

AMERICAN MOSAIC SEMESTER 2003

PROFESSORS ROSE, ENGE, AND BORGES

*HEALTH SERVICES OF PERIBAN DE RAMOS, MICHOACAN, MEXICO
AND ADAMS COUNTY, PENNSYLVANIA, USA*



By

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Introduction

With the rapid rise of the Mexican population in the United States it is extremely important to understand their culture. In 2000 the Hispanic population in the United States constituted about 11.4 percent of the entire U.S population, or approximately 32.8 million people. This number is expected to grow to 63 million by the year 2030, and 88 million by 2050. Of the Hispanic population, two-thirds are of Mexican origin. Mexico accounts for 27% of all foreign born immigrants in the United States with 7.8 million people. Not only is the Mexican population increasing, but there has also been a general trend towards settlement in isolated areas as opposed to migrating back and forth between the United States and Mexico. (U.S Census Bureau 2000)

As migrants continue to settle, the communities in which Mexicans are making their homes, as well as the surrounding neighborhoods, are being more and more influenced by their culture. A primary example of this occurrence is visible in Adams County, Pennsylvania, where there are over 100 Mexican labor camps.

With all of the hazards that Mexican migrant workers face while crossing the border to the U.S. and with the kinds of jobs that they maintain in agriculture and industry both in Mexico and in the United States, it is imperative to understand and have respect for their concepts of health and treatment of illnesses in order to establish and maintain a working relationship and be able to give the kinds of treatments that are needed.

The research that I conducted while interning with Lauren Thomas of Healthier from the Start in York Springs, Pennsylvania, USA, and while in Periban, Michoacan, Mexico sprung from a profound interest to find out more about different systems of healing. Having done some preliminary research about it, I was particularly interested in non-western, natural and traditional types of medicine, but I wanted to learn more about health in general as well. I wanted to learn about what the people do to sustain wellness, and what wellness meant to them. I wanted to know how natural remedies worked, if the use of natural remedies was still prevalent in Mexico, what kinds of resources were available, who provided health care, what resources were known about by the general populations, which resources were used, when, and why.

Literature Review:

Complementary and Alternative Medicine

Alternative medicine is an extremely broad category that is difficult to define. It encompasses an extensive area of procedures, rituals, practices, and therapies. Some of these practices include acupuncture, chiropractic, spiritual healing, herbal medicine, and folk remedies. Two distinct, although not entirely unrelated, forms of alternative medicine are those of CAM, or complementary and alternative medicine, and curanderismo. CAM is a very broad category that can only be defined in anti-western medicine terms. Most often, western medicine is assumed to be “rational and systematic, based on empirical evidence and inductive and/or deductive logic” (Sickness and Healing pg 17). Curanderismo, in its most simple sense, comes from the root of the Spanish word curar which means to heal.

Curanderismo is the folk process of healing among Mexican-Americans that brings together elements of spirituality, magic, herb use, and folk remedies. There has been a long tradition of curanderismo, associated with Spain and the indigenous populations of the New World. “Mexican and Chicano folk healing beliefs and practices evolved from pre-Columbian civilizations with goals of alleviating not just illnesses not recognized by Western medicine, but also psychological, spiritual, and physical problems” (Castro pg. 75). Beliefs in folk healing procedures and remedies are wrapped up in a complex system that involves religious faith as well as faith in family and friends as well as both the natural and supernatural worlds. Most families have, in their midst, someone who is knowledgeable in the use of herbs and common remedies for typical illnesses. Curanderos are often consulted only when all other known remedies are exhausted (Castro pg 75).

Curanderos are known to have different specialties; some might be sobradoras or healers who utilize massage to cure illness. Most are knowledgeable in herbs and are known as either arbolarios or yerberos. There are parteras, or midwives, and hueseros who understand the human skeletal system and know how to settle injured bones. There is often an overlap in the diagnosis for social, psychological, or spiritual problems along with physical sickness (Castro pg 76).

Curanderas are those individuals who possess el don or “the gift” of healing which they believe is given to them by God. “El don” allows a curandero to heal patients through supernatural means, using ritual and ceremony as well as, on occasion, magic. Healers have great religious faith and hold the belief that the success of a cure lies in God’s will, but also that the patient can go elsewhere for care if need be. Curanderos are chosen from the community in which they live and have close ties with. This places the healers on the same level as their patients in the respect that they speak the same language, have the same socioeconomic status, share the same experiences, and are easily accessed by people who need them. These healers also use culturally appropriate methods for tending to a patient's needs. The religious and spiritual aspects of the healing process capitalize on the patients' faith and belief systems. The use of accessible herbs, fruits, eggs, and oils makes it easier for the patient to obtain needed materials for therapy. Healers are extremely connected within their communities and in times of need are able to network with family and friends of the patient in order to help with the process of therapy (Trotter and Chavira pg2).

There are many reasons as to why patients see curanderos. First of all, a patient of a curandero does not need to make an appointment in order to be seen, one can simply show up at the healer’s door. Second, referrals are not usually required. Thirdly, no bureaucratic forms need to be filled out. Fourth, a patient does not have to have health insurance and, finally, there are usually little to no fees for any services that may be rendered (Trotter and Chavira pg2). Also, Anglo medicine does not always work for Mexican-Americans in the sense that illnesses and ailments are often perceived very differently in the two cultures. However, the most important reason is complete faith in the healer’s abilities. For these reasons, among others, Mexican-Americans tend to stick to folk remedies or seek the help of traditional healers for their culturally specific perceived needs.

Curandero practices and theories have developed and evolved through centuries of working with patients in the same community. Within the past twenty years the socioeconomic status of many Mexican-Americans has improved so that modern medical resources are more accessible to them. Surprisingly, this has not caused curanderismo to

die out. Curanderismo has continued to evolve along side modern medicine, and sometimes even in partnership with it.

