mix the paste, apply it to a *faja* (bandage), and bind it to the stomach. The treated *faja* is used to rid the patient of stomach pains. This rubbing of an egg was something that I recalled from stories retold to me by my aunts and older cousins about my great grandmother, Gramma Ayala.

I told her about the way Gramma would hold a candle under a glass cup and then place it on the body. I was not sure what it was for and asked her if she

knew of this practice and what it was about. She told me that it is called *ventosa* (cupping). Since exposing one's body to sudden changes in ambient temperatures in contrast to body temperatures, so a hot body exposed to cold air, or a cold body exposed to hot, are believed to cause illness through *el mal aire* (bad air) (Zavaleta and Salinas Jr. 2009: 152).

Las ventosas (the cupping) are a process of sucking out the bad air that has entered into the body Elidia describes the materials needed for *ventosas* as small glass cups, alcohol, and candles. "Primero se tiene que limpiar bien los vasos con alcohol y dejar que se seque. En el cuerpo se le ponen las velitas, y luego se le ponen los vasos encima para chupar la piel hasta que se apaga la flama." Elidia Cautions that the process is dangerous because if you leave even a drop of alcohol in the glass and it touches the back, it will burn the area. "Marta *no trabaja en eso* ("does not work in this"), because of the danger involved." After relating the process and the warning Elidia states, "*estos son 'tradiciones' que todo el mundo sabe*" ("these are traditions that the whole world knows"). Interestingly cupping as a treatment for illness is widely used by healers throughout the Latin America and the other regions of the world.

Mis Tripas and My Embodied Experiences

One afternoon after work, I went to see Doña Trini. I was hoping to talk with her more about her practice, but instead she welcomed me into her treatment area and asked me to take off my shoes in preparation to lie down. When I walk into the room, she picked up the used towels on the floor indicating

that I was not her first client of the day. The number of clients that Doña Trini treats in a day varies, she once told me, but often she sees three to four clients in a day. She lays two fresh, clean new towels on the floor for me and instructs me to lie down. The nerves always hit me at this moment. I have always been fearful of going to the chiropractor; I never liked to get my neck "cracked", adjusted. She has me lay down again on my back, to relax and breathe.

She is talking to me through this whole experience. About her kids, her new boyfriend, the celebration of her recent birthday. She tells me that from the money she earns from her work as a healer in Milwaukee she sends remittances back home to support her three sons who live in Guadalajara. She is divorced and self-employed working out of her home, supporting herself from her healing practice and the occasional sales of vitamins. "and from the *fajas* I remind her." She looks puzzled. The brassieres and Spanx®-like body wear that used to be called girdles during my grandmother's generation. "*Si como las de la tarjetas*", ("Yes, like the ones on the business cards"); I remind her, alongside your name and phone number. "*Ah sí*" ("Oh yes"), she replied, "those too." Then I remembered that I had never actually seen those products anywhere, in the waiting room, or in her treatment room. I also had never seen anyone buy those body contraptions from her. I began to think that maybe they were a ruse, you know, a way to advertise herself but guard the true nature of her profession. However, Doña Trini was a businesswoman, as well as a healer, and if she could make a profit selling other items alongside her healing, she would, and I suspect be successful at it as well. I asked her about business. "Is it going good?" "Yes",

she says. As I am lying still, she prepares the egg treatment. She takes room-temperature eggs into her hands, one-by-one and begins rubbing them over my head.

The sound of the yoke colliding back and forth in its shell was oddly soothing. As she continued to rub my head with the egg, I told her that I had been suffering from debilitating migraines which often would last days to even weeks at a time. I had been seeing several doctors about them, but to no avail. Just then, she touched the exact spot where my migraines begin. “There?”—she asked, while touching the right side of my head behind my ear. “Yes”—I replied, surprised that she knew the epicenter of the migraines. Suddenly, she set the egg aside and swiftly yanked two spots on the top of my head, grabbing on to what could only amount to tufts of my hair. Crack! *“Tu molleras estan caídas”* (“Your fontanels are fallen”), she explains.

In biomedical terms, the newborn skull consists of several non-cohesive bones, which eventually come together and harden through a process called ossification. A membrane called fontenalles covers the space between these bones. The anterior fontenelle in infants is often referred to colloquially as “the soft spot” (Kaneshiro and Zeive 2011). In both biomedical and folk healing practice the characteristic of fontenelles, whether sunken or bulging, can indicate disease or illness. In clinical practice, a concave, bulging anterior fontenelle for example may be an indication for encephalitis, or meningitis, while a sunken, convex one might indicate dehydration or malnutrition (Kaneshiro and Zeive 2011). An interesting distinction between the way biomedicine and folk medicine

view fontanelles is that the prior views it as an indicator of underlying disease or illness, while the latter perceives it as an illness in of itself, and one that can be altered, adjusted, and thus treated. In discussing *mollera caída*, some has mistakenly described the illness as being specific to infants (Trotter II 1991), however, in the my experience, at the hands of Doña Trini, there are more than one fontenelle and adults have them and are still be susceptible to them falling resulting in illness.

I could feel another tug and a snap—like opening a soda can. Then she repeated the procedure on the left side of my head in almost the exact position opposite the right. This time when she tugged, popping the *mollera* out into form, it hurt a lot; however, this time there was not an accompanying snap. She acknowledged my pain and agreed that that was a sensitive spot. After this, she ambushed my neck and pulled until there was a crack.

She must have known that I get nervous around treating my neck, so she did it so fast I did not have time to tense up in fear. Afterwards she got out some oil, and started to massage the top of my shoulders down toward my wrist. Stretching along what I made out to be my ligament tracks. She would press down hard in a slow steady motion tracing the path of my ligament. She did this to both my arms, and then after she lifted up my shirt and began massaging my stomach. It was a deep, intestinal message, like the one I had done to me by a healer in Mexico, when my mind and body were convinced that I was dying of food poisoning, or a parasitic ameba.

It was 2006 and it was the same year that the *desalojo** had taken place in Oaxaca City, Mexico, and subsequently I had gotten my first taste of tear gas from bombs that shook my apartments concrete walls when they exploded on the sleeping teachers union strikers sleeping in the *madrugada* (early morning hours). But that story is for another time. This story begins out away from the city, in a small rural town called Huajolotitlan. It was a weekend and I was there to visit my daughter who was on a youth camping trip at a *bañarí*a (a camping/swimming resort). I did not prepare well for my trip, honestly, I was not thinking of anything else at the time, but how much I had missed my daughter who had left our Oaxacan apartment earlier that week. I came to the campground with nothing more than clothes, not thinking what I would eat for the weekend.

By the time the searing noon sun had hit the swimming area I was famished, to the point that this vegetarian decided to eat the *milanesa de pollo* (breaded chicken), that was been served at the resort grill. Within an hour of eating, I felt deathly sick. I tried to lie down in my daughters' tent hoping it would pass, but it did not, I grew worse as the day stretched on and the sun began to arch over the sky. I developed a fever and chills and was vomiting and going diarrhea. At one point, I fled the restroom in shock and horror believing at the time that I had seen small worms leaving my body. Was I hallucinating? I do not know, but when I told the people who gave me a ride there, they just laughed and said that that could not happen and that I must be seeing things. Unconvinced I angrily went to lie down going in and out of delirium as I thrashed from side-to-side in pain.

Finally, after crying and complaining I begged someone to drive me into a town to see a doctor. After driving around a bit, we found a private clinic that was open this late on a Friday evening. The doctor talked with me and prescribed anti-parasite pills, and some *Paracetamol* (Acetaminophen) suppositories. The medicine did not help in making me feel better, but I was able to sleep through the night on the ground at the campsite. Early in the morning, my companions took me back to Oaxaca City. It was an agonizing drive, meandering up and down the mountain range for hours upon hours.

Finally, we were home and I was taken the home of a *curandera* to be treated and to get rest. At this point, I was wishing to die from the pain and fever, so that I was not consciously aware of the procedures being done to me. I was led to her room, and placed on her too soft bed, which was covered with layers of blankets, towels, and clothes from the days wash. I don't remember how my stomach was exposed or even if I was wearing pants, but I do remember that for the first time in my life I was aware of every millimeter of my intestinal tract, because it was being squeezed and kneaded by the *curandera*. It didn't hurt, but I remember in my delirium thinking that this could not be safe for human organs to be grabbed that way.

All at once near the lower right side of my intestine, perhaps just above where I imagine the appendix to be, she stopped, then began again in a small circling motion until I could hear and feel a swishing sound. "There."—she said, "There, is the infection. It's stuck. I have to push it out." This was the painful part. She dug into my intestine deeper and deeper until she wrapped her fingers

around the infected area and started to squeeze and push, like the way one squeezes and pushes chorizo from its sheave onto the frying pan. All at once she was done. She had me turn over and *me desempachó*, grabbing the skin along my spine with a washcloth and her hands and pulling and twisting until a snapping sound was heard and felt. She continued at various intervals up my back until she was done. She left the bedroom. I was face up, now, and staring at the ceiling trying to find an answer to what had just been done to me. The *curandera* returned and gave me a tea to drink. It was not sweet, but I could taste the distinct flavor of cinnamon. After drinking, I came to realize that my pain was gone. "My pain was gone!" –I thought. I was better, miraculously, I was better! I felt weak, but I knew I was healed of whatever horrible thing had invaded my body and caused me to plead for the onset of death.

This is the memory that I relived as Doña Trini's healing hands were massaging my stomach. This is what I compared it to, to make out the similarities and the differences, to classify these methods into my mind, sorting them for understanding. Doña Trini did not explain the connection to me of treating my headaches with a stomach massage. When the *Curandera* in Oaxaca treated my stomach made sense because in my mind the infection, the cause of my fever, chills, and pain was located in my abdomen, but here, in Doña Trini's care, I thought I was being treated for my migraines, so why would she be touching my stomach, and my extremities for that matter? An answer was not forthcoming and I did not press the point.

In fact as I play the day back in my mind, it was not like when you go to the doctor as are interviewed to get a diagnostic clue from your symptoms. No. The fact that I had a migraine issue was something I told her after she laid her first hand on my head. I thought I was being treated for a migraine, because I was the one who mentioned it. However, in actuality, I was a passive player in the healer's treatment of my body. Moreover, it was as if the healer's treatment itself was a way to gauge her; to intuit what is needed for my healing, rather than me telling her of a problem and her attacking it.

CHAPTER VI

CLEANSINGS, THE VIRGIN, AND SPIRITUALITY

Introduction

Cleansings and counseling sessions are two very important types of services Latino lay healers provide the community in Milwaukee. Services rendered may be to treat cultural-specific health syndromes, like *susto*, fright sickness, *mal de ojo*, evil eye, or *celos*, jealousy resulting from *brujería*, or witchcraft. While these services can be framed within spiritual, esoteric, and/or religious practice, in practice they act as the equivalent of psychological services that mental health professionals could provide.

In this chapter I share stories of how deeply the need is for Latinos in Milwaukee to have access to these lay counselors. For many these are the only types of psychological resources they have access to. One family for example, suffered the ultimate pain and loss when their son committed suicide. This family did not have access to mental health professionals once their son dropped out of high school. Undocumented and lacking health insurance, there were few places they could turn to for help. They often felt isolated within their religious community that held the position that mental health was an indicator of demon possession. It is not certain that a Lay healer could have prevented such a tragic loss, but they provide a measure of anonymity to families who may feel otherwise ashamed to seek mental health assistance.

Healing *El Mal De Ojo*:

Even though Doña Marta has a healing table in her treatment room, I seldom saw it used for more than just a place to have a patient sit during a diagnostic session. Her specialty was to listen, and many of the women that she saw desperately need someone to do just that, to be heard and not judged. Many of these women had problems in their marriage, or with some sexual issue and felt too embarrassed to discuss the matters with their family, friends, or priests. Additionally, language and cultural shyness prohibited them from seeking the advice of biomedical doctors on matters of intimacy, sexuality, and infidelity. Doña Marta was safe, she was confidential, understanding, and could provide ways to manage or alleviate their concerns.

Doña Marta told me that she often treats people who are burdened with bad thoughts or worries, caused by *mal de ojo* (the evil eye). “*El mal de ojo*, she explains, “is sometimes maliciously transmitted, while at other times it is benevolent and accidental. Sometimes a person with a strong *vista* (look) does not know they are inflicting harm on another person. Babies are often the unwanted victims, caused by strangers paying too much attention to them.” “Is this why babies are given a red string to wear on their foreheads?” I questioned. “Yes”—she explains, “But a red string can also be tied to their arm or leg. A stranger should never touch a new baby...that’s why when woman comes here complaining about their babies being fussy *con cólicos* I tell them they should dress the baby in red, or tie an red *hilo*, string to them.”

“Red?”—I thought. “Now that is an uncommon color for layette clothes in the U.S.” “Blue, Pink, even yellow yes, but Red?” Women surely were not going to find such a color for infant wear at the local Target, or Walmart, no...but they would find them at some of the Mexican-owned stores on Mitchell Street, where in addition to these outfits one could buy *quinceañera* dresses, and order baptismal *capias*.^{*} Doña Marta’s explanation of how *mal de ojo* is transmitted via “*vista caliente* or *pesada*” (hot vision or heavy vision) is also reported elsewhere by Latino communities in the United States (Baer and Bustillo 1993). A potential receiver as well as a potential giver of the illness can take precautions against *mal de ojo*. A child, who is often the receiver of the illness can be protected from “*vista caliente* or *pesada*”, by wearing the color red as Doña Marta suggests, either as clothing or in the form of a string attached to the wrist like a bracelet, or applied to the forehead with honey.

Nadia, a female undocumented Honduran immigrant who I mentioned in chapter III often dressed her newborn daughter in red clothing sent from Honduras by her mother. Nadia went against her religions tenants in protecting her child from the evil eye by tying a red string bracelet with a charm of *La Virgen de Guadalupe* hanging from it, around her daughter’s tiny wrist. Even though Nadia viewed this as superstitious practice, and contrary to her Protestant beliefs, she explained, “One cannot be too careful, when it comes to their child’s health.”

Doña Celia also treats people for *el mal de ojo*. She told me of a couple from Houston, Texas who came all the way up to Milwaukee in order to be

healed by her. The transcending of state borders in search of a good healer or *curandera* is not unheard of. Mulcahy's (2005) research with a Mexican born *curandera* in living and practicing in Oregon revealed that families travel frequently from neighboring Idaho for treatment. The husband was entrapped in marital infidelity, and wanted to be free of the other woman. The couple and Doña Celia were convinced that the woman had placed a curse on him through *brujería* (witchcraft).

“So this couple is coming from Houston to see me next week.”—

Doña Celia tells me one day during our visit. “From Houston?”—I ask, surprised.

“I know, I asked them “so you are going to drive all the way up here just to see me?” No, I say. Why don't you find someone in Houston who can do it for you?”

The woman said that they didn't find anybody in Houston to help them, and they do not know of anybody who does this, and that they trust me and that I did miracles in their lives.” Doña Celia explained further that the couple was having marriage problems, and that they were living in a poor trailer home. “*El hombre* (the man)”—she continues—“isn't interested in his family anymore, or his wife.

He is *desanimado* (discouraged), *deprimido* (depressed). He had a woman on the side for a while and when the other woman left him, he didn't have the will or desire for any goals or anything.” —she explains. “So this is the reason that the couple wants to come here for a *curación* (a healing).” When Doña Celia told me this, I was not sure what a *curación* (a healing) meant—what it involved. Was she suggesting the man was clinically depressed? Was Doña Celia counseling them? What was involved in a *curación*? What was the illness he had?

While all these questions were streaming in my mind, and before I could speak, Doña Celia gave me what could be considered a diagnosis for this illness. She says, “*él tuvo el mal vista* (he had the bad vision).” “Like *el mal de ojo*?”—I ask, confused by the naming of the illness. “Yes, that.”— She replies. “You see, the other woman gave it to him. She must have gone to see another *curandera para hacerle el mal* (to make him sick).” Now I understood that she was not talking about a physiological illness, but an illness caused by supernatural means *brujería* (witchcraft). It was witchcraft, through the *mal vista*, that has caused him to become discouraged and depressed.

“So how do you heal such a thing”, I ask. “Well, I will need to do a *limpia* (a cleansing)”, she says. Doña Celia goes on to explain that a *limpia* consists of *una tallada con lluevos* (a rubbing with eggs), and with certain herbs that she uses. I asked her if there are also prayers involved and she says yes. I was not available to witness the *limpia* for the man from Houston, but two weeks later when I saw Doña Celia again, she assured me that the treatment was successful and the couple returned to Texas satisfied with the results.

Seeking a lay healer for marital problems is not uncommon, and is a major component of many lay counseling sessions. Healers provide a much-needed service for Latinos exhibiting stress related to family life, work, and their vulnerable immigration status. These informal counseling sessions fill a niche in the community where psychiatric care is often considered taboo, or out of reach because of lack of insurance and economic costs.

I cannot stress enough the importance of lay healers to Milwaukee Latinos enough particularly in the area of mental health care. Lay healers fill an empty niche within the U.S. health care delivery system. One sobbing mother from Venezuela recounted to me the terrible ordeal she had in trying to obtain, and maintain, mental health services for her depressed son. “We wanted him to be in a hospital, to get help somewhere, but we couldn’t get the help, with no insurance, no papers, no money...I was helpless.” “What about when he was in school? Did he see a counselor there?” I asked. “Yes, but it wasn’t enough, after a while he just stopped going to school. Then there was nobody.” She explained.

I attended her son’s funeral last year, after he took his young life in the family’s bathroom.

La Virgen* de Carmen

One day while visiting Doña Marta, I noticed that she was wearing all white. I hesitated to greet her in our usual fashion, with a kiss on the cheek and an embrace, because I did not know if her all white attire was part of a ritual. My friend in the anthropology department had just undergoing an initiation into the Voodoo religion in which she had to wear white for one year and refrain from coming into contact, and touching other people. With this fresh in my mind, I hesitated before reaching for Doña Marta, and instead asked for her permission to approach and hug her. “*Claro que sí, no hay problema* (Of course, there is no problem)”, she told me. I stretched out my arms and embraced her, kissing her on the cheek as us Latinas often do—cheeks touching and lips kissing the air.

I explained to Doña Marta why I had hesitated, out of respect. I asked if there was a reason that she was wearing all white from head to toe. She said yes, and led me to her treatment room, closing the door behind us. “I was given a dream. I was told that I needed to wear the clothes that *La Virgen de Carmen* wears.” She says. “You know the clothes of *La Virgen de Carmen*?—She asks me. Looking blank, I shake my head and reply, “No.” She pointed to a *calendario*³ (calendar), on her wall that included a picture of *La Virgen de Carmen*. In the calendar’s illustration *La Virgen de Carmen* is clothed in white flowing robes adorned with a crown and fine jewels. Doña Marta herself is wearing a loose-fitting white cotton or gauze skirt, a white blouse, and is decorated with gold-colored earring, and several layers of gold-colored necklaces. A white scarf is wrapped around her head and tied in the front above her forehead. She appears unsure of her new look, but mentions the importance of doing what was requested of her in her dream. “For how long do you have to wear this?”—I ask. “Well, for about a year...maybe I will do it for six months...I don’t know.” She replies.

“I still need my cape, like *La Virgen*” she says, pointing to the image on her wall. “My sister is sending me the *tela* (cloth material) from Mexico so I can have it made for me.” “Why do you need the material from Mexico?”—I asked. “Wouldn’t it be easier just to go to a fabric store here in Milwaukee and get the

³ In Milwaukee, *los calendarios* are given to patrons of Mexican food stores or Mexican –owned businesses during the Christmas and New Year seasons. They commonly advertise the merchant that gave out the calendar. *Los calendarios* can be seen displayed in many homes even after the year has passed in order to continue to display the often beautiful illustrations attached to them. Common illustration themes are Aztec heroes and heroines, the Mexican flag, The Mexican Revolution, and La Virgin of Guadalupe.

material?”—I press. “Yes, easier, but the material in Mexico is better, better quality.”—She explains. No further explanation about the quality of Mexican material is provided. It is a common assumption by Milwaukee’s Mexican born Latinos that products from Mexico are much better than what can be obtained in the United States. It is also the common perception that even the products made in Mexico but sold at a Milwaukee store, are of inherently lesser quality. The best quality can only be bought in Mexico. The attribution of things having a better quality in Mexico is a common reason for transnational procurement of products, whether they are material for a virgin costume, pharmaceuticals, or herbs for cooking and healing.

Today, like many days I would visit Doña Marta, I asked many questions about her, her beliefs and practice. Today, she turned the tables around and asked me several questions about my beliefs, religion, and spirituality. For starters, she asked me what religion I was and I told her that I was Jewish. She asked what that was and if I believed en *Jesús Cristo** (Jesus Christ). I did not say no too quickly to her question, not wanting to offend her, but rather took a longer approach to get at the answer. I told her that in Judaism—the religion I had recently converted to—we see things differently than the way Christianity does. We don’t have a need for a savior, and see Jesus as a fellow Jew. I explained to her that Jesus was a Jew, lived as a Jew, and died a Jew—she quickly corrected me stating, “...and he rose from the dead and that he is God”. I smiled, shook my head in acknowledgement of her understanding of Christianity, and tried to change the subject away from Jesus’ resurrection.

I described how the focus of Judaism is not on the world to come as is often the case with Christianity, but that there is this idea of *tikkun olam**, that our place in the world as Jews is to make it a more just place, and that social justice issues are very important to Jews and Judaism. She said, “*por nosotros tambien* (for us too).” I smiled again and agreed. “Than in this way Christianity and Judaism are alike.”—I say, and tried to get off the religion subject, because my level of discomfort with the topic was increasing.

I changed the subject to my study of Mixtec culture and language in Oaxaca in 2006, and she appeared very interested in hearing about this. I told her stories of the festival in San Juan Mixtepec, for *Juan el Bautista* (John the Baptist). I told her that during the Feast of the Patron Saint John the Baptist, celebrated annually during the month of July in San Juan Mixtepec, gender boundary crossing is a prominent feature of activities. “The festival centers on the beheadings of several live roosters”. I tell her, watching her face cringe.

I tell Doña Marta how, during the festival, inebriated men drinking bottles of *pulque*, a fermented beverage, walk the streets donning masks. After the beheadings, the village men take part in a ceremonial dance with one another. She seemed amused when I told her how I saw men dancing with other men wearing female effigy masks and feminized clothing.

Our chattering went on for quite some time. She was interested in hearing about my stays in Mexico, and about my family living there. Sharing information about my personal life is important in the field. I feel less like an appropriator of personal knowledge when I too share about my own self. We take turns playing

the anthropologist until, an hour passes and I make my way to the door. We say good-bye to each other the same way we greeted one another, with a hug and a kiss in the air.

Smoke

On another occasion, I arrived back at Doña Marta's store. This time I was coming in to be healed. When I arrived, she was in the back room of the store. After a few minutes, she came out of her treatment room and greeted me with a hug and an open-aired kiss the way Latinas are accustomed to do. After spending some time making small talk and enquiring about each other's health Doña Marta escorted me into the back treatment room, closing the door behind her. Doña Marta was clothed in all white again, in honor of *La Virgen de Carmen*, yet I could tell that her *tela* (cloth) from Mexico had not yet arrived.

Doña Marta gave me a *limpia* (cleansing), to treat my symptoms of *nervios* (nerves), which she diagnosed just a moment ago during our greetings. I told her that I was stressed, tense, anxious, and had trouble sleeping and would constantly get bad headaches. Symptoms in my mind perfectly related to dissertation research. Doña Marta responded, "*A ver* (let's see). I'm gonna treat you." With that said she took a match from her pocket and lit it. From the altar behind her, she picked up a stump of a cigar, and lit it up, stoking it with puffs from her mouth.

She took me by the hand and had me stand in front of her. I followed her lead, and put myself into her care. I had never received a *limpia*, a spiritual

cleansing before, but I trusted Doña Marta just as she put her trust in me. I remember thinking that if I had described my same symptoms to Doña Trini, she would have taken a different approach to healing, and would be snapping my neck and pulling my hair by now.

I closed my eyes, partly, because of...oh I don't know, I felt like I should, out of reverence or something, but also partly to avoid the cigar smoke from entering my eyes. I could feel and smell puffs of cigar smoke being blown at various points around my body, up and down and all around. I peeked my eyes open as Doña Marta put the cigar down on the altar, still smoking away. She walked behind me and placed her hands on my head. Closing my eyes again, I could hear her praying....*O santa madre, bendita madre...* (...Oh holy mother, blessed mother...)"

Her words got faster and faster, whispering louder and louder, until they jumbled together and she began to speak in tongues*. Simultaneously, and in rhythm with her words, her hands moved from the top of my head gliding along my shoulders, arms, hands, fingers. After each movement, she would shake her hands off, as if shaking off water from her fingertips. However, there was no water, only bad *energia*, bad *aire*, which was for her the root cause of my *nervios*.

Grabbing an egg, Doña Marta proceeded to rub me down with the egg, all over my body, every limb and section, head, middle, arms, legs, feet, until she was satisfied that every area compromised with bad *aire* was touched. The whole process took at least thirty minutes. Afterwards, I opened my eyes, and smiled.

We said our goodbyes, and I exited the store. The total *limpia* took close to two and a half hours. In the literature, this process has also been called, '*barrida*', and has been associated with the treatment of *susto*, fright sickness as well (Trotter II 1991: 116).

You Throw the Eggs Behind You

Down the street from my house on Milwaukee's northwest side is a forest—part of the Menomonee River Parkway. I live on the outskirts of Milwaukee County, in fact the furthest Northwest corner, an ethnically and economically diverse neighborhood. I remember when we first bought the house, I felt like that I was in another state; it was so different from where I had grown up on the Southside. Everything built so spread apart, houses, businesses. You could not walk to a store because even if it was next door, it was a far distance away. You needed to drive everywhere, because there were not bus lines like there are on the Southside. One night after a healing session with Doña Trini, she handed me eggs carefully placed in a brown paper lunch bag. She instructed me once again to go to a wooded area and throw the eggs over my shoulder one by one, as a way of releasing and disconnecting the bad energy from myself, and returning it to the earth. This time I decided to drive to the winding road that traversed the forest. I parked the car, got out and walked toward the forest.

It was nighttime and if it were not for the sparse street lamps, I would not have been able to see where I was stepping. I went into the forest just a bit and turned around walking in the direction of my minivan. One by one, I took hold of

the cool, smooth eggs, and one by one, I threw them over my shoulder. I did not know if I was supposed to be thinking about my problems while they soared above me, or if I was to pray, so I did both. One two, three, I would hear them crash and smash to the ground, imagining their sappy yoke smearing the soil. Four....clunk. "Oh no!"—I thought. "It did not crack, or smash. What does that mean?" Crap, now what? The healer never told me what to do in this case, she just said, throw them over your shoulder until they all broke on the ground. I started to panic a bit. Would this mean that the bad energy that plagued me would linger and not go away? Okay, I know I was not being rational, but these were my thoughts, and while I did not rationally believe that there was any scientific basis to this treatment, I still respected the unknown enough not to fool with it.

I had assumed that the breaking of the eggs constituted completing the cycle of healing that began at the *curandera's* home. It involved extracting the bad and transferring this energy to the egg. Throwing the eggs behind me signified that these bad feelings were leaving me and was part of the past, and I was moving forward. The breaking of the eggs with the yokes seeping into the ground signified the culminating moment of the healing cycle. The bad comes out of me, and returns to the earth, the earth absorbs and cleans it. But this damn egg didn't break! While I was incredulous to the actual power of the ceremony to heal me of my burdens, I was superstitious enough to believe that doing it the wrong way might cause me more harm.

My first instinct was to turn around and go find the egg and do the process all over again, but I could not. It was too dark, and the forest too thick. I would just have to trust that everything would be all right. I debated whether to tell the *curandera* about the incident, feeling embarrassed, and awkward, I convinced myself not to. I left unsettled and worried, and then it hit me. What if an animal would come around and eat the damn thing? Would it carry a part of me in its grotesque mouth? Ok, I thought, my imagination was truly running away with itself, after all it was just an egg.

I was not apparently the only person who was ambivalent towards the eggs. During a visit with Isabel a resident of Milwaukee, she told me about her first encounter with Doña Trini. Isabel had had experience with two Milwaukee lay healers in addition to healing practices in her home state of Guadalajara, Mexico. Isabel's visit to Doña Trini preceded my own.

Ramona: Have you ever gone to another *sobadora* en Milwaukee?

Isabel: Yes [she says laughing], but I didn't like it.

R: Was it a man or woman?

I: A woman [Doña Trini]. I didn't like her because *se me hizo muy brusco la forma de sobar* (I thought it was very rough the way she rubbed me).

R: How did you come to hear of her practice?

I: At work, I hurt myself, I couldn't move my foot. But the pain *se subió hasta por acá* (it went up to here) [pointing to her neck]. And I went quickly, I didn't wait, because this whole side, I was hurt. It hurt to walk, it hurt to sit, it hurt to lay down, *para todo me dolía* (everything hurt me). I went immediately, and *no no, lo bursco que me sobó* (no no how rough she rubbed me). Look it hurt me, she had me lay *boca a bajo* (on my stomach) on the floor.

R: Where?

I: In a room. A special room, with her stuff, incenses... no se. Nothing scared me, everything was tranquil and fine. But when she began to *sobarme* (rub me). I yelled, ¡Ay ya ya ya ya! *Hijole no me has gritado* (oh my gosh I've never yelled as much before) um very rough.

R: But the results? Did it help you?

I: Yes! Yes, it helped. She took one side of my body and pulled while pushing against the other side, and eeee *tronó*, my bones cracked. And with her touching my spinal column, it gave me more fear.

R: So was she more like a *huesera*?

I: Yeah, I think like a *huesera*. Because *tronó todo* (everything cracked). Later she told me to drink a lot of water and take some *pastillas* (pills) because I was really stressed, and all of my muscles were really stressed and rigid, and that I would feel sore after the treatment. All my body would feel sore. She told me to take some Tylenol, or ibuprofen, or whatever helps you with pain.

R: How did you hear of her?

I: I was at work when it happened and I went there immediately. Another coworker sent me to her.

R: Was your coworker also Latina?

I: Yes, in my first job all of us were Latinas.

R: This healer where was she from?

I: She was *chaparrita*? From Mexico, she had the stature of someone from Oaxaca. But I'm not sure. I told my coworker that she was very rough with me. It felt like I was slamming into a tractor-trailer. Then afterwards she pulled me like this [she demonstrates by grabbing a few clumps of her hair, tugging outwards]. The healer told me that part of the problem was that I had a fallen *matriz* (uterus). So I told her., *Ay que pena Señora, porque no tengo matriz, ya me lo han quitado* (oh, how embarrassing Señora because I don't have a uterus, they took it out of me). [We laugh at the irony of the diagnosis].

R: What did she say after you told her that?

I: Nothing, she just asked why it was taken out, what kind of problems was I having [we continue to chuckle]. Another thing that she did, which scared me, was before she began to *tallarme* (rub me), she rubbed me down with eggs. She took one egg at a time and rubbed me with them. It must have been at least eight eggs in all.

