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Healing Logics

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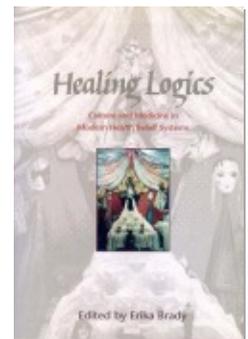
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INVISIBLE HOSPITALS: BOTÁNICAS IN ETHNIC HEALTH CARE

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The extent to which folk medicine is practiced today by Hispanics is not clearly established. Probably its popularity varies in different regions of the country. . . . But the one thing that is definite is that faith healers are a part of the Hispanic culture and that some Hispanics do utilize their services. This alone should be reason enough to look to faith healers as a potential reserve when considering the most effective ways for providing help to Hispanics. (LeVine and Padilla 1980, 150, 186)

Their existence scarcely noted by medical and cultural researchers, *botánicas* have burgeoned in recent years not only in Los Angeles but throughout the country (principal works on the subject include Borrello and Mathias 1977; Fisch 1968; George 1980; Murphy 1988; and Suro 1991). For many Latinos and African Americans in Los Angeles, they are a point of entry into the community, the source of familiar sacramental items, a mainstay of spiritual, family, and personal counseling, and the provider of crucial herbal preparations for various illnesses. Associated with such ethnomedical and spiritual systems as Santería, folk Catholicism, Curanderismo, Espiritismo, and Hoodoo (also called “conjure” or “rootwork”), *botánicas* sell herbal products, ritual implements, and sacramental goods as well as provide medical and spiritual consultations. As such, they are an urban, community-based resource serving a variety of immigrant and migrant groups. *Botánicas* also

attract those from the general populace dissatisfied with conventional medicine, in search of holistic healing, or seeking alternative therapies.

Botánicas as an alternative health care provider are important because of several facts about the population of southern California. First, the families of nearly half of Los Angeles County's 8.8 million residents came from Latin America, the Caribbean, and the American South. According to the 1990 census, some cities consist almost entirely of Latinos, African Americans, or both. The first account for three-fourths of El Monte's population of 106,209. Huntington Park's 56,065 residents include 51,496 Mexicans, Cubans, Salvadorans, Guatemalans, Nicaraguans, and Puerto Ricans. A quarter of a century ago Compton was 5 percent Hispanic and 93 percent black; among the 90,454 individuals now dwelling there, 39,510 are Latinos and 49,598 are African Americans, about one-third of whom migrated from southern states. Many African American businesses in Compton have yielded to Latino storefront churches as a result of these changing demographics (Weightman 1993, 8). More than one-fourth of California's population is foreign born, most of whom are from Mexico and Asia. The Legislative Analyst's Office estimates that between 1990 and 2010, California's Hispanic population will double and the state's Asian population will grow by two-thirds (www.lao.ca.gov).

Another reason botánicas need to be studied is that according to public health surveys 6.6 million Californians lack health insurance, 1.8 million of whom are children. Those without insurance include 38 percent of the state's nonelderly Latino residents and 22 percent of African Americans. Los Angeles County has the largest portion of uninsured residents, most of whom work in menial jobs with no fringe benefits or at a wage too low to afford premiums when available. Without insurance, they have limited access to preventive medicine and often must delay professional treatment (Edelman, Lazarus, and Salisbury 1998; Maugh 1998; Pyle 1999; also see www.ph.ucla.edu).

Given these two sets of conditions, it is crucial to consider the services that botánicas provide to the many people who rely on them in the absence of other health care resources. How, exactly, do botánicas and healers associated with them address the medical, spiritual, and social needs of clients? The purpose of this chapter is to explore ways that many immigrant as well as some mainstream populations in southern California utilize spiritual and herbal healing centers for a wide variety of problems. Knowledge of traditional precepts and practices can help health care professionals better understand the orientation of many of their clients with a view toward enhancing the care extended to them. Information about alternative ethnomedical and spiritual approaches also has ramifications for public health programming, including

the utilization of community-based, traditional practitioners as important resources and helpful intermediaries.