Some of the most common ailments that curanderos are said to treat include mal ojo (“evil eye”), empacho (indigestion), susto (magical fright), caida de la mollera (fallen fontanel), and mal puesto (hex or curse). Mal ojo is known as the “evil eye” but can also be described as a kind of “sickness from looking.” Mal ojo can occur with the simple act of looking admiringly at an infant for too long a period of time without touching it to take away any kind of bad potential in the glance. If this occurs, it could leave the infant in a listless state or even cause death. One particular cure for “ojo” is to sweep (barrer) the child with a whole egg. Once the sweeping is complete, the egg must be broken into a saucer and placed under the infant’s bed overnight. If the true condition is ojo, then it is said that the yellow yolk of the egg will have formed an eye by the end of the night. Once the condition is discovered to be in effect, then the individual who caused the infant’s illness must pass three mouthfuls of water to the sick child. Another possible cure for ojo can be completed by heating up a particular stone so that the face of the one who inflicted the sickness will appear, thus curing the child (West pg.139).

Empacho can be caused by eating bad food. It is more common among children than adults because they tend to have worse eating habits. Symptoms of empacho include a loss of appetite, diarrhea, vomiting, and stomach ache. Cures are numerous, ranging from a simple rubbing of the stomach or back, to drinking purgative herbal teas. (West pg.139).

Caida de la mollera is recognized as a soft spot located on an infant’s head. It is thought to result either from dropping an infant or, more commonly, from the mother’s nipple being removed too suddenly from a nursing baby’s mouth. One known folk remedy would be to use a finger to push the infant’s soft pallet up and back. Another is to hold the baby upside down over a pan of water with his hair barely touching it; a poultice of water and soap shavings can also be applied to the soft spot. It also is not uncommon for all three remedies to be tried in the same case (West pg. 139).

Susto, or magical fright, is often the result of a very traumatic experience. Susto is more common among children, although it is also noted among adults and entire groups of people who share the same experience. It can usually be treated by sweeping the

individual. Various objects that may be used to sweep a patient include a broom, an egg, or a bundle of herbs. A credo (the Apostle's Creed) is recited at the time of the sweeping as well.

The first four described afflictions are known as "males naturales", or natural ills. These are ailments that can come about as the result of every day life. A mal puesto, however, is an illness that is imposed upon an individual by someone else's willful intent to harm them. Mal puestos can take on the form of deliberate hexing by a brujo or bruja (witch). Remedies call for a curandera to remove the spell. Specifically, if a "white" witch (curandera) cannot be found, then a "black" witch will be called in.

At least six major historical influences have helped to form the beliefs and set the foundations for practices of curanderismo, these include: Judeo-Christian religious beliefs, symbols, and rituals; early Arabic medicine and health practices; medieval and later European witchcraft; Native American herbal lore and health practices; modern beliefs about spiritualism and psychic phenomena; and scientific medicine. None of these influences in particular is dominant in curanderismo, but each has had some kind of impact on its historical development (Trotter and Chavira pg. 25).

Judeo-Christian beliefs and practices provide the basic framework upon which curanderismo sits. "The Bible and the teachings of the church were combined with folk wisdom to produce a foundation for the theories of both illness and healing that make up most of the structure of curanderismo (Trotter and Chavira pg. 25)." References made in the Bible to the specific healing properties of animal parts, plants, oil, and wine have significantly influenced curanderismo. There is profound importance in the principle of "God's power over man" that is found in the Bible. This principle has two basic parts: the belief that God can and does heal directly; and the idea that people with a special gift can heal in his name. Therefore, in principle, curanderos are able to heal through God's power and through the patient's belief in God. Also from the Bible comes the complex concept of the soul which has been expanded upon during medieval and modern times to become a part of the shamanism and sorcery found in modern curanderismo. The contradictory themes of light verses dark, life and death, good and evil, health and illness that are prevalent in the Bible also run throughout the practice of curanderismo.

Early Arabic medicine and health practices contributed two important theories to Mexican-American folk medicine. One of these theories is found in the idea that health can only be achieved through a balanced condition. An individual must try to maintain harmony with the environment and his inner self in order to remain well. Illness results as a lack of this harmony, and it becomes the healer's prime duty to restore the proper balance. In this respect, the basic tenets of *curanderismo* are to produce and protect a holistic relationship between the individual and his total environment (Trotter and Chavira pg. 29). Spanish medical theory contributed the idea that medicinal remedies can be discovered in plants and animals which is an idea reinforced through the teachings of the Bible (Trotter and Chavira pg. 30). Many ritual objects of healing are of Old World origin such as olive oil, lemons, garlic, chickens, chamomile, votive candles, and the crucifix, to name just a few.

Medieval and European witchcraft were heavy contributors to the theoretical base of *curanderismo*. The basic premise of witchcraft and sorcery lies in the belief that supernatural forces can be controlled by man, rather than vice versa. This belief when compared to the teachings of Christianity creates a dual philosophical system within *curanderismo*. This duality is symbolized by the differences between religious and magical orientation. There are two concepts that come from European witchcraft. There is the belief in the existence of a source of supernatural power that can be tapped into by people who have the right kinds of incantations, hymns, prayers, and rituals, and also there is the belief in the ability of some healers to control or influence supernatural beings.

The Hippocratic doctrine of the four "humors" of blood, phlegm, black bile ("melancholy"), and yellow bile ("choler") comprised the basis for the medical theory. Each individual humor had a "complexion". Blood was considered to be hot and wet; phlegm to be cold and wet; black bile to be cold and dry; and yellow bile to be hot and dry. Therefore, medical practice was based largely in the understanding of the natural complexion of the patient, in determining the complexion of the illness or its cause, and in restoring the fundamental harmony which had been undone (Trotter and Chavira pg. 28).

In 1990, a national survey conducted by Eisenberg et al found that 33.8 percent out of 1,539 adult Americans had tried at least one of sixteen alternative procedures or therapies within the past year. This number would project to roughly sixty million Americans. An additional one third of this subset of Americans was thought to have visited a nonphysical provider who practices alternative techniques on at least one occasion. A follow up survey was conducted again by Eisenberg in 1997 using 2,055 adults. This national survey revealed that 42.1 of the subjects had used at least one type of alternative therapy in the past year, which would extrapolate to 83 million Americans.