R: Eight eggs!

I: Yes, she said it was necessary because I was carrying a lot of *aire* (bad air) and stress.

R: Did she crack open the eggs?

I: No, she handed them back to me in a small bag. She directed me to throw them out, but not in my yard, or near my house. She told me to go to a park, where there are a lot of trees and plants. "*Te vas a ir a caminar, y lo vas a ir tirando hacia atrás* (you are going to walk, and you're going to throw them behind you)" she said. [Demonstrating by raising her hand above her head and shoulders]. "*Y no pases donde estas tirando* (and do not pass by where you are throwing them)".

R: And this scared you?

I: Yes

R: Why did this scare you?

I: Because I never had this done to me. [she says laughing]

R: So this was the first healing experience with a *sobadora* or *huesera* here in Milwaukee?

I: Yes.

R: But in Mexico?

I: No, in Mexico when I would see a *sobadora*, they would *sobarme* and it would feel really nice. They never did anything like this to me before. This was the first time [being treated with eggs], but I was there, what was I going to do?

R: Did you go alone to see the healer?

I: No, my husband and daughter came with me. And when I came out my husband asked me, “*Y tú, que vas hacer con estos huevos?* (and you, what are you going to do with these eggs?)” [She says in a deep voice, laughing]. So when Raquel [her daughter] got injured, I didn’t want to take her to see this woman. My sister told me about the lady at Tienda de Los Santos, so I took her there.

Several things are very interesting about Isabel’s story. In addition to demonstrating sociomedical networking strategies with her coworkers and sister, this vignette illustrates how Latinos in Milwaukee may come to choose one healer over another. Even though Isabel was apprehensive about the rough hands of Doña Trini, and even scared when she took out the eggs, she does admit that the healing treatment was successful. Yet, when her daughter injured her neck and needed a *sobadora*, she decided to heed her sister’s advice and try a different healer. She took her daughter to see Doña Marta at Tienda de Los Santos. Isabel does not say so, but Doña Trini’s misdiagnosis of a fallen uterus may have been influenced her decision to seek another healer.

PART IV

IMMIGRATION AND HEALTH

CHAPTER VII

RAIDS, FEARS, AND MEDICAL MARGINALITY

El Rey Raid

In 2002, the Milwaukee police department with guns brandished entered *El Rey*, one of Milwaukee's best-known and longest operating Mexican food stores. The police ordered costumers to lay prostrate as they searched the store for illegal drugs sold there. These were not the kinds of illegal drugs which normally come to mind, such as cocaine or marijuana—but rather antibiotics like Ampicillin and Amoxicillin, which were being sold over-the-counter without a prescription (Pabst 2002).

During the last two presidential administrations, Milwaukee and Wisconsin as a whole have experienced an increase in immigration raids, heightening fears among Milwaukee's undocumented Latino population. These fears have added to levels of stress among this medically marginalized group. Contrary to the national rhetoric of "illegals" taxing our already overburdened health care delivery system many of Milwaukee's undocumented seek health care in the shadows, from lay practitioners such as *parteras*, *hueseras curanderas*, and *sobadoras* as a way to remain under the radar of private and government-owned health-care systems.

Images of the *El Rey* raid saturated the Spanish-language newspapers and television stations in the area, images of a distraught pregnant woman who was forced to the ground, and treated like a drug conspirator. In response, some

community leaders, including one State Representative, and a City Alderman, criticized the Milwaukee police for abuse of powers (Pabst 2002). The increase in immigration raids certainly heightened fears in Milwaukee. Many urban legends of workplace raids circulated by word-of-mouth and via the Spanish-language radio station, setting off a chain reaction of informal phone banking to family, friends, and coworkers warning them to stay home for the day. This hyper-alarm has led to a community cautious toward strangers, public officials, health professionals, and anthropologists.

In Mexico, as well as other Latin American countries, purchasing pharmaceuticals, like those found in the *El Rey* raid, does not always require a physician's prescription. Sold alongside *Suavitel®*, *Jabón Zote®*, or *Ricitos de Oro™*, a customer at a Mexican pharmacy can obtain antibiotics, in either tablet or syringe form. In Milwaukee, many of the Latinos I have spoken with view the high cost of pharmaceuticals, and the need to obtain a physician's prescription, all part of the endless, inaccessible medical system in the United States. Laura a 35-year-old mother of two from Mexico describes it this way: "How can I go get medicine that my daughter needs if she gets sick? First, I would have to call into work—which might get me to lose my job, but certainly, I would lose money for the day's work. Then, I would have to see if I could even get an appointment with the doctor. The doctor costs so much money here. After that, I then have to go to get a prescription to go to the pharmacy to get the medicine. That is if I can even afford it. It all is so complicated and expensive here."

What is compelling about the raid on *El Rey*, is not that antibiotics were being sold over-the-counter, but why there was, and is, a market to purchase antibiotics over-the-counter in the first place. What do such stories tell us about our country's health care safety net? Why would people need to buy Amoxicillin at a grocery store, rather than a pharmacy in the United States? The answers to these questions are multidimensional, and go in the face of conventional American rhetoric, the rhetoric that "illegals" in this country strip health care resources from taxpayers.

The Immigration and Nationality Act

The Immigration and Nationality Act, or INA, was created in 1952. It has been argued that U.S. immigration acts and reforms are meant to manage immigrants and immigration behavior using three basic control methods. First, control the number of immigrants to the United States. Second, control the reproduction of immigrants. Lastly, controlling by deterrence of future emigrants through punitive policies, including, limited access to health care, public education and welfare benefits (Sun-Hee Park 2011: 6).

Burgeoning neoliberal ideology of the 1990's led to both immigration and welfare reforms, the latter referring to the controversial Aid to Families with Dependent Children (AFDC) program. In 1994, a significant number of adjustments were made to the Immigration and Nationality Act. Particularly affecting families were changes to *Chapter 23 Adjustment of Status to Lawful Permanent Resident*, allowing certain aliens to "adjust status in the U.S. despite

entering without inspection or being otherwise barred from adjustment under section 245(c).” (US Citizenship and Immigration Services 2006).

The 1994 Act allowed for aliens, who could (as in the case of marrying a legal American citizen), adjust their U.S. status even if they entered the country “illegally”. However, embedded in the 1994 Act was the “sunset” clause of January 14, 1998, whereby forcing aliens who wanted to adjust their status after this date, to be removed from the U.S. during application procedures. This January 14, 1998 deadline would become very significant for my family.

On January 6, 1998, I rushed to marry my Mexican-born husband before the sunset clause would go into effect mandating that he be removed from the country during his immigration process. I was expecting our son Samuel at the time, and terrified at the prospect of having to endure the pregnancy without my husband. We were a young couple at the time, and very much in love. I was still working on my undergraduate degree in Geography from the University of Wisconsin-Milwaukee, and like many young undergrads had limited financial resources.

Our strained finances presented a problem for my husband-to-be’s immigration process since I was not considered financially able to sponsor him. With the January 14th deadline looming, we frantically searched for a sponsor who would legally take on the financial burden of sponsoring an intended immigrant. The legal wording for sponsorship was extremely daunting, and therefore I understood when only days before, my cousin withdrew his wiliness to

sponsor him. Luckily, for us, a woman at my husband's church stepped forward and agreed to take on the legal responsibility of sponsorship.

The new *Affidavit of Support* under IIRIRA was intended to be a forever binding and legally enforceable obligation against the sponsor, if the alien of sponsor would at any time become a "public charge", or essentially a public burden (Office of the Federal Register 1997). The term "public charge" has been part of U.S. immigration law for over 100 years and can be used as a ground of inadmissibility and deportation. However, since 1999, "public charge" has been defined to mean:

an alien who has become (for deportation purposes) or who is likely to become (for admission/adjustment purposes) "primarily dependent on the government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense." Institutionalization for short periods of rehabilitation does not constitute such primary dependence." (Office of the Federal Register 1999)

Additionally, when the Clinton Administration signed into law the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) on Sept. 30, 1996, it had profound affects for my family. Substantial new requirements and penalties for aliens entering without inspection were included in the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 including, filing a New Affidavit of Support, new fingerprint requirements, and an increase in the penalty (\$1,000.00) for an adjustment for status.

Sociologist Lisa Sun-Hee Park (2011) documents a not uncommon case in which an Asian woman was detained by Immigration and Naturalization Services (INS) authorities (now Immigration and Customs and Enforcement

(ICE)) after returning from overseas on the charges of fraud for receiving publicly funded medical care for the pregnancy and birth of her daughters in the U.S..

In 1998, twelve months after the birth of her twin girls, Sophia Chen traveled to China to introduce the girls to their grandparents. When she and the twins returned to the Los Angeles International Airport a few weeks later anxious to go home, they were detained unexpectedly by the Immigration and Naturalization Service (INS, now ICE, Immigration and Customs and Enforcement). Ms Chen, who legally resided in the United States, was asked how she paid for the delivery of her babies. When Ms. Chen states that she received Medicaid, she was sent to another office to speak with a state Department of Health Services (DHS) agent.... Ms. Chen was notified that she was suspected of Medicaid fraud and was a “public charge”—meaning, a public burden—for using a public health insurance program to which she was legally entitled. (Sun-Hee Park 2011:1)

Park goes on to recount how Ms. Chen was given two options: to pay back the \$4000.00 for the delivery, or return to China immediately until she could pay. Ms. Chen ended up returning to China, not able to pay the money on the spot.

The paradox of Ms. Chen’s case and other legal immigrants in the country is that once they go through the process of legalization they indefinitely forgo any legal right as residents or citizens to public goods. Receipt of publicly funded health insurance, even if an immigrant legally qualifies for such assistance, could be used by immigration agents as grounds for deportation.

Much of the changes under the Welfare Reform legislation of the 1990’s were directed at eliminating publicly funded health insurance for undocumented immigrants. Many have argued that Welfare Reform was actually more of an attempt at Immigration Reform, since so many of the restructuring was politically motivated, focusing on the so-called problem of “public charge” of immigrants receiving publicly funded health benefits.

There is great confusion within immigrant communities of what public goods they can be entitled too, especially in regards to medical care and education. Under the uncertainty of shifty definitions of a ‘public charge’ at a national and state level, Park contends that immigrant communities in the U.S. have little expectations or a sense of entitlement to public goods, even for emergency care (Sun-Hee Park 2011: 92). Even after an alien becomes a naturalized American citizen there is continued fears that, they could be classified as a ‘public charge’, resulting in of the legal and financial burdens for themselves and their immigration sponsors.

Repercussions for Wisconsin and Milwaukee County under Tommy Thompson

First called Aid to Dependent Children under the Social Security Act of 1935, and later Aid to Families with Dependent Children (AFDC), AFDC has been riddled with bipartisan, political, and ideological controversy. Leading to many reforms in the 1980’s and 1990’s at state and national levels. Similar to the black “welfare queen” that possessed public attention and imagination, the low income, undocumented—primarily Latino—leeching off the U.S. healthcare safety net was a common narrative of the 1990’s. The fear of Latina mothers’ “working” the system with their anchor babies would come to reappear repeated in the collective imaginary during presidential and local elections. Evidence of this could be seen in the overwhelming passage of California’s Proposition 187,

which severely restricted access to public goods, including health care and education to undocumented individuals.

Still today, many Americans fear that undocumented immigrants are overburdening the public health system, even though they have very little access to publicly funded health care (Walton 2009). A recent poll of Catholics, mainline Protestants and Evangelicals in the United states, have serious concerns about immigrants and immigration, with 52% expressing that "immigrants today are a burden because they take our jobs, housing and health care", for evangelicals that number rose to 64% (Smith 2006). Yet, studies in California found that undocumented Latinos use medical services less than legal immigrants and U.S. citizens (Chávez 2012).

In Wisconsin, the gubernatorial administration of Tommy Thompson eliminated AFDC that had existed since 1935, and replaced it with the Wisconsin Works Program (W-2) in 1997. Nonfinancial W-2 Eligibility Criteria included the stipulations that recipients be: a United States citizen or a qualifying immigrant, a Wisconsin resident, and "make a good faith effort to obtain employment, and not have refused a bona fide job offer in the 180-day period prior to applying for W-2" (Wisconsin Legislative Council 2006). Former Wisconsin Governor Tommy Thompson boasts that under his administration, "Wisconsin became the first state to institute genuine work requirements for welfare recipients." (Thompson and Bennett 1997). Some have touted Wisconsin as a model for other states to restructure their own welfare systems (Mead 2001).

Part of Wisconsin's welfare reforms included the establishment of Badgercare in 1999, and later Badgercare Plus and Badgercare Plus Basic. While Badgercare was meant to provide publicly funded health insurance for Wisconsin's working families, Badgercare Plus Basic was created by the 2009 Wisconsin Act 219 to "provide temporary unsubsidized health insurance for childless adults" (Wisconsin Legislative Audit Bureau 2011). According to the Immigrants and BadgerCare Plus fact sheet, "undocumented immigrants are not able to enroll in the full coverage BadgerCare Plus program, but may be able to enroll in: BadgerCare Plus Prenatal Program which covers pregnancy-related services, or BadgerCare Plus Emergency Services which covers emergency medical conditions when there is a serious risk to the patient's health" (Wisconsin Department of Health Services 2012).

Interestingly however, a recent audit of Badgercare Plus Basic reveals that 98% of all Badgercare Plus Basic recipients are United States Citizens, with only 2.0 percent characterized as legal immigrants (undocumented immigrants are ineligible). Of the Badgercare Plus Basic recipients, 84.8 % were classified as white, while only 5.0% were African-American, and 2.2% Hispanic (Wisconsin Legislative Audit Bureau 2011: 3). These findings again debunk the myth that undocumented immigrants are overburdening Wisconsin's health care safety net.

On May 2, 2012 WUWM, the state's publically owned radio station reported that the current Gubernatorial Administration of Scott Walker, is seeking steps to revamp the state's Badgercare Plus program, citing budget constraints and an overburdened Medicaid program (Toner 2012). The move could leave

17,000 Wisconsin adults without insurance. Gov. Scott walker recently survived a statewide recall election, prompted by his union-busting bills passed in 2011.

Originally, Scott Walker sought to cut the Badgercare Plus program by nearly 65,000 people, including children, but his plans were met with opposition from the federal Centers for Medicare and Medicaid Services. Robert Kraig, executive director of Citizen Action of Wisconsin, says that “many adults on BadgerCare either have jobs that don’t provide health insurance, or have expensive plans with inadequate coverage.” (Toner 2012). The top Wisconsin employers who employ Badgercare Plus recipients include Wal-Mart, and McDonald's (Wisconsin Department of Health Services 2012). Forbes magazine recently reported that Wal-Mart heiress, and richest woman in the world, Christy Walton dished out \$50,000 during the governor’s recall campaign efforts (O’Conner 2012). Back in 2007 the Wisconsin Department of Revenue audited Wal-Mart, Inc. and founded that the corporation had avoided paying state taxes on their rental properties, calling the evasion an “abuse and distortion of income”. State auditors estimate that “Wal-Mart owes more than \$17.7 million in back corporate income taxes, interest and penalties for 1998, 1999 and 2000. More could be due for later years” (Walters and Lank 2007).

Milwaukee Latinos in the Wake of a National Crackdown

One day while waiting to visit with Doña Trini, a lay *huesera* I was able to talk with the wife of an undocumented Latino currently being attended to by Doña Trini in the other room. I started up a conversation and inquired how she came to

find the healer and why she was there. She told me that her husband was injured lifting heavy boxes on the job and hurt his back. I asked if he went to see a doctor about it, and she replied, “No, I had heard about Doña Trini from a coworker of mine and we decided to go here instead.” She continued to explain that her husband did not want any trouble. The word “trouble”, was code for immigration trouble.

You see if you would have read one of the many Spanish-language newspapers in Milwaukee, or listened to *La Gran D*, the Spanish music and news station, you would have hear the story of Omar Damian-Ortega. Back in 2009, Omar injured his back at work subsequently filing a claim for Worker’s Compensation [something legally within his rights as a worker to do]. Unfortunately, upon receipt the file, West Bend Mutual Insurance notified police of a potential case of identity theft. Omar was arrested and Immigration and Customs Enforcement (ICE) started deportation procedures.

Milwaukee Latinos see themselves in a vulnerable position in the wake of increasingly draconian legal and political immigration battles sweeping the United States. Arizona’s crackdown on immigration, culminating in the passage of Arizona SB 1070 in 2010, garnered sharp criticism and reaction from Milwaukee’s Latino population. Arizona SB 1070 section 11-1051 cooperation and assistance in enforcement of immigration laws states:

A person may bring an action in superior court to challenge any official or agency of this state or a county, city, town or other political subdivision of this state that adopts or implements a policy that limits or restricts the enforcement of federal immigration laws to less than the full extent permitted by federal law. If there is a judicial finding that an entity has violated this section, the court shall order any of the following: 1. That the

person who brought the action recover court costs and attorney fees. 2. That the entity pay a civil penalty of not less than one thousand dollars and not more than five thousand dollars for each day that the policy has remained in effect after the filing of an action pursuant to this subsection. (SB 1070)

Under Arizona SB 1070 legislation a state-sponsored agency, such as a school, clinic, or hospital would be obligated to “assist in enforcement of immigration laws” and if personnel did not “cooperate” they could be held accountable and fined “not less than one thousand dollars and not more than five thousand dollars for each day”.

Even with Arizona more than 1500 miles from Wisconsin, such state legislation does not go unnoticed by Milwaukee’s undocumented Latino community. On May 1, 2010, 65,000 Milwaukeeans marched in solidarity with Arizona’s Latino community in protest of such egregious immigration laws (Voces de la Frontera 2010). Nor has the community forgotten House bill HR 4437, sponsored by Wisconsin Congressman Jim Sensenbrenner in 2006, that if enacted, would have turned all undocumented immigrants—including children, and Americans who knew of such immigrants and didn’t turn them in to authorities— into felons. In this past November 2010 Wisconsin midterm elections, Congressman Sensenbrenner gained reelection, and was joined by other immigration hardliners including U.S. Senator Ron Johnson, and the new Governor Scott Walker.

In 2010 in response to Arizona legislation, Wisconsin’s Governor, on his own website stated:

I sympathize with the people of Arizona who are victimized by violence, crime and property damage as a result of illegal immigration. After discussing with several state legislators who both authored and sponsored the new law in Arizona, I'm satisfied that the amended bill provides adequate protections against racial profiling and discrimination. A police officer may only inquire about the immigration status of persons they have stopped, detained, or arrested for other reasons.

In addition, earlier decisions by the Ninth Circuit Court of Appeals satisfy my concern about any conflicts with the 10th Amendment. If I were Governor of Arizona, I too would sign the Arizona immigration bill.

As Governor of Wisconsin, I will sign legislation that strengthens our protection against illegal immigration and ensures that taxpayer funded benefits like Badger Care and driver's licenses are not available to those who are here illegally. (Walker 2010).

Just this week the U.S. Supreme Court struck down several provisions of Arizona's immigration law, however, leaving the most controversial piece, which opponents say comes down to racial profiling intact. During Wisconsin's last legislative session, Republican Rep. Don Pridemore, an ally of Governor Walker, introduced an immigration bill similar to Arizona's. Pridemore's bill would have "required people in Wisconsin suspected of a crime to prove they are in the country legally" (Dennis 2012). Chris Ahmuty executive director of the Wisconsin's American Civil Liberties Union, fears that this week's Supreme Court ruling could provide a new impetus for a similar bill to be reintroduced (Dennis 2012).

Las Marchas and Collective Resistance

During the course of this research, I was able to participate in many of the marches for immigration and workers' rights throughout Milwaukee, and even more recently at the states' capitol in Madison because of current Governor

Walker's union busting, and anti-immigration policies. When asked, "What is your opinion of the immigration marches held over the last five years throughout Milwaukee?" Enrique, a 40-year-old Latino replied: "The immigration marches are a welcome sign to an otherwise complacent culture. Conservatives in this country are not only making an immoral error in fanning the flames of hatred against immigrants, but it's also a bad tactical decision to alienate the fastest-growing segment of the population in the country. So it's good to see Latinos voicing their displeasure. They need to keep up the pressure and hopefully stop more draconian anti-immigration laws from passing."

In Milwaukee at different intersections of time and space there is an acknowledgement of the collective power of the Latino voice in Milwaukee. '*El Pueblo Unido Jamás Sera Vencido*'—The People United Will Never be Divided' exists as both a political mantra of collective authority as well as the underlying identity Latinos have within the diasporic framework. It is what propels the *mega marchas*—large protest marches, as well as the community bonds that have led to social media networking for health care, legal assistance, as well as employment.

In order to have collective resistance we must have a collectivity. In this case a collective, made up of like-minded individuals sharing a common experience, language, and history. In this case, the 'we' is Latinos. As discussed earlier in the introduction, Latinos have resided in Milwaukee since 1884 including two major waves of immigration occurring between the 1920s—1940s, and 1960's—1970s which brought a variety of Latino groups to the region. During

the first wave, the initial Latinos to Milwaukee and surrounding areas were of Mexican descent. Some were *Tejano** workers, some on the Bracero Program* and some not, migrating to Wisconsin to fill positions in agriculture and industry.

The Bracero program was a bilateral agreement between the U.S. and Mexican governments that emerged in the wake of a labor shortage created by World War II. The program, which ran between 1942 and 1964, recruited millions of Mexican migrants to work on U.S. farms on a legal but temporary basis (Zahniser et al. 2012). The program ended following complaints by U.S. Labor unions that the program undermined U.S. wages (Davidson 2000).

The next major Latino group to emigrate to Wisconsin, and Milwaukee were the Puerto Ricans. Still to this day, both these groups constitute the largest Latino population group in Milwaukee. Milwaukee like many parts of the United States and the Midwest saw a steep increase of immigration during the years following the enactment of NAFTA. Many new Mexicans from the southern states of Veracruz, Oaxaca, Guerrero, Tabasco began arriving in noticeable numbers to join their fellow countrymen. Along with this southern wave came many Central Americans from Guatemala, Honduras, and El Salvador as well. The South American presence in Milwaukee remains rather small as compared to other Latinos, and many who are here from Colombia, Venezuela, Peru, and Argentina often come here *con papeles** (with papers). Milwaukee is also home to increasing numbers of Cubans, and Dominicans.

Transnational Fear

The fears of immigration raids and the risks that the undocumented live within the U.S. affect and worry their families living back home. During one of my visits with a *curandera/partera* named Doña Celia, a stout woman in her fifties, she related how her mother was concerned about her *curando** or healing in Wisconsin. As we sat down to eat *enchiladas de mole* at her kitchen table, she described the long dangerous journey she took in crossing the desert to come to the United States. It took several days to get to the border from Coatzacoalcos, Veracruz. She traveled with her husband and one daughter. Some of her other children were already settled in Milwaukee and provided the traveling funds to pay the *coyote**, or smuggler fees. Doña Celia's mother was very fearful that she could get into trouble if she "practiced" in this country once she arrived.

Doña Celia: Before coming here, my mom told me that I shouldn't practice here, or look for work as a healer...that I should stop.

Ramona: Why do you think she told you that?

DC: Because I think she was scared that something would happen to me...that I could get caught.

R: Like get into legal trouble?

DC: *Sí, así...* I never planned to *curar aquí...* (heal here)...I didn't go looking for people, they came to me...what was I going to do? Not help people? *La gente llegaba* (The people arrived).

Conclusion

Ongoing state and federal policy decisions on immigration and health care continue to have profound implications for the millions of marginalized immigrant workers and their families in this country. Where these policies mean to exclude,

Latinos find community and inclusive belonging. They find a refuge out of necessity, as well as cultural intimacy, within sociomedical networks of coworkers, friends, family members, and community advocates. Milwaukee's Latinos have built a network of shadow medicine, as a response to growing anti-immigrant sentiment, policies, and legislation.

In the face of immigrations raids, and fear of deportation, Milwaukee's Latinos have carved out a niche to support the community's multidimensional health care needs. This sociomedical network is not unlike what Jenzen described as a "therapy managing group" in Lower Zaire among the Bakongo. "When an individual in Bakongo society gets ill, family and friends surround them. The family is present to manage therapy and disease." (Jenzen 1978:4). These groups help support the person who is ill. They provide moral support, help in decision-making, and arrange therapeutic consultations, in other words they act as the broker between the specialist and the sufferer (Jenzen 1978:4).

CHAPTER VIII

SOCIOMEDICAL NETWORKING AMONG MILWAUKEE'S LATINOS

Introduction

Latino immigrants are accustomed to treating illnesses first at home through homeopathic means, next they engage in a series of healing avenues before they seek care from biomedical hospitals or health clinics. “*Sana sana colita de rana, si no te sanas ahora, te sanaras mañana*”. I can still feel my abuelita’s* sweet breath upon my skin, as she would rub my *herida* (wound) while saying these words. “*Heal heal, little frog tail, if you don’t heal today you will heal tomorrow.*” These words and the healing hands, embody the idea within Milwaukee’s Latino community both yesterday and today, that there is wisdom in the healing powers of the hands—of touch—and that the first source of health care comes from within the home not outside it. Where the next level of care comes from varies and is contingent upon several factors including; the gravity of an injury or illness, the nature of an illness, accessibility, and ability to pay. I would hear stories of my *bisabuelita** (great-grandma) who would heal using *velas* (candles), to *chupar** *la infección** (suck out the infection), from the body. I would see grandpa, *curándose con hierbas* (healing with herbs), grown in potted plants around our home. However, it was not until I was older, married that I participated largely in the healing practices of Latino lay healers outside the familial sphere, in the shadows of the city. In fact, it would be until I would

conduct this research that I would learn that my grandfather also used to be a lay healer in the community.

When Helping Yourself is Not Enough

Recent studies in anthropology, sociology and international studies detail the negotiated process of sociomedical networking among immigrant populations (Menjívar 2003, Menjívar 2002, Hagan 1998). Undocumented immigrants have responded to restricted access to formalized medical care in the U.S. by establishing and continuing intricate social networks that in some cases even traverse international borders (Menjívar 2002). The following ethnographic vignette illustrates how health-seeking strategies among Latinos in Milwaukee exist within a system of kinship and community networks. Rosa, a 25-year-old immigrant from Mexico, recounted this story to me:

“The phone rang, and I picked it up. It was Dilia from church. Dilia told me that one of our friends and fellow congregant David [a 28-year-old Honduran immigrant] was very sick and that he needed prayer and help. Dilia told me that she had been calling around using the church directory to ask if anyone had spare antibiotics available. Nobody else did so Dilia called me. I didn’t have much, but what I had I gave to Dilia to give to David.” What did you give her I asked? I had some leftover *pastillas*.” What kind of tablets?—I pressed. “Antibiotics” [she had a $\frac{3}{4}$ filled jar of 500mg Augmentan® tablets]—she replied. I also had an old box of *tetraciclina* available.” Rosa had brought back both types of antibiotics back with her from a previous visit to Mexico. Rosa explained that

she would commonly purchase extra antibiotics while in Mexico in order to supply her undocumented friends and family back in Milwaukee, in case an emergency would arise. In addition to antibiotics, one recent study reports that Latinos often purchase pain medicine and herbal medicine in another country to bring back to the U.S. for use (Sleath et al. 2009). Rosa explained that after she got off the phone with Dilia she immediately called David to see how he was.

“He sounded terrible, so I asked him what his symptoms were and he said that he had *dolores en todo el cuerpo* (pain throughout the body), that he had a fever and that his throat hurt. I asked him if his throat was white and swollen and he told me yes. That is when I knew it must be *streptococco*.” “How did you know that it was that?”—I asked. “*Este*...because I used to get that a lot in Mexico, and sometimes here too. When I would go to the *clínica** [referring to one of the community health clinics in Milwaukee], they would always check to see if my tonsils were white. I also knew the minute he told me that he felt bad and had a fever. You don’t get a fever with a sore throat.” “Does this happen a lot, that you would get a call like this?”—I asked. “Well occasionally yes”—She replied. “We take care of each other. We have to... *somos hermanos, no somos Americanos** (we are brothers not Americans)” replied Rosa.

“This is the first time that David has called for help, that’s why I knew it was serious because he works so hard and will work even if he’s got the flu. I had never heard of him not working to stay home because of an illness.” “What does he do for a living?”—I ask. “He and his brothers have a carpet cleaning business...he owns his own machine. He does a really good job; he even cleans

here once in a while when I can afford it.” ” So have you gotten phone calls like this in the past? “—I ask. “Yes, unfortunately we have had a lot of need these days in the church, first one of my very dear friend Yolanda was killed in a car accident while heading back from shopping at *El Rey*, then *Hermana** Matilde’s husband passed away from a heart attack, and now *la Hermana* Matilde has cancer. We all take turns helping her.”—Rosa explains while nodding her head. “How so? What do you do?—I press. “Well...we visit her, bring her food. We even have *vigilias** (prayer vigils), at her house and the *rondalla** (string ensemble) to even come to *tocar** (play) and sing for her.” “You all seem very close. Why do you think that is? Is it because you don’t have family here in Milwaukee?”—I ask. “Well some of us do, some don’t, but we are family. David has a lot of family here, well not here in Milwaukee but in Waukegan [Waukegan is a city to the north of Chicago and just to the south of Kenosha, Wisconsin.]. They help each other out a lot.”

“You mentioned that one of your close friend’s Yolanda died? What happened?” “*¡O si, fue terrible!*—Rosa says grimacing and shaking her head. She was so young and beautiful. It was such a horrible accident, just terrible. It was snowing and they say her husband who was driving the car was driving too fast for the curve on the freeway and *dio vuelta* (turned around). A truck hit the car from the side, where Yolanda was sitting and she got hit.” “*¡Ay dios mio!*”—I exclaim, my mouth now gaping. “Yes, it was a *milagro* (miracle), that their son was not killed. In fact, he didn’t even get a scratch. The mama dies, the papa was in the hospital was severe brain injuries, but the boy doesn’t even get a

scratch. They say that *el niño* (the boy) saw another person in the car who covered his face. When the police arrived, the *gorro* (hat) he was wearing was filled with pieces of broken glass, but that there was not a scratch on him. *Era un ángel, pobrecito* (it was an angel [that protected him], poor-thing)—exclaims Rosa, visibly saddened. “Was the body sent back to Mexico?”—I ask. “*Si sí....*that was something *grande* (big)”. “What do you mean?”—I ask. “Well there was another *hermano** in the church, *un cubano* (a Cuban), who I guess had connections with the military...I don’t know exactly, and he contacted the Mexican embassy in Chicago, and the Club Veracruzano to get assistance with the body. They paid for everything.” ” Who paid for everything? The Mexican Embassy?”—I pressed. “The Club Veracruzano paid for the body to get to Chicago, than the Mexican government flew the body to Mexico and *El Estado de Veracruz* (the state of Veracruz) paid for the body to be brought back to her family in Coatzacoalcos.”