RESEARCH ON ETHNIC HEALTH

The medical literature on Latinos and African Americans in Los Angeles ranges widely. Some of the 250 or so articles, based largely on quantitative and clinical research, indicate the need for more intensive, qualitative research on ethnic health status and community-based healing traditions. For example, a number of epidemiological works that point to ethnic differences and ethnic-specific patterns of behavior associated with morbidity urge further exploration of linkages (see Newell and Mills 1986 on cancer; Norris et al. 1993 on heart disease; Zambrana and Scrimshaw 1997 on substance use during pregnancy; and Brekke and Barrio 1997, Shrout et al. 1992, and Vega et al. 1998 on mental illness). Some studies present statistics on differential rates in the use of screening, diagnosis, and treatment apparently related to ethnicity; they often report underutilization by Latino and African American populations for reasons not yet determined, for example, mammography (Carlisle, Leake, and Shapiro 1995; Bastani et al. 1995), psychiatric diagnosis (Flaskerud and Hu 1992; Sue et al. 1991), breast cancer diagnosis (Richardson et al. 1992), prenatal care (Taggart and Mattson 1996; Zambrana, Dunkel-Schetter, and Scrimshaw 1991), and invasive cardiac procedures (Carlisle, Leake, and Shapiro 1995; Ell et al. 1995). Several works describe novel public health interventions among ethnic populations based on the growing belief that culturally relevant programs are needed to maximize diffusion of information (Flaskerud and Nyamathi 1990; Parker et al. 1996).

The only recent study that deals directly with some aspect of folk medicine in Los Angeles is Becerra and Iglehart's essay (1995) comparing the use of home remedies among African Americans, Mexican Americans, Chinese Americans, and non-Latino whites (see earlier works by Dwyer 1987 on Hmong; Edgerton, Karno, and Fernandez 1970 on Curanderismo; George 1980 on Santería; and Roeder 1988 on Latino traditions). The authors note the extensive use of folk medicine concurrently with biomedical care—contrary to long-standing assumptions that folk medicine is limited to rural settings or has nearly died out, and that the utilization of folk medicine and biomedicine is mutually exclusive.

Among the fourteen articles on the spiritual and herbal aspects of Latino health care listed on PubMed (the National Library of Medicine's internet bibliographical service of more than nine million entries), half a dozen based on research in other states relate to concerns in the present study.

Mikhail (1994) reports that 81 percent of Latinas relied on home remedies to manage their children's health problems and 17 percent sought help from a folk healer. According to Keegan (1996), nearly half of Mexican Americans responding to a questionnaire had used an alternative practitioner one or more times during the previous year—mostly herbal medicine and spiritual healing, including visits to a *curandero* or *curandera*—two-thirds of whom never reported these visits to their primary care provider. Zuckerman and others (1996) found Latinos far more likely than Anglos to self-medicate bowel problems with herbal teas and other folk remedies, the perception of health and bowel function in part determined by ethnicity. Suarez, Raffaelli, and O'Leary (1996) discovered through interviews that nearly two-thirds of their Latino subjects with AIDS engaged in folk healing, either Spiritism or Santería, and three-fourths believed in good and evil spirits, with nearly half stating that spirits had a causal role in their infection. Desired outcomes of folk healing included physical relief (44 percent), spiritual relief (40 percent), protection from evil (26 percent), and effecting a cure (23 percent). Zaldivar and Smolowitz (1994) surveyed the role of spiritual and folk medical beliefs in perceptions of diabetes and treatment choices and found that 78 percent of their Latino subjects believed they had diabetes because it was God's will and 17 percent reported using herbs to treat the disease.