The use of non-conventional therapies may be even higher among immigrant populations who continue to use therapies from their native countries in spite of the fact that the general expectation from health professionals was that traditional healing practices would eventually be replaced by conventional medicine due to the process of acculturation. As recently as the 1970s, cultural observers still associated the use of “folk medicine” with low income, less educated groups, along with ethnic and religious minorities. By the 1980s, though, “folk medicine” began to gain popularity as it became termed “holistic medicine” and with that terminology came association with higher income, education and “whiteness” (Mackenzie et. all).

A few reasons to explain why ethnic folk healers continue to be used include: 1) traditional practitioners are culturally familiar and accepted and are often the first practitioners consulted by Latino patients; 2) in some cases they are less expensive and, therefore, more accessible than practitioners of conventional medicine. Economic factors are an extremely important consideration because 31 percent of Hispanic Americans are below the poverty level and do not have health insurance (Reiff et. all).

The Mexican American cultural framework acknowledges two sources of illness, one based in the natural and one based in the supernatural. The natural source is recognized and treated by modern medicine and curanderos; the supernatural is treated only by curanderos alone (Trotter pg. 42). One of the leading forms of alternative therapy that Hispanics employ is the folk healing system of curanderismo. A study based on the interviews of sixteen curanderos in California demonstrated that a typical curandero, or healer, is in his mid fifties, has a wife, and has had 5.5 years of schooling, which includes some special training. A curandero does not charge a fee for any services, but is usually

repaid in the form of gifts and donations given by the patient. Since they are not paid for their remedies, a curandero's income generally comes from another source of employment outside of healing. For many healers, "It is a tradition, not something to make money off of. It's more about love of land and of the plants. It has not been a thing of business for us" (Reiff et. all). Curanderos and clients make use of the available services of both the old and new medical systems. Healers are not expected to take care of any kind of major medical problems that a patient might have. In instances of greater medical need, curanderos are expected to give a referral to a traditional doctor (Padilla et all).

Hispanics constitute about 11.4 percent of the U.S population, which is roughly 31.1 million people, and that number is increasing rapidly. There are no available figures on the number of curanderos in the United States as a whole, (Padilla et. all) however, the population of Hispanics in Denver, Colorado, which comprises 23.3 percent of the population, can serve to lend an idea of where the rest of the population stands. It has been found that a mean of 24 percent of Hispanics have visited a curandero. It has also been estimated that there are around 150-200 curanderos in the Denver metropolitan area alone (Padilla et. al).

Another form of alternative healing, that of CAM has been increasing in Mexico as well, not only among the middle and upper classes, but among the lower income population as well. Two factors led to this increase; an expanding net of CAM practitioners and a long tradition in Mexico of self-help medicine, known as medicina popular. An umbrella term, medicina popular encompasses acupressure, reflexology, herbal remedies, Bach Flower Remedies, massage, and basic homeopathic treatment. Such self-help medicine received "official" recognition in the mid-1970s when the World Health Organization ran a program to develop traditional medicine in Mexico. Its aim was to develop practical methods of self-help based on the model of the "barefoot doctors" in China. Medicina popular also spread through networks that overlapped with religious movements, such as Liberation Theology and Catholic evangelization.

The use of self-help remedies, and their teaching through popular and educational organizations, has grown among the low-income population to which most newly arrived Mexican migrants to California belong (Napolitano). However, the prevalence of Spanish

speaking practitioners is lacking. There are a few reasons for this: one reason that practitioners give is the lack of profit in the profession, and also the regulations of the CAM practitioners across international borders. As an example, homeopaths who receive training in Mexico would not be eligible for licensure in California without more training and testing in the United States (Napolitano).

Some tensions lie between Spanish-speaking CAM practitioners and the curandero faith healers. The main reason for this conflict lies in the fact that the principles of success for curanderismo methods lie outside of the individual, whereas those of CAM lie within the individual. Practitioners of CAM prefer to think of themselves as professionals who provide an educational service to patients that leads to a more healthy lifestyle. However, it is also true that there are many instances when these distinctions are blurred and patients will see both kinds of practitioners. The Mexican migrant population, on a whole, sees CAM as part of a spectrum of treatment possibilities rather than a superior form of medical service. They feel that CAM therapies are non invasive and that the patient-doctor relationship allows for the patient to open up about their problems.

Agricultural isolation, poverty, discrimination, education, language, and strong traditions are some of the factors that enforced Latinos' reliance on themselves and accessible resources to stay well and treat illnesses. As they became more urban through different job opportunities, they gained closer contact with modern medicine. Yet, Latinos have adapted and learned how to rely on both quite well, without sacrificing their own traditions and practices of healing. Cultural and individual interpretations of illness along with accessibility of resources, define when to seek help, from whom, and what kinds of help and resources to seek. It is important to understand these different types of healing traditions because the Latino population in the United States is increasing steadily and rapidly each year. As they populate more and more areas they have a greater influence on their communities and surrounding areas. It is also important to have an understanding of these kinds of health systems because doctors need the ability to treat patients in the manner in which they prefer to be treated.

Methodology

In order to obtain all of the information on my topic, I used various resources and methods both in Adams County and Periban de Ramos. In Adams County, an internship was my main means of gathering information along with observation of migrant workers at the camps, and tours of facilities available to migrant workers. In Periban I mainly used participant observation; I spent a lot of time with the staff of the Health Center as well as with a local curandera. Also in Periban, I made use of simple observations in the town, and conversed with and conducted interviews, both formal and informal, with various key informants including Antonio, Roberto, Jesus, Dona Virginia, and a woman named Guadalupe.

Those of us who were leaving to go to Mexico for a month had only a window of about a week and a half to conduct research in Adams County. Therefore, no real findings could be discovered during that time, only assumptions and broad generalizations. As a class, we went on field trips and took tours of the various services available to migrant workers in Adams County and were able to find out what kinds of services were provided through them. Some of these facilities include: Rural Opportunities (ROI), the Center for Human Services in Gettysburg, Generation Diez, the Lincoln Intermediate Unit, and Healthier from the Start. I was able to intern with Lauren Thomas, coordinator of Healthier from the Start under Hempfield Behavioral Health for a week. Lauren became my key informant in Adams County for health information. With Lauren, I was able to talk to two different doctors and ask them about alternative medicine and natural remedies, however, very informally and not to any great extent.