Sociomedical Networking as Social Capital

The above ethnographic stream demonstrates the deep networks Latinos in Milwaukee engage in to take care of each other and themselves. Rosa gets a phone call from a member at her church who is calling around using a church directory filled with phones numbers and addresses of current members to find help for another individual. The fact that Rosa purchases, saves and dispenses as needed, much needed antibiotics for friends and family in need is not uncommon among the community. These sociomedical networks offer a form of

social capital by allowing Milwaukee Latinos the necessary social goods to make medical choices while living medically marginalized lives.

Rather than affirming the myth that undocumented families deliberately overburden U.S. health systems, what these narratives reveal is a conscientious effort to weigh various options before seeking biomedical help. Milwaukee's Latinos do not flagrantly run to biomedical services without caring about the costs to themselves, and the broader society. In fact, many Latinos are reluctant to go to medical clinics, and would prefer take control of their care as a first line of defense, rather than seek formal medical help.

This practice has drawn much concern from the public health sector and biomedical professionals who point out that self-prescribing increases the risk of antibiotic resistance (Larson et al. 2006). Many of Milwaukee's Latinos are reluctant to go to medical clinics, and would prefer take control of their care as a first line of defense, rather than seek formal medical help. Results of this research help affirm other studies on undocumented immigrants in the U.S. that suggest they are less likely to seek and obtain physician visits, and the number of visits per year are much lower as compared to the U.S. population as a whole (Berk et al. 2000; Rand Corporation 2006).

Undocumented and Uninsured

"What do you think about the question of immigration? Do you think that not having *papeles* (papers) [a reference to immigration documents, and or a Social Security Card] affects patients? Can *not* having documentation affect

people?”—I ask while sipping my coffee. “Of course, look...especially emotionally, insecurity can cause a lot of stress and stress can result in other problems, Maybe you can develop ulcers, I don't know...or perhaps, anxiety. People can be insecure about their work, the insecurity thinking about what is gonna happen to me to my children,...what will happen to us if they run us out of this job...if I don't have a job, if they deport us... and this worry is for years...this insecurity, uncertainty...of course...”. This last bit of information, grabs Carla's attention distracting her from *partido* (game), she rejoins the conversation. “And environmental...work hazards”, she says, not wanting us to forget this important concern among Latino workers. Lorena, nods agreeing with Carla's assessment, and continues adding another puzzle piece to Latino health practices in Milwaukee. “Other areas that affect their health.... is that the undocumented *se aguantan* (they wait too long) to get help.

On a separate occasion, I got a frantic phone call one night from Brenda, an American married to a man from Venezuela. She was out of town at the time and instructed me to call our mutual friend, Matilde because she was in some kind of trouble and needed help. I called Matilde and asked what was wrong. She was crying and told me that she was in severe pain, her back was in spasm and she needed my assistance to take her to the hospital. Not only did she not have a vehicle to get there, but she also required an English translator, and a friend she could trust. I rushed over to Matilde's apartment and drove her to the emergency room.

She was asked at the front desk if she had insurance. Looking for me to answer for her, I told the receptionist, “No”. After the receptionist rolled her eyes and let out an audible sigh, she instructed us to wait be called. The hour passed, and by now, Matilde was reeling in pain. She was screaming and her body trembling from the intense back pain and spasms she was experiencing.

Finally, we made it out of the waiting room and into a treatment room. The doctor who came in was not very sympathetic, and questioned her on her symptoms. She begged me to ask them to do something, to give her something for the pain! He told me they could not do much for the pain, which I questioned and replied, “What? Can’t you give her morphine or something? She is in pain!”—I said raising my voice. “We can give her a shot of cortisone for the spasm”—responds the doctor. After a while, her spasm began to weaken and she was feeling better. They let her go.

This type of inattention and coldness towards the uninsured is unfortunately not uncommon. I have been witness to the way others are treated differently with less compassion than those insured. The status of being uninsured and Latino is a marker for many that the person is in the country illegally, even if that is not always the case. Latinos are aware of this stigma, and those insured will often repeatedly show their insurance cards to their caregivers. The medical card is a signifier of legal status and the ability to pay.

Because life *sin papeles* (without papers) in the United States is nearly impossible for undocumented Latinos, there are several avenues to take in order to obtain documentation (Gomberg-Muñoz 2011). These vulnerable individuals

can purchase 'fake' identification cards—particularly social security cards, so they can present them to potential employers. These 'fake' cards obtained through underground social networks, and new immigrants often are told early when arriving to this country on their various options. Most often these 'fake' cards use random or invalid social security numbers. The cards come clean and crisp out of the printer and the buyer is advised to make the card look older than it actually is, perhaps a coffee stain, dog-eared a corner. Some place it in a pair of jeans and run it through the wash machine and dryer.

Still others opt to purchase forged 'real' social security cards so that they can obtain a "better job"—one that usually pays more, but where the employer actually runs the social security card number through the Federal system for verification of work eligibility. Obtaining this card has its benefits, but it comes with moral and punitive risks. A 'real' social security card is one that has already been legitimately assigned to a U.S. citizen. Use of this card then constitutes identity fraud, and if the immigrant were ever to be caught with this card on them by immigration officials, it would be a felony, and could result in immediate deportation and/or criminal punishment. A less common way immigrants can obtain papers is by purchasing them from a seller, usually a Puerto Rican national who has reached retirement age and is no longer interested in coming from the island to the continental United States. This transaction amounts to selling one's identity to the highest bidder. It has been my experience that this latter transaction was more common during the 1990's than the new millennium.

What will be interesting to watch for is if in the future, obtaining documentation might be extended to include medical insurance cards.

Biomedical Cost of Care

Prior to 1995, almost all health care services provided to Milwaukee County's indigent population were provided by the former county hospital, John L. Doyne Hospital and Froedtert, both of which were located on county-owned land. However, in 1995 when John L. Doyne Hospital, Milwaukee County's public teaching hospital closed it sold its assets to Froedtert Memorial Lutheran— a private, nonprofit provider (Legnini et al. 1999). Under terms of the sale "Froedtert agreed to serve as the primary provider of care for participants in the General Assistance—Medical Program through December 1997, while the county developed and implemented a new system for the provision of health care services." (Wisconsin Legislative Audit Bureau 1997).

In 1996, Milwaukee County responded to the elimination of Wisconsin's AFDC program by implementing its own relief program General Assistance Medical Program (GAMP). GAMP started with two integrated goals, (1) to provide increased primary care services, and (2) to provide these services via community-based clinics. GAMP thus allowed for coverage of indigent Milwaukee County residents who otherwise would not qualify for other forms of state public coverage such as, Medicaid, Badgercare, or the State Children's Health Insurance Program (Wisconsin Legislative Audit Bureau 1997).

Community-based clinics like on Milwaukee's Southside, serves over GAMP patients, many of whom are Latino.

The following is a conversation with my husband's coworker, Lorena. They both work at one of the main community health clinics in Milwaukee, predominantly serving Milwaukee's Latino population. The conversation took place at Lorena's kitchen table during a visit we had. I had only met Lorena at a few of the clinic's office parties, and wanted to get to know her better.

"Lorena, what do you do at the clinic? Where do you work? Are you a Medical Assistant like Manolo?" I ask. With a wry grin she says, "No, *better* than Manolo!" She laughs teasingly. I giggle back. "I'm in charge of the collections department. The services at the clinic are very expensive." They are?" I ask, surprised. "Yes." "How expensive?" I ask. "Look, she says, "An appointment with a doctor could run up to ...\$500.00." "Just one appointment.....500 dollars?" I ask even more surprised. "Or more", she replies.

"Why? When I go to the doctor maybe it's around \$100.00-something." "Well I don't wanna say it's always like that but it can get that high, and it's never under \$100.00. It depends on the service one receives. It depends. If it is a follow-up visit, it costs around \$115 and nothing else. But the doctor might say to the patient, "The medicine that I gave you last week is doing a good job, keep taking it. The lab results all look good. If you don't have any problems you don't need to return. Everything's good!" explains Lorena. Looking for non-verbal affirmation, Lorena checks with Manolo to make sure she is explaining a follow-up visits correct. He agrees by shaking his head.

“But the patients... do they have to pay that out of pocket...a hundred and something dollars?” I question. “*Por allá vamos... Por allá vamos* (I’m getting to that... I’m getting to that), she says, with a *bocada* (a mouthful). This is the most inexpensive type of visit, the simplest type; I gave you as an example. At this cost there are three ways that a patient can pay her bill. First, with medical insurance through their work. Second, through the government.” I interject, “How, through the government?” “You know through the government insurance....Medicare, Badgercare...Healthy Start. The third way is if this is a patient who maybe works at a restaurant that doesn’t offer medical insurance, or temporary job agencies, these types of occupations where you don’t have *ningún beneficio* (any benefits), and they don’t have the requirements to obtain Badgercare, or Medicare, through the government. They don’t have anything. They have to pay out-of-pocket. In such cases, the clinic has a Program *de Ayuda* (of Help). That’s what I am in charge of.

With this Program, some patients are eligible to pay less, not everyone, but some patients. So let’s suppose that based on the number of family members, and annual salary, there is a percent that they have to pay. There are percentages like 20 percent, 40 percent, 60 percent, or zero percent. So of the \$115 bill maybe someone has to pay 20 percent of it out-of-pocket, and so on...”, explains Lorena. “What do you think the percentage of the people that have to pay at 100 percent is compared to those who get a percentage off?” I ask. “100 percent is when a patient passes the limit required for a discount.”—she explains. “And that’s common or not?”—I interject. “No...no that isn’t very common, only

some times.” “But you say this is a program that the Clinic has...?” I ask. “Oh yes!” says Lorena. “Where does the money come from to support this program at the clinic....in order to cover these costs?” I ask.

“From three sources. I really like how this is administered by the clinic... The clinic has a fund for this program. The resources for this fund are three... there are institutions that donate money to the clinic for this program for the community, for example: Potawatomi Bingo gives donations...WE Energies, the banks, Allen-Bradley [it is now Rockwell Automotive, but most Milwaukee], United Way.

“Are the donors mainly local?” I inquire.

“No we don’t have limits on who can donate... all donations are welcome.”

“Yes, but um, *la mayoría* (the majority)?.” I clarify.

“Si locales (Yes, local)”, continues Lorena. “So then these are the resources of these fondos (funds). Second, we also receive federal funds, in part, because the clinic is not a government clinic. The other is that the patient pays their portion. Because it’s not completely free. So from these three resources the fund is able to exist.”

“So do you think...when you said that some *consultas** (appointments) can be up to 500.00 *dollares*, do you think this price is inflated in order to cover other costs for other patients who can’t pay? Will this extra cost be used to balance the clinic’s budget?” I ask.

“At times, I think the price is overly expensive; but...also, it’s preferable to go to a doctor’s appointment at a clinic than be seen through an emergency room,” she replies.

“But do you think the Clinic is comparable in terms of cost with other clinics? What other community clinics do you know of work with the Latino community in Milwaukee?” I ask.

“Umm....that has the same system as us?...*No creo que hay* (I don’t think there are). But in the area are *free clinics*...like the one on 6th and National, or the one on Orchard St. They are clinics that have a small number of services they can offer, but they offer them free.”

“And there is the Clínica Latina...with Dr. Aleman,” I interject. Honey is that where you whet years ago when you got sick?” I ask Manolo, remembering the time, when we were without health insurance and both Manolo and I worked at a restaurant. I’m really curious about that clinic, I know we used their services once but never returned,” I say. Turning back to Manolo—“Did they ever charge you Manolo, I don’t remember?” I ask. “Yes...a little”—he replies. “Like \$30.00 or so right...?” “Not even that I think...”, he says. “But that was a long time ago,” he adds. “But really not many people in the community talk about this clinic.”—I say

“I only know that this clinic... Clínica Latina sees patients *por tarifa* (for a set fee). If the consultation is \$80.00 people have to pay \$80.00 *y ya!* But I’m pretty sure the clinic doesn’t have a laboratory. I believe the clinic works more like doctors’ offices found in Mexico, where there is a set fee and you pay that.

And if the doctor there has samples of pharmaceuticals the doctor will give them to patients free. And if he doesn't, he gives them a prescription to buy them. *Así como en México* (Just like in Mexico)"—explains Lorena.

Lorena now sitting at the table alongside Manolo and I stressed the differences she sees in a clinic run by Dr. Aleman and the one she works for. "Yes...but I think our clinic is a complete clinic. So when there is a new patient for example, I tell them immediately—because I think everyone has the right to know—that this is not a free clinic. That it's expensive—they have to know this—because I don't like it when they receive a bill by surprise. Nobody likes that right? That a bill comes that costs \$500.00, *Pero ¿como si nadie me dijo?* (But how if nobody tells me). The patient has to know upfront that it is expensive. But I also like to explain to them that this is a 'complete clinic'.

Look, we have a lot of different departments. Look, many of our patients come carrying several problems; financial, emotional, family problems, domestic violence... *bueno muchas cosas* (well lots of things). And I like that at our clinic the doctors, even me... *casi luego luego* (almost eventually) can tell when a patient needs a certain type of psychological attention. So, when the doctors see that there is more than one problem, they try to give them all the information like social services in order to help them.

For example, we send woman to out the HIV Department because a lot of times there are women who live worried because their husbands are cheating on them, and fear they might have caught an infection, so we send them to HIV so that they can run tests. We send patients to our Psychology Department for

emotional assistance. We send them to our Social Service Department so that social workers can refer them to a shelter, or a place where they can get food, or a lawyer. We have a list of churches in the community where they can obtain food. *Bueno, todos estos servicios* (Well, all these services)", explains Lorena.

"If a person, comes to the clinic without insurance, but could qualify for government insurance, does the clinic help them obtain it, or help with the application process?"—I ask.

"No, that—no. We don't deal with any insurance. We just work on a sliding scale. We let the patients know that if they need to go to the hospital for x-rays or something, we don't cover...only the services of the clinic."

But the laboratory service, yes?"—Interjects Manolo.

"Yes, we cover the laboratory costs. But here is a very important detail. If let's say a new patient arrives and is very sick and needs to be seen immediately before they get set up with our discount and don't have insurance or anything...and come the next day for the sliding fee, I can back date the sliding fee to cover when they first came in...the day before, or even up to a month. But if this patient went to the lab before establishing on the sliding scale program, we can't cover the lab costs."

Turning directly to Manolo wagging her finger Lorena continues, "So remember Manolo, don't send any patients to the lab unless they are established with the sliding scale first." [Manolo smiles and nods, noticing the gentle scolding]. "Because the lab isn't part of the clinic, even though it's in the same building. It's by Dynacare. So if you notice in Mexico, if you go to a consultation,

and the doctor wants you to get lab tests, you gotta go to a different place. So in order to be a convenience for the patient, a lab is located alongside the clinic. The people don't have to go to 13th and Wisconsin [a location in downtown Milwaukee, while not an extremely long distance from the Southside, it constitutes outside the barrio, and therefore relatively unknown, and perceived unsafe, for many of the Latino Southsiders], or any other place to get their tests done.

We have a lab, but it's not part of us. It's by Dynacare, and if the patient is not under the discount program, Dynacare will charge the patient the full cost. But if they are under the program. Dynacare will charge the clinic the cost of service, and the clinic will pay the rest. It's a wonderful program!"— Lorena exclaims with pride.

Questioning the Efficacy of Biomedicine

The following is a conversation that I had with Inez, an employee at one of the Alternative Medicine clinics in Milwaukee. She explains why she sought the services of a lay healer and how through social networks she was able to find a healer to treat her chronic back pain. We were speaking one day during a work break at the clinic.

Inez: When I needed help, not necessarily medical help exactly but something that would help me feel better with the problem that I had, which was problems with my back. I went to see a massager, and what I asked for most was to get help with this problem.

Ramona: But what type of massager? A massage therapist like the ones at this clinic? No, like the types of massagers that we have in Mexico, a *sobadora*.

I: She was able to fix me. Umm she saw that my *matriz*, uterus, *debido a una caída estaba fuera del lugar* (because of a fall was out of place). She helped me *acomodarla* (put it back where it belonged).

R: And how did she know, that it was *caída* (fallen)?

I: Because it wasn't in the right place, where it should be. This explained why my monthly periods weren't normal, they were very painful when I would get them. And at times I wouldn't have one.

R: So, because of this help, I got better. But also I encountered that she prescribed me *unas hierbas* (some herbs), that I know are beneficial to remove the fragility of my body. But also that they [the herbs] had *poderes curativos* (curative powers to help my body and health).

R: And this healing occurred here in Milwaukee?

I: Yes.

R: And how did you come to learn about and meet her?

I: She is a mother of a girl who used to work in Centro Hispano. So I went to her house.

R: So you knew well the girl?

I: Yes.

R: How did the subject come up of her mom, I mean how did you learn that she healed?

I: *Platicando* (just talking). In a conversation, she mentioned that her mom did that. *No la promueve* (she doesn't promote it), but seeing that I was a person *que cree en este tipo de medicina*, (believes in this type of medicine),...*que me gusta* (that I like it), *este...* (um) she felt confident to share to with me.

When I asked Inez why she thought that this lay healer, and others like her, did not promote their services she replied, "*Pienso por el temor, el temor de que primer son personas ilegales* (I think out of fear, out of fear because first of all they are illegal). Another thing, these persons who do these activities that got their knowledge through relatives, or through family traditions, and they don't have a license or pay taxes. Also, they don't do this for a living, rather it's a *don*,

a gift that they have and they like helping people. Now, the people that have the means to set up a business, or work with using these techniques, these... these are people, I would imagine, that have the ability to do so legally.

Furthermore, Inez explains some of the reasons that she is drawn to Latino lay healing practices when she sought the assistance of a *sobadora* for her problem with back pain.

Ramona: What were the reasons that you sought help for your back problems? Did you also see a medical doctor?

Inez: Yes, yes, but the only things that I had was given were *medicinas calmantes* (calming medicines), an order to have an X-ray—which was going to take time, I would have had to ask time off of work. I needed to ask for permission from the insurance to see if it covered me. It was a whole bunch of problems, just in order to get an answer to what was the actual problem. But I was confident that my life wasn't in danger, and it was something that wasn't going to hurt me, and it was something that I have already experienced with in my country. I had already done this stuff

R: How many times have you sought help from a *curandera o sobadora*?

I: Um...here two times.

R: For the same issue?

I: : No, for different reasons. One time I hurt my foot, *y ella me la acomodó otra vez* (and she put it back into place). My foot had swelled up and was very painful. I took some pain medicine. I felt that if I had gone to a medical doctor, he would have just given me pills for the pain and that is it, he wouldn't put back into place the nerve or the part that was out of place.

R: So, then what you are telling me is that it's not just a question of health insurance, but rather that you felt you would receive a better treatment a better outcome with this woman than with a doctor.

I: Exactly! Exactly. Also, another thing that I have also seen is that, for example, when a person—a pregnant woman looks for these types of services, she [the healer] helps work the whole body, the waist especially, because I have noticed a lot of problems here [in the clinic] that women come in with back problems after giving birth to a baby and *sus espaldas quedan abiertas, no alineada con su cuerpo* (their backs are left open and not aligned with their body).

All of this is very painful for them, and had they gone to see *una persona o una partera* (a persona or a midwife), she [the healer] has the ability to *acomodar todo el sistema óseo* (put back into place the whole bone system), or do a *limpia correcta* (correct cleaning). It avoids a lot of secondary problems like infections, or back pains, or *enfriamientos como les llamamos en México*, (*enfriamientos** as we call them in Mexico). But instead their waist hurts their legs hurt.

Inez points out that a *partera* can do a *limpia correcta* (a correct cleansing). Her words imply a couple of things. A *limpia*, or cleaning suggest that the body is left dirty, or unclean after giving birth. Using the term *correcta* implies that while a biomedical practitioner may cleans, or clean off a postpartum body, it is not sufficient. Western medicine, or medicine of the doctor is not sufficient in addressing and preventing ailments. For example when a woman gives birth the obstetrician does not believe in nor practice 'putting the woman's body back together again'. Inez says as a worker at the alternative health clinic she has seen many woman who have given birth coming in for back complaints. In addition, medical doctors often do not get to the root of the problem in treating foot injuries and sprains. The reliance of biomedicine on pharmaceuticals or pain management is a turn off for many Latinos who are familiar with the practices of a *sobadora/o* and have successfully been cured of an injuring in the past.

CHAPTER IX

ENGAGING WITH BIOMEDICINE

Introduction

During the course of this research, I have been able to interact, interview, and share in formal and informal activities with many biomedical providers of community level care in Milwaukee. I have attended several workshops on Immigration and Health put forth by community health clinics in Milwaukee. I have engaged and participated in social activities with many Latino biomedical practitioners including salsa dancing, sharing holiday meals, attending office parties, celebrating birthday parties and baptisms, or simply visiting over coffee and *pan de bono*, a Columbian Cheese Bread. The following are vignettes that have occurred during these social encounters. What they reveal, is the genuine interest, respect, and curiosity that biomedical professionals have toward lay healing practices.

At times, these biomedical workers express their misgivings toward a continued medical system that keeps clear distinctions and rank between medical pluralistic practices. More often than not, these biomedical practitioners understand, empathize, and at times extol the practice of Latino lay healers. Some have even expressed interest in receiving care from lay healers or a strong desire to refer their patients to lay healers. Still others admit to practicing some type of lay healing themselves. Familiarity of Latino lay healing comes from both

living here in Milwaukee and living in their home countries. Many of these Latino biomedical practitioners are recent immigrants themselves. Most of these practitioners acknowledge on a personal-level rather than a professional one, the limits to biomedicine, and the legitimate role of experiential and intuitive healing.

Thanksgiving

I was agitated, if not angry, at my husband that we were late to the doctors' house for Thanksgiving dinner. I knew we could buy a little bit of time attributing our tardiness to the common axiom of "Latino time", or in my case "Jewish-Latino time", but to arrive over a half an hour late as we did was inexcusable. Of course, we did have an excuse though; we got lost finding the house. You see it was the first time we were ever invited over to Dr. Felipe Contreras and his wife Ana's' home. They are colleagues of my husband Manolo from one of, only two major, community health clinics in town that cater to the Latino community. As Manolo, our four children, and I arrive at their door, our gracious hosts pretend that we had not held up dinner, unfortunately I know otherwise. Walking into the kitchen I see that the turkey, wine, stuffing, rice, and desserts are already carefully laid out and waiting for the last guests to arrive. We pour our glasses with wine and lifted them up for a short blessing over the meal, and each of us layer our plates with holiday goodies and proceeded to the dining room table to eat and enjoy each other's company.

In addition to our hosts and their three children, a friend of the Contreras from Argentina named Silvia, and another couple *el doctor y la doctora*

Martinez— also two doctors from the clinic— joined us. The Contreras family is originally from Mexico, while the Martinez family from Chile. As we ate, we talk about how delicious the food is, and about other delicious foods we have ever eaten. We talk about the politics of the state. We talk about our children, and our families in other countries. They talk about the clinic and the work environment of the clinic, while I listen. The teenagers at the table talk about Facebook making plans to “friend” one another after dinner. The Contreras’ children and ours shared a surprisingly number of similarities. Our teenagers were all close in age, they all went to private schools, and they liked similar styles of music and pop culture. Even our two daughters shared the same name and looked as if they could be twins. The festive meal began to feel that it had brought together a new friendship and bond between our families.

During the meal, a conversation of my research emerged. All of the biomedical professionals seemed very interested in hearing about my work with Latino lay healers. I must say however, that I was purposefully vague about particular practices in the community. I did not give any names of lay healers even when pressed to do so. I was rather uncomfortable walking this line between social engagement and research because I did not want to place any of my interlocutors at risk of identification and scrutiny. For the most part, I was deflecting questions rather than answering them. After a while the questions toward me were less and a conversation of the body, illness, health and lay healing practices ensued. We shared stories of our experiences with *empacho*, *el mal de ojo*, and *susto*. Everyone around the table had a story to tell. In some

cases, they were nostalgic stories of experience at the hands of healers, or a grandmother or mother who knew and practiced “such and such”.

“I wish I could send my patients from the clinic to see a healer”—said Ana. Really?—I expressed, caught off guard. “Yes, there at times when I can’t do anything for them, that western medicine doesn’t have the answers they are looking for. Back home people could go to a *curandera* and get healed. Ramona you have to give me the name of a healer so I can refer my patients there.” At this last request, I could feel my heart race a bit faster and I am positive Ana’s husband saw an expression of worry cross my face. Thoughts ran through my mind, I had just come to meet these people, I didn’t know if this was a trap or something? I mean what If I told her and the doctors called the health department or other “officials” on the healer? I told Ana that I would have to get permission first from the healer, explain the situation and let the healer decide if she wanted to contact her. I could tell that Dr. Felipe was nudging her under the table, perhaps he too thought she had crossed a line somewhere, whether friendly or professionally, I did not know. I had hoped that Ana would have dropped the issue, but the next week at work, I received and e-mail from her.

Hi Ramona,

It was a pleasure to have you and your beautiful family over Thanksgiving. We all had a very nice time. I want to follow up on the contact with the curandera. I have people that ask me and also my friend is looking for alternative medicine to her glaucoma.

I will treasure the information with respect and care.

*Thank you in advance,
Ana*

I replied:

Dear Ana,

Sorry I haven't gotten back to you sooner. It is a very hectic time in the semester. It was such a pleasure spending Thanksgiving with your beautiful family, we really enjoyed it!

Please allow me some time to arrange for a meeting between you and the healers. As part of my IRB I am obligated to hold their identities confidential. I will need to obtain permission from them to give you their contact information. Again because it is the end of the semester and I am frantically trying to finish grading and paperwork, I do not believe I will be able to see the healers until after the semester ends. I will be in touch with you as soon as I have information for you.

Thank you for your understanding and patience.

Regards,

Ramona

Ramona,

I understand perfectly about IRB and confidentiality. I am very interested so I will wait. Hopefully we can get together again. Everyone else enjoyed the evening and we all thought it was a really interesting group of people.

We will keep in touch!

Ana

Dear Ana,

Thank you for your patience on this matter. I met with the healer yesterday and she agreed to let me give you her contact information.

Her name is Doña Trini, and I have a number where you can reach her. If you are interested in going to see her I would love to come along with you as part of my research. Also if you are willing I would be interested in interviewing you about your reasons for wanting to see the healer and your thoughts about treatment after visiting her.

On a side note, it would be great if we could get our families together again when my husband gets back from Mexico. I would love to invite you to our home for dinner, and a game of Apples to Apples. It appears that our lovely daughters have a lot in common.

*Best wishes for the New Year,
Ramona*

As far as I know the meeting between Ana and Doña Trini never took place. When I approached Doña Trini to tell her about the doctor's interest in seeing her, she seemed neither surprised nor worried. She handed me her business card and told me to give it to my doctor friend. I explained to her how I wanted to be cautious about making this connection, and how I wanted to get her permission first because of the potential legal risks. She assured me that she didn't care about legal matters, such as immigration or health officials. She reminded me that part of her healing philosophy was contingent on her not being burdened by suspicions or fears. She also felt that it was the providence of God that allowed her to heal in the shadows of city, and it was this providence that would allow her to continue, or detain her practice.

Kitchen Table Talks and Café De Olla

There is no doubt...it's incredible the sensitivity of the touch of her hands, no? To be able to feel...what the bone is...because they don't have x-rays, they only have their hands, right? Oh how interesting!

—Lorena in reference to lay healing hands

The following discussion on lay healing practices and biomedical community health services took place around the kitchen table intertwined with discussions of food and soccer. Lorena is a coworker of my husband, Manolo, at one of the primary community health clinics serving Milwaukee's Latino population. We were invited over one evening to visit and both Lorena and her

daughter Carla agreed to discuss their experience with lay healers in Milwaukee. Additionally Lorena situates the context for her experiences with healers with her own career experiences working within the biomedical community in Milwaukee. As a Latina original from Jalisco, Mexico, a single mother, and medical professional Lorena brings a unique perspective to Latino experience in Milwaukee.

I arrive at her house late, haven been delayed by my son who I thought was also going to come with me to the visit with Lorena and her beautiful daughter. My husband grew tired of waiting for me outside Lorena's house in his beat up secondhand Saturn that has the inconvenient habit of not heating on cold winter nights like tonight. When I arrive an hour late, he is already seated at Lorena's kitchen table. She opens the door, greeting me with a kiss and hug. This is the first time we have been to her small Southside duplex. It is cozy, warm, and well organized. I follow our host toward the kitchen, the heart of the home, where our discussions will take place.

The front entrance leads into the front parlor or 'front room' as my Gramma would call it growing up. Walking forward I am led through the dining room area exposing the beautiful built-in buffet cabinet, common in these old Southside duplexes, to the spacious kitchen. I take off my coat and hang it across a chair next to Manolo. After profuse apologies for being late, Lorena begins the important task of feeding us and filling us with warm liquids.

"Can I offer you tea or coffee? I have Colombian Coffee; it would be *café de olla* (Coffee from the pot)"—offers Lorena. The kitchen is warm and

welcoming. Lorena stands near a cutting board alongside the sink preparing food for her guests. Carla, her daughter and recent university graduate, is watching *fútbol* (soccer) on the flat screen that faces the kitchen table. Carla is a very athletic young woman who Manolo informs me is a strong competitor in *fútbol*. During the summer, several clinic employees and members of their family play coed soccer games at a nearby public park. Carla is one of the group's star players. I think of this as I set my eyes on hers intensely watching the game.

I distract her, by asking her a question related to the real reason of our presence this evening. That being to discuss her and her mother's experience with a *curandera* in Milwaukee. I ask Carla to tell me about her experience as a child, when her mother took her to see this woman. "How old were you?"—I ask. "Seven...I think"—she said. Now turning to her mother, I ask "Did you take her Lorena?" Lorena clarifies as she continues her food preparation near the sink. "No, we were visiting my *comadre*⁴."

Lorena interrupts her story to provide us with food. She places before us freshly diced apples, and oranges neatly arranged in a bowl, a plate lined with smoked cheese, summer sausage, and tortillas chips. She carefully points out that it is *de res* (beef) since Manolo being Seventh Day Adventist, and I Jewish do not consume pork. "Oh, ok gracias"—we reply, noting the extra care given to us by our host of our dietary restrictions.

Lorena continues her story. "So... we were visiting, and her children, about the same age as my own ...because she was their grandmother...I don't

⁴ While this often indicates a woman, who formally shares in the parenting responsibilities of a child, as in a godmother, a *comadre* often is an informal term used to distinguish a person by signifying a close familiar relation. It is a title of honor and friendship

know if she was a “*curandera*” or not...all I know is that she was the kids’ grandmother. She gave her grandchildren a tea. And because we were there too, she asked if I would like her to give it to my kids as well. And I said well ok... *pues como ví que estaba dando a los otros niños y era un tecito* (well because I saw that she was giving it to the other kids and it was just some tea).” Just then, Carla interrupts her mother’s narration of the story and interjects laughing, “No *era un té, mentira* (No, it wasn’t tea, that’s a lie)”. Lorena smiles at her daughter’s words and continues with the story. “The woman said that the *hierba* (herb) would make the children hungrier.” Carla picks up the narrative, “Yes, I remember that because when the woman first saw me she said I was too skinny. “*Esta niña está flaca* (This child is too skinny)”, she says trying to mimic the voice of the grandmother.