These studies indicate that the health-related perceptions and behaviors of many Latinos are an integral part of cultural systems of religion and healing traditions (for African Americans, see Frankel 1977; Hyatt 1970–78; Jackson 1976; Kerr 1993; Mathews 1987; Snow 1974, 1977, 1979, 1993; Terrell 1990; and Weidman 1978). In regard to interventions, therefore, Stolley and Koenig (1997) posit that knowledge of the impact of spiritual beliefs among ethnic groups can help in designing culture-specific strategies for professional health care (see also Fishman et al. 1993; and O'Connor 1995, 1997). That ethnographic research and training based upon it are desperately needed is underscored by Brooks's findings (1992) at the Martin Luther King County General Hospital in Los Angeles: most personnel lack knowledge and understanding of the dominant Latino and African-American population treated at this facility, medical complaints from patients are inadequately communicated to health professionals, and instructions are not sufficiently related to the patients. While part of the problem is language competency, much of it is lack of cultural knowledge and sensitivity by health care workers. If the absence of insurance looms large as a barrier to accessing professional health care, additional obstacles result from the actions of providers themselves (Flores and Vega 1998). What other resources can ethnic populations avail themselves of, either instead of or (more commonly) in addition to biomedicine?

BOTÁNICAS AS SPIRITUAL AND HERBAL SHOPS

“Botánica” is a term first used in Cuba and later Puerto Rico by practitioners of the Afro-Cuban religions Santería, or Lucumí, and El Palo Mayombe (Stevens-Arroyo and Pérez y Mena 1995). Although immigrants from other parts of Latin America far outnumber those from the Caribbean in southern California, almost all of the spiritual-herbal centers bear the name *botánica* rather than *yerbería* (specializing in herbs) or *perfumería* (a source of candles, incense, and other sacramental objects) commonly found in Mexico (Trotter 1981). Botánicas recall the stalls in village or town markets in Mexico, Colombia, Guatemala, and other Latin American countries that sell herbs and sacramental items as well as those in African countries catering to the herbal requirements of traditional healers (in Nigeria called *kemwin-kemwin*: “anything and everything” shops; see Nevadomsky 1988). They also resemble African-American spiritual goods stores, occult stores (Winslow 1969), and “conjure shops.” The latter is described in a 1930s account of a store in Jacksonville, Florida, “as just an ordinary store from the outside, but upon entering one is confronted by the exotic odor of soothing incense that evokes visions of foreign lands. Roots, herbs, oils, magic powers, charms, and spirit-chasing powders catch the eye among the thousands of labels on boxes and bottles arranged in neat rows on the long shelves” (McDonough 1993, 85). They have quickly proliferated throughout the Americas, for instance in Brazil, where they are known as *casas da umbanda*, and in Haiti among Vodou devotees returning from the U.S. As “omnibus stores” or “supermarkets” of religious and herbal goods, botánicas play a pivotal role, integrating multiple religious and healing traditions of their owners and clients through the varied ritual items, medical treatments, ceremonial preparations, and ecclesiastical instruction that they offer (Polk 1998). Among other shops in Los Angeles are those devoted to religious articles, “occult” stores (sometimes as part of storefront churches such as Winslow describes in Philadelphia [1969]), and the *centro espiritual* featuring readings and religious articles in the Spiritualist tradition associated with Allan Kardec.

The mere word *botánica* on a sign or window signals to the community that spiritual work is done here. Names like Botánica Obatala, Botánica el Negro Jose, Botánica Cristo Rey, Botánica el Milagro, and Botánica el Congo Manuel suggest different religious identities: Santería, or the preferred term Lucumí; Espiritismo, or Spiritism; Curanderismo; folk Catholicism; and El Palo Mayombe, respectively. All spiritual and herbal centers, however, offer assistance within a panoply of traditions. (Because these religions are embraced by hundreds of millions of people worldwide, we capitalize the

names as is customary for Catholicism, Protestantism, Buddhism, et cetera, but use lower case when referring to religious functionaries such as priests, *paleras*, and *espiritistas*.)