Aside from working with Lauren Thomas, I also went out to some of the different migrant camps in the community. Through observations of the camps as well as talking to some of the workers and growers informally, I was able to gain some insight into their perspective on the health care system and their most pressing needs.

In Periban, though time was less of an issue, research was more difficult to conduct due to a significant language barrier on my part. My key informants included Jesus, director of health, Roberto, a last year medical student, and Antonio, nurse and health promoter, all of whom worked at el Centro de Salud, or the Health Center of Periban, and Dona Virginia, a sobredora or masseur, who worked out of her own home on Calle Reforma. Antonio and Roberto helped to familiarized me with the “servicios rurales” program, or the rural services program and all of its provisions. Interviews, both formal and informal, were conducted with all three persons mentioned from the Health Center, as well as with Dona Virginia, various community members of Periban, and individuals of nearby towns and villages.

One of the methods that I found to be the most helpful and interesting while researching in Periban was that of participant observation. Through this method, I was able to gain important information and a unique perspective on the health care system by actually receiving treatments as a patient under the care of the doctors at the Health Center as well as from Dona Virginia, the curandera, on two different occasions. When I became ill for the first time, it was by a fortunate sequence of events that I was able to get in contact with and receive treatment from a resident curandera, Dona Virginia, specializing in the technique of sobando, a kind of massage therapy, and herbal remedies such as teas. Earlier on in the research process, I was also able to observe when one of my professors received a massage from another sobredora. When I became ill for a second time, I was treated by Jesus and Roberto at the Health Center. Through these personal experiences and observations I was able to gain a unique perspective and insights into the health care system.

I also obtained other information through two epidemiological and demographic descriptions of the municipal from the Health Center of Periban as well as publications from el Colegio de Michoacan.

Field Journals were also kept every day in order to keep track of research development, data, and findings.

Findings

(From Adams County)

Healthier From the Start:

Lauren Thomas, coordinator of Healthier from the start, has been there for only six months and her duties are to provide free transportation for Latino women to their prenatal care appointments, as well as to act as a translator, provide education for the women, as well as doing case notes, paperwork, and finding more referrals for the program. Healthier from the start is run through Generation Diez. The grant for the program only allows for 15 women to be served during the first year, however, it does not have any other federal guidelines. Lauren said that she was currently serving 14. When referrals need to be made, they are often done with (WIC) Women Infants and Children, which is another program that offers the same kinds of services to pregnant women. Lauren mainly takes the women to the Women's Health Center which is affiliated with the Gettysburg Hospital system for prenatal care, then to the Gettysburg Hospital for delivery, and lastly to Gettysburg Pediatrics for a pediatrician. However, she said she did also have some referrals for York Hospital and Hanover Hospital as well. Because she deals with a Spanish speaking population that generally has little to no education even in their native language, Lauren also provides a type of home visit program for basic education for Latino mothers. This program teaches women about what to expect month by month during pregnancy and how to take care of basic pregnancy needs as well as what kind of diet and exercise a woman should try to maintain in order to have a healthy pregnancy. Part of the difficulty with prenatal care that Lauren helps assuage is the language barrier problem. The doctors in the area do not speak any Spanish, and the patients for the most part, do not speak any English. There are only two translators who have to work through the entire Gettysburg Hospital system. Lauren mediates this problem by serving as a translator between the doctor and the patient in order to make sure that everything is understood on both sides and that treatment can be carried out properly.

During my brief internship with Lauren Thomas, one of things I was able to do was accompany her when she picked women up early in the morning to take them to their appointments. I was able to go with Lauren twice. On one of our prenatal care trips, we took a young woman whose name I will keep confidential to get her blood sugar tested for gestational diabetes. Lauren mentioned that gestational diabetes is one of the most frequent problems experienced by Latino women during pregnancy because of their high intake of carbohydrates, fat, and grease. She said that even when the women have it, usually there are no complications with pregnancy and the babies are born fine.

The second time we went out it was with an older woman by the name of Esmeralda who already had a baby and was expecting another. Lauren informed me before we picked her up that Esmeralda had no job and she lived in a house with her mother and a large number of other family members and that only her husband works. She told me that Esmeralda had some kind of nail fungus that she had passed to her baby's mouth, and that the medication that she had been receiving was too expensive for her to keep buying so we were going to take her to the mobile Wellspan RV clinic in order to see if they could give her more medication for free. However, Lauren said that she doubted Esmeralda would be able to come away with the medicine that she needed. On the way to the clinic, Lauren asked Esmeralda how she was feeling and she told Lauren that her nails really hurt. I noticed that her hands trembled as she held them up to look at them. Her baby was crying and its mouth was covered in a yellowish gunk. Once at the RV clinic, there was no room for the rest of us to go in, and there were other patients waiting inside as well as outside to get in. Esmeralda went in for her appointment, beyond that, there was nothing we could do but wait. When she came out, she did not have the medicine that she went in for.

Rural Opportunities (ROI):

Is a non profit, federally funded organization that seeks to provide all of the services that it possibly can to those members of the migrant community who meet the criteria to

qualify for their program. In order to qualify, a migrant worker can not earn over a certain amount of money for a designated number of family members. According to Sheryl McLatchy, training and employment specialist, for a single migrant worker, this amount cannot be in excess of 8,300 dollars per year. There are different expectations for migrants and seasonal workers in relation to qualifying for the program. They go out into the migrant camps in order to try to recruit people who are eligible to sign up for their program. If a service is needed that they cannot provide or do not have available, referrals are made to other agencies located in the area. Migrant Head Start (MHS) as a whole in the county only serves about 19% of the children that they could serve because of a lack of funding. The facility can take up to 38 children, but a lack of staff and an increased need for bi-lingual teachers leads to children being placed on waiting lists. Last year the program served 74 children. The program places a high importance on keeping Mexican culture alive even in the midst of being educated in the English language and American customs through the use of festivals, food, and music. The cost per season to have a child in the facility would be 5,000 dollars.