Manolo asks, “So it wasn’t tea?” Carla clarifies, “No, I remember that there was a separation between each of the liquids in the glass.” Manolo smiles in recognition of this visual description, a recognition from memory of his own childhood.

Anticipating the answer I ask, “Was there oil in the drink?” “Yes”, says Carla. I respond smiling “*era una purga?* (was it a purge drink?)” “Yes that’s it”—exclaims Lorena this time from the stove, remembering the name. Carla confirms. “Yes, now I remember, that was it *mamá*.” We all share in a laugh because on some level we have all had experiences with *purgas*. It’s funny because for many years I thought I was hearing the word ‘*pulgas*’, which means

flees in Spanish instead of '*purga*', as in *purgarse*- or purging in English. I chuckle to myself remembering this linguistic error.

"She told you it was just tea?" I ask laughing. "Um...I'm not sure, I don't really remember if they said tea or *purga*"—response Lorena. Carla interjects, "*No, sí dijeron purga* (No, yes they said *purga*).” Just then, our conversation switches to the topic of the salsa to add to the summer sausage being set before us.

My lips smack with a mouthful of food, and I barely make out the next words "so... this place where you took Carla was your friend's house?" "Yes, my *comadre*. Her mom was just visiting from Veracruz"—replies Lorena. Manolo responds, with a mouth full of food, "*De verdad* (Really)?" "So when did all this happen?"—I ask. "Oh, a long time ago...maybe fourteen...fifteen years ago"—Says Carla more as a question than a statement.

The conversation interrupts again this time because one of the players on the TV almost made a goal. Carla fills Manolo in on this player, who he is, his position on the field. He seems to be a favorite of Carla's. Manolo enjoys the conversation, especially since I am only familiar with some of the older *fútbolistas* (soccer players) who played for Mexico in previous World Cup Games.

Lorena returns at least my attention to our table talk.

"So...then...really...I'm not sure where the woman was from. And I don't really know if she was a "*curandera*" or if she simply used *tratamientos caseras** (home remedies). "How did you convince Carla to drink it?"—I ask. "Well, because we saw that the other kids were taking it. So she tried it"—explains Lorena. Carla

chimes in, “I remember that the other children were *gorditos* (chunky). I was skinny.” Lorena explains that the mentality of many Mexicans is that a skinny child is a bad thing.

It means that a child is malnourished or unhealthy in some way. Carla elaborates, “I remember also that she told me that possibly *no me iba a server* (wouldn’t work for me). Looking toward her mom Carla says, “Upon leaving her house I threw up. ¿*Te acuerdas?* (Remember?)”

Laughing groans fill the room.

Adding to the story, Carla says, “and my brother who drank it, *sí...se puso más gordito después y yo no*. [yes...he put on weight and I didn’t]. Even now, I’m still skinny, Carla states while motioning toward her figure. “But yes, I vomited it up”— she says as if providing an explanation for her small size.

We exchange back and forth more stories of our experiences with *purgas*. Manolo begins a story that I have heard several times. It occasionally will reappear at family gatherings because it is always sure to provoke a laugh. Here the story emerges once again, this time at Lorena’s kitchen table. “*Cuéntales!* (Tell Them!)”— I encourage.

“Amado *mi primo* (my cousin) [who we, as well as all the children in the neighborhood, would affectionately call “Tío” or uncle because he was much older than us] when he was a child, they took him to see a “*curandero/brujo*” [healer/witch”] who was called Tío Mencho. One day my aunt told Amado, “Ya te toca ir con Tío Mencho.” Amado cried, “¡*Mamá no!* (Mommy no!)” But my aunt would insist and say, “Oh yes...we are going, we’re going! Get over there and

purgate! (Go get purged!)”. “*Un vomitivo**, *le llamaron* (a vomiting, they called it)”—says Manolo grinning with disgust and ironic pleasure at telling the story again.

I question, “They don’t call it *purgarse*?” “No, over there [a place in Veracruz, near Tilapan] they call it *vomitivo*”—replies Manolo.

Laughter fills the room.

“You see, there was this round plastic bowl....and the man gave’um a *cucharón* (a ladle)...you know like the ones used to serve *horchata** with. With this, he gave them *un té* (a tea). “*Y ha de ver sabido a rayos* (It must of tasted terrible), because the people would throw up.” Manolo now pantomiming a scooping motion continues by saying, “And the man would scoop it back up and *pa tras otra vez* (down the hatch again)! That’s why it was called *el vomitivo*.” Rolling in laughter now, Manolo finishes the story asking, “And who wouldn’t get better after this?” By now, the kitchen table is shaking from our combined belly laughter.

This story helps Lorena recall another story from her *niñez* (childhood). She begins her story, “So supposedly, something *se me sustó* (scared me) and made my *mollera* (fontanelle) fall. So they took me to see my *madrina* (godmother). I remember that I was very small because my *madrina* picked me up and set me on her lap. She had very thick, warm fingers. I remember even now how her hands felt. We watched as Lorena began to embody this recalled experience of her godmother’s touch. I can still feel the sensation of her chubby, warm fingers on me. I remember thinking, “*ah qué rico* (“how nice”)...when I

would feel her hands on my neck, rubbing me with some oil.” Using her hands to demonstrate, Lorena rubbed her own shoulders, and neck in an upward motion, “and she would pull up on my neck like this.”

“How old were you “—Asks Manolo.

“I was very young, I’m not sure how old exactly, but I will never forget the sensation of her hands passing over my face”—replies Lorena. As she speaks her hands move across her face and neck in a circular motion. “I felt everything *tan rico* (so nice), on my neck, my face, all over my head, and then, the part that I didn’t like.... and I’m not sure the order of how this occurred... but she put some liquid in her mouth, as if to drink water, and she put her lips over my *mollera* and *chupó* (she sucked in). She had my little head in her hands. But what was worse...the worst part that she did to me, with this finger [indicating with her middle finger] she put in my mouth, up on the roof of my mouth, and she pushed upwards, lifting me upwards. I remember that it hurt me. She even lifted me up with this movement, this movement made me cry. I remember crying *con tanto sentimiento* (with so much emotion), because at first I felt that my *madrina* loved me so much. That at first she was giving me such a wonderful massage and it felt so good, but later after she did this to me, I felt that she didn’t love me anymore, because she was hurting me. I had such hurt feelings that my *madrina* would do something like that to me, and that my mother made her do this to me.”

“*Ay pobrecita* (oh you poor thing)”—I exclaim. “Yes, these are *pensamientos de niños* (child thoughts), as kids we just don’t understand. I cried and cried.”

Lorena continues with her story. “Afterwards, my *madrina* got up to put the things that she was using away. Then she came to me and made me lie down on the bed, and she gave my whole body a massage. As a child, I never used pants, only dresses, so both my arms and legs were bare. Therefore, she rubbed my arms and legs *con aceiteito* (with oil). *Me acuerdo que me quedé muy dormida* (I remember falling asleep). *Bien a gusto* (real comfortable), a deep sleep, and when I awoke I was so happy as if nothing ever happened.”

“Did you hear or feel a popping sounds when she did this?—I ask. “No...no I don’t remember”—replies Lorena. “Because this healer did the same thing to me not too long ago”—I begin. “Oh really”— says Lorena surprised. “Yes because I went to see her because I was having migraine problems”—I explain.

“She told me that my body was too compacted. My *columna* (spinal column), was packed together and that *estaba caída* (had fallen). She also said that my *molleras* were fallen. I was puzzled because I thought we only had one *mollera*, but she went on to explain to me that we actually have them in several places on the head.” Lorena and Manolo looked surprised, agreeing with the belief that we had only one *mollera*. They also thought, or understood, the *mollera* in terms of the soft spot on a baby’s head.

“She told me no and said, “*las voy a acomodar* (“I’m going to fixed them”). But she didn’t *chupar* like the healer did to you. Instead she gabbed small sections of my hair and pulled. I could hear and feel a popping, snapping sound with each tug.” “For real?”— commented Lorena. “Yes at all different spots on my head” —I explain. “Did it hurt you?” —asked Manolo. “No, no it didn’t hurt, but it

felt weird, like pressure released. Like when someone opens the top to a soda can.”

“So then did your migraines get better?”—asked Lorena

“No”, I respond, “I still have them, but they did calm down for a while.”

Lorena changes the topic and talks about the process of making *café de olla*. She serves us a cup and offers us cream and *leche* (milk) to add.

Afterwards, Lorena recounted another story when that same woman as before, *la tallaba* (gave her a massage) for *empacho*.

“She knows Marisol right?”—I ask Manolo. “Who?”— questions Lorena.

“You remember “, says Manolo, “Marisol *la de Argentina*. “Marisol was a coworker of there at the clinic. She left a few years back to go work at one of the major hospitals in the city. “Oh...yes..yes...yes, I know her—recalls Lorena. “Well she told me that she knows how to *desempachar*. Ya know she used to be a doctor in Argentina before coming to the US?”—I say more as a statement than a question.

“Yeah, but what is *el empacho* anyways? Do you know?”—Manolo interjects, asking to no one in particular. “Well what do you guys think? —I say, returning the question back to him. Lorena comes up with a response. “*El empacho*...well someone once explained it to me this way. They described it that...like when you swallow a piece of food and it gets stuck or the sides of the stomach get stuck together, or in the intestines. When it is stuck, your body can’t digest properly, and it produces stomachaches, and other types of discomforts. And they’ve gotta give you an intestinal massage in order to dislodge whatever’s

stuck. “That’s the same way it was explained to me, says Manolo. “Me too”, I chime in.

“But the treatment involves pulling the skin on your back. What does the back skin have to do with the stomach?” –I ask bewildered. “I mean ...well... I had an experience with this when I was living in Oaxaca, where I was completely healed. Have I told you the story before? When I lived in Oaxaca?”

Lorena shakes her head no, and another kitchen table story initiates.

So I go on, telling her about when Vanessa, my daughter, was at a camp in Huajolotitlan, and I went to see her on the weekend and I got sick. Very sick! I tell her about how when we got to the campsite, I was not prepared, and had not thought of what I was going to eat for the weekend. I was a vegetarian at the time. By evening that Friday, I was starving, so I ate what was offered at the campground. It was *milanesa de pollo* (breaded chicken breast)... I think. Well immediately after eating, I began to feel sick. I then started getting a fever, chills, nausea and began to vomit violently—from both ends. By Saturday morning, I begged my friend to drive me into town to see a doctor. This request was received as an inconvenience to the weekend festivities, but alas, I was taken to a doctor. The doctor saw me briefly and gave me a prescription for two anti-parasite tablets and pain reliever. I took them as soon as I purchased them from the pharmacy. But after several hours, I was still not better. My health progressively worsened, and to my friend’s dismay, we had to cancel our camping trip early and return back to Oaxaca City.

Once in Oaxaca, I went to see a friend of mine, an older woman probably in her mid-sixties. Once she saw me, she immediately directed me to lie down on her bed. In intense pain and crying by now, she pulled up my shirt to examine my stomach. Had I not been so sick, I probably would have protested, because I felt her hands grab my *tripas* (my intestines). She moved her hands all along the track of my intestines. And for the first time in my life, I felt the layout of this inner organ; I imagined them feeling like a long strip of sausage links.

“And how could she touch you? How did she know where your intestines were”—remarks Lorena. “Because she was grabbing them!” I reply.

Just then, Lorena comments on something that I also have found quite remarkable in my work with lay healers. She says, “There is no doubt...it’s incredible the sensitivity of the touch of her hands, no? To be able to feel...what the bone is...because they don’t have X-rays, they only have their hands, right? Oh how interesting!”

“And I remember not being scared with her touching me. Because I was in so much pain at the time. I really thought that I was going to die.” I say. You were that bad!—Lorena asks with a gaping mouth. “I was so ban...with this infection. Now I can laugh about it but then...eeee.”

I continue to describe how my friend was pushing on my intestines until she came to a spot that made a swishing sound, near the lower right side of my abdomen. She stopped and told me “there...there is the venom.” It was stuck there, in my side. She told me that she had to push very hard so she could move

the venom out. Afterwards she turned me over and pulled my spinal skin. Sitting me up in bed, she then gave me a tea to drink, and immediately I was better.

Are you serious?—exclaims Lorena. “Yes” I say. “She healed me completely. “

“So then you have gone many times with people like *curanderas*?”

“Yes, but not like that time when I was so sick”—I say.

Lorena went on, “So then, this day you were able to discover that the medicine of your healer was more effective than that of the doctor?” “Yes”, I say. “Interesting...”, replies Lorena.

The Community Health Survey

A difference exists between Latino biomedical practitioners and American biomedical practitioners on the way they understand and engage with Latino lay healing. When I first initiated this research and contacted some of the directors and managers of Latino-serving community level health care, Latino lay healing was not even on their radar. At a staff meeting I was invited to introduce my research, and myself a psychiatrist at the clinic expressed disbelief in Latino lay healing practices in Milwaukee. She did not think I would be able to find anyone to participate in the study. Others at this meeting expressed similar reservations about the research, believing that since they were the community level practitioners they would no. The American health practitioners in the room were incredulous until the clinic’s Latina receptionists interjected that these healers do exist because her grandmother is one of them. This disconnect between

community practice and management of community level health care is not that surprising considering a recent study conducted in 2006 to survey health practices in Milwaukee.

After attending a three-part workshop on immigration and health sponsored by Clínica Salud, I was provided a copy of the 2006 Milwaukee Community Health Survey (JKV 2006) from the Clínica Salud director. The survey was a collaborative initiative commissioned by Aurora Health Care and in partnership with the Milwaukee Health Department and the Center for Urban Population Health Research. “The purpose of this project [was] to provide Milwaukee with information for an assessment of the health status of residents.” (JKV 2006:1). In the report, “Alternative Treatments” are defined as the following: 1. Massage Therapy; 2. Chiropractic Care; 3. Meditation; 4. Movement Therapy; 5. Aroma Therapy; 6. Acupuncture

Nowhere in this list exists a category to include lay healing, traditional medicine whether from the Latino community, or other ethnic communities that engage in lay healing in Milwaukee, like the growing Hmong population and the Jewish community. Something else both interesting and telling is that these six “alternative treatments” were placed under the category “Behavioral Risk Factors”— a category shared with “moderate physical activity” and smoking in the survey (JKV 2006:8). The fact that other culturally informed medicinal practices, such as those described in this research, were not even mentioned in the report demonstrates the disconnectedness between the “community health care providers” and the community they claim to serve. Additionally, the

positioning of these six categories under the heading "Behavioral Risk Factors" reflects how biomedicines' gatekeepers in Milwaukee subjugate "alternative" forms of treatment.

What I find perplexing about this study is that while on paper, and perhaps at a public policy level, conventional biomedical care seems to take precedent over alternative medicine. However, when talking to biomedical practitioners they are more than willing to engage in medical pluralism themselves and want to have more avenues open between alternative and biomedical practice for their patients.

Ramona: You work at this alternative medicine clinic. What I have noticed amongst the practitioners of this clinic is that they are all very open to other alternative types of medicine and healing. However, what they practice here comes from eastern traditions, but that they do not treat, or there are not practitioners using traditions found in Latin America or Mexico. Why do you think that might be? Would you like one day to see the practices such as the healer that you saw be able to practice out in the open in this country?

Inez: Of course! There are many similarities. Maybe they are not properly documented here, or their knowledge isn't *tan extendida como la medicina occidental* (as extensive as western medicine), but because they come in part from indigenous roots in Mexico, it's been something that has been transmitted, and passed down from generations to generations. Like before in *los pueblos pequeños* (small towns) this was the only form of survival. Knowing nature, knowing what plants they could use and which they could not, knowing their [plants] properties. How would they know this if they didn't use them...they could distinguish which plants are good and which plants are bad. So then, this is a rich knowledge, that I admire in them, because, *no fueron a la escuela pero saben mucho* (they might not have went to school), but they know so much....the people would live long lives, eating natural things and *aprovechando de la naturaleza* (taking advantage of nature).

R: What do you think would be needed in our society to allow such practices to exist freely and openly? And the community?

I: Well I think it would require more help from the government to *documentarlos* (document them). They need....oh I don't know. The

politica está demasiado (there is too much politics), the big corporations have a lot of power and money, another thing is that western medicine supposedly heals fast, and maybe these types of alternative medicines take time.

R: Do you think that this trend in our society with the acceptance of Chinese medicines will eventually help Latino healing in the future?

I: Of course! I think so. Look, I think this type of medicine is universal knowledge, there has to be something positive or realistic in what they practice. Because just the fact that there are people that know where to put the needles in [referring to acupuncture] and know the body, and know how a simple massage can help so much. Therefore, this means that all people need to learn a little more and that people need to have fewer fears, and allow their nature their bodies allow....the power of the mind is very big, so if you close yourself entirely, than it won't be possible, but to have an open-mind is beneficial. To try things that you've never tried before I think is beneficial.

R: Do you think all people should have the right to seek alternative forms of healing?

I: I think it should be...that it is important that we have the right because it would be less expensive, it would be open for the people, and you wouldn't have to navigate the whole process associated with health insurance. One of the most difficult things that I have encountered in the medical process is that in order to see a specialist you need get permission from the insurance, you have to get a referral from your doctor, and sometimes you would like a second opinion and your insurance won't give one to you. So I can get help by myself through alternative medicine, come to a solution faster because sometimes the alternative medicine goes directly to the problem, unlike the normal medicine...medicine from the doctor...because of secondary affects. Always with medicine from the doctor...western medicine, I always read about secondary effects. So, what I have seen with alternative medicine is that lets say if I'm having a problem in my stomach, they work on the stomach, if it's a problem with the back they work on the back. They don't need to affect other systems in order to get me to feel better.

As can be seen from this vignette, Inez envisions what would be needed in our society for Latino lay healing to come out of the shadow. The benefits of lay healing, include: more direct care, effectiveness, not as complicated to maneuver

through as biomedicine and health insurance, no secondary affects, works naturally with the body to heal.

Inez, points to the immigration restrictions blockages to this process include: immigration, politics, and political and financial power of health insurance and big corporations [example pharmaceuticals.]

Mammography on Wheels

This next vignette is a conversation that took place between Carmen, a financial counselor, in charge of the mobile mammography program run by St. Jude's Hospital in Milwaukee and me. As a bilingual financial counselor Carmen is in charge of outreach and support to Latinas in the community. What this encounter reveals is how Latinas, diagnosed with breast cancer, sometimes decide to return to their home countries for treatment and care, and may choose lay healing over conventional biomedical cancer treatments.

Jack started barking, alerting us that someone was at the door. It was Carmen, our neighbor from down the street. She was out at night walking her dog and decided to stop by. "*Hola Ramona, buenas noches.*" (Hello Ramona, good evening."), "*Hola Carmen, Pásale, pásale.*"). ("Hi Carmen, come in, come in.") "No, I can't, I have Chata [Carmen points down to her arthritic dog], I will just stand here." Carmen enters and stands in the hallway, while the Chata's leash extends outside past the door.

"Were you just out walking to night?"—I inquire. "Yes, Chata needs her exercise, even though she can hardly walk these days, *pobrecita* (poor girl). But I

also stopped by to invite you and Manuel and the kids to our house this weekend, we are going to have a birthday party for Raul [her husband].”

As Carmen is speaking Manuel enters the room. “Hi Carmen” he says. Manuel extends his hand and touches his cheek to hers, kissing the air. “¿Que pasó?” (“What’s up?”) He asks. “Well like I was saying, I wanted to invite you guys to our house this weekend for Raul’s birthday. Can you come?” Manuel glances at me for approval—knowing that I am the one who always knows what’s on our calendar. “Yeah, that sounds great!”—I say, looking back at Carmen. “Oh that’s great!” says Carmen.

We engage in small talk for a while, I again encourage her to come in and sit down, but she again refuses. Chata is not only a very old dog; she is not too keen on our dog Jack. We laugh, all agreeing that it is better she lingers near the door, holding the leash attached to Chata waiting outside.

“I’m glad you stopped by Carmen, because you know I have been doing this research on Latinos in Milwaukee and I have been meaning to ask you about you’re your work with the Mammography van, and to get your perspective” Have you or anyone you know used the services of Lay healers, like *curanderas*, *parteras*, *sobadoras*.... in Milwaukee?

“Well, personally I haven’t, but I know some of my patients have.” “Really?”—I ask. “Yes, several of my patients have told me that they see *curanderas*.” In fact, just recently we had a patient who was diagnosed with cancer. It was really bad you know, she probably wasn’t going to make it. And we offered her treatment.” Like chemotherapy?”—I interject. “Yes, that, but she didn’t

want it. She said that she was going to go back to Mexico instead. She told me that she was going to get treated there.” “By a doctor?”— I ask. “No, by some *curandera*.”

“I also had another patient who just wanted to return to Mexico to receive chemotherapy there.” “Oh yeah, why was that?” I ask. “I think she thought she wouldn’t be able to afford it.”

“So why do you think the other woman wanted to get treated by a *curandera* in Mexico, and not by a doctor here.” I ask. “Oh many reasons, well I think...a lot of people with this kind of diagnosis [cancer], even with treatment don’t make it, and people know that. I think she didn’t want to go through that....here...alone. It is better that she goes back to her home. She probably feels safer with the type of medicine she knows. Plus, she has her family there to help her. That’s what is important.”

“Wow that is very interesting!” —I exclaim. “Does this happen often? That a person turns down treatment here and decides to go back to Mexico or their country instead?”—I ask. “Well it does happen. Even when I try to convince them to stay....I think some people are also scared of the cost, and I try to tell them that we have a program that helps with the cost at St. Jude’s.”

“Another woman who did get treatment here...it didn’t work, the cancer metastasized into the lateral breast, she decided to go back home to die in Oaxaca, *pobrecita, era muy joven*” (“poor thing, she was very young”).

“So do you know if the woman that got treated by a *curandera* back home, was helped with her cancer.”—I inquire. “*No. ¿Quién sabe?* (No. Who knows?).

Once they leave us we don't follow their care anymore. But you know I can't blame them. This type of medicine [biomedicine, oncology] doesn't always work." says Carmen. I shake my head in agreement.

Narratives of the high cost of biomedicine, and stories of unsuccessful cancer treatments are prevalent in the community. They impact a woman's decision of how, where, and by whom she gets her treatment. Latinas, diagnosed with breast cancer sometimes find that returning to Mexico as the better option. Back home they will be surrounded by kinship support, and community familiarity. Narratives, of whether or not lay healing is successful, don't make it back to Milwaukee's caregivers once the patients leaves.

Carmen does not blame her patients for wanting to go back to Mexico. Biomedicine cannot always successfully treat cancer, and with no cure currently available, Carmen is just glad her patients continue to fight back any way they can. Latinas in Milwaukee weigh their biomedical treatment options, chances for success, alongside the allure of family, home, country, and medical familiarity.

PART V

TRANSNATIONALISM AND BORDER CONNECTIONS

CHAPTER X

DEL OTRO LADO

Introduction

This section highlights the life histories and decisions that *parteras del otro lado* make in (re)claiming this profession and their patients. Here I explore some of the contrasts between biomedicine and lay midwifery, specifically as they relate to issues of gender, location, and authoritative knowledge.

While researching lay midwifery practices in Veracruz and Oaxaca, Mexico (Tenorio 2007) I found that even when women can afford, and have access to, medical services, they often seek lay midwifery services for care. One reason this may be is that biomedicine does not fulfill all of the cultural needs these women during birth events. Some common forms of lay midwifery care include the *sobada* or massage of a woman's abdomen during pregnancy (Hiriat 1995). Another practice is binding the abdomen after a birthing event with a *faja*, which is believed to relocate displaced organs and bones (Castro 2004, Buss 2000, Jordan 1993, Parra 1991, Sargent and Bascope 1996, Cosminsky 1982).

Throughout Mexico, women's reproductive health care has traditionally been in the hands of *parteras*, or midwives. However, beginning in the 1980's the Mexican government campaigned for a Westernized medical model, which also included the area of birthing and women's reproductive health care. This juxtaposition has posited Westernized obstetrics as the clear voice of truth, and disregarded other voices of healing and medicinal knowledge as inferior. This

transition has resulted not only in the treatment of reproductive females as inanimate objects, subject to the controls and management of health professionals, but it also has marginalized *parteras* by questioning their authoritative knowledge of reproductive care (Davis-Floyd, 1987).

In Mexico, even though there exists a large biomedical system, other models of healing continues to be practiced throughout the country, particularly in rural areas where access to health care and medical facilities is limited. Medical pluralism, the existence and practice of negotiating various healing and medical practices in a society, is a common phenomenon in Latin America. The divide between midwifery and biomedical obstetrics, I believe is still often situated within the broader discourses of Science versus Nature, Orthodoxy versus Ritual, Modernity versus Traditional. Because of this there is still a perceived unequal relationship between midwifery and obstetrics in Mexico. One reason stems from the perception that Westernized medicine is better suited to treat the “illness” of pregnancy.

Another reason is that midwives are most often women, who are situated against a backdrop of male-dominated, biomedicine. Also, the word midwifery is inherently preceded by the word traditional, which unabashedly denotes “primitive” in many peoples’ minds. Lastly, many midwives in Mexico often include herbal, and or spiritual components to their practice. All of these factors point to a struggle midwives and women have to establish themselves as having authoritative knowledge in the area of reproductive health (Davis-Floyd and Davis, 1996).

***La Partera* and Midwifery Certification in Mexico**

While in Mexico visiting friends, and family, I met on several occasions throughout the course of years, a *partera* named Doña Eva from Chiltepec Oaxaca. For Doña Eva, much of her work within her community took place in private spheres, her home, or the birthing mother's home. However, due to outside social pressures to become certified, her practice briefly saw a shift in location from private to public space. After several years of delivering babies in the private sphere of a home, Doña Eva decided to take certification classes in midwifery. This push for certification was really an outside push to legitimize her knowledge as a midwife. During Doña Eva's certification training she worked alongside a medical doctor in Tuxtepec. She described him as a good man—a good doctor, but she decided to leave there after several years to resume her private midwifery services where she would have more autonomy.

Doña Eva's decision to return to private midwifery may have stemmed from the frustration many women have reported after completing these government courses. In the hierarchal model of Westernized care, certified midwives are still viewed as subordinates to nurses and doctors. In which they are refrained from actually delivering the baby. Located in the clinic or hospital, the midwives authority is sanctioned by the doctors, who assert control, and limit participation in reproductive health care. This belief in the superiority of the Western model of birthing, located in the public sphere, managed by male dominance, is significant, and informed Doña Eva's decision to return to

practicing out of her home. I was introduced to Doña Eva through a mutual friend, and resident of Chiltepec Alejo. The following is an account of how my husband, Alejo and I all showed up at her doorsteps one evening.

He gave her our names and the reason for our untimely night visit. Upon hearing that we wanted to ask her some questions about her midwifery practice, and her knowledge of plants Doña Eva became visibly uneasy. “*Si era una partera* (Yes, I was a midwife), [stressing ‘era’ as she waved her hands away from her body] *pero no se nada de plantas*”—“but I don’t know anything about plants”, she stated matter-of-factly. With some more pressing by Alejo, Doña Eva cautiously opened her home to us and escorted us to some seats in her dimly lit living room. Keeping herself at a physical distance from us, she chose a seat in the darkened corner of the room, shadowed by a single hanging light, which reflected obscure shadows across her walls. The setting itself reflected her reluctance to acknowledge herself as a midwife, and her knowledge of medicinal plants to complete strangers.

What was the reason of her reluctance I wondered? Was it the obscurity of our night visit, the shock of the strangers before her, or was it something different, a fear stemming from her experiences as a cautionary midwife and healer of botanical knowledge? Perhaps she was aware of the insidiousness of the Pharmaceutical industry to capitalize on local or indigenous knowledge.

In his recent 2006 book, “*Global Biopiracy: Patents, Plants, and Indigenous Knowledge*” Ikechi Mgbeoji’s explains how global involvement with plants, intertwines concepts of religion, worldview, gender and racism. “Until

recent times science was a masculine affair” (Mgbeoji 2006: 55). Women’s knowledge has been for much of history been ignored, and western science was for the most part an elitist affair in which white European men, through its own orthodoxy and monopoly claimed superiority over not only women, but peoples outside the West, and all over the globe. At the basis of this ideology was the Judeo-Christian religious tradition, in which races were projected in an ordered hierarchy, and where nature was to be subjugated and mastered over by man.

I could only imagine the fear she might have had with her night visitors standing at her door. Yet it was not until she began to relate the story of her life as a midwife that I truly began to understand the implications of such a profession, and how being a lay midwife was in direct conflict with modern medical obstetrics in Mexico. “*¿Como les ayudo?* (How can I help you?)”, she said. Alejo began by reintroducing himself and reminding her that she was his mother’s midwife many years back, and that she had even delivered him. He went on to jog her memory but telling her that his family owned the “*paletería cerca del parque* (the popsicle shop near the park)”. He told her how my family and his had know each other for many years, and that I was a researcher from the United States, interested in plants and lay healers. Later I expounded on the details of my research and my interest in meeting her. I explained that I was a graduate student from the United States, researching the medicinal plant use of midwives in the area, and that my family lived in Tuxtepec.

After these very important relational bonds formed, Doña Eva became more comfortable, and gave a guarded smile of acceptance to her night visitors.

As Doña Eva's trust in us continued to grow, she explained why she was so reluctant to admit that she was a midwife and that she used plants in her practice. She began to describe a series of events in which she had been socially chastised and verbally reprimanded by people in the medical community for her practice of this medicine. Medical doctors in Mexico, frequently tell women not to seek the services of uncertified midwives because of their alleged "ignorance, backwardness, and superstition" even when, as Doña Eva explained, midwives provide services that some doctors will not, because they are deemed to be high risk (Sesia 1996:124).

Doña Eva explained how on one particular occasion she was asked to deliver the baby of a young *campesina** girl who was having a difficult labor because the fetus was in a breech position. The girl's family had brought her to Doña Eva in the middle of the night in the back of an old pick-up truck. However, they were denied access to the government clinic closest to their home because clinic officials claimed she did not have a medical card. Doña Eva said the real reason they denied her access was because she was a high-risk patient and they feared that her, the child, or both, would die. Doña Eva also had this fear and decided that the best thing to do was drive the girl to a private clinic in Tuxtepec, Oaxaca, about 45 minutes away. Doña Eva knew of a doctor there who might be willing to treat the girl—the same one she worked under during the certification training.

However, upon the doctor's inspection of the girl he also refused to treat her, not willing to taint his reputation of losing a patient and child. With this news

they headed back to the small *pueblo* of Chiltepec in the old pick-up truck. When they arrived back at Doña Eva's house, the father of the girl cried and begged Doña Eva to take the girl on as her patient. Doña Eva relates his words, "*¿La va a dejar morir así nada más? Por favor, si se muere después de tratarla, no vamos a culparle nada, por favor atiéndala.* (Are you just going to let her die? Please, if she dies after you treat her we won't blame you at all, please attend to her)". So Doña Eva agreed to take the case and performed an external version on her—a procedure that has been fervently looked down upon by the medical community in Mexico (Sesia, 1996). In the end, Doña Eva saved both the lives of the girl and the child.