Various sources place the number of these stores in Los Angeles from one hundred to one thousand or more (Quintanilla 1990; Sanchez 1997; Weightman 1993). Reasons for the disparity in estimates are that no one has systematically documented these centers, new ones spring up frequently, and some operate in homes rather than commercial shops, or they begin as storefronts, attract a clientele, and then move into the home. Their existence scarcely noticed by medical and cultural researchers, these religious-herbal centers appear to serve as community hubs and meeting places, “natural support systems” (Delgado and Humm-Delgado 1982), and sources of information, referrals, personal and family counseling, and medicinal plants and treatments. They are usually open from 9 A.M. to 6 P.M. Monday (the least busy day) through Saturday (the busiest day, in preparation for rituals and ceremonies).

Judging from published lists, Los Angeles seems to have the most botánicas. Some store owners or counselors and herbalists claim the identity of *curanderos* (male) or *curanderas* (female) in the Mexican tradition. Many others call themselves *espiritistas* or *spiritists* as they practice Espiritismo. Yet others are *santeros* or *santeras* indicating an affiliation with Afro-Cuban Santería, or Lucumí, or *paleros* or *paleras* associated with El Palo Mayombe. A number of them refer to themselves by several terms at once, depending on their familiarity with different religious systems and the needs of their clients. In a sampling of ten spiritual-herbal centers in downtown and east L.A., for instance, the man who operates one botánica is a santero and his wife a spiritist, the husband-wife owners of another are both a santero/a and a palero/a. One woman is a palera and santera as well as a spiritist while other healers practice only Santería or El Palo; some are also herbalists called *yerberos* or *yerberes* following the Curanderismo tradition or *osainistas* within Lucumí.

Inside a Botánica

The sidewalk in front of Botánica la Sagrada (pseudonym) is crowded and bustles with activity. As usual, street vendors have set up their small tables in front of the large, red brick building that houses the botánica and several other small shops. Carefully positioned in the narrow strip of shade that runs along the building's facade, they boisterously hawk candy, clothing, and a sundry of other goods to passersby. Behind them the bright glare of the sun fills the botánica's windows with reflections making it almost impossible to see the large, colorful statues of Catholic saints that announce the shop's trade in religious articles.

Like many other botánicas in southern California, the exterior of Botánica la Sagrada is relatively nondescript and easy to overlook. Nevertheless, a steady stream of people enter and exit the store. Upon entering this botánica, one is struck by how distant the interior seems from the din of traffic, the rush of curbside commerce, and the stifling vapors of automobile exhaust. Inside it is cool and quiet. The air is infused with enchanting aromas from the numerous perfumes, colognes, incense sticks, and scented oils filling the store. Each breath seems to bring a new sensation. Even the names of the products are captivating: Patchouli D'Amor, Secret Fruit Lotion, Ivory Elephant Spray, and Seven African Powers Incense.

The store's many shelves and display cases are packed to the ceiling with religious paraphernalia and, as you look around, your gaze is drawn to one icon, image, or statue after another, each seemingly more esoteric and fascinating than the last. The paneled wall behind the cash register is literally plastered with colorful chromolithographs of Jesus Christ, the Virgin Mary, and various Catholic saints. A shelf directly below these holds statues depicting saints in their respective poses of grace and divinity. Replicas of St. Anthony stare in wonder at the Baby Jesus resting in the saint's arms while those of the crippled and gaunt St. Lazarus remain steadfast and resolute despite obvious pain and misery. In the midst of these, and seemingly out of place, is a carefully arranged line of ceramic Native Americans. Some are on horseback while others stand with their arms outstretched and heads turned heavenwards as if frozen in the act of summoning the spirits of the sky. All around these, hanging from hooks on the shelves and walls, are a vast array of rosaries, wooden crucifixes, beaded necklaces, and attractive charms made from colored fabric and small images of Catholic saints.