Camp Visits

As a class, we had the opportunity to go out with Rural Opportunities into different camps to have migrant workers sign up for their program. I was nervous because each of us was given a packet of forms at the meeting before hand to go through with the migrant workers, and at that point, my Spanish abilities were next to zero. I did not know what the workers would think of us and I was afraid of giving off a bad impression. I did not want to mess anything up by saying something wrong in Spanish, or by doing something wrong with the forms. Also as a part of the application process, we were supposed to get some kind of ID from each individual which we knew could probably be a sensitive subject. Sheryl told us that it did not matter if the ID was valid as long as there was something to show. For each person we had to ask about past work history, where they lived, who they worked for and for how long, how much they earned, if they had a spouse and/or kids and we had to put all of the information on the forms for them. Sometimes it was very difficult because an individual could not remember, whether it was true or not, who he worked for or where, or how much he had earned, and one of the men claimed

that he could not remember his spouse's name or her birth date. Most of the time, as we were going through the forms and having men sign them; it was obvious that they had no idea what they were signing up for because no clear explanation was given to them. Many seemed quite hesitant to share any detailed information about themselves. Those of us who could speak Spanish sufficiently tried as best we could to explain the program to the workers so that they had some idea of what they were signing for.

Center for Human Services, Gettysburg:

Provides a (H.E.P) High school Equivalency Program whose classes cater to the work schedules of the migrant workers, a (G.E.D) General Education Degree, most of the students for these programs are those who have settled in the area. The program is designed especially to serve Mexican immigrant's needs. Individuals who come to the Center for Human Services generally have around a 6th grade level of education when they first come. They vary from illiterate to professional statuses. The program is open enter/exit which means that there can be a new group of students each night which is very hard on the teachers. There is a one to four student teacher ratio, and there must be closure at the end of each class. The staff tries to hand ownership of the program to the students to allow them a higher sense of power and control over their education. The program encourages creativity to the extremely work oriented population through sneaking in classes on the traditional arts of Mexico. It was said that 100 people go through the school per year. Up to 20 people can be served at any one time, there is no wait list; people are served as they come.

Generation Diez:

Carmen Media, director of all of the programs in Adams County, gave general information about the programs and services available to migrant workers. The programs began in 1998. For the past five years Generation Diez has been campaigning to make the community aware of the situations of undocumented migrants in order to be able to get services for them. There are programs for children at risk of failure in school. For the

middle school students it's a program called 2nd generation. In 2000 Generation Diez received a huge federal grant to expand the program. During this period the number of kids that they served jumped from 30 to 160. This grant also allowed for the program to be available to the general public, not just the Latino population. Generation Diez has three centers: the Aarons School, Lincoln Intermediate School, and New Oxford. The parents of the migrant children, on average, have a 3rd grade level of education coming from their country. There are after school programs which are essentially extended hours of the school day in which children who need extra help can receive it. There is a cultural celebration that teaches folkloric dances, a dance troupe, free Spanish guitar lessons, children's choir, arts and crafts, and free YMCA swimming. The Parents Association gets parents involved with the program, going to movies and organizing field trips. There is a prenatal program for Latino mothers with free of charge medical assistance after the baby is born and becomes an American citizen. There are also support groups for mothers. They teach parenting programs for all age levels. There are teen groups for victims of sexual abuse, as well as programs for teen-age mothers. HIV awareness is provided for the Latino community. They are also equipped with a bi-lingual staff but tend to encourage the use of English.

Lincoln Intermediate Unit:

The Lincoln Intermediate Unit is a federally funded program that can be found in every state and Puerto Rico as well. In 1963 it was officially signed into legislation. In this location it has 82 year round staff members covering 30 counties. In order to be eligible for the program a family must have moved the last 3 years, must have crossed an educational border, and must be pursuing agricultural industry. They provide educational support for kids as well as supplemental education and make sure that kids actually get enrolled in school. They also make sure that children get immunized. Individuals ranging in age from babyhood to 21 years of age are served. 90% of the people who come to them need English language help. There is a family literacy program, ESL training for teachers, as well as a pre-school center. There has been a rise in the education rate from 43% in 1982 to 81% more recently.

(From Periban de Ramos)

Periban de Ramos is a small town of 20,000 inhabitants located in the Eastern part of the state of Michoacan. The area around Periban is fairly rugged terrain with several high peaks including Pico de Tancitaro, Cerro de Patamba, Cerro de San Ignacio, and Cerro de la Zafra. The main cultivations of Periban include avocado, sugar cane, corn, peaches, plums, raspberries, cactus, and beans (el diagnostico de salud, 2002-2003).

El Centro de Salud:



While in Periban, I spent a lot of time both at the Health Center and out with some of the staff on their rounds to different localities, learning about the rural services program, or servicios rurales. At the Health Center, I had several conversations with the director of health, Jesus, who provided a lot of information about the general health situation of Periban. He allowed me to obtain copies of various documents including the diagnostico de salud from the 2002-2003 period.

The diagnostico de salud is a technical-scientific document which exposes diverse variables that come together to cause damage to the health in order to identify the susceptible population, the repercussions, and significance of the problems of the health problems. Economic, cultural, geographical characteristics are considered, and in order

to intervene opportunely in the natural history of illness, to banish myths, to fight risky health practices or reorient toward preventive or curative measures. The municipality of Periban integrates twenty-seven localities including San Fransisco Periban, Gilardo Magana, Corona, Plan de Ayala, San Jose Apupataro, Huatarillo, Magallon, Paramben, Parastaco, Carrizalillo, Agua Fria, Las Cruces, Chuanito, La Fabrica, El Granado, Paso de la nieve, Los Pastores, Tenguera, Calivario, Los Puentes Cuates, Copetito, Agua Fria Chica, and La Higuierita.

The number of births in Periban from January to December of 2002 totaled at 52: 28 male and 24 female. The total number of deaths for that same time period was 24. Some of the causes of death include: pneumonia, burns, injuries, cirrhosis, cancer, suicide, and epilepsy.