What was so striking for me about this story was the manner in which this young woman was turned away from the medical clinic. She was told it was her lack of insurance that barred her from the clinic, yet Doña Eva understood from experience, that this was a code for her being a liability to the doctor and the clinic. This young woman's condition meant risking the doctor's professional and personal reputation if complications or death resulted. By claiming that the insurance status disqualified her from treatment, the doctor could set aside any moral obligation to this woman. Doña Eva on the other hand could not resort to such tactics; there was no external hierarchal system that she could pawn the responsibility onto. It was she and she alone. To my amazement and admiration, *las parteras* risk everything in order to perform these services for women, even when doing so could have negative repercussions to their personhood.

During the 1980's a movement was led in Mexico to certify midwives. The initial intention of many certification advocates was to standardize midwifery services in the hopes of legitimizing midwives within the biomedical model. However, these benevolent motives only created a hierarchical birthing system where medical doctors were on top, nurses in the middle, and midwives on the bottom. Many midwives signed up for certification courses eager to learn new methods that they could incorporate into their practice. However, what they encountered was a hegemonic system that was foreign to them. Where once these women were the sole birth attendants in private home settings, they became sanctioned from delivering babies in the clinic.

During this same period, women were increasingly encouraged to give birth in medical clinics and not in their home with the assistance of a midwife. Yet, for many women in rural regions of Mexico, health care was not accessible. For these women, local *parteras* were, and still are, their only support system. As late as the mid 1990's the majority of Oaxaca's rural population depended on *parteras* with estimates as high as ninety-percent.

In 2002, Historian Lee Penyak examined the participation of midwives in the judicial system as expert witnesses in Mexico during the late 18th and early 19th. Midwives were called to give expert testimony in criminal cases such as rape, incest, premarital sex, and prostitution. Because of the lack of doctors, the legal system solicited midwives to expert testimony in criminal cases such as rape, incest, premarital sex, and prostitution. While the vast majority of these women were illiterate, they bravely serviced their communities through the court

systems, until they were replaced by male medical doctors who asserted authority over them through the ideological positing of the superiority of Science.

It was the job of these midwives to examine victims to corroborate their claims of sexual crimes. “Sex crime cases use the words *partera* or *matrona* interchangeably when referring to midwives, though the former was more commonly used in Mexico, especially during the 19th century” (Pentak 2002:253).

Much of Mexico’s population depended on midwifery services since medical doctors were scarce at the time. While midwives were supposed to be certified, many were because of the many obstacles in their way. In order for midwives to become certified they had to overcome the exclusionary nature of certain prerequisites by controlling institutions like the Royal and Pontifical University of Mexico and the Royal Tribunal of the Protomedicato (Pentak 2002:252). Even if a midwife did become certified she was positioned well below doctors and surgeons under the hegemonic medical hierarchy. Medical schools at the time gave exclusive access to men only. “Women were prohibited from joining the ranks of the upper echelon of the medical profession until the late 1880’s” (Pentak 2002:263).

Through my interactions with Doña Eva I would later come to discover that she herself experimented with these diverging models through a midwifery certification program. I learned that her “decision” to become certified was really a product of many unspoken discursive practices, which have reified the belief in the superiority of a biomedical model of health care managed through machines and technology. Doña Eva began healing at a young age, as an apprentice to her

grandmother who was also a midwife and *curandera*. When Doña Eva got married, and after she had her first two children, she served as a community lay midwife delivering several babies. Later a *promotor de salud**, or a visiting community health promoter, encouraged her to enroll in a certification course for lay midwives established by the *Instituto Mexicano de Seguro Social* (IMSS), so she did. When I asked why, Doña Eva stated that she was interesting in learning more about medicine, and *practica** (practice) in order to become a better midwife.

Doña Eva, describes how the IMSS training nurses taught the certification students about the protocols for triaging an infant, and proper sanitation care. After receiving her certification, Doña Eva practiced in a clinic under the supervision of a male medical doctor. However, even though she had several years of midwifery experience, and now was recently certified by the state, the clinic doctor refused to allow her to deliver a baby. She was allocated to assistant, which in her mind degraded her authority and position in the community.

This pattern of subordination is not without precedent. Where once these women were the sole birth attendants in private home settings, later they were barred from delivering babies in the clinic. Under certification programs traditional midwives were expected to understand Western Science and its methods. They were told to abandon their old practices and replace certain methods with Western ones, such as using “scissors instead of traditional Carrizo, gloves instead of clean hands, and pharmaceuticals instead of plants” (Hiriart 1995:19).

After working for a time under such conditions, Doña Eva return to her lay practice to serve woman in their reproductive health, even if it meant that doing so would put herself at greater personal and social risk.

Parallels of Power: Historical Similarity with Midwifery Certification In the U.S.

Similar issues of power, and institutional prejudice characterized early midwifery programs in the United States. Onnie Lee Logan is described as the “last granny midwife in Mobile and one of the last in Alabama” (Lee Logan and Clark 1989:xiii) of indigenous and African blood. Her story, told by herself and Katherine Clark, traces the history of midwifery in Alabama, and in the South U.S.A. Around the time Onnie was born, the United Sates ranked third in high maternal and infant mortality rates. In response to this, doctors called for the elimination of midwives (Lee Logan and Clark 1989:x). However, due to the lack of available medicinal care in the rural south, midwives continued to be central in aiding black, rural women during delivery. While other states in the North began outlawing midwifery, Alabama passed its first law of midwifery regulation in 1919 (Lee Logan and Clark 1989). As a result of this North/South divide, the problem of high infant and maternal mortality rates came to be associated with the South, and particularly with black midwives.

The impact of slavery, reconstruction and Jim Crow laws had a great impact on medicine and midwifery for African-American women in Alabama, and in the South (Smith and Holmes 1996). Under the tenant-farm system and Jim

Crow laws, women of color had few options in regards to pregnancy, birth, and meeting other health needs (Smith and Holmes 1996:35). The choice of where to give birth was limited by race, economics and rural isolation (Smith and Holmes 1996:35).

Smith and Holms describe the history and impact of midwifery certification, especially the way the new official midwife was positioned in relation to traditional midwifery. For a traditional midwife, like Smith, midwifery was often viewed as a higher calling, or vocation. In the early 20th century, Traditional midwives, unlike doctors, were heavily scrutinized by the Children's Bureau; a division of the US Department of Labor when they began to investigate the issue of maternal and infant mortality rates (Smith and Holmes 1996). This scrutiny came despite findings that, "white women receiving private medical care had higher maternal and infant mortality rates than poor, rural black women going to prenatal clinics and having midwife-supported births (Smith and Holmes 1996:64).

Issues of power, and hegemony created an unjust treatment of traditional midwives in the 20th century. In 1918, a law was passed which required midwives to pass an elementary examination, and get registered with the State Board of Health (Smith and Holmes 1996). In order to pass the health board in Alabama, midwives needed to be of "good Christian moral character", and provide indications for personal and domestic cleanliness (Smith and Holmes 1996:67).

While there was initially some respect towards lay midwives by their nurse-midwife counterparts, the latter would not recognize the formers' empirical knowledge skills (Smith and Holmes 1996:68). When Smith started to get

midwifery training on Saturdays at the local health department she was one of seventeen. The classes were physically segregated with lay midwives on one side of the room and nurses on the other (Smith and Holmes 1996). Smith and Holmes describe how methodological inquiry came from both perspective midwifery camps, but most often the hierarchical power structures positioned lay authoritative knowledge in a subordinate position. In the 1940's Smith became one of Green County, Alabama's official midwives, and began she working regularly in public health prenatal clinics (Smith and Holmes 1996).

Around the same time, Onnie underwent a nine-month training program to become a licensed midwife in Alabama, but as the number of medical clinics in the area increased, the demand for midwives began to decrease. In 1976 the colloquial 'granny midwifery' became officially outlawed (Lee Logan and Clark 1989:xiii), and Onnie was stripped of her vocation, despite her impeccable record. Later however, as obstetrics began to leave the field in light of rising malpractice suits, the need for midwives began to increase once again. Interestingly, the history of midwifery in the South as in other areas of the U.S. may be coming full circle.

Social Stigma and Agency

During the course of this research, I had the opportunity to interview a professional middle-class woman from Tuxtepec, Oaxaca named Reina, about her recent birthing experience. While many *partera* patients come from rural areas with minimal access to health care, Reina chose to be cared for by a

midwife. She had insurance and lived in a large city where both public and private health care is plentiful. While she gave birth in a clinic, she sought out a midwife for the unique services they provide for postpartum care.

It was about one week from when she had delivered her second child that her and I sat down in the baby's room to discuss her prenatal choices. At the time, she was in a very delicate state, still recovering from the caesarian section she received in the medical clinic. Reina lifted up her shirt to reveal her belly below. Both her and her child's abdomens were wrapped in a cloth *faja* (binding) as is customary to prevent illness and aid in the recovery after giving birth.

Did you do that I asked her, pointing to the *faja*? “No”, she stated. “*Una senora. Fuí a ver una especialista.* (A woman. I went to see a specialist.)” She said the word “*especialista*”, glancing slightly downward as if uncertain of my approval. “*¿Como?...¿Como especialista?* (What... What kind of specialist?)” I asked knowing that I had missed a cue, “*¿Una partera?* (A midwife?)” “*Si, una partera* (Yes, a midwife)”—She said.

From there Reina began to explain that while she gave birth in a government clinic, she was adamant in having her newborn son seen by a lay midwife. She believed that the medical doctors were not as knowledgeable as these women were. Reina described a procedure that the midwife performed in which she inserted her finger in the newborns mouth to clear the airway at the back of the throat. Reina described how when the *partera* did this to her son she heard a kind of popping, suction noise. Reina believed that this procedure would protect her child from unnecessary and frequent bouts of congestion and illness.

This particular midwife also attached a red string with honey to the child's forehead to ward off *el mal de ojo*. In Mexico, the midwife's service extends far past the stages of labor, to include both prenatal and postnatal care of the woman and child.

What is interesting about Reina's perspective on the difference between midwives and biomedical care was that in her view, midwives performed preventive care, where Westernized doctors did not. Yet even though she purposefully sought out the expertise of a female "specialist", she was ambivalent to tell me so. She was still conscious of the larger societies sanction against such practices, and she feared that I too would chastise her. By associating herself with lay *parteras*, Reina too risked her status in society as an educated, middle-class modern woman. Amongst her belief in the utility of such practices, lingered the fear social discipline. Her behavior was a product of outward constraints encroaching upon agency.

Foucault pressed this line of questioning in his three volumes on the history of sexuality by examining the underlining powers controlling the perceptions of self and society by establishing codes of behavior (Foucault 1988, 1990). Foucault makes the argument that the outside forces of discursive practices shape the self, to the degree that there are direct and indirect discourses that sanction society by imposed boundaries and laws (Smith et al. 1999, Foucault 1990). These discursive constraints may escape our consciousness making us mistakenly question their reality. In essence, these external forces encroach upon our inner being and manifest themselves into

actions and thoughts, which drive our “choices”, whether we know it or not. The information by which we make choices therefore disseminates through a web of interrelated discourses in which all of us are active participants.

Women in Mexico like Reina, also combine various models of care for their reproductive health care. While she gave birth in a medical clinic, she was adamant about receiving postpartum care from a midwife. Reina however, expressed ambivalence in revealing her use of a midwife to others, including myself, an anthropologist educated in the United States. I suggest that this might have had to do with her social standing in the community. As a professional middle-class female, she is obligated to adhere to certain standards of behavior that instruct her to distance herself from the appearance of “ignorance, backwardness, and superstition”. Tropes that have often, and unjustly been assigned to lay midwifery and *cuanderismo* in Mexico (Sesia 1996:124). The fear of being looked down upon by society for seeking the specialized care of a midwife was very real to her, again reflecting on the encroachment of outward discursive practices on our behaviors and choices (Foucault 1990).

Conclusion

The history of midwifery and midwifery certification in Mexico should be a cautionary tale for advocates attempting to bring Latino Lay healing out of the shadows in the United States. The certification process includes embedded in it a system of hierarchy. Lay healers would most likely be required to adjust their practice to fall in line with guidelines set out by the biomedical establishment.

As mentioned earlier in this work, while the 2006 Beijing Declaration suggested that traditional medicine should be respected, preserved, and shared, it came with strings attached, control measures (WHO Congress on Traditional Medicine, 2008). If we are to contemplate Lay healing coming out of the shadows in the United States, and embraced as the 2006 Beijing Declaration suggests, we need to understand what the risks are. Those risks could include taking a back seat to biomedical practitioners, and being sanctioned in their practice including ritual practice.

Advocates who wish to be effective in bringing Latino lay healing out of the shadows might do well by examining models from Chinese medicine, particularly the increasing acceptance of acupuncture by biomedical professionals. When acupuncture became reintroduced so to speak in the West during the 1970's, it was not readily embraced by mainstream U.S. culture. At this time, the American Medical Association was concerned with the "metaphysical explanations and the necessity for mystical rituals. (Ulett et al. 1998:129). Part of biomedicine's increasing acceptance of acupuncture is the mounting data demonstrating its benefits, and impact on the central nervous system (Ulett et al. 1998). One might argue that lay healing might not be able to produce such directly identifiable benefits, but does bestow a great social and psychological benefit for many people.

CHAPTER XI

BORDER CONNECTIONS

Introduction

“Many immigrants have little desire to stay in the United States for the long term. Many miss their families, their homes, and their communities and wish to return as soon as possible.”

—Gálvez 2011

In this chapter national borders become all too real for many of my interlocutors and their families. At times the border seems overwhelmingly impermeable, and impassable. It separates, confines, and restricts families. I start with the story of how Doña Celia plans to go back to Veracruz, Mexico to live with her daughter there. This is a difficult decision for her for many reasons. Doing so would mean that she would have to leave behind her husband and other children and grandchildren here in Milwaukee. Another reason is that if she would need to return to Milwaukee for any reason the trip crossing the border again would be much more difficult, if not impossible. She doesn't know how long it would be until she will see her husband again and does not make this decision lightly.

When we think of Latino immigrants crossing the border we generally think of it as a northward movement, but some do go back for the long term like Doña Celia, while others, if they have the papers to do so, go back to visit family, friends, or simply to travel. Others, will go back temporarily to obtain medical or dental care, or to purchase healing products outside the United States. In this

chapter I discuss how such cases of medical tourism occurs and for what reasons.

Many Latino immigrants leave behind close family members, such as a mother, father, or children when immigrating to Milwaukee. Keeping ties with these family members across the border is essential for this community. Technology assists these individuals to connect, and support each other financially. It used to be that hand-written letters were the standard form of communication, but now, more and more Latinos stay connected through Skype and Facebook. Remittances are sent to support those left behind, and more economical, locally owned businesses provide such services to the community,

Still others cross the border again without their knowledge. I end this chapter with ethnographic accounts of families who had to make arrangements to transport a loved ones' body back to their home countries for burial. When cases of death occur, community sociomedical networks become more intense. Friends, family, coworkers, and church-members share in the cost burden to provide for funeral services here and burial costs abroad.

Crossing the Border Again

During one of our kitchen talks, Doña Celia blurted out, "I'm leaving." "What?"— I asked bewildered. "Where?" "Back home, to Mexico."—She replied. "What? Why?"—I asked surprised, demanding an explanation. "My daughter wants me to go back home. She tells me, ""mom, come back and I will take care of you. You don't need to work anymore mom, I can take care of you and my

father.”” “So are you? Are you going to go and live there? What about your husband? Does he want to go back?” “No, he will stay here and continue to work more, maybe in a year or two he will return.” “And you?”—I inquire. “I’m thinking about it. Why not? I miss home. I would like to go back, but I also have kids here.” Just then, I heard—or remembered to hear—her grandchild playing with his toys in the front room of the house. The sound caught her attention as well, and reminded her of the paradox of leaving.

The first time Doña Celia crossed the border immigration caught her and sent her back to Mexico. Her return to Mexico now is risky for several reasons. If she ever wanted to return to the United States, it would be more difficult because of increased security at the border, and the growing violence between drug cartels and law enforcement at the border. Also, since she has already been caught once crossing, she fears that being caught again would be dangerous. When I ask Doña Celia about the possibility of obtaining a VISA to come back to visit family, she tells me that that would not be possible, especially with a *delito* (criminal offense), on her record for being deported.

Leaving the first time to come to the United States meant leaving children, town, and family, and friends behind. Returning meant the same. Returning also meant crossing the international border again, but this time it meant in an airplane, and not across the desert smuggled in by the cover of night, hiding among the brush from helicopters searching overhead. This time she would sit on an airplane departing from Chicago O’hare destined for Veracruz Puerto. Returning home was easy, but leaving would be hard.

She would leave behind her husband who sponsored her trip to Milwaukee in the first place. She would leave her daughter-in-law and young grandchildren born in Milwaukee, who lived with her. She would leave behind all her accumulated possessions during her stay here, her knickknacks that lined the shelves of the dark maple built-in buffet cabinet in her dining room, her furniture, and other items too big to carry along on a plane. She would also leave behind a younger daughter also residing on Milwaukee's Southside.

Yet the yearning to return, to be back in Veracruz was strong. She missed her mother and her other children left behind. She was torn between both sides of the border, as so many immigrant families are. I asked her if she had weighed the cost of leaving Milwaukee, to encounter the possible financial hardships once again in Mexico. Would she risk making another dangerous clandestine trek across the border once again? She was confident that if she left, it would be a one-way trip. What about your work I asked. Would you begin healing once more back in Coatzacoatz? "No, my daughter doesn't want me to. She wants me to rest now and to take care of me. She has a nice home; she and her husband have jobs, so they can support me." Her explanation of her daughter's desire for her to stop working as a healer, reminded me of her mother's wishes for her not to practice here in Milwaukee. However, as Doña Celia explained once to me, "*la gente llegaba*" (the people just arrive)", meaning that even when she did not try to advertise her services, people knew of her and would come see her for healing and assistance. I wondered if the same would happen after her return to Coatzacoatz,

where she was well known as a healer and midwife. Would people just arrive and her practice of healing begin once more?

Doña Celia hoped that within a year or two her husband would join her back home, but he has not. The family is still apart as they struggle for economic freedom. I have lost track of Doña Celia, now. But thoughts of her frequently cross my mind. I wonder if she is happy back in Mexico, but I suspect the answer is a mixture of happiness and despair. I have spoken with many people who make the return trip, only to find the same economic conditions and reasons they left in the first place still exist. There never seems to be enough money, except to scrape by to purchase *la comida cotidiana* (the day-to-day meals). Getting ahead financially is perpetually out of reach. Any gains in income rapidly get consumed by the ever inflating cost of living, and the lack of income regeneration. Yet among the difficulties, the nostalgia of home—of Mexico—exists, where the familiar is endless, where family, friends, neighbors, and the neighborhoods that contain them, are as visceral as the language spoken there.

For many of Milwaukee's Latino immigrant population, especially the undocumented, longing for 'home'—their home countries and local communities—is always part of living. Most of the undocumented Latinos I have spoken with never intended to stay here past a year or two, yet many stay well past five years, or more and are never able to go back home. The desire for 'home' is so strong since many have left so many loved ones behind parents, husbands, wives, children, and friends. Some overtime, as their prospects of return diminish, bring more of their family here to live with them in the United

States, as was the case with Doña Celia and her family. Yet now, Doña Celia faces a new dilemma. While many of her family are now living in Milwaukee, her husband, some children and grandchildren, she still has a daughter back in Mexico, and the calling for home and familiarity is strong.

Doña Celia understands the significance of her decision to return to Mexico. Coming back to Milwaukee will nearly be impossible, because of her age, and the increased cost and dangers of crossing the border again via a *coyote* (smuggler), due to the increased militarization of the U.S./Mexico border. The price of crossing the border these days includes several increased dangers such as, “heat stroke, hypothermia, dehydration, armed property owners, immigration authorities, drowning, corrupt Mexican police, street gangs, American and Mexican drug smugglers, robbery, suffocation (usually in vehicles) and getting lost. Any one of these is potentially fatal.” (Gomberg-Muñoz 2011)

Medical Migration

During the time, I was conducting my research, my husband’s cousin Amado lived with us. Amado is much older than my husband is, nearing the age of retirement. Because of his age, we all called him *Tío* (uncle), rather than *primo* (cousin) out of respect. My children loved him! He was like a grandfather to them more than an uncle or a cousin. Even the other kids in the neighborhood would call him *Tío*.

Tío left his home in the Rio Grande Valley of Texas, colloquially referred to as “*El Valle*”, leaving behind his wife and son in order to work in Wisconsin to

gain a better wage, and save for retirement. Living in the *El Valle* Tío was earning about \$7.00 an hour working as a carpenter. My husband was able to get him a job at a construction company where he was a foreman for many years. Up here in WI, Tío was earning nearly \$16.00 as a carpenter, and often earned overtime pay of time and a half.

One afternoon my son Jair asked Tío to shoot the football around with him. Tío being a bicyclist and very athletic agreed. However, their summer sport ended abruptly after only two passes. On the second pass, Tío missed catching the ball when it ricocheted off his middle finger. He did not run after the ball, because his attention was on his middle finger that now laid there like a lame marionette puppet. Tío 's expression was one of shock and confusion. He laughed at first, perplexed he felt no pain, nothing was swollen, but he could no longer lift his middle finger. It was as if a spring was missing, but fingers do not have springs—no, it was its tendon. His finger just hung there unable to straighten out like the rest of them.

Tío tried to treat his injury at home first, he seldom sees the doctor and only went to the emergency room once while living with us, because of a kidney stone he was having, which he later treated with Renalis® an herbal supplement that his wife would buy in Mexico and ship to him from Texas. However, after the finger did not get better I urged him to see the doctor. He did. The physician referred him to a specialist where he had a rod placed in his finger to allow the broken tendon to heal. Even with Tío's insurance from the construction company, the cost of the surgery was expensive. His insurance only covered 80% on

routine physicals; this bill left Tío with more than a thousand dollars co-pay. The rod was unsuccessful and left him with debt and a bent finger.

It always seemed that luck was never on Tío's side. After a few months after the injury to his finger, he came upstairs from his basement bedroom one day, with a broken smile. I never knew Tío's teeth were fake. He always had such a nice smile, and I never thought to question. "I bit into a piece of nut and my bridge broke", he exclaimed. I just had this pair fitted *hace poquito* (only a few years back) [in Texas]". "Oh no Tío! What are you going to do? You have to see a dentist." I said, knowing the financial implications of my words, and so did Tío. For the next few weeks, Tío told us his plans to return to Texas to visit his family and cross the border to get dental care. "*Está mejor irme* (It's better for me to go.)"— Tío explains. Here in the U.S. dental bridgework can cost thousands of dollars, while in Mexico, he would be able to get the work done by a well-qualified dentist for less, and be able to visit family in Texas and Mexico at the same time. It was more economically advantageous for Tío to engage in medial migration, than seek dental care here in Wisconsin. Medical Migration is a prominent option for those Latinos who are U.S. citizens or hold legal U.S. residency.

Keeping Ties

One spring afternoon in 2010, I met with Isabel at one of her favorite restaurants on the Southside, Bakers' Square. It was Wednesday night, so the dessert was free! We sat down in a booth, a distance from others in the restaurant so we could talk. I have met with Isabel several times in her home, but

this was the first time we went out together. We talk about her husband and her daughter Raquel. I offer to assist her daughter in applying to the University of Wisconsin—Milwaukee to study as an undergraduate. We make plans to meet again at her house so I can talk directly with Raquel. She also tells me about the difficulty she is having obtaining a decent paying job, one that does not require repetitive tiresome work, like the factory job she is currently at. I also agree to come and assist her in revamping her resume.

As we were eating, Isabel tells me something very interesting and concerning about her other daughter who lives in Mexicali, Baja California, Mexico. Isabel tells me that she talked with her daughter recently by telephone; her daughter told her that she needed to be treated for *susto*. The incident happened only a few weeks prior to this interview.

“In Mexicali there are a lot of woman *viejitas* (old ladies) that know *la manera* (the ability) [to treat] *empacho*, *susto*. After the earthquake, my daughter stopped eating and wasn’t gaining weight. I told her that she should go see a doctor. And She said, “No, I like that I am losing weight.” But I said, no, that’s not good, you are losing nutrients too.”—Isabel tells me. “An earthquake!”—I interject. “Where?” “Yes. In Mexicali”—she continues her story.

“So I told her, “*Mija** (Daughter), you have to understand you not eating because of the earthquake. *Le dió susto* (It gave her fright sickness). She told me that she already knew about *una viejita en tal ejido* (an old lady in some *ejido**). And that she would go see her, but that she had to wait until the *carretera* (highway) reopened, because a lot of *carreteras* were damaged in the quake.”

“When did this happen?”—I ask. “The first Sunday in April. [a 7.2 earthquake struck Mexicali on Easter Sunday April 4, 2010.] We were all used to that Mexicali has earthquakes, but not this strong.”

Treatment for *susto*, at the hands of a curandera/o, often requires the restoration of psychological and spiritual balance (Baer and Bustillo 1993). A border does not stop a mother from mothering, or telling her daughter to take an illness seriously. Even from her home in Milwaukee, Wisconsin, Isabel directs her daughter in Mexicali, Mexico to seek help from a healer who knows how to treat *susto*.

When my husband first emigrated to the U.S. in the mid 1990’s, the main form of communicating with family and friends in Mexico was through the mail in the form of letters. Mail carriers in Tres Valles, Veracruz Mexico—where my husband is from—would deliver such letters by bicycle. The entire contents of a mail carriers route fitting comfortably in a small, wicker basket tied to the handlebars. Mexican homes do not commonly display mailboxes, like their U.S. counterparts, which are often filled with bills, and junk mail. Letters sent to Mexico are often hand delivered to the recipients.

In addition to letters, *tarjetas telefonicas** (phone cards), were also commonly purchased stateside to communicate back home. Around the mid 1990’s there was an increase of independent phone cards directly marketed to immigrants in the United States. These cards were sold at ethnic food stores, and at gas stations in Latino communities in Milwaukee. They provided a much

greater value in terms of talk time and cost, than traditional phone service plans, or calling cards from large U.S. telecommunication companies, like AT&T.

In addition to forms of interpersonal communication, financial remittances were, and continue to play a large role, in the connecting both sides of the border. According to the World Bank (Committee on Payment and Settlement Systems, The World Bank 2006), "The flow of funds from migrant workers back to their families in their home country is an important source of income in many developing economies. The recipients often depend on remittances to cover day-to-day living expenses, to provide a cushion against emergencies or, in some cases, as funding for small investments." Sending money back home has become much easier for immigrants living in Milwaukee. Established as a telegraph company, by 1980 money transfer service had moved to the primary corporate endeavor.

During the 1990's the company seemed to have a monopoly on the money transfer market, which by the mid 1990's was seeing a huge increase in international remittance transfers. It might not be surprising then, that in 1993, "Western Union introduced the first prepaid, disposable telephone card" in the U.S., spawning another industry that would be so crucial for border dynamics among U.S. Latinos, and their families throughout Latin America (Western Union 2012). However, wiring money back home through large, nationally recognized companies like Western Union became progressively less common over the years due to inconvenience and high fees associated with such businesses. A decade later, to address this issue, the World Bank began reporting the

monitored exchanges in international remittances and created a free online database.

Amid many reasons for the database, the international banking system contends that,

Remittances can be expensive relative to the often low incomes of migrant workers and the rather small amounts sent (typically no more than a few hundred dollars or its equivalent at a time). Moreover, it may not be easy for migrants to access remittance services if they do not speak the local language or do not have the necessary documentation, while the relatively undeveloped financial infrastructure in some countries may make it difficult for recipients to collect the remittances. In some cases, the services are unreliable, particularly concerning the time taken for the funds to be transferred. In addition, some markets are uncompetitive or have regulatory barriers to the provision of remittance services (Systems Committee on Payment and Settlement 2007:1)

Therefore, by allowing consumers, particularly these low-income migrants a way to compare pricing and exchange rates systematically, they would assist migrants get the most for their remittance money.

In Milwaukee, locally owned remittance franchises gained increasing favor with local Latinos, for several reasons. These franchises employed many immigrant workers who could relate and communicate easily with customers. Not only was Spanish the dominant language at these businesses, but the workers were familiar with geographic destinations, and some of the nuances associated with money transfers in Mexico and Centro America.

For example, one Latino in Milwaukee related how he used to have problems sending money back home to his rancho for his mother, because the national remittance agencies did not work with the smaller receivers back in Mexico. Another woman explained how the local remittance franchise in

Milwaukee—GiroMex, didn't give her any problems if she sent money to her mother, using her sister's Bancomer bank account in Mexico. The importance of the transnational community can be seen in GiroMex's online statement, *"Giromex es parte de la comunidad, tanto aquí en los Estados Unidos como en México y Centroamérica"*, Giromex is part of the community, as much in the United States, as in Mexico and Central America.

Currently, transnational communications and remittances have become even more fluid with social networking sites and internet access in the United States and abroad. Letters arriving at family homes in Mexico are dwindling as immigrants in the U.S stay connected via Facebook, and Skype. Gas station calling cards are becoming outdated as cell phone and texting increase in popularity in Mexico and cell phone companies in the United States introduce competitive international, unlimited texting and calling plans to their customers. In some rural communities in Mexico landline telephones and *casetas telefonica*, (telephone booths), have become eclipsed by cell phone accessibility. Sending remittances now has been made even easier and more convenient for people on the U.S. side that can now send money cheaper via the internet than through local remittance franchises.

However, there are certainly members of the transnational community who are not ready to jump on the technology bandwagon. Family members in Mexico report fears related to using social networks such as Facebook, due to perceived and real risks related to the current drug war in Mexico that has killed over 43 thousand people since President Calderon's crackdown began the year he took

office in December 2006. Some fear that social networks may make users vulnerable to extortion and kidnappings. This fear certainly was heightened this year when cartel henchmen killed a woman and strung her dead body from a bridge in Mexico, and left a threatening letter stating, "This is going to happen to all of those posting funny things on the Internet" (Castillo 2011).

Still, many Latinos often use Facebook to keep in touch with friends and family across the invisible border. Below is a conversation between my friend Tami and myself via Facebook that developed when I asked her about her experiences with the Milwaukee Latino community, and particularly if she knew, or received treatment from, a lay healer when she lived here. Tami used to live in Milwaukee before U.S. immigration authorities deported her husband Antonio, a Mexican national, to Ciudad Juarez. Tami crosses the international border daily to work on the U.S. side in El Paso Texas. Below is a discussion:

Tami: I have seen a *curandera* (in Oaxaca) and a *sobadora* (in Juarez). Both times it was to see if they could help me get pregnant. Neither treatment worked. The *curandera* did prayers and gave me herbal teas. The *sobadora* well me *sobó!* Antonio does the *ventosas* to help with muscle pain and take out "*aire*" but that is about the extent. I hope everything continues to go well with your research.