At first glance, the botánica seems to be little more than a retail outlet for an incomprehensible jumble of religious icons, mystic symbols, and plastic bags of plants. In *Santería: An African Religion in America* (1988), Joseph Murphy addresses the confusingly complex accumulation of artifacts, sacramental objects, and herbs. He writes: "To the uninitiated, their merchandise must look mysterious indeed: candles and beads, herbs and oils, cauldrons and crockery, and plaster statues of Catholic saints. Yet, for those who know their meaning, each of these items has a part to play in santería" (39). The many disparate images and icons that are brought together in the botánica typify the process of artistic and ritual synthesis that is the hallmark of African and Afro-Caribbean religion.

A place of spiritual consultation as well as an outlet for ritual and sacramental objects, the botánica is best understood as a combination of community center, herbal shop, and religious supply house. Inside, a person encounters

retail display cases bearing the amazingly wide variety of goods that are either used in ceremonies and rituals or utilized in the creation of altars and shrines. In addition to candles, statues, and so on, one shop in east Los Angeles owned by a Mexican woman in her fifties who is a santera (Lucumí) as well as a palera (El Palo Mayombe) displays the following items, whether herbs or products made from herbal oils and essences (quantities are approximate):

- 145 packaged herbs stored in covered plastic containers on shelves on two walls
- 50 loose herbs from an herbalist, stored in plastic containers above a counter on the back wall
- more than 100 plastic containers and boxes of herbal capsules
- 50 or more small bottles of different kinds of tincture
- at least 40 bars of herbal and perfumed soaps
- 25 or more containers of herbal lotions and bath oils
- 80 containers of powders

Almost all botánicas are divided into two sections, front and back, each having distinct ritual, aesthetic, and commercial qualities. The front is usually more spacious. The majority of the merchandise for sale is displayed here. Proprietors often use this space to erect a variety of public and semiprivate altars that clearly indicate the spiritual traditions to which they adhere and to which clients may look for help. For example, botánicas in which Lucumí is the principle religion will invariably have an altar for Eshu-Eleggua located near the front door.

The rear of the store is usually where the owner counsels clients who come for advice or ritual assistance. This area is customarily separated from the front by a door or curtain offering the owner and client confidentiality during consultations and demarcating public and private space. Chairs, stools, or small benches are placed near the entry to the back section and are often occupied by individuals awaiting their turn to see the owner or the friends and family members of those who have come for consultation. In some stores, the rear section takes on the appearance of a doctor's office, complete with waiting room, water coolers, and coffee tables stocked with popular magazines. Because the back is normally the place of consultation, this is usually where the altars dedicated to the spirits or divinities with whom the owner most frequently works are located. Walls are often adorned by chromolithographs, not only of saints but also Native Americans who are thought to be particularly knowledgeable about herbs and therefore powerful allies in health (eight large images of Indians adorn the walls of one small consultation room, either portraits in full headdress or men on horseback).

There are also several wholesalers. Customers often refer to one of them as “the supermarket of botánicas.” Huge by standards of religious goods stores, they do indeed resemble supermarkets, down to the wheeled grocery carts. Goods include several hundred books in English and Spanish on religion, divinities, and herbs as well as tarot cards, bath crystals, bath salts, floor washes, soaps, herb baths, shampoos, candles of varied size and color, colognes, lotions, plants, herbal teas, incense (hundreds of different sticks, powder, and aerosol sprays), scented oils, perfumes and sachets, jewelry (talismans, good luck charms, apotropaic pendants), statues (Native Americans, Buddha, wizards), crucifixes, rosaries, chromolithographs of saints, holy water, empty containers with which to mix and store one’s own preparations, and a wide variety of ritual implements from incense burners to Ouija boards. Some wholesalers specialize in herbs. Over the course of a year one shop carries more than three hundred different plants from both arid and tropical regions of North and Central America, freshly harvested and ready for resale or immediate use.