Jesus with his son Jesus Roberto

In an interview with Jesus by Robert Shaw and Kjell Enge, he said that there are four doctors and seven nurses currently working at the Health Center. Everything that the Health Center provides is free, from consultations, to vaccinations, check ups. The Health Center receives an excess of eighty patients every day. He talked about how the kinds of sicknesses that are prevalent depend upon the season. In the winter there are more cases of respiratory infections whereas in warmer weather there are more diarrhea sicknesses and that unfortunately it is the young children who are most affected by these infections.

When asked if there was a relationship between migration and sicknesses Jesus had this to say: [*“Pues aqui el problema por los migrantes pues es cuando llegan aqui que tambien tenemos enfermedades diarreicas. Que eso es lo mas comun y tambien lo que nosotros tratamos de prevenir pues son las infecciones transmission sexual. Tanto tambien como el SIDA (Shaw and Enge pg. 2).”*] When they come back the most common problem that the migrants have are with diarrhea. He said that another problem is the sexually transmitted diseases, such as AIDS, that are brought back to Periban. They have a program called “vete sano y regresa sano” or leave clean and come back clean. The program is held in a central location in Periban, usually the plaza, and discusses issues like how the infection is transmitted, how to prevent it, and also how to get tested for the infection. He said that usually a crowd of 50-70 people will show up for the discussion, and that there is also information for those individuals who leave for the United States. He said that, at the moment, there are three known cases of AIDS, one of them a young boy, and the others a man and his partner. [*“Aqui en Periban hay a horrita tres casos que son positivos de SIDA que tenemos tener en vigilancia. Desgraciadamente falla una persona aqui alla menor tenemos aqui un muchacho que es homosexual que tambien tiene su programa de SIDA y un hombre con su pareja que el hombre es lo que esta contagiado de SIDA (Shaw and Enge pg.3).”*] He said that of course not all of the cases are accounted for because some people either do not know that they are infected and they do not think to get tested, or they know and simply do not care about infecting other people. He voiced his concern for the future of Periban with HIV and AIDS and the adolescents of Periban. He mentioned that the youth are most likely to be affected by HIV and AIDS because they arrive at the age when they want to have sex and do not use condoms. [*“A horita desgraciadamente son los adolescentes que tiene el mayor riesgo empiezan en un edad de que es que siente tener el sexo sin proteccion (Shaw and Enge pg. 4)”*] He said that for the women of Periban la precomoniasis and la canvivia vaginal are what they see the most frequently. He said that there are two cases of syphilis and that no cases have come up for gonorrhea.

The Health Center also has family planning. He said that the most popular form of birth control for couples ages 18-40 is the condom; from there the most popular methods that he mentioned are the pill, injections, depositories, and finally, surgical methods, but nearly no one asks for them. He said that about 78 established couples are using modern

family planning and that most couples are happy with having only one or two children any more.

When asked about natural remedies, Jesus he said that he had not seen much of what is used. He said that he thought that people use nothing more than a tea of yerba buena for stomach aches, but that he thought it was more common for people in the rural communities to use them. He said that for them it is difficult to get to the Health Center for cures and therefore is easier to use natural remedies. [*“Si no se ha visto mucho lo que utilize los remedies. Quizas utilizan nada mas que el te de yerba Buena para el dolor de estomago. Pero es mas comun en las comunidades rurales, que ellos si utilizan. Que le digo pues esta algo retirado a curar aqui al centro del salud, se les pone pues mas dificil y major a cure con remedies natural (Shaw and Enge pg.6.”*]

Then, when asked if there were individuals who massage or anything like that, Jesus said that he had heard that there was no one besides one woman who was recommended for it. [*“Pues aqui a que he dado cuenta nada mas es una senora la que es encarga pues eso es sobar. Pero no frecuente coman con ella (Shaw and Enge pg.7.”*)] When he was asked to talk more about it, Jesus said that it was too difficult to talk about it because “we do not see them here”.

One other huge health problem of Periban that Jesus talked about was malnutrition. He said that mainly it is due to a lack of economic resources and that they are trying to help alleviate some of that at the Health Center by giving out nutritional supplements where they can. The worst affected are the children, he said that anywhere you look you can find malnourished children. When there are cases of slight malnutrition in children, Jesus said that they have to be seen every month to bring their weight back into control and to give them nutritional supplements. When the level of malnutrition is moderate, the child must be seen every 15 days. For cases of serious weight loss, the child must be taken to a hospital to see a medical specialist to see what else can be done. Jesus said that 30-40% of children are mildly malnourished. 10% of the children are considered to be in the moderate level, and there are no cases at the severe level.

“Tambien hay medicos privadas, doctores particulares y cada que tenemos el apoyo de una unidad movil que sale a visitor las comunidades que no pueden aducir alli al centro del salud (Shaw and Enge pg. 2).”

Here Jesus said that there are also private doctors and medical specialists in Periban, each of which has the support of a mobile unit that goes out to visit the communities that cannot get to the Health Center.

Servicios Rurales (rural services):

In the rural services program, there is a last year medical student by the name of Roberto, and a nurse/ health promoter by the name of Antonio. Roberto is twenty-three years old, has a wife and five children, Antonio is twenty-seven, has a wife and one child. Jesus said that: [*“El medico se dedica a los consultos la medica lo auxiliarlo y el promotor de la salud se dedica lo que son los cloraciones de agua, dar platicas de sanimiento basico, cuidado prevencion enfermedades.” (Shaw, Robert pg. 2)*] The doctor dedicates himself to consultations while the health promoter dedicates himself to the chlorination of water, holding discussions on basic sanitation, and cares for the prevention of illness. The main purpose of the rural services program is to go out into each of the communities every 15 days, or twice a month, to provide nutritional supplements and consultations, give different educational health talks and vaccinations, prescribe and give out medication, and anything else that might be needed. They emphasized education as being a very important part of maintaining good health, and that it was much easier and cost effective to go about preventing health problems in the first place. Antonio and Roberto go out into the communities from 9 in the morning to 4pm.

I spent a lot of time with Antonio and Roberto out in tiny ranchito communities surrounding Periban. Some of the communities that we visited had just barely over 20 inhabitants. I was able to accompany them three separate times to different communities and observe the conditions that the people were living in as well as how the rural services program worked. Going out with them into the communities was one of my favorite parts about the research. I felt as though I wanted to be doing what they were doing for those communities for the rest of my life.