Ramona: Hi Tami!! Thanks for the reply. I'm not familiar with the *ventosas* what is that? Even though you didn't receive any of these services in Milwaukee, are you surprised that practitioners are here continuing their practice? Do you have any thoughts on why that might be? What was your experience like with the healers in Mexico and how did you connect with them?

T: The *ventosas* are the cuppings where they put alcohol around the rim of a glass light it up and then place it on your body...removing air and softening the muscles. I am not surprised that there is a network of providers in Milwaukee because of the size of the "newly immigrated" community. You don't need insurance to see a *sobadora* and it will run you less money than traditional methods. I guess it is the cultural comfort as well. In my experience, the Mexican way of achieving health is very

different from the U.S. Western perspective. It is an interesting schism on the border since Cecita [Tami's newborn daughter] and I have seen doctors in both Mexico and the U.S. The U.S. doctors warn you that they have to "fix" whatever the Mexican doctors do. The Mexican doctors warn you of the red tape in the U.S. to get tests and specialist appointments etc. Ciudad Juarez is so interesting because it is a mix of taking potent unregulated medications for things and then also doing things the more natural way and relying on *sobadoras* and herbal treatments. When I lived with Lupe [Tami's sister-in-law] and Panchito [her young nephew] in Milwaukee Panchito twisted his ankle while playing. I immediately started elevating it and icing it to reduce swelling. Well Lupe had a fit because in her tradition you never place anything cold on an injury. You heat it and rub it. Two things that I thought were bizarre, but now understand are relatively commonplace. So there must be a great deal of distrust of normal physicians in Milwaukee if you think what they recommend will hurt you. The natural healers also encourage faith, miracles, and a strong spiritual force in healing which fits cultural values well.

R: Very well put Tami. I am also finding this connection that people seek these healers not just due to lack of access to biomedical care, but because there is a cultural sensitivity and understanding between patient and healer. I took Jair to a *cuandera* there last year. She was from Coatzacoahuac and has since moved back there, she had a treatment area set up in her basement, and had many clients visit her.

T: My mother-in-law was the one to take me to the *curandera* in Oaxaca. I had no idea what to expect or where I was going. I was scared to death because it was like a prayer service that I was definitely not comfortable with. The herbal tea made me so sick that Antonio told me to throw it away. She did not charge, only worked on donations because there is a strong belief that if God gave you the talent to heal people he will take it away if you do it for profit. The *sobadoras* were recommended by people at a protestant church in Juarez. Many of the congregants relied on them to help them with aches and pains etc.

One of the *sobadoras* I saw was about 100 years old with long braids and a very indigenous look. She had helped a lady from church when her daughter-in-law went into preterm labor and according to them the *sobadora* was able to successfully put the baby back into place somehow. Many women also see the *sobadora para "cerrar la cadera"* [close the hips] There is a lot of belief that if your hip area is open you can lose a baby. It is common during pregnancy to have them "*acomodar al bebe*" [align the baby] which I guess means ensuring the baby is in the proper position and not too low too soon. Also, if your tailbone is not lined up it can be a source of many woes. The *sobadora* told me that I probably rode a bike as a child, which damaged me. Different cultural understandings for sure! The *sobadoras* had a charge for their services. I see the *sobadoras*

meeting a need with pregnant women because if you go to a traditional hospital, there is no way that they are going to try and put your baby back into place. They are going to deliver you whether you like it or not.

When Death Happens: How a body makes it back home

“¿*Porque se aguantan?* (Why do they [Latinos] wait so long?)”—I ask Lorena. “*Por temor* (Out of fear)”, replies Lorena. “¿*Temor de que?* (Fear of what?)”—I ask, predicting the response. “Fear that going to a doctor will cost too much money. Fear because they don’t have papers, and especially the people, who have recently arrived. After a while being here...many years.. *se adaptan un poco mas* (they adapt a bit more)....they learn that not just anywhere do people ask for their papers. Right? But *de todos modos* (many people) don’t want to see the doctor and prefer to heal themselves at home....with home remedies or through a *curandera* so they don’t have to pay for the medical services. Also, people who have been diagnosed with diabetes. Who know that they are supposed to monitor with a machine, *lancetas* (lancets), *su insulina* (insulin), prefer to go with the woman who prescribes *nopal* liquado* (blended cactus drink) ...or...”. ”Herbalife®!”— Carla interjects. “Si...estas cosas... *la Nopalina*™ Si eso me hizo recordar de la

With a mixture of tragedy and irony, the same week that I put these words to paper, news of the death of my husband’s childhood friend Guillermo reaches our home. I was chatting on Facebook with my daughter who is studying at the University of Wisconsin in Madison. It was a Monday night. Suddenly, my *sobrina* (niece), Evet from Tres Valles, Veracruz, pops up on chat.

Evet: *buenas noches tia. dice mi tio pablo que si le puede decir a mi tio manolo que si le habla a su casa* (good evening aunt. my uncle pablo says, if you can tell my uncle manolo to call his house).

Ramona: *Si yo le digo. Gracias! Cual es el numero? Manolo dice q ya no lo tiene* (Yes i will tell him. Thanks! What is his number? Manolo says that he doesn't have it anymore).

E: *nadamas era para decirle a tio manolo que fallecio Guillermo* (it was just to let tio manolo know that Guillermo died).

R: *Cual Guillermo!!!* (Which Guillermo!!!)

R: *Mija, ya comunico manolo con tu tio. Gracias!* (Sweetie, manolo just spoke to your uncle. Thank You!)

E: *a ok tia* (oh ok aunt)

The question “why do Latinos wait so long to see the doctor” that I ask Lorena that night during or kitchen table talk seems all too prophetic now as I write this after saying our last goodbyes to Guillermo. The funeral was held at a local church and chapel on the Southside. Funerals always made me feel uncomfortable, not for the most obvious reasons—the presence of death—but because I am never quite sure how to comport myself at these events. Funerals, especially Catholic ones, always seem in some ways more like family reunions, except for the macabre irony.

As we entered the parlor, we greeted friends and family with hugs and kisses, promising not to let time and the busyness of our daily lives distance us all again. We pledge that we will see each other more. We even make quick attempts at planning a Fourth of July picnic, so that life does not pass us by, as it has just done for Guillermo. It takes a death to remind us of our finiteness, and fleeting passing in this world. It reminds others of the long time they have been

away from Mexico, *sus mamas, sus papas, sus hijos y hijas, y esposas* (their moms, dads, sons, daughters and wives). Too much time has passed! The reminder that being undocumented in the United States also has another tragic consequence, that even in the face of death, death of family or friends, the border is an impenetrable, isolating barrier.

We talked about the fact that Guillermo left behind three young children and a new wife, a bride whose suffering could be measured in her penetrating eyes. Manolo, repeats in waves, “if only I knew! If only I had gone to see him these past days, I would have made him go to the hospital.” You see, Guillermo suffered from a heart attack in his home on Sunday night. He had been complaining for days of heartburn, accompanied by a gnawing pain in his chest that he mistook for indigestion. He tried to treat himself at home, taking some Prilosec™ tablets that a friend gave him. “If only I knew! If only I had gone to see him these past days, I would have made him go to the hospital”—repeats Manolo.

Still others at the funeral, with plates of *tortas* and *pan dulce* in their hands struggle to make sense of Guillermo’s death. “Too young, he was too young, *pobrecito!*”—someone exclaims. Others ponder why he didn’t go to the hospital? Others wonder if they themselves would have known to go. Still others trace another thread in this tragic *mantel* (tablecloth)—that his parents in Tres Valles will now have two urns in their home. The first had just arrived not so many months earlier. This precious vessel carried the ashes of Guillermo’s brother Ernesto in it. He too died too young, undocumented in Milwaukee, from a heart

attack. Now the ashes of Guillermo would join him, a tragic and unwelcome reunion in Mexico.

About his parents we say, “We cannot even imagine their suffering. Having two sons die of the same heart condition, two broken hearts, and two hearts broken.” The significance that both these sons will reach their parents in urns rather than coffins should not be overlooked.

It is customary and religious preference for a body to be buried in El Panteón Municipal (Municipal Cemetery) in Tres Valles. It would have been the first choice of Guillermo’s parents, but money, and logistics plays a huge role on how a body makes it back home. The long journey for Ernesto’s urn to reach his grieving parents was a year and a half. Why so long? Because that is the time it took for a close relation—a family friend in this case—to earn enough vacation time and save enough money to fly himself and Ernesto back home. This family friend is only one of very few, who was fortunate enough to obtain his citizenship after he marrying an *Americana* and fathering two American-born children.

“But why did Guillermo wait so long to go to the doctor, to go to the hospital?”—I thought. By the time the paramedics reached his house, he was already gone. This question of waiting so long or *aguantarse* brings me back to the conversation at Lorena’s Kitchen table.

CHAPTER XII

ADELANTE PUEBLO MÍO

“The people have the right and duty to participate individually and collectively in the planning and implementation of their health care”, and “Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community”

—Executive Board and World Health Assembly
Resolutions on Traditional Medicine (2009)

Moving Towards Community-Engaged Health Care

Going forth what I will have to contend with is finding the balance between fighting for the legitimacy and cultural autonomy of medicinal practice within the U.S. Latino population, and advocating for access to the best possible health care available. Recent research conducted at a primary care clinic in urban South Texas revealed that most Latinos knew about the culture-bound syndromes of *susto*, *nervios*, *mal de ojo*, and *empacho* and 42% reported experienced symptoms themselves (Bayles and Katerndahl 2009). These researchers suggest as a result of their findings that clinicians should not ignore such illnesses but rather discuss them with their patients. Another study this time in Texas surveyed 245 patients and found that fifty-two percent of Hispanic families used folk medicine and healing rituals as well as conventional medical care. (Rivera et al. 2002: 257). A surprising eighty-five percent reported turning to folk medicine and healing rituals even before seeking conventional medical

treatment. With so many Latinos across the United States engaging in such healing traditions, it seems alarming that some clinicians are still unaware of this practice within the communities they seek to serve. When I began this research I was invited to present my research at a staff meeting at one of the community health organizations in town, and the vast majority of Anglo American health care professionals were not even aware that these beliefs and practices were prevalent in the community.

The Prospective Future of Shadow Medicine in Milwaukee

Throughout the course of this research, I was able to meet with several community health care workers, including physicians, social workers, directors, administrator, medical assistants, and mental health counselors with the goal of sharing the findings of this work to assist these practitioners reach a greater level of cultural competency as they strive to meet the community's health care needs. What each of these stories reveals is how important lay healing practices continue to be for the Milwaukee Latino community. For many recent Latino immigrants the transmission of oral narratives recounting successful experiences with lay healing and lay healers both in the U.S. and in their home countries assist in the continuation of practice. Cultural understandings of illness, disease, and the body frame the economic niche for lay healing practitioners even when biomedical care is accessible. Knowledge of and access to healers is carefully guarded to protect against unwanted sanctions from official bodies, including law enforcement and public health officials.

As an applied medical anthropologist, I am often conflicted between protecting the autonomy of my interlocutors (lay healers and their patients) and sharing data with my colleagues in community health care. For the most part, my research reveals that many Latino health care providers are themselves aware of Latino lay healing practices, but most of their non-Latino colleagues are not. I approach with caution in participating in dialogues and the dissemination of knowledge with community health care workers, because currently lay healing in Milwaukee occurs as part of shadow medicine, healing practices occurring under the cover of the urban shadows. I do not wish to draw unwelcome attention and scrutiny from health officials more interested in licensing, regulating, and taxing. Rather my goal is to share information with like-minded professionals who wish to gain a fuller understanding of Latino health practices in order to provide better community level health care.

Even for Latinos intimately familiar with biomedical models of care, such as Lorena, lay healing is viewed as a legitimate option for treatment of illness and injury. The patients at the community health clinics targeted at Milwaukee's Latino community are familiar with exploring various healing options. The first line of the treatment often begins in the home. From there, a Latino may choose to seek assistance from fellow community members, the biomedical community, alternative healing clinics, or they may seek out Latino lay healers through an intricate and well-guarded sociomedical network. This network is informal, composed of a web of individuals who, through word-of-mouth, share in the dissemination of lay healing information, while at the same time protecting this

knowledge from perceived outside threats of authority. The same dynamic of has been observed in other areas of the United States (Viladrich 2006). Menjívar (2003) suggests that examining these informal networks can provide a theoretical framework for understanding issues of autonomy associated with material and emotional support.

This pluralistic medical behavior will continue to play a role in Latino health care, is an important part of the U.S. health care safety net. Community-level health care professionals in Milwaukee will need to be aware of the prevalence and importance of these health-seeking behaviors among Latinos if they wish to better understand the community they serve.

Models for Incorporating “Traditional” and Biomedicine in Clinical Practice

While there are several models for incorporating “traditional” and biomedicine in clinical practice, one of the most beautiful cases of blending comes from the Pujehun District of Sierra Leon. This beautiful case study illustrates how traditional midwifery knowledge and the primary health care system in the Mende-speaking, Pujehun District, Sierra Leone through a collaborative exchange of knowledge form a complementary relationship of medicine and healing. This type of relationship is not common in the midwifery literature, nor in have I seen such a pattern in my own research in Mexico. This may be because of the unique status woman, and midwives especially have in Pujehun society. Women can hold high positions of authority through their religious affiliation to Sande, “a religion that includes much practical knowledge

about birth and healing, wisdom evolved over centuries and conferred upon the living by ancestresses. High officials` tend to be midwives.” While the level of cooperation among the two medical practices are more congenial than in most cultures, still these systems coexist with varying levels of cooperation and conflict (Jambai and MacCormack 1996: 271).

In the culture, Mende-speaking midwives have far more authoritative knowledge and legitimacy as birth attendants than the younger medical aids. Successful medically trained officials are those who have a clear local religio-political understanding of the traditions of the region, and the domain of women. Knowledge of cultural issues has allowed officials to navigate Western medicine within Mende culture.

For example, “In Sande puberty initiation rites, when girls go into the forest to begin the liminal stage of the ritual, they are traditionally “washed” with protective traditional medicine. They are also washed again a few weeks later when they reemerge in the new status of women. Under Sister Samai’s culturally sensitive guidance, vaccination with tetnus toxoid had become part of the concluding cleansing ritual.” (Jambai and MacCormack 1996: 278)

Consequentially, Neonatal tentus became culturally defined as an offense by the ancestors/ancestress and the rate of infection has drop to only 0.1 percent. (Jambai and MacCormack 1996: 278)

Embedded between this division of science and traditional medicine are issues of orthodoxy and ritual. Traditional midwifery is often connected with certain unorthodox practices or rituals, which sets it apart from modern science.

This division has its roots in the long running debate on ritual, religion, and science; in which early dominant evolutionary perspectives on the three, poised science as the end state of human intellectual thinking (Durkheim, 1954; Douglas, 1966). However, in recent years many have questioned this belief, and still others have pointed out that science itself is laden with rituals (Franklin, 2002, and Harding 2006).

Ayora Díaz' (2002) research in Chiapas looks at the questions surrounding the development of a medical clinic, which has allocated space for traditional healers to receive patients. Early in the research Ayora Diaz questions two practitioners at the clinic, one a local healer and the other a medical doctor, to gain their perspective on why they have joined such a collaboration, and what they each hope the collaboration will produce. Interestingly, the local healer describes how he hopes to learn more about his own practice, and better understand the practice of the medical doctors. He hopes that the collaboration will produce a mutual understanding of practice and that medical doctors will finally come to appreciate the value of his practice "*...para que los doctores vean que no estoy engañando a las persona...*" (... so that the doctors see that I am not deceiving anyone...) (Ayora Díaz 2002: 27). The medical doctor on the other hand, while expressing that he sees value in local healing medicine; he also thinks it a good idea for the medical doctors to establish protocols and supervise the local healers. In other words, the traditional healer hopes that they will be seen as equal collaborators in the healing process, the medical doctor does not envision that this collaboration will diminish their authoritative role in the clinic.

With his background in Anthropology and as a clinical psychiatrist, Arthur Kleinman looks at the relationship between the theories in medicine, psychiatry, and culture as they relate to the context of patients and healers. Specifically his research looks at “illness experience, practitioner-patient transactions, and the healing process” (Kleinman 1980:9). His book is written as a personal statement in form of a dialectic reflection on his own experiences in both professional disciplines (Kleinman 1980:ix). Kleinman brings in ethnographic accounts from his research in Taiwan to learn how clinical work can be supported by cross-cultural studies from an anthropological approach, and vice versa (Kleinman 1980:ix). His finding suggests that the various activities associated with health and healing need to be “studied in a holistic manner as socially organized responses to disease that constitute a special cultural system: the *health care system*” (Kleinman 1980:24).

This system is a concept not an entity containing peoples beliefs and patterns of behavior (Kleinman 1980:25-26). The lack of employing this holistic style is due to the continued reliance on the power dichotomies of primitive/modern (1980:29). In offering a solution to juncture Western and folk medicine, Kleinman does as many do, by suggesting legitimating of folk knowledge, by offering a level of triage at the folk level of care (Kleinman 1980: 385). A way of course to do this is to make medical anthropology more available to biomedicine through cross-cultural, cross-disciplinary research leading to publication, and by encouraging further dialogue at the local level between practitioners of folk and biomedicine (Kleinman 1980: 380-386).

In Milwaukee, at this point there does not appear to be any collaboration between the clinics and traditional healers in the Latino community. Interestingly, when I approached the directors of the community health clinics about my research they were skeptical that traditional medicine was even occurring in the community. It was their belief that since they were community healthcare workers, they would be the ones to know if such practices were occurring. In Chiapas, the struggle for legitimization of healing knowledge is occurring among the local healers (Ayora Díaz 2002), yet in the Milwaukee context, shadow practitioners are not contesting legitimacy with biomedicine at present. Where Ayora Díaz (2002) is questioning the social context which allows such contestation to occur, I look at the social context which allows contestation not to occur.

Continued research on Latinos and health in the Midwest United States is an increasingly important since the greatest growth (81%) of this population between 1990 and 2000 occurred in five Midwestern states of Illinois, Indiana, Michigan, Ohio, and Wisconsin (Guzman 2001, Harari et al. 2008). With Milwaukee's Latino population continuing to grow each year amidst continued inequalities in health care in the United States, it is crucial that community level health care be understood from a cultural perspective. Taking my lead from the International Conference on Primary Health Care, Alma-Ata, USSR, I believe health is a fundamental human right (Declaration of Alma-Ata 1978).

BIBLIOGRAPHY

- Adams, V., 1998. *Doctors for Democracy*. Cambridge: Cambridge University Press.
- Alarcon-Aquilar, F. et al., 2005. Acute and Chronic Hypoglycemic Effect of *Ibervillea sonora* Root Extracts-II. *Journal of Ethnopharmacology*, Volume 97, pp. 447-452.
- Alcorn, J. & Hernandez V, C., 1983. Plants of the Huastecan Region of Mexico with an Analysis of their Huastec Names. *Journal of Mayan Linguistics*, 4(1), pp. 11-118.
- American Psychiatric Association., 1994. *Diagnostic and statistical manual of mental disorders: DSM-IV*. 4 ed. Washington, DC: American Psychiatric Association.
- Anderson, B., 1991. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. 2 ed. London: Verso.
- Anzaldúa, G., 1987. *Borderlands: the new mestiza = La frontera*. San Francisco: Spinsters/Aunt Lute.
- Armada, F. & Muntaner, C., 2004. The Visible Fist of the Market: Health Reforms in Latin America. In: *Unhealthy Health Policy A Critical Anthropological Examination*. New York: Altamira Press, pp. 29-42.
- Ayora Díaz, S. I., 2002. *Globalización, Conocimiento y Poder: Médicos Locales y sus Luchas por el Reconocimiento en Chiapas*. México DF: Universidad Autónoma de Yucatán.
- Ayora-Diaz, S. I., 2000. Imagining Authenticity in the Local Medicines of Chiapas, Mexico. *Critique of Anthropology*, 20(2), pp. 173-190.
- Baer, R. & Bustillo, M., 1993. Susto and Mal de Ojo Among Florisa Farmworkers: Emic and Etic Perspectives. *Medical Anthropology Quarterly*, 7(1), pp. 90-100.
- Baer, R. & Bustillo, M., 1998. Caida de Mollera Among Children if Mexican Migrant Workers: Implications for the Study of Folk Illnesses. *Medical Anthropology Quarterly*, 12(2), pp. 241-249.

- Báez-Jorge, F., 1970. Vida Sexual Entre Los Zoque Popoluca de Sotapan, Veracruz. *Anuario Antropológico*, Volume 1, pp. 48-64.
- Balick, M. et al., 2000. Medicinal Plants Used by Latino Healers for Women's Health Conditions in New York City. *Economic Botany*, 54(3), pp. 344-357.
- Bayles, B. & Katerndahl, D., 2009. Culture-Bound Syndromes in Hispanic Primary Care Patients. *International Journal of Psychiatry in Medicine*, 39(1), pp. 15-31.
- Behar, R., 1993. *Translated Woman: Crossing the Border with Esperanza's Story*. Boston: Beacon Press.
- Berk, M., Schur, C., Chávez, L. & Martin, F., 2000. Health Care Use Among Undocumented Latino Immigrants. *Health Affairs*, 19(4), pp. 51-64.
- Berlin, B., 1973. Folk Systematics in Relation to Biological Classification and Nomenclature. *Annual Review of Ecology and Systematics*, Volume 4, pp. 259-271.
- Berlin, B. & Berlin, E. A., 1996. *Medical Ethnobiology of the Highland Maya*. Princeton: Princeton University Press.
- Berlin, B., Breedlove, D. & Rave, P. H., 1974. *Principles of Tzeltal Plant Classification: An Introduction to the Botanical Ethnography of a Mayan-Speaking People of Highland Chiapas*. New York: Academic Press.
- Brodwin, P., 1996. *Medicine and Morality in Haiti: The Contest for Healing Power*. New York: Cambridge University Press.
- Browner, C., 2001. Situating Women's Reproductive Activities. *American Anthropologist*, 102(4), pp. 773-788.
- Browner, C. H., 1991. Gender Politics in the Distribution of Therapeutic Herbal Knowledge. *Medical Anthropology Quarterly, New Series*, 5(2), pp. 99-132.
- Brush, S., 1993. Indigenous Knowledge of Biological Resources and Intellectual Property Rights: The Role of Anthropology. *American Anthropologist*, 95(3), pp. 653-671.
- Burkhalter Flueckiger, J., 2006. *In Amma's Healing Room: Gender and Vernacular Islam in South Asia*. Bloomington: Indiana University Press.
- Buss, F. L., 2000. *La Partera: Story of a Midwife*. Ann Arbor: University of Michigan Press.

Castillo, M., 2011. *Bodies Hanging from Bridge in Mexico are Warning to Social Media Users*. [Online]

Available at: http://articles.cnn.com/2011-09-14/world/mexico.violence_1_zetas-cartel-social-media-users-nuevo-laredo?s=PM:WORLD

[Accessed 28 September 2011].

Castro, A., 2004. Contracepting at Childbirth: the Integration of Reproductive Health and Population Policies in Mexico. In: *Unhealthy Health Policy: A Critical Anthropological Examination*. New York: Altamira Press, pp. 133-144.

Chandra, H. et al., 2010. Antibacterial Activity of *Allium sativum* (L.) Against Bacteria Isolated from Upper Respiratory Tract. *The IUP Journal of Life Sciences*, 4(4), pp. 43-49.

Chávez, L., 1992. *Shadowed Lives: Undocumented Immigrants in American Society*. Ft. Worth: Harcourt, Brace, Jovanovich College Publishers.

Chávez, L., 2008. *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Palo Alto: Stanford University Press.

Chávez, L., 2012. Undocumented Immigrants and Their Use of Medical Services In Orange County. *Social Science and Medicine*, Volume 74, pp. 887-893.

Chávez, L., Hubbell, F. A., Mishra, S. I. & Valdéz, R. B., 1997. Undocumented Latina Immigrants in Orange County, California: A Comparative Analysis. *International Migration Review*, 31(1), pp. 88-107.

Chippewa Herald, 2006. *Milwaukee Police Arrest Spirit Healer for Stealing from Clients*. [Online]

Available at: http://chippewa.com/news/article_1a15007b-c6ba-5333-97b9-4b48f3352080.html

[Accessed 6 May 2011].

Cole, B., 2009. Gender, Narratives and Intersectionality: can Personal Experience Approaches to Research Contribute to “Undoing Gender”? *International Review of Education*, 55(5-6), pp. 561-578.

Committee on Payment and Settlement Systems, The World Bank, 2007. *General principles for international Remittance Services*. [Online]

Available at:

http://siteresources.worldbank.org/INTPAYMENTREMITTANCE/Resources/New_Remittance_Report.pdf

[Accessed 20 June 2012].

Cosminsky, S., 1982. Childbirth and Change: a Guatemalan Study. In: *Ethnography of Fertility and Birth*. New York: Academic Press, pp. 205-229.

Crandon-Malamud, L., 1991. *From the Fat of Our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia*. Berkeley: University of California Press.

Csordas, T., 1990. Embodiment as a Paradigm for Anthropology. *Ethos*, 18(1), pp. 5-47.

Davidson, M., 2000. *Lives on the Line: Dispatches from the U.S.-Mexico Border*. Tucson: The University of Arizona Press.

Davis-Floyd, R. & Davis, E., 1996. Intuition as Authoritative Knowledge in Midwifery and Homebirth. *Medical Anthropology Quarterly*, 10(2), pp. 237-269.

De Genova, N., 2005. *Working the Boundaries: Race, Space, and "Illegality" in Mexican Chicago*. Durham: Duke University Press.

De Genova, N. & Ana, Y. R.-Z., 2003. *Latino Crossings: Mexicans, Puerto Ricans, and the Politics of Race and Citizenship*. New York: Routledge.

Dennis, L., 2012. *Supreme Court Ruling on Immigration Could Have Ramifications for Wisconsin*. [Online]
Available at: http://www.wuwm.com/news/wuwm_news.php?articleid=10676
[Accessed 27 June 2012].

Denzin, N. K., 2003. *Performance ethnography : critical pedagogy and the politics of culture*. Thousand Oaks: Sage.

Domínguez, X. A. & Alcorn, J. B., 1985. Screening of Medicinal Plants Used by Huastec Mayans of Northeastern México. *Journal of Ethnopharmacology*, Volume 13, pp. 139-156.

Douglas, M., 1966. *Purity and Danger*. New York: Praeger.

Droogers, A., 1989. Syncretism: The Problem of Definition, the Definition of the Problem. In: *Dialogue and Syncretism: An Interdisciplinary Approach*. Grand Rapids: Wm. B. Eerdmans, pp. 7-25.

Duranti, A., 1997. *Linguistic Anthropology*. Cambridge: Cambridge University Press.

Durkheim, E., 1954. *The Elementary Forms of Religious Life*. New York: Free Press.

- Emerson, R., Fretz, R. I. & Shaw, L. L., 1995. *Writing Ethnographic Fieldnotes*. Chicago: The University of Chicago Press.
- Ennis, S. R., Ríos-Vargas, M. & Albert, N. G., 2010. *The Hispanic Population: 2010*, Washington, D.C: U.S. Census Bureau.
- Executive Board and World Health Assembly Resolutions on Traditional Medicine, 2009. *Traditional Medicine (WHA62.13)*. [Online] Available at: http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_R9-en.pdf [Accessed 25 January 2012].
- Finerman, R., 1998. The Forgotten Healers: Women as Family Healers in an Andean Indian Community. In: *In Women as Healers*. New Brunswick: Rutgers University Press, pp. 24-41.
- Flores, G. & Vega, L., 1998. Family Medicine. 30(3), pp. 196-205.
- Foster, G., 1979. Humoral Traces in United States Folk Medicine. *Medical Anthropology Newsletter*, 10(2), pp. 17-20.
- Foster, G., 1987. On the Origin of Humoral Medicine in Latin America. *Medical Anthropology Quarterly, New Series*, 1(4), pp. 355-393 .
- Foster, G. & Gallatin Anderson, B., 1978. *Medical Anthropology*. New York: John Wiley & Sons.
- Foucault, M., 1988. *The Care of the Self: The History of Sexuality*. New York: Vantage Books.
- Foucault, M., 1990. *An Introduction: The History of Sexuality*. New York: Vantage Books.
- Foucault, M., 1990. *The Use of Pleasure: The History of Sexuality*. New York: Vantage Books.
- Foucault, M., Rabinow, P. & Rose, N., 2003. *The Essential Foucault: Selections from the Essential Works of Foucault, 1954-1984*. New York: New York Press.
- Franklin, S., 2002. The Anthropology of Science. In: *Exotic No More*. Chicago: University of Chicago Press, pp. 351-376.
- Frei, B., Baltisberger, M., Sticher, O. & Heinrich, M., 1998. Medical Ethnobotany of the Zapotecs of the Isthmus-Sierra (Oaxaca, México): Documentation and Assessment of Indigenous Uses. *Journal of Ethnopharmacology*, Volume 62, pp. 149-165.

Gálvez, A., 2011. *Patient Citizens, Immigrant Mothers: Mexican Woman, Public Prenatal Care, and the Birth-Weight Paradox*. New Brunswick: Rutgers University Press.

Gershenhorn, J., 2004. *Melville J. Herskovits: and the Racial Politics of Knowledge*. Lincoln: University of Nebraska Press.

Gershenhorn, J., 2004. *Melville J. Herskovitz: and the Racial Politics of Knowledge*. Lincoln: University of Nebraska Press.

Gomberg-Muñoz, R., 2011. *Labor and Legality: An Ethnography of a Mexican Immigrant Network*. Oxford: Oxford University Press.

Gomberg-Muñoz, R., 2011. *Labor and Legality: An Ethnography of a Mexican Immigrant Network*. New York: Oxford University Press.

González Gutiérrez, C., 1999. Fostering Identities: Mexico's Relations with Its Diaspora. *The Journal of American History*, 86(2), pp. 545-567.

Gurda, J., 1989. *Centennial of faith: The Basilica of Saint Josaphat, 1888-1988*. Milwaukee: Basilica of Saint Josaphat.

Guzman, B., 2001. *The Hispanic Population 2000*. [Online]
Available at: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>
[Accessed 17 3 2013].

Hagan, J., 1998. Social Networks, Gender, and Immigrant Incorporation: Resources and Constraints. *American Sociological Review*, 63(1), pp. 55-67.

Harari, N., Davis, M. & Heisler, M., 2008. Strangers in a Strange Land: Health Care Experiences for Recent Latino Immigrants in Midwest Communities. *Journal of Health Care for the Poor and Underserved*, Volume 19, pp. 1350-1367.

Haraway, D., 1997. The Persistence of Vision. In: *In Writing on the Body: Female Embodiment and Feminist Theory*. New York: Columbia University Press, pp. 283-295.

Haraway, D., 2004. Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. In: *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. New York: Routledge, pp. 81-101.

Harding, S., 2006. *Science and Social Inequality: Feminists and Postcolonial Issues*. Urbana: University of Illinois Press.

Hardy, S. & Wiedmer, C., 2005. *Motherhood and Space: Configurations of the Maternal through Politics, Home, and the Body*. New York: Palgrave Macmillan.

Hayden, C., 2003. *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico*. Princeton: Princeton University Press.