The very first day that I went to the Health Center to join the staff for rural service rounds in Corona for vaccinations on November 7th, we all ended up waiting around for an extra

hour because the Health Center does not have its own transportation. They depend on “la patroliá”, the Periban police patrol trucks, for health related outings.

While we waited for the truck to come, Jesus took Kjell and I out in front of the Health Center to see a “platica” that was about to begin on diabetes and hypertension. He told us that the meeting is held monthly. There was a crowd of women, most of them looked elderly, some with children, around a red pickup truck. In the truck, a nurse was calling out names and preparing to begin the discussion. She had large demonstration flip book with illustrations and suggestions that she went over with the women throughout the platica. She also asked some questions of the women randomly to see if they understood.



Health Center hypertension and diabetes platica
Photograph by Kjell Enge

When the “camioneta” finally arrived for us, Kjell and I jumped in the back of the white truck with the Health Center staff, all female nurses, including Jesus’ wife. Jesus did not go with us.

Corona is a tiny town of 230 families. There are approximately 5 people per household. The total population is around 1,500 to 1,600 people. When we got to the town square, we were dropped off and began walking through the town. Most of the roads were dirt. The Health Center staff split up into two groups to cover more ground. I went with two very young looking girls and Kjell went with the group of older women. I later found out that one of the girls was 19 and the other was 20.

At each house that we went to one of the girls would shout “Senora” and if a woman came out, would ask if she had any children five years old or younger. The first two houses that we stopped at, no one came out, and the two girls marked down Xs on their charts. The next house that we came to, a woman came out, and she had children under the age of five. One of the girls asked her if her kids had their shots and the woman nodded her head to indicate that they had. The girl then asked her to bring out the papers and noted everything on her chart. There were at least three houses that we stopped at where children actually needed shots.



Health Center staff giving vaccinations to children 5yrs and under in *Corona*
Photographs by Kjell Enge

As can be seen in the above right photograph, vaccinations were a fairly traumatizing event for the children, as it is anywhere. I felt terrible as I saw a young boy dragging his even younger hysterical brother out of the house to receive a shot. I remembered what I was like when I was that little and had to get a shot; it was pretty much the same kind of process. I can't even watch when other people are getting shots.

The second time, November 10th, I went out with Kjell, Antonio and Roberto to “la tierra caliente”. The agenda for the day was to visit ten different communities. We only ended up getting to six because there is no real fixed schedule and we ended up spending a lot of time in some communities, and therefore did not have enough time to see the rest

before 4pm. Some of the communities that we visited that day included Tenguaran, La Laja, Huizache, and Curistaran.

In Tenguaran Antonio took the blood pressure of the four women present and then gave a talk about oral health. During the presentation, he also asked them questions about what to do and asked if they had any questions. When the discussion was over he asked each of the women how many children she had and proceeded to hand out enough toothbrushes for all of the women and their children. He also gave them nutritional supplements.

On the way to our next destination, I got to witness a spur of the moment consultation at the side of the road. A woman waved to Antonio and came to the side of the car. She explained that she was having back pain and so they parked the car and got out to check on the problem. I could not see much of what happened because they walked a ways down the road and went inside a building, but it was interesting nonetheless.



Curistaran: Antonio checking Amelia's blood pressure



El Giritaro

It became obvious that the health workers were very close with their patients and took great concern in making sure that everyone was healthy and comfortable. I could see it in the appreciation of their patients as well as through their actions.

Antonio and Roberto too, when interviewed as well as in casual conversation, talked about how curanderas did not exist in Periban, as well as the negative side effects that some of the natural remedies would have on patients in the past.

Curandera:



Dona Virginia
photograph by Robert Shaw

Probably the most rewarding part of my research was when I was able to meet and receive treatment from a resident curandera of Periban by the name of Dona Virginia. She is 83 years old, has fourteen children and seventy grandchildren. When we spoke to her casually, she said it was a damned thing that none of her children practiced sobar. I was able to meet one of her grand children, Manuel, who lives in the same house and is a nurse. However, during the interview that we conducted, she said that some of her children do in fact sobar and she taught them how. I am not sure which of the cases is true, but I can say with a fair amount of certainty that what she said off the camera was the true statement. Dona Virginia has been a sobradora, or masseur, for over 30 years. She learned how to cure from her mother who had practiced healing all of her life. When her mother passed away, Dona Virginia continued the practice. She said that she sees about six patients on a daily basis and that nearly all of the ingredients that she uses in her remedies come from her own home garden in the back of the house which she allowed me to see. Other ingredients, she said, are readily available everywhere in Periban. She also said that she prepares remedies all day long every day for her patients.

The circumstances that brought me to see her on November 3rd were very spontaneous because I had very suddenly become ill and so I did not have time to think about what to expect. The wife of the owner of the hotel where we were all staying for the month provided Virginia's phone number, and the hotel owner had made the arrangements to see her. He informed me before we all left that I would have to drink something that was supposed to clean out my system. All in all I was accompanied by two of my professors, another classmate, and the hotel owner. We had to ask around to find out exactly where she lived, and we were lucky in that it only took asking one person to find out where she was.

When we arrived at her house there was a large area with couches and chairs just inside the door; it appeared to be a waiting area. There was a small altar set up in the back left corner with two votive sized cream colored candles and a picture of the Virgin Mary. There were a lot of people milling around, I assumed that they were patients of the woman I was about to see. Then, out of the small Alice in wonderland-like doorway

directly in front of me came a tiny old woman. She was slightly hunched over and using a cane to help her walk. This was Dona Virginia. She looked ancient, I guessed her to be in her eighties. Her eyes sparkled vibrantly and her hair was salt and pepper in color.

Waves of wrinkles encircled her ancient eyes and mouth. She was very short, a good 5 inches shorter than me. She gestured with her little bird arms for me to follow her into the room behind the intriguingly small doorway. I wanted the professor to come in so that I wouldn't be in the dark with my Spanish skills so they asked her if it was ok and she said that it was.