Heinrich, M., Rimpler, H. & Barre, N. A., 1992. Indigenous Phytotherapy of Gastrointestinal Disorders in a Lowland Mixe Community (Oaxaca, Mexico): Ethnopharmacologic Evaluation. *Journal of Ethnopharmacology*, Volume 36, pp. 63-80.

Heinrich, M., Velazco, O. & Ramos, F., 1990. Ethnobotanical report on the treatment of snake-bites in Oaxaca, Mexico. *Curare*, Volume 13, pp. 1-16.

Hernandez, T. et al., 2003. Ethnobotany and Antibacterial Activity of Some Plants Used in Traditional Medicine of Zapotitlan de Las Salinas, Puebla (Mexico). *Journal of Ethnopharmacology*, Volume 88, pp. 181-188.

Hinojosa, S., 2002. "The Hands Know", Bodily Engagement and Medical Impasse in Highland Maya Bonesetting. *Medical Anthropology Quarterly*, 16(1), pp. 22-40.

Hiriart, B., 1995. Parteras y Salud Reproductiva. *Fem*, 19(143), pp. 18-19.

Holloway, K., 2007. *Monique and the Mango Rains*. Long Grove: Waveland Press.

hooks, b., 1994. *Teaching to Transgress: Education as the Practice of Freedom*. New York: Routledge.

hooks, b. & McKinnon, T., 1996. Sisterhood: Beyond Public and Private. *Signs*, 21(4), pp. 814-829.

Il Trotter, R., 1991. A Survey of Four Illnesses and Their Relationship to Intracultural Variation in a Mexican American Community. *American Anthropologist*, 93(1), pp. 115-125.

Jambai, A. & MacCormack, C., 1996. Maternal Health, War, and Religious Tradition: Authoritative Knowledge in Pujehun District, Sierra Leone. *Medical Anthropology Quarterly, New Series*, 10(2), pp. 270-286.

Janzen, J., 1978. *The Quest for Therapy in Lower Zaire*. Berkeley: University of California Press.

- JKV Research, LLC , 2006. *Milwaukee Community Health Survey Report*, Milwaukee: Aurora Health Care.
- Jordan, B., 1993. *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. Prospect Heights: Waveland Press.
- Kaneshiro, N. K. & Zieve, D., 2011. *Fontanelles-sunken*, s.l.: s.n.
- Kaplan, N. L. & Kaplan, L., 1960. Medicinal Plant and Food Use as Related to Health and Disease in Coastal Oaxaca. In: *Men and Culture: Selected Papers of the Fifth International Congress of Anthropological and Ethnological Sciences*. Philadelphia: University of Pennsylvania Press, pp. 452-458.
- Kenny, E., 2006. Transnational Migration and Diasporic Studies. *Anthropology News*, December.p. 26.
- Kleinman, A., 1980. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press.
- Kleinman, A., 1988. *Rethinking Psychiatry: From Cultural Category to Personal Experience*. New York: The Free Press.
- Kleinman, A., Eisenberg, L. & Good, B., 1978. Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine*, Volume 88, pp. 251-258.
- Kottow, M., 2013. Classical Medicine v Alternative Medical practices. *Journal of Medical Ethics*, Volume 18, pp. 18-22.
- Kunow, M. A., 2003. *Maya Medicine: Traditional Healing in the Yucatan*. Albuquerque: University of New Mexico Press.
- Laderman, C., 1994. The Embodiment of Symbols and the Acculturation of the Anthropologist. In: *Embodiment Experience: The Existential Ground of Culture and Self*. New York: The New Press, pp. 183-200.
- Lara, M. et al., 2005. Acculturation and Latino Health in the United States: A Review of the Literature and its Sociopolitical Context. *Annual Review of Public Health*, Volume 26, pp. 267-397.
- Larson, E. L., Dilone, J., Garcia, M. & Smolowitz, J., 2006. Factors Which Influence Latino Community Members to Self-Prescribe Antibiotics. *Nursing Research*, 55(2), pp. 94-102.

Lee Logan, O. & Clark, K., 1989. *Motherwit: An Alabama Midwife's Story*. New York: E. P. Dutton.

Legnini, M. et al., 1999. *Privatization of Public Hospitals*. [Online]
Available at: <http://www.esresearch.org/Documents/pubhosp.pdf>
[Accessed 26 June 2012].

Leonti, M., Sticher, O. & Heinrich, M., 2002. Medicinal Plants of the Popoluca, Mexico: Organoleptic Properties as Indigenous Selection Criteria. *Journal of Ethnopharmacology*, Volume 81, pp. 307-315.

Leonti, M., Sticher, O. & Heinrich, M., 2003. Antiquity of Medicinal Plants Used in Two Macro-Mayan Ethnic Groups (Mexico). *Journal of Ethnopharmacology*, Volume 88, pp. 119-124.

Lewis-Fernandez, R., 1998. A Cultural Critique of the DSM-IV Dissociative Disorders Section. *Transcultural Psychiatry*, 35(3), pp. 387-400.

Lopez, I., 1998. An Ethnography of the Medicalization of Puerto Rican Women's Reproduction. In: *Pragmatic Women and Body Politics*. Cambridge: Cambridge University Press, pp. 240-259.

Lopez, R., 2005. Use of Alternative Folk Medicine by Mexican American Women. *Journal of Immigrant Health*, 7(1), pp. 23-31.

Luhmann, T., 2010. What Counts as Data?. In: *Emotions in the Field: The Psychology and Anthropology of Fieldwork Experience*. Stanford: Stanford University Press, pp. 212-238.

Malinowsk, B., 1935. *Coral Gardens and Their Magic*. London: Allen Urwin.

Martin, E., 1987. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.

Martin, G. & Madrid, S., 1992. Ethnobotany, Distribution, and Conservation Status of *Ticodendron incognitum* in Northern Oaxaca, Mexico. *Journal of Ethnobiology*, 12(2), pp. 227-231.

McCajor Hall, T., 1996. *Culture-Bound Syndromes*. [Online]
Available at: http://www.mccajor.net/cbs_intro.html
[Accessed 15 3 2013].

McDowell, L., 1999. *Gender, Identity, and Place: Understanding Feminist Geographies*. University of Minnesota Press: Minneapolis.

Mead, L., 2001. Welfare Reform In Wisconsin: The Local Role. *Administration & Society*, 33(5), pp. 523-554.

Menjívar, C., 2002. The Ties That Heal: Guatemalan Immigrant Women's Networks and Medical Treatment. *International Migration Review*, 36(2), pp. 437-466.

Menjívar, C., 2002. The Ties That Heal: Guatemalan Immigrant Women's Networks and Medical Treatment. *International Migration Review*, 36(2), pp. 437-466.

Menjívar, C., 2003. *Through the Eyes of Women: Gender, Social Networks, Family and Structural Change in Latin America and the Caribbean*. Ontario: de Sitter Publications.

Merriam-Webster, Incorporated, 2012. <http://www.merriam-webster.com/info/copyright.htm>. [Online]
Available at: <http://www.merriam-webster.com/dictionary/lay>
[Accessed 14 6 2011].

Merriam-Webster, Incorporated, 2012. <http://www.merriam-webster.com/info/copyright.htm>. [Online]
Available at: <http://www.merriam-webster.com/dictionary/continuity>
[Accessed 12 5 2012].

Merson, J., 2000. Bio-prospecting or Bio-piracy: Intellectual Property Rights and Biodiversity in a Colonial and Post Colonial Context. In *Nature and Empire: Science and the Colonial Enterprises*. In: *Osiris 2nd Series 15*. Chicago: University of Chicago Press, pp. 282-296.

Mgbeoji, I., 2006. *Global Biopiracy: Patents, Plants, and Indigenous Knowledge*. Ithica: Cornell University Press.

Mulcahy, J., 2005. The Root and the Flower. *Journal of American Folklore*, 118(467), pp. 45-53.

Mulet Pérez, A. et al., 2008. Percepción Popular y Profesional del Significado del Vocablo "Empacho". *Centro Nacional de Información de Ciencias Médicas*, 17(16).

National Center for Complementary and Alternative Medicine, 2012. *Cam Basics*, Bethesda: National Institutes for Health.

O'Conner, C., 2012. *Gov. Scott Walker's Big Money Backers Include 13 Out-Of-State Billionaires*. [Online]

Available at: <http://www.forbes.com/sites/clareoconnor/2012/06/05/gov-scott-walkers-big-money-backers-include-13-out-of-state-billionaires/>
[Accessed 27 June 2012].

Office of the Federal Register (OFR), 1997. *Affidavits of Support on Behalf of Immigrants* [62 FR 54346] [FR 63-97]. [Online]
Available at: <http://www.uscis.gov/ilink/docView/FR/HTML/FR/0-0-0-1/0-0-0-30133/0-0-0-35080/0-0-0-35538.html>
[Accessed 26 June 2012].

Office of the Federal Register (OFR), 1999. *Federal Register Publication Field Guidance on Deportability and Inadmissibility on Public Charge Grounds* [64 FR 28689]. [Online]
Available at: <http://www.uscis.gov/ilink/docView/FR/HTML/FR/0-0-0-1/0-0-0-54070/0-0-0-54088/0-0-0-55744.html>
[Accessed 26 June 2012].

Olson, G., 1996. Writing, Literacy and Technology: Toward a Cyborg Writing. *JAC: A Journal of Composition Theory*, 16(1), pp. 1-26.

Ortner, S. B., 1974. *Making Gender: The Politics and Erotics of Culture*. Boston: Beacon Press.

Pabst, G., 2002. *Police Raid Outrages Community: Latino Leaders Say Milwaukee Police Abused Power in Prescription Drug Search*. [Online]
Available at: <http://www3.jsonline.com/story/index.aspx?id=81324>
[Accessed 15 September 2009].

Parra, P. A., 1991. La Mujer Rural, Las Comadronas y El Sistema Mexicano de Salud. *Estudios Demográficos y Urbanos*, 6(1), pp. 68-88.

Patterson, T. R. & Kelly, R., 2000. Unfinished Migrations: Reflections on the African Diaspora and the Making of the Modern World. *African Studies Review*, 43(1), pp. 11-4.

Penyak, L., 2002. Midwives and Legal Medicine in Mexico, 1740-1846. *Journal of Hispanic Higher Education*, 1(3), pp. 251-268.

Peterson, A. & Grey, M., 2006. Continuity and Change: The Mexicana Experience with Health and Healing in Iowa. *International Journal of Global Health and Health Disparities*, Volume 5, pp. 16-40.

- Pfeiffer, J. & Nichter, M., 2008. What Can Critical Medical Anthropology Contribute to Global Health? A Health Systems Perspective. *Medical Anthropology Quarterly*, 22(4), pp. 410-415.
- Prosser, J., 1998. *Second Skins*. New York: Columbia University Press.
- Quigley, K., 1999. Esperanza Unida hopes to raise \$75,000 to restore landmark 'Mural of Peace'. *The Business Journal*, 28 11, p. 3.
- Quinlan, M. B. & Quinlan, R. J., 2007. Modernization and medicinal plant knowledge in a Caribbean horticultural village. *Med Anthropology Quarterly*, 21(2), pp. 169-92.
- Rand Corporation, 2006. *RAND Study Shows Relatively Little Public Money Spent Providing Health Care to Undocumented*, Arlington: RAND Corporation.
- Ransford, H. E., Carrillo, F. R. & Rivera, Y., 2010. Health Care-Seeking Among Latino Immigrants: Blocked Access, Use of Traditional Medicine, and the Role of Religion. *Journal of Health Care for the Poor and Underserved*, Volume 21, pp. 862-878.
- Rebhun, L. A., 2004. Culture-Bound Syndroms. In: *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*. New York: Springer, pp. 319-327.
- Redfield, R., Linton, R. & Herskovits, M. J., 1936. Memorandum for the Study of Acculturation. *American Anthropologist, New Series*, 38(1), pp. 149-152.
- Rivera, J. et al., 2002. Evaluation of the Use of Complementary and Alternative Medicine in the Largest United States-Mexico Border City. *Pharmacotherapy*, 22(2), pp. 256-264.
- Robinson, M. & Zhang, X., 2011. *WHO The World Medicines Situation 2011: Traditional Medicines: Global Situation, Issues and Challenges*. [Online] Available at: www.who.int/medicines/areas/policy/world_medicines_situation/WMS_ch18_wTradditionalMed.pdf [Accessed 25 January 2012].
- Rodriguez, J. A. & Sava, W., 2006. *Images of America: Latinos in Milwaukee*. Charleston: Arcadia Publishing.
- Rosaldo, M. & Lamphere, L., 1974. *Woman, Culture, and Society*. Palo Alto: Stanford University Press.

Sack, K., 2008. *Illegal Farm Workers Get Health Care in Shadows*. [Online] Available at: <http://www.nytimes.com/2008/05/10/us/10migrant.html> [Accessed 10 September 2008].

Salvador Flores, J. & Kantún Balam, J., 1997. Importance of Plants in the Ch'a chaak Maya Ritual in the Peninsula of Yucatan. *Journal of Ethnobiology*, 17(1), pp. 97-108.

Sargent, C. & Bascope, G., 1996. Ways of Knowing About Birth in Three Cultures. *Medical Anthropology Quarterly*, 10(2), pp. 213-236.

Schiebinger, L., 2004. *Plants and Empire: Colonial Bioprospecting in Atlantic World*. Cambridge: Harvard University Press.

Scott, J. W., 1999. *Gender and the Politics of History*. New York: Columbia University Press.

Sesia, P., 1996. "Women come here on their own when they need to": Prenatal Care, Authoritative Knowledge, and Maternal Health in Oaxaca. *Medical Anthropology Quarterly, New Series*, 10(2), pp. 121-140.

Shaw, R. & Stewart, C., 1994. Introduction: Problematizing Syncretism. In: *Syncretism/Anti-Syncretism: The Politics of Religious Synthesis*. London: Routledge, pp. 1-24.

Shaw, S., 2005. The Politics of Recognition in Culturally Appropriate Care. *Medical Anthropology Quarterly*, 19(3), pp. 290-309.

Shepherd McClain, C., 1998. Reinterpreting Women in Healing Roles. In: *Women as Healers*. New Brunswick: Rutgers University Press, pp. 1-20.

Singer, M. & Garcia, R., 1998. Becoming a Puerto Rican Espiritista: Life History of a Female Healer. In: *Women as Healers*. New Brunswick: Rutgers University Press, pp. 157-185.

Sleath, B. et al., 2009. Latinos' Sources of Medication and Medication Information in the United States. *Patient Education and Counseling*, Volume 75, p. 279-282.

Smith, D., 1999. "The Civilizing Process" and "The History of Sexuality": Comparing Norbert Elias and Michel Foucault. *Theory and Society*, 28(1), pp. 79-100.

Smith, D., Elias, N. & Foucault, M., 1999. "The Civilizing Process" and "The History of Sexuality": Comparing Norbert Elias and Michel Foucault. *Theory and Society*, 28(1), pp. 79-100.

Smith, G., 2006. *Attitudes Toward Immigration: In the Pulpit and the Pew*.

[Online]

Available at: <http://pewresearch.org/pubs/20/attitudes-toward-immigration-in-the-pulpit-and-the-pew>

[Accessed 11 July 2011].

Smith, M. C. & Holmes, L., 1996. *Listen to Me Good*. Columbus: Ohio State University Press.

Souza, V. et al., 1997. Ethnomicrobiology: Do Agricultural Practices Modify the Population Structure of the Nitrogen Fixing Bacteria *Rhizobium etli* biovar Phaseoli?. *Journal of Ethnobiology*, 17(2), pp. 249-266.

Stockett, M. & Geller, P., 2006. Feminist Anthropology: Perspectives on Our Past, Present, and Future. In: *Feminist Anthropology: Past, Present, and Future*. Philadelphia: University of Philadelphia Press, pp. 1-20.

Sun-Hee Park, L., 2011. *Entitled to Nothing: The Struggle for Immigrant Health Care in the Age of Welfare Reform*. New York: New York University Press.

Systems Committee on Payment and Settlement, 2007. *General Principles for International Remittance Services*, Basel: The World Bank.

Tenorio, R., 2007. Medicinal Plant Use Among Midwives of Oaxaca and Veracruz, Mexico. *Global Currents*, 4(1), pp. 8-9.

Thompson, T. & Bennett, W. J., 1997. *The Good News About Welfare Reform: Wisconsin's Success story*, Washington D.C: The Heritage Foundation.

Toner, E., 2012. *BadgerCare Changes Could Force Out 17,000 Participants*.

[Online]

Available at: http://www.wuwm.com/news/wuwm_news.php?articleid=10346

[Accessed 18 8 2012].

U.S. Citizenship and Immigration Services, 2006. *Adjudicator's Field Manual, Redacted Public Version, Chapter 23 Adjustment of Status to Lawful Permanent Resident*. [Online]

Available at: <http://www.uscis.gov/ilink/docView/AFM/HTML/AFM/0-0-0-1/0-0-0-8624/0-0-0-9232.html>

[Accessed 26 June 2012].

Ulett, G., Han, S. & Han, J.-s., 1998. Electroacupuncture: Mechanisms and Clinical Application. *Biological Psychology*, Volume 44, pp. 129-138.

Viladrich, A., 2009. Botánicas in America's Backyard: Uncovering the World of Latino Healers' Herb-healing Practices in New York City. *Human Organization*, 65(4), pp. 407-419.

Voces de la Frontera, 2010. *May 1st Marches Across the United States*. [Online] Available at: <http://www.vdfl.org/userimages/pdfs/2010-05-newspaper.pdf> [Accessed 29 May 2010].

Voces de la Frontera, 2011. *About Us*. [Online] Available at: <http://www.vdfl.org/about/> [Accessed 1 June 2012].

Waldram, J. B., 2000. The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues. *Medical Anthropology Quarterly*, 14(4), pp. 603-625.

Walker, S., 2010. *Arizona Immigration Bill*. [Online] Available at: <http://www.scottwalker.org/news/2010/05/arizona-immigration-bill> [Accessed 27 June 2012].

Walters, S. & Lank, A. D., 2007. *Wal-Mart Owes Back Taxes, State Says Paying Rent To Itself Cuts Millions Off Retailer's Tax Bill*. [Online] Available at: <http://www.jsonline.com/news/wisconsin/29455149.html> [Accessed 27 June 2012].

Walton, F., 2009. *Community Health Leaders Address Health And Health Care For Immigrants and Their Families*. Princeton: Robert Wood Johnson Foundation Community Health Leaders.

Wax, M. L., 1980. Paradoxes of "Consent" to the Practice of Fieldwork. *Social Problems*, 27(3), pp. 272 -283.

Western Union Holdings, Inc, 2012. *Our Rich History*. [Online] Available at: <http://corporate.westernunion.com/history.html> [Accessed 5 November 2012].

Whitehead, T., 2010. *Curandero Offers Folk Healing Through Herbalism , Faith*. [Online] Available at: <http://www.brownsvilleherald.com/articles/offers-111909-alamo-through.html> [Accessed 19 June 2012].

WHO Congress on Traditional Medicine, 2008. *Beijing Declaration*. [Online]
Available at:
http://www.who.int/medicines/areas/traditional/TRM_BeijingDeclarationEN.pdf
[Accessed 17 2 2013].

Wirtz, K., 2007. How Diasporic Religious Communities Remember: Learning to Speak the “Tongue of the Oricha” in Cuban Santería. *American Ethnologist*, 34(1), pp. 108-126.

Wisconsin Department of Health Services , 2010. *BadgerCare Plus: Immigrants and BadgerCare Plus*. [Online]
Available at: http://www.wccf.org/pdf/badgercare_plus_immigrants_dhs.pdf
[Accessed 20 June 2012].

Wisconsin Department of Health Services, 2012. *BadgerCare Employer Report 2012 Q1*. [Online]
Available at:
<http://www.dhs.wisconsin.gov/badgercareplus/enrollmentdata/enrolldata.htm>
[Accessed 27 June 2012].

Wisconsin Legislative Audit Bureau, 1997. *97-15 Milwaukee County General Assistance-Medical Program*. [Online]
Available at: <http://legis.wisconsin.gov/lab/reports/97-15summary.htm>
[Accessed 4 5 2012].

Wisconsin Legislative Audit Bureau, 2011. *Letter Report Badgercare Plus Basic Plan*. [Online]
Available at: http://legis.wisconsin.gov/lab/reports/11-badgercareplus_ltr.pdf
[Accessed 20 June 2012].

Wisconsin Legislative Council , 2006. *Overview of the Wisconsin Works Program and the Child Welfare System*. [Online]
Available at: http://legis.wisconsin.gov/lc/publications/sb/sb_2006_01.pdf
[Accessed 20 June 2012].

World Health Assembly, 1977. *WHA30.49 Promotion and development of training and research in traditional*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha3049.pdf>
[Accessed 17 9 2013].

World Health Assembly, 1978. *WHA31.33 Medicinal plants*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha3133.pdf>
[Accessed 17 9 2012].

World Health Assembly, 1987. *WHA40.33 Traditional medicine*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha4033.pdf>
[Accessed 17 9 2012].

World Health Assembly, 1988. *WHA41.19 Traditional medicine and medicinal plants*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha4119.pdf>
[Accessed 18 9 2012].

World Health Assembly, 1989. *WHA42.43 Traditional medicine and modern health care*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha4243.pdf>
[Accessed 17 9 2012].

World Health Assembly, 1991. *WHA44.34 Traditional medicine and modern health care*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha4434.pdf>
[Accessed 17 9 2012].

World Health Assembly, 1969. *WHA22.54 Establishment of Pharmaceutical Production in Developing Countries*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/wha2254.pdf>
[Accessed 18 9 2012].

World Health Organization Executive Board, 1979. *EB63.R4 Traditional medicine programme*. [Online]
Available at: <http://www.who.int/medicines/areas/traditional/eb63r4.pdf>
[Accessed 17 9 2012].

World Health Organization Executive Board, 2009. *Traditional Medicine*. [Online]
Available at: http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_R9-en.pdf
[Accessed 17 2 2013].

World Health Organization, 2002. *WHO Traditional medicine strategy 2002-2005*. [Online]
Available at: <http://apps.who.int/medicinedocs/pdf/s2297e/s2297e.pdf>
[Accessed 25 January 2012].

Zahniser, S., Hertz, T., Dixon, P. & Rimmer, M., 2012. *The Potential Impact of Changes in Immigration Policy on U.S. Agriculture and the Market for Hired Farm Labor: A Simulation Analysis*. [Online]
Available at: http://www.ers.usda.gov/media/619408/err135_1_.pdf
[Accessed 10 June 2012].

Zarate, S., 1999. Ethnobotany and domestication process of *Leucaena* in Mexico. *Journal of Ethnobiology*, 19(1), pp. 1-23.

Zavaleta, A. & Salinas Jr., A. A., 2009. *Curandero Conversations: El Niño Fidencio, Shamanism and Healing Traditions of the Borderlands*. Bloomington: AuthorHouse.

Zuckerman, S., Waldmann, T. & Lawton, E., 2011. Undocumented Immigrants, Left Out of Health Reform, Likely to Continue to Grow as Share of the Uninsured. *Health Affairs*, 30(10), pp. 1997-2004.

APPENDIX A.

GLOSSARY OF TERMS

(With English translation in parentheses)

Abuela (Grandmother): Abuelita form of endearment for grandmother.

Aire (Air): Often thought of as *bad air*. Air that enters your body and gets trapped causing illness.

Alabaré Alabaré (I will praise, I will Praise): A Christian worship song.

Altar (Altar): Referring to a home altar commonly found in catholic, devout, or religious Latino homes.

Americanos (Americans): Among Latinos often refers to white American citizens.

Barrio(s) (neighborhood(s))

Bisabuela (Great-grandmother): Bisabuelita form of endearment for a great-grandmother.

Bracero Program: The Bracero program was a bilateral agreement between the U.S. and Mexican governments that emerged in the wake of a labor shortage created by World War II. The program, which ran between 1942 and 1964, recruited millions of Mexican migrants to work on U.S. farms on a legal but temporary basis (Zahniser et al. 2012). The program ended following complaints by U.S. Labor unions that the program undermined U.S. wages (Davidson 2000).

Bruja/o (Witch): Often a derogatory name for a curandera/o, healer.

Brujería (Witchcraft)

Campesina: A girl from the countryside.

Capias: A small corsage often made of ribbons and token decorations to commemorate an event.

Casetas Telefonicas (Phone Booths): Refers to telephone booths privately owned for public use at a cost in Mexico, and Latin America. The use of these is becoming increasingly obsolete with the infusion of cell phone use, and international calling card.

Celos (Jealously): Also referred to as *envidia*, envy.

Chaparrita (Little, short and Stocky): Referring to a short, stocky body shape.

Charlatanería: Referring to the work of charlatans, or fake healers.

Chupar (To Suck): As in *chupar la infección*, suck out the infection.

Clínica (Clinic)

Colonias Eotéricas (Esoteric Colognes)

Comadre (Co-mother): While this often indicates a woman, who formally shares in the parenting responsibilities of a child, as in a godmother, a *comadre* often is an informal term used to distinguish a person by signifying a close familiar relation. It is a title of honor and friendship. Can also be a Latina slang term for menses.

Comadrona: See Partera

Consultas (Consultations): or appointments

Coyote (Coyote): A human smuggler working across the U.S. - Mexican border.

Cuarentena (Forty days): The forty days of postpartum rest.

Curandera/o (Healer): Lay healer that may use herbs for treatment.

Curanderismo: Healing, refers to the practice of a lay healer.

Curando (Healing): Active tense of the verb *curar* (to heal).

Del Otro Lado (From the Other Side): A saying often referring to coming from, or a person on the other side of, the U.S.- Mexican border.

Desalojo: The desalojo refers to the forced removal of the Oaxacan Teacher's Union occupation of the zócalo (main plaza) area in Oaxaca City.

Desempachar: The process of removing *empacho*.

Copal: An aromatic tree resin used for incense.

Ejido: A parcel of communally owned land in Mexico.

El Niño Dios (The Child of God): Refers to Jesus

El Niño Fidencio (The Child Fidencio): A prominent spiritual figure among more the spiritual, esoteric healers

El Rey (The King): A Latino-owned, Mexican grocery chain in Milwaukee, WI.

Empacho: A type of stomach ailment

Emplasto: A type of stomach ailment but the curing process is different as it is applied topically rather than ingested. The process involves making a paste by mixing with an egg, with crushed *platano*, plantain bread, and alcohol. You mix the paste, apply it to a *faja*, or bandage, and bind it to the stomach.

Enfriamiento (Making Cold): Caused by displaced organs and bones from birth.

Enlecho: An illness that occurs when a baby is normally fed formula that is lukewarm, and all of a sudden is given formula that is too hot. It causes the babe to get enlecho. Described as different than *cólico* or colic.

Envidia: see celos

Esotérica (Esoteric)

Estofado: Mexican food dish made with sautéed tomatoes, onions, capers, and cinnamon.

Faja (Binding, Bandage): A binding that postpartum woman wear to situate their displaced organs and bones during labor. It can also be placed on the abdomen for other reasons, see Emplasto.

Gordita (Chunky): Referring to a chunky body shape.

Gringa: A slang term for a white American. A derogatory term for a light-skinned Latina.

Gua sha: A form of Asian healing which involves crapping the skin with a spoon to release impurities.

Güerita (White-one): A Spanish term used to refer to light-skinned Latinos.

Hashem: Hebrew literally means “the name”, referring to the name of G-D in the Jewish tradition.

Hermanos (Brothers): Can also refer to fraternal brothers and sisters in a mixed gendered population.

Hermanas (sisters)

Hierbas (Herbs)

Horchata: A Latin American sweet milk drink commonly made from rice, or peanuts, or sesame seeds.

Huesera/o (Bonesetter)**Infección (Infection)**

Jarocho: A man from Veracruz, Mexico. Jarocho (*f*)

Jesús Cristo (Jesus Christ)

La Virgin (The Virgin): Refers to The Virgin Mary and her incarnations.

Las Ventosas (The Cuppings): A process done to suction out *aire* or bad air from the body. In this process, small glass cups are heated and sterilized with a flame and alcohol, before being placed on areas of the body where bad air is trapped, when the cups are removed so too the bad air.

Mal de Ojo (Evil Eye): Elidia suggests that when a person meets someone on the street or in a place, and for one reason or another *te cae mal, o la cae mal*, you don't like her or she doesn't like you, she may look at you out of the corner of her eye in an unfriendly manner—*dando el ojo*, giving the eye. At other times the evil eye is something unconsciously done, often times to infants and children when they receive too much praise or attention.

Medical Pluralism: The incorporation of multiple medical systems for health and treatment of illness--has been around for a long time and exists as a global phenomenon.

Mercado (Market)

Mija: Meaning *mi hija*, my daughter.

Molé: A Mexican sauce made from a variety of ingredients including chocolate, chilies, seeds, nuts, plantains, tortillas, raisins, apples, and herbs.

Mollera Caída (Sunken Fontanelle): In biomedical terms, the newborn skull consists of several non-cohesive bones, which eventually come together and harden through a process called ossification. A membrane called fontenalles covers the space between these bones. The anterior fontenelle in infants is often referred to colloquially as "the soft spot" (Kaneshiro and Zeive 2011). In both biomedical and folk healing practice the characteristic of fontenelles, whether sunken or bulging, can indicate disease or illness. In clinical practice, a concave, bulging anterior fontenelle for example may be an indication for encephalitis, or meningitis, while a sunken, convex one might indicate dehydration or malnutrition (Kaneshiro and Zeive 2011). An interesting distinction between the way biomedicine and folk medicine view fontanelles is that the prior views it as an indicator of underlying disease or illness, while the latter perceives it as an illness in of itself, and one that can be altered, adjusted, and thus treated.

Naturista: see Tienda Naturista

Nervios (Nerves): An illness characterized by anxiety, loss of strength in the body, nervousness, fear, panic,

Nopal (Cactus)

Padrino (Godfather): Usually in reference to Catholic custom. *Madrina* is the female version.

Papeles (Papers): Refers to legal immigration documentation; green card; work permit.

Partera (Midwife): A birth attendant, also referred to as *Comadrona*.

Perinatal: Referring to the period around childbirth.

Persignar: A Spanish Catholic tradition to make the sign of the cross by touching the forehead, mouth, and then chest. This is often done using a small cross, made out of the thumb and pointer fingers.

Pomada: see Ungüento

Practica (Practice)

Promotor de Salud: (health Promoter): A traveling or visiting community health promoter.

Purga (Purge): Also referred to as *Vomitivo* (the vomiting)

Quemaduras (Burns): Also referred to as *fuego*.

Quinceañera: Refers to the tradition in Hispanic cultures of celebrating a girls fifteenth birthday; the girl having a fifteenth birthday.

Reggaetón: Spanish-style hip-hop music.

Reiki: A Japanese healing technique administered through the laying on of hands, often without touching the body.

Rondalla: An ensemble of stringed instruments.

Shema: A Jewish prayer, referenced in the book of Devarim (Deuteronomy).