In the room, she started to rattle off a list of things that I could not understand, but I guessed that it had to do with the ingredients in the drink that I was about to take. Then, as it turned out, she wanted me to lye on the bed because she was going to give me a massage. I had not expected this. She rubbed my stomach with cold pig fat and then began to massage with her little but incredibly strong fingers in such a way that it felt like rough vibration against bone. The sensation tottered on a fine line between being extremely ticklish and slightly painful. It was a strange sensation that I cannot quite explain. After a few moments, she added rubbing alcohol to the pig fat and continued massaging. After a few moments, I was instructed to roll over onto my left side, and she pressed down with both of her hands starting from the top of my head and ending with the lower end of my legs. Then I was told to sit down on a little, blue, bench-like chair. First, she massaged my back with olive oil, then my neck, my arms, and my legs, all the while telling me to take note of what she was doing, to teach myself how to calm my nerves. I could understand very little of what she said.

When the massage was complete, Virginia gave me a plastic baggie filled with a translucent black liquid that she told me to take $\frac{1}{4}$ of a cup of before each meal. The fee for the massage and the remedy was only twenty pesos: less than two dollars.

I noticed that immediately after the massage was over I felt much better, not one hundred percent, but still a lot better than when I had come in.



the “brew”

photograph by Robert Shaw

Once back at the hotel, I took the first part of my “medicine” and went to my room to await the effects. As I sat in my bed writing in my field journal about everything that had happened, I expected to have to run to the bathroom at any point, but it never happened. After a few minutes, I started to feel very strange. I began to feel light headed, dizzy, and my body heavy. Loud claps of thunder began and I could see flashes of lightning outside my window. I tried to keep writing, but I found that I was having trouble holding my pen steady and before I knew it, I must have passed out. When I woke up later in the night, the entire hotel was shaking with the thunder and lightning. I went out into the main lobby area, feeling rather disconnected, where one of the professors who had been with me asked me how I was feeling. I thought about it for a second, and then said “I feel one hundred percent better, except, I feel as though I could sleep for another ten days.” Then he asked me if I knew what Dona Virginia had said to me, I said no. He told me that she had said: The whole world is going to come crashing down around you, and you won’t care, you are going to sleep like a baby. I felt chills run up and down my spine at that moment, because what she had said was true.

Five days later I had the chance to go back with fellow classmates Lauren Smith and Robert Shaw to thank Dona Virginia for the remedy that she had given me. Also at the time Lauren was suffering from strep throat so I told her that she should try getting a massage and she accepted. All three of us went to visit Dona Virginia and we were seen right away. I told her how well her remedy had worked and thanked her greatly for it. Then Lauren explained the ailment that she was having to Dona Virginia and she invited her into the little room to have a seat. The massage that she gave Lauren was the same one that she had given me, except she did not massage her stomach and she rubbed beneath Lauren’s jaw line and asked her if it hurt there. When she got to massaging

Lauren's legs, she noted how swollen they were. Weeks earlier, Lauren had been talking about the incident that made her ankles swell so much and it was interesting that Virginia had noted it. She then paid particular attention to Lauren's ankles and feet. After Lauren's massage was finished, Robert said that he would like one too because his neck was hurting. At the time, I did not know if he had made it up spur of the moment just to get a massage or if his neck really did hurt, but either way, she gave him a massage.

Later back at the hotel, I asked both Robert and Lauren separately about their experiences and how they felt; I was amazed by what they told me. I talked to Robert first, and he said that he just felt really tired and that he could barely keep his eyes open. I asked him if his neck had really hurt and he said that it did but after the massage it stopped. Then I walked upstairs to Lauren's room where I found her alone and asked her the same question. She said that she felt like she couldn't move because she was so tired and that her throat felt nearly one hundred percent better. The thing that surprised me most was when she showed me her ankles because I had seen them before we went to Virginia's and they were grossly swollen. Now when I looked at them I almost could not believe it because the swelling had completely gone down, and she told me that the swelling had never gone down before.

Conclusions/Reflections

From the research that I have conducted, I have learned that alternative methods of healing are not as widely practiced anymore in the United States because patients are encouraged to see doctors who practice modern western medicine. Alternative methods of healing are generally not recommended and, sometimes, even looked down upon because they simply are not understood. In Adams County I was not able to find any curanderas, and the doctors that I was able to ask about them did not seem to know what I was talking about. Also, when I asked doctors about migrant use of natural kinds of medicine, they would usually say something about how they thought those kinds of treatments were at best non-beneficial, and at worst, caused side effects and some times

serious complications for the patient. Doctors also said that if patients asked advice about using natural remedies that it was something that they would try to discourage. For these reasons, in the United States, traditional Mexican healing practices tend to run underground.

In Periban de Ramos, Michoacan, Mexico, I had some very interesting findings. Among the doctors that I was able to talk to, there was a tendency to skirt discussions about curanderismo and other natural methods of healing. Even after getting to know some of them very well through working with them, the most that I could get them to talk about was that curanderas did exist, a long time ago, or that, yeah, they exist, but only way off in the mountains, not in Periban. There was also the claimed that these methods were not scientifically proven, that diagnoses and remedies were only based on conjecture on the part of the healer and, therefore, had no real curative qualities. Doctors also said that some healers give out remedies that are either placebo, harmful, or poisonous in nature, and because of this reputation, they are not looked upon well in the community and their practices have died out. However, I discovered that at least seven curanderas do in fact still practice in Periban, and from their perspective, there does not seem to be a lack of patients coming in. For the most part, any one I talked to about home remedies was more than willing to talk about them and tell me what they were used for. Doctors and people in the town alike said that everyone still uses home remedies.

Though the practice of curanderismo does appear to be on its way out, it is clear that it is important on several different levels. It is an important to the culture because it has been passed down from mother to daughter, from generation to generation. The remedies that are used to this day work because of trials and errors in the past.

Though I know my research is not as rich as it could have been if I were able to speak Spanish fluently, I have learned and experienced so much in my time in Mexico. I was able to experience things that I never even dreamed I could have.



The Health Center staff in Corona
photograph by Kjell Enge

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