Sobadora/o (Massager)

Speak in Tongues: Glossolalia

Susto (Scare, Shock): Fright sickness

Tarjetas (Cards): can refer to business cards

Tarjetas Telefónicas (Phone Cards)

Tejano: Native born, ethnically Mexican Texans.

Telenovela : Spanish-language soap opera.

Tienda Exotérica: Esoteric store

Tienda Naturista (Natural Store): Vitamin store

Tikkun Olam: Jewish concept of repairing the world, and social justice.

Tío (uncle)

Tocar (To touch): To play; as in an instrument

Traquista (Track worker): Refers to Latinos working on U.S. railway, often throughout the South and Texas.

Tratamientos caseras (Home Treatments): Home remedies

Ungüento (Ointment): Also referred to as a *pomada*.

Velas (Candles): Referring to prayer candles often displayed on the home altar in catholic, devout, or religious Latino homes.

Vigilia (Prayer Vigil)

Vomitivo: see Purga

APPENDIX B.

TABLES

ILLNESS TYPES (page numbers)	DESCRIPTION	TREATMENT MODALITY	HEALING SPECIALIST	VECTOR IDEOLOGY	PERSPECTIVE OF THE BODY
<i>Susto</i> (8, 21, 54, 70, 80, 120, 161, 220-221 , 263)	Caused by something that frightens you The individual may not be aware of the intensity of the scary event	Spiritual treatment, rolling an egg on the body of the victim, lighting a candle, cleansing self and /or home with incense	<i>Curandera/o</i>	Spiritual Esoteric Religious	Diverges from biomedical physiology
<i>Empacho</i> (173, 215-216)	Caused by food sticking inside the stomach	Manual manipulation of the abdomen, <i>desempachar</i> : pulling the skin covering the spine Many be combined with <i>purgas</i> (see <i>Dolores estomacales</i>)	<i>Curandera/o</i> <i>Sobadora/o</i>	Intuitive-physical Physical	Diverges from biomedical physiology
<i>Dolores estomacales</i>	Variety of causes From eating bad food Food sticking inside the stomach	Manual manipulation of the abdomen, prepare <i>purgas</i> (purges) from a variety of plants and oils. May be treated by <i>desempachar</i> (see <i>empacho</i>)	<i>Curandera/o</i> <i>Sobadora/o</i>	Intuitive-physical Physical	Often diverges from biomedical physiology

ILLNESS TYPES (page numbers)	DESCRIPTION	TREATMENT MODALITY	HEALING SPECIALIST	VECTOR IDEOLOGY	PERSPECTIVE OF THE BODY
<i>Heridas, fracturas, dolores del músculos, and tendones and ligamentos</i>	Variety of causes	Manual manipulation of ligaments, muscles and bones	<i>Huesera/o</i>	Physical	Similar to biomedical physiology
<i>Enfriamiento Displaced organs and bones from birth</i> (22, 54 , 72, 99, 154 , 197, 204, 239, 261)	Caused when organs and bones are displaced in preparation for birth A person may experience muscle pain, back pain, difficulty walking, standing, moving, bending	Manual manipulation of the body including placing a <i>faja</i> , binding on the abdomen of the woman, herbal teas, bath preparations Perform a <i>limpia</i> , cleansing, often using herbs	<i>Partera</i>	Intuitive-physical	Can diverge from biomedical physiology
<i>Mal de ojo</i> (21, 68 , 80, 112-114, 120, 161, 205, 262, 272)	Transmitted through the conscious or unconscious intensity of a person's gaze on another individual Causes bad thoughts or worries	Spiritual treatment, rolling an egg on the body of the victim, lighting a candle, cleansing the home with camphor	<i>Curandera/o</i>	Spiritual Esoteric Religious Psychological	Diverges from biomedical physiology

ILLNESS TYPES (page numbers)	DESCRIPTION	TREATMENT MODALITY	HEALING SPECIALIST	VECTOR IDEOLOGY	PERSPECTIVE OF THE BODY
<i>Aire</i> (3, 21, 54, 68 , 75, 80, 108, 225, 259, 261)	Caused by exposing one's body to sudden changes in ambient temperatures in contrast to body temperatures, so a hot body exposed to cold air, or a cold body exposed to hot A person may experience muscle pain	Manual manipulation of the body including massage with oil. Las ventosas (cupping): are a process of sucking out the bad air that has entered into the body	<i>Curandera/o</i> <i>Sobadora/o</i>	Spiritual Esoteric Religious Physical	Diverges from biomedical physiology
<i>Enlecho</i> (21, 42, 66-68 , 261)		Preparative treatment with eggshell and milk	<i>Partera</i> <i>Curandera/o</i>	Intuitive-physical	Diverges from biomedical physiology
<i>Mollera caída</i> (8, 21-22 , 55, 170-172, 213, 239, 262)	Caused when a fontenelle falls	Oral suction of the "soft spot", tugging hair and skin of the "soft spot" or, pushing the finger up on soft palate of the child's mouth	<i>Partera</i> <i>Curandera/o</i>	Intuitive-physical	Often diverges from biomedical physiology

ILLNESS TYPES (page numbers)	DESCRIPTION	TREATMENT MODALITY	HEALING SPECIALIST	VECTOR IDEOLOGY	PERSPECTIVE OF THE BODY
<i>Emplasto</i> (68, 260)	A type of stomach ailment	The process involves making a paste by mixing with an egg, with crushed plantain bread, and alcohol. The paste is then applied topically with a <i>faja</i> to the abdomen	<i>Partera Curandera/o</i>	Intuitive-physical	Diverges from biomedical physiology
<i>Envidia or celos</i> (21, 120, 259)	Caused by witchcraft, transmitted to someone often with bad intentions to injure or control another individual	Cleansing with egg, smoke, herbs, prayers, candles	<i>Curandera/o</i>	Spiritual Esoteric Psychological	Diverges from biomedical physiology
<i>Nervios</i> (21, 80, 262)	A type of nervous disorder with a variety of causes a general malaise or feeling unwell A person may experience anxiety, loss of strength in the body, nervousness, fear, panic	Cleansing with egg Counseling	<i>Curandera/o</i>	Spiritual Physical Psychological	Diverges from biomedical physiology

ILLNESS TYPES (page numbers)	DESCRIPTION	TREATMENT MODALITY	HEALING SPECIALIST	VECTOR IDEOLOGY	PERSPECTIVE OF THE BODY
<i>Matriz caída</i> (95, 107, 152, 262)	When a woman's womb/uterus is displaced and falls, usually in relation to childbirth and lack of proper postpartum care Can cause back pain	Pulling the hair on the head Can include manual manipulation of the abdomen	<i>Partera Curandera/o</i>	Intuitive-physical	Often diverges from biomedical physiology

(Table 1: Illness Types by Description, Treatment Modality, Healer Type, Vector Ideology, and Perspective of the Body)

APPENDIX C.
QUESTIONNAIRES

BEING LATINA/O QUESTIONNAIRE

1. What does it mean to be a Latina/o in Milwaukee?
2. How important is the Spanish language to Latino identity?
3. In your opinion, what are some of the major concerns for the Milwaukee's Latinos today?
4. What is your opinion of the immigration marches held over the last five years throughout Milwaukee?
5. Have you attended any of these marches? If so, why?
6. Do you think that any of the marches or the struggles Latinos have are unique to Wisconsin? Milwaukee? or do you feel they are the same across the US?

STRUCTURED INTERVIEW QUESTIONS

Project Title: Midwifery as Translated Practice: An analysis of transnational midwifery, practiced among Milwaukee's Latino community

Principle Investigator (PI): Dr. Tracey Heatherington

Co-Principle Investigator (Co-PI): Ramona Tenorio

To obtain informed verbal consent, the Co-PI will read the document: STATEMENT OF INFORMED VERBAL CONSENT, before beginning any interview. Additionally, a copy of this statement along with the PI and Co-PI contact information will be provided to participants.

1. What is your age?
2. What is the highest education level completed?
3. Where were you born? (State, Country)
4. If you were born in the United States, are you 1st, 2nd, 3rd, or 4th generation?
5. Are you or your dependents covered under any health insurance?
6. How many pregnancies have you had?
7. How many live births have you had?
8. How many births took place in the United States? How many births took place in the Southeastern Wisconsin? How many births took place outside the United States? If so where?
9. Where did these births take place?
 - a. Your home (City, State, how many?)
 - b. Midwives Home (City, State, how many?)
 - c. Relatives Home (City, State, how many?)
 - b. Public Health Clinic (City, State, how many?)
 - c. Private Health Clinic (City, State, how many?)
 - d. Hospital (City, State, how many?)
 - e. Midwives Home (City, State, how many?)
 - f. Other_____
10. How would you characterize each birth experience?

a. If the births took place in different settings, what do you see are the major differences in care and treatment in each setting?

11. How were you yourself delivered?

- a. By a midwife?
- b. By a nurse?
- c. By a medical doctor?
- d. By a relative?
- e. Other_____

12. Do you know of anyone in your community currently living in the Greater Milwaukee Area that has sought the services of, or is a midwife?

13. Have you ever sought the services of a midwife for your maternity care, or other health-related care?

- a. For prenatal care?
- b. During the birth event?
- c. Post natal care of yourself and or the infant?
- d. Other health-related care_____

14. If **Yes**, please specify the City, State, Country this took place_____.

15. What was the frequency of midwifery prenatal visits?

16. Did you also go to any obstetric prenatal visits during this time? If so how many?

17. Have you had any of the following services provided to you by a midwife, or have you provided any of the following services as a midwife?

- a. Experienced or performed an external version for breach presentations
- b. Experienced or performed an external abdominal massage,
- c. Received or prepared herbal preparations for birthing events
- d. Experienced or performed ear piercing of child at birth, or shortly after birth?
- e. Given birth or delivered a birth in a vertical birthing position
- f. Taken precautions against the evil eye? If so please explain_____

18. What type of breastfeeding practices did you use after birth and why?

19. What type of umbilical care given?

20. What was done with the afterbirth/placenta?

21. Did you or the infant or both of you use an abdominal binding after the birth?
22. After giving birth, when were you reunited with your infant?
23. Did your diet change while you were pregnant or after you gave birth?
24. Did you abstain from certain foods during your pregnancy, or after giving birth?
25. How many days of rest did you keep after giving birth?
26. Who was your primary caregiver during this time of rest?
- a. Mother
 - b. Mother-in-law
 - c. Sister
 - d. Husband
 - e. Self
 - f. Female Friend
 - g. Male Friend
 - h. Other Relative
 - i. Other Friend
 - j. Other _____
27. Did the midwife give any special care for the soft spot on the child's head?

PREGUNTAS DE LA ENTREVISTA ESTRUCTURADA

Título del Proyecto: La Practica Transladada de Partería: Un análisis de partería transnacional practicada entre la comunidad Latina de Milwaukee

Investigador Principal (IP): Dra. Tracey Heatherington, 414-229-2254,
heatherington@uwm.edu

Co- Investigador Principal (Co-IP): Ramona Tenorio, 414-688-2077,
rtensorio@uwm.edu

Para obtener el consentimiento verbal informado, la Co-IP leerá el documento:
DECLARACION DEL CONCIENTIMIENTO VERBAL INFORMADO.

Adicionalmente una copia de esta declaración junto con la información del IP y Co-IP será proporcionada a los participantes.

1. ¿Cual es su edad?
2. ¿Cual es el nivel mas alto de la educación que hayas alcanzado?
3. ¿Donde nació usted? (Estado, País)
4. ¿Si usted nació en los Estados Unidos, es usted la 1^{ra}, 2^{da}, 3^{ra}, o 4^a generación?
5. ¿Tienen usted y sus dependientes alguna seguridad medica?
6. ¿Cuántos embarazos ha tenido usted?
7. ¿Cuántos partos ha tenido usted?
8. ¿Cuántos partos ha tenido usted en los Estados Unidos? ¿Cuántos ocurrió en el sureste de Wisconsin?
9. ¿Donde se realizaron los partos?
 - d. ¿En su casa? (ciudad, estado, cuantos)
 - e. ¿En la casa de una partera? (ciudad, estado, cuantos)
 - f. ¿En la casa de familiares? (relación familiar, ciudad, estado, cuantos)
 - g. ¿En una clínica publica de la salud? (ciudad, estado, cuantos)
 - h. ¿En una clínica de salud privada? (ciudad, estado, cuantos)
 - i. ¿En un Hospital? (ciudad, estado, cuantos)
 - g. Otro _____
10. ¿Como se caracteriza esta experiencia?

a. Si los partos ocurrieron en diferentes lugares, como se caracteriza el cuidado y tratamiento de cada lugar?

11. ¿Quien asistió en su nacimiento?

- f. Partera?
- g. Enfermera/o?
- h. Doctor/a medico?
- i. Otro/a?

12. ¿Conoce usted a alguien en su comunidad de Milwaukee quien ha buscado servicios de una partera en Wisconsin, o es una partera?

13. ¿Ha usted alguna vez buscado los servicios de una partera para el cuidado de su maternidad, o algún otro cuidado relacionado?

- e. ¿Para cuidado prenatal?
- f. ¿Durante el parto?
- g. ¿Después del parto para usted o para el infante?
- h. Otro cuidado relacionado _____

14. Si es afirmativo, por favor especifique la ciudad, estado, o país donde ocurrió _____

15. ¿Cual eran la frecuencia de las visitas prenatales con la partera?

16. ¿Fue usted también a visitas prenatales obstétricas durante este tiempo? ¿Si es si, cuantas veces?

17. ¿Ha tenido alguno de los siguientes servicios dados a usted por una partera? Ha dado alguno de los servicios como una partera?

- g. ¿Experimento o realizo una versión externa de una presentación atravesada?
- h. ¿Experimento o realizo algún masaje externo?
- i. ¿Recibió o preparo preparaciones herbales para un evento de parto?
- j. ¿Experimento o realizo la perforación de las orejas de un bebe al nacer, o seguido al parto?
- k. ¿Dado a luz o ayudando al parto en posición vertical?
- l. ¿Tomado precauciones contra el mal de ojo? Si es si, explique _____

18. ¿Cual tipo de practica para amamantar uso después del parto y porque?

19. ¿Que tipo de cuidado umbilical fue dado?

20. ¿Que fue hecho después del parto/ placenta?

21. ¿Usted o el infante, o los dos uso una faja después del parto?

22. ¿Después del parto, ¿cuando fue reunido con su bebe?
23. ¿Cambio su dieta mientras estaba embarazada, o después del parto?
24. ¿Se abstuvo de ciertos alimentos durante su embarazo?
25. ¿Cuantos días de descanso tomo después del parto?
26. ¿Quien fue su cuidador primario durante este periodo de reposo?
- k. Madre
 - l. Suegra
 - m. Hermana
 - n. Esposo
 - o. Usted
 - p. Amiga
 - q. Amigo
 - r. Otro familiar
 - s. Otro amigo/a
 - t. Otro_____
27. ¿Dio la partera algún cuidado especial para la mollera del bebe?

APPENDIX D.

DOCUMENTS

SHIFTS IN WHO POLICY TOWARD TRADITIONAL MEDICINE

Since the 1940's WHO's position, acceptance, and plan for traditional medicine has shifted. Here I provide various WHO resolutions that outline for various WHO Assembly meetings, which reveals the organizations' research, development, and policy trajectories:

- **WHA22.54 Establishment of Pharmaceutical Production in Developing Countries:** One of the important points of order was to consider the “widespread use of various traditional medicine in many countries; being aware that scientific research in this field may yield valuable pharmaceutical products.” (WHO 1969)
- **WHA30.49 Promotion and Development of Training and Research in Traditional Medicine:** WHO recognized the legitimacy of traditional medicine as a way to cover the bulk of the population that countries' primary health care could not reach. (WHO 1977)
- **WHA31.33 Medicinal Plants:** Focused efforts on plant therapeutic value, scientific proof of efficacy and safety, develop international standards on botanical nomenclature, compile classifications on medicinal plants related to therapeutic classification of all drugs. (WHO 1978)
- **EB63.R4 Traditional Medicine Programme:** In relation to the now established, the WHO Executive Board emphasized the “need for the governments of the countries interested in the use of traditional medical practices...to undertake adequate measures for effective regulation and control of traditional medical practices.” (WHO 1979)
- **WHA40.33 Traditional Medicine:** Noted the “almost untapped wealth of medicinal flora”, discussed the conservation of medicinal plants, “ensure quality control of drugs derived from traditional plant remedies by using modern techniques and applying suitable standards and good manufacturing practices”, promote, training in traditional systems of medicine between countries, and experts. (WHO 1987)
- **WHA41.9 Traditional Medicine and Medicinal Plants:** Recognized that the “loss of plant diversity round the world, many of the plants that provide traditional and modern drugs are threatened with extinction”, Endorsing international call for conservation of medicinal plants, promote intercountry meetings for knowledge dissemination. (WHO 1988)
- **WHA42.43 Traditional Medicine and Modern Health Care:** “Aware that plants used in traditional medicine hold great but still largely unexplored potential for the development of new drugs against major diseases for which effective treatment is not yet available.” Urges member states to introduce measures on product regulation and control, explore ways traditional practitioners can be used as part

of primary health care, encourage university, health services, and train institution collaboration. (WHO 1989)

- **WHA44.34 Traditional Medicine and Modern Health Care:** Urges more cooperation “especially in regards to scientifically prove, safe, and effective traditional remedies to reduce national drug costs”. More talk of regulation and control, and encouragement more research. (WHO 1991)

Beijing Declaration
Adopted by the WHO Congress on Traditional Medicine, Beijing, China
8 November 2008

Participants at the World Health Organization Congress on Traditional Medicine, meeting in Beijing this eighth day of November in the year two thousand and eight;

Recalling the International Conference on Primary Health Care at Alma Ata thirty years ago and noting that people have the right and duty to participate individually and collectively in the planning and implementation of their health care, which may include access to traditional medicine;

Recalling World Health Assembly resolutions promoting traditional medicine, including WHA56.31 on Traditional Medicine of May 2003;

Noting that the term "traditional medicine" covers a wide variety of therapies and practices which may vary greatly from country to country and from region to region, and that traditional medicine may also be referred to as alternative or complementary medicine;

Recognizing traditional medicine as one of the resources of primary health care services to increase availability and affordability and to contribute to improve health outcomes including those mentioned in the Millennium Development Goals;

Recognizing that Member States have different domestic legislation, approaches, regulatory responsibilities and delivery models;

Noting that progress in the field of traditional medicine has been obtained in a number of Member States through implementation of the WHO Traditional Medicine Strategy 2002-2005;

Expressing the need for action and cooperation by the international community, governments, and health professionals and workers, to ensure proper use of traditional medicine as an important component contributing to the health of all people, in accordance with national capacity, priorities and relevant legislation;

In accordance with national capacities, priorities, relevant legislation and circumstances, hereby make the following Declaration:

I. The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted and communicated widely and appropriately based on the circumstances in each country.

II. Governments have a responsibility for the health of their people and should formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine.

III. Recognizing the progress of many governments to date in integrating traditional medicine into their national health systems, we call on those who have not yet done so to take action.

IV. Traditional medicine should be further developed based on research and innovation in line with the "Global strategy and plan of action on public health, innovation and intellectual property" adopted at the Sixty-first World Health Assembly in resolution WHA61.21 in 2008. Governments, international organizations and other stakeholders should collaborate in implementing the global strategy and plan of action.

V. Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners. Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements.

VI. The communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers.

CV_Ramona C. Tenorio

EDUCATION

PhD Anthropology, 2013. University of Wisconsin- Milwaukee (UWM), Milwaukee, Wisconsin.

Focus: Immigration and Health, Latino lay healing practices in the United States and Mexico, Gender Issues, Female Reproductive Health, and Applied Medical Anthropology

Minor: History-Latin America

Dissertation: Medicina Del Barrio: Shadow Medicine Among Milwaukee's Latino Community

MS Geography, 2005. University of Wisconsin- Milwaukee (UWM), Milwaukee, Wisconsin.

Focus: Biogeography

Thesis: Winter Transitional Morphology & Photosynthetic Responses of *Nasturtium officinale*: Potential Impact for Springs in Southwestern WI

BA Geography, 1999. University of Wisconsin- Milwaukee (UWM), Milwaukee, Wisconsin.

Focus: GIS

FELLOWSHIPS AND GRANTS

- University of Wisconsin System, Office of Professional and Instructional Development (OPID), Scholarship of Teaching and Learning (SoTL) Grant, 2011
- UWM Graduate Student Travel Grant, 2011
- UWM's Center for Instructional and Professional Development (CIPD) Collaborative Interdisciplinary Essential Learning Outcomes Project Grant, 2010
- UWM Graduate Student Travel Grant, 2010
- Roberto Hernandez Center (RHC) Faculty and Graduate Student Grant for Applied Latino Research, 2009
- Foreign Language and Area Studies (FLAS) Fellowship, 2006
- Advanced Opportunity Program (AOP) Fellowship, 2005-2006
- Advanced Opportunity Program (AOP) Fellowship, 2003-2005
- Mary Jo Reed Graduate Fellowship, 2003
- Committee on Institutional Cooperation (CIC) Summer Research Opportunities Program (SROP) Fellowship, 1997

HONORS AND AWARDS

- Funded Invited Guest at the Conference on Mexican Immigrants and Health. Lehman College, the City University of New York (CUNY), 2012
- UWM School of Continuing Education, Women Leaders Conference Invited Guest Student Scholarship, 2011
- National Hispanic Scholarship Fund, 2010
- American Association of University Women Scholarship (Milwaukee North Shore branch), 2007
- Center for Latin American and Caribbean Studies (CLACS) Graduate Student Undergraduate Travel Award, 2004
- Mary Jo Reed Travel Scholarship, 2004
- University of Wisconsin- Milwaukee Undergraduate Merit Scholarship, 1998-1999
- University of Wisconsin- Milwaukee Award for Outstanding Academic Achievement, 1998
- University of Wisconsin- Milwaukee, College of Letters and Science Latino Student Academic Services Certificate of Academic Achievement, 1997-1998
- Committee on Institutional Cooperation (CIC) Summer Research Opportunities Program (SROP) Fellowship, 1997

PUBLICATIONS

- 2012 When Helping Yourself is Not Enough: Sociomedical Networking Among Milwaukee's Latinos. *Practicing Anthropology* 34(4).
- 2011 Health and Welfare. *Undocumented Immigrants in the United States: An Encyclopedia of Their Experience*. Goleta: ABC-CLIO (In press)
- 2007 Medicinal plant use among midwives of Oaxaca and Veracruz, Mexico. *Global Currents* 4(1): 8-9.
- 2006 Native and invasive vegetation of karst springs in Wisconsin's Driftless area. *Hydrobiologia* 568:499-505.
- 2004 Testing a preliminary model of spring location in the karst of southwestern Wisconsin. *The Wisconsin Geographer* 20:29-38.

ACADEMIC PRESENTATIONS

"When Helping Yourself is Not Enough: Sociomedical Networking Among Milwaukee's Latinos", The Society for Applied Anthropology Annual Conference, Denver, Colorado. March 21, 2013.

"Remember Madison?" Anthropology Department Colloquium Panelist, University of Wisconsin-Milwaukee, February 15, 2013.

"Seeking Health Care in the Urban Shadows Latino Lay Healing Practices in Milwaukee, Wisconsin" Panel II: Beyond the Paradox: Health for a new

millennium", Conference on Mexican Immigrants and Health. Lehman College, the City University of New York (CUNY), May 11, 2012.

"Raids, Fear, and Medical Marginality in a Hyper-Political Midwestern City", Panel on The Racialization of Latinos, American Anthropological Association Annual Conference, Montreal, November 18, 2011.

"Re-Imagining the Multicultural Classroom through Service Learning and Digital Technology." Panel on Transforming the Academy through the Theory and Practice of SOTL, ISSOTL Milwaukee, October 22, 2011.

"Translated Practice: An Analysis of Transnational Midwifery and Traditional Medicine Practiced Among Milwaukee's Latino Community", American Anthropological Association Annual Conference, New Orleans, November 21, 2010.

"Translated Practice: An Analysis of Transnational Midwifery and Traditional Medicine in Milwaukee's Latino Community", Multicultural Research Forum, Milwaukee, Wisconsin. May 21, 2010.

"Translated Practice: Traditional Medicine Practiced Among Milwaukee's Latino Community", Central States Anthropology Association Annual Conference, Madison, Wisconsin, April 10, 2010.

"Translated Practice: Traditional Medicine Practiced Among Milwaukee's Latino Community", Poster Presentation, The Society for Applied Anthropology Annual Conference, Merida, Yucatan, México. March 26, 2010.

"Integration of GIS and Radio Telemetry in Detecting Extraterritorial Movements of a Neotropical Songbird", Poster Presentation, University of Wisconsin-Milwaukee GIS Day, May 2003.

GUEST SPEAKER/LECTURER

1st Annual Immigration Seder, Congregation Sinai, Milwaukee, WI, 2012

"Latinos and Sephardic Judaism", Hillel Milwaukee, Wisconsin, WI 2011

"Culture and Society: Kinship, Marriage and Family" , UWM Department of Anthropology, Milwaukee, Wisconsin, WI, 2008

"Biopiracy Issues and Indigenous Property Rights", UWM Department of Anthropology, Milwaukee, Wisconsin, WI, 2008

"Midwifery, and Herbal Practice in Mexico", UWM Department of History, Milwaukee, Wisconsin, WI, 2005

TEACHING EXPERIENCE

Lecturer/ Anthropology: Multicultural America
University of Wisconsin-Milwaukee (UWM) Department of Anthropology, and
Cultures & Communities (C&C), 2010-2013

Associate Lecturer/Anthropology: Introduction to Cultural Anthropology
University of Wisconsin-Whitewater (UWW) Department of Sociology,
Anthropology, and Criminal Justice, 2013

Associate Lecturer/Anthropology: Culture, Medicine and Health
University of Wisconsin-Whitewater (UWW) Department of Sociology,
Anthropology, and Criminal Justice, 2012

Lecturer/Ethnic Studies: Global Violence, Disease, and Death
University of Wisconsin-Milwaukee (UWM) Ethnic Studies Program, 2011-2012

Adjunct Professor and Lecturer/ Cultural Anthropology
Carroll University Department of Sociology, 2008-2010

TEACHING ASSISTANTSHIPS

Teaching Assistant/ Introduction to Anthropology: Culture and Society
UWM Department of Anthropology, 2008

Teaching Assistant/ American Indian Peoples of Wisconsin
UWM Department of Anthropology, 2007

Teaching Assistant/ Criminalistics
UWM Department of Anthropology, 2007

OTHER PROFESSIONAL EXPERIENCE

Program Assistant
UWM Cultures and Communities/ Institute for Service Learning, 2008-2011

Supervised Visitation Worker
Professional Services Group, Inc., Milwaukee, WI, 2007-2008

Research Assistant
UWM Department of Geography, 2004

Project Assistant
UWM, Biological Field Station, Saukville, WI, 2003

GIS Specialist, Market Research
Kohl's Department Stores Inc. Menomonee Falls, WI, 2000-2002

PROFESSIONAL DEVELOPMENT

“High Impact Practices: Collaborative Assignments and Projects Workshop”, UWM, Center for Instructional and Professional Development (CIPD), 2010

“Desire to Learn (D2L) Workshop, UWM, Center for Instructional and Professional Development (CIPD), 2010

Access to Success Conference, UWM, 2010

“Engaging Students: Workshop for Newer Faculty and Instructors”, UWM, Center for Instructional and Professional Development (CIPD), 2010

Grant and Proposal Writing Workshop Completion Certificate, UMOS, Inc., 2009

GRANT WRITING EXPERIENCE

Adjunct Instructor and Grant Writer, UWM Cultures and Communities, 2009-2010

Program Assistant and Grant Writer, UWM Institute for Service Learning, 2009

SPECIALIZED SOFTWARE/COMPUTER SKILLS

Digital storytelling, Windows Moviemaker, Posterous, Google Blogger, ePortfolio, Blackboard and Desire2Learn web-based teaching platforms, SPSS, Arcview, ArcGIS

LANGUAGES

English- native reading, writing, speaking

Spanish- native reading, writing, speaking

Mixtec- beginning reading, writing

Hebrew- beginning reading, writing, speaking for tefillah

PROFESSIONAL ASSOCIATION MEMBERSHIPS

- The Society for Applied Anthropology
- Association of Latina and Latino Anthropologists
- Society for Medical Anthropology
- American Anthropological Association (AAA)
- AAA-Anthropology of Children and Childhood
- AAA-Interest Group on NGOs and Nonprofits
- AAA-The Human Sexuality and Anthropology Interest Group

RESEARCH EXPERIENCE

- Dissertation research in the Latino community on Milwaukee's Southside. (RHC Faculty and Graduate Student Grant for Applied Latino Research), May 2009-September 2012
- Multi-sited research on midwifery and healing in Veracruz and Oaxaca, Mexico, 2005-2009

- Dissertation research throughout Oaxaca, Mexico (CLACS Grant, December-January, FLAS fellowship), June-July 2005-2006
- Research on *Mimosa pudica* in Veracruz, Mexico, 2005
- Masters research on *Nasturtium officinale* in Richland County, WI (A Fellowship), 2003-2005
- Botanical research on spring flora, southwestern, Wisconsin (May-September) 2003
- Field data collection, documentation and analysis of spring aspect and elevation in Southwestern Wisconsin's Richland County (CIC/SROP June-August) 1997

SERVICE/VOLUNTEERISM/ACTIVISM

- MIKLAT! A Jewish Response to Displacement, Member, 2011 – 2013
- Voces de la Frontera, Sanctuary Movement, Coalition Member, 2011 – 2013
- Association for Latino and Latina Anthropology (ALLA) Book Award Committee Chairperson and Reviewer, 2011-12
- Immigration Seder Organizer/Translator, 2012
- Labor and Union Rights, MGAA Member, 2010 – 2011
- Milwaukee Latino Health Coalition, General Member, 2010 – 2013
- Milwaukee Latino Health Coalition, Immigration Action Team Member, 2010 – 2013
- Spanish language interpreter, CORE_El Centro, Milwaukee, WI.
- Various immigration rallies in Milwaukee, Wisconsin, 2006 – 2012
- Bilingual Poll Worker, Milwaukee Election Board
- Tutor for Latino high school students of South Division High School, while a member of Latino Student Union, UW-Milwaukee.

COMMITTEE MEMBERS

Tracey Heatherington, Associate Professor, Department of Anthropology, University of Wisconsin – Milwaukee, Milwaukee.

Cheryl Ajitutu, Associate Vice Chancellor of Academic Affairs, Associate Professor, Department of Anthropology, University of Wisconsin – Milwaukee

Paul Brodwin, Associate Professor, Department of Anthropology, University of Wisconsin – Milwaukee, Milwaukee.

Kristin Ruggiero, Director Center for Latin American and Caribbean Studies, Associate Professor, Department of History, University of Wisconsin – Milwaukee, Milwaukee.

Steffan Igor Ayora Díaz, Profesor de Antropología, Facultad de Ciencias Antropológicas, Universidad Autónoma de Yucatán.