Services Provided by Spiritual-Herbal Shops

The demand for the services provided by botánicas and the sacramental objects and medicinal plants and products that they stock has increased dramatically in recent years. Although botánicas tend to be located in neighborhoods with large numbers of immigrants from throughout the Caribbean and Latin America, the full clientele of each shop reflects the broad ethnic diversity of the city where it is located as well as the specific demographics of its neighborhood. In Los Angeles, for example, Guatemalans and Mexicans constitute a significant percentage of botánica owners and customers (although there are Puerto Rican and Cuban owners as well). In New York and Miami, the presence of Haitians, Dominicans, and Puerto Ricans is more significant. (Now, however, Mexicans are New York City’s third largest Latino group; see Alonso-Zaldivar 1999.) Botánicas in every city are also frequented by members of many other ethnic groups including Anglo-Americans, Armenians, Chinese Americans, and Filipinos.

People require the services provided by botánicas for two basic reasons. Some come in order to obtain materials that will help continue ongoing interactions with the divinities they worship. For instance, a Cuban man knows he must light a special candle on the day sacred to Afro-Cuban deity Ogun or a Guatemalan woman believes that she will be able to become pregnant if she obtains a statue of San Simon and places the appropriate offerings in front of it. Others enter botánicas with a specific goal in mind but do not know what path to take to achieve it. Is there an *oricha* (Lucumí deity) who can help me

find a lover? To which saint should I pray in order to heal my sick child, and what herbal remedies should I administer? One woman's simple but eloquent words confirm this role: "I came to the botánica looking for a spirit to guide me." In short, people turn to these centers in order to obtain specific sacramental objects or to find solutions to troubling medical, social, and spiritual situations most often by way of divination or trance mediumship.

One santero who operates a botánica estimates that a fourth of client encounters are for advice in business and personal decision making. The following description of a divination session exemplifies both the context and process of the ritual prognostication he performs (see also Mason 1993): In October of 1996, Olivia (pseudonym), a regular client, was forced to make an extremely difficult personal decision, one she felt unable to make without spiritual guidance. Like many other immigrants from El Salvador who had come to Los Angeles in search of a better life, she and her husband had been unprepared for the realities of urban America. After years of struggling to secure a stable income and to establish a safe home environment, the couple came to the conclusion that they could no longer remain in the dangerous and impoverished neighborhood where they lived. They decided to return to their native country. Before finalizing their plans to relocate, however, Olivia insisted on consulting the santero to whom she had been going for many years.

Hoping to determine whether or not the decision to leave the United States was a prudent one, Olivia asked the santero to perform a "reading" using the Afro-Caribbean cowrie shell divination system known as *diloggun*. Should she and her husband go back home? Or should they stay in California? Based on the interpretation of patterns formed by sixteen cowrie shells (*caracoles*) when tossed onto a mat or tray by the diviner, *diloggun* is considered by Lucumí santeros to be one of the most direct means of obtaining sacred knowledge. In order to "read" the messages conveyed by the cowries, the diviner counts how many shells land open side up and how many land on the closed or "mouth" side when they are thrown—a simple binary system. Each of the sixteen possible configurations that can be formed by the shells is referred to as an *oddu*. Associated with each *oddu* is a proverbial expression and several mythological narratives (*pataki*) that will ultimately be used to solve the client's problem. As part of their training, diviners memorize the large corpus of sayings, myths, and legends associated with the *oddu* and must be able to recite and interpret these when they are indicated by the arrangement of the cowries (see Bascom 1969; Evanchuk 1996; Flores-Peña 1998; and Sandoval 1979; contrast with divination by an espiritista described by Garrison 1977).

Also associated with each *oddu* are a number of auxiliary divination tools (*igbo*) that are used in pairs. After the initial toss of the cowries, the

diviner employs the *igbo*, each of which has a specific positive or negative connotation, to more accurately interpret the meaning of the *oddu* that has been cast. The primary *igbo* are a black stone (*otan*), a ball of chalk (*efun*), a seashell (*aye*), a piece of bone (*egun*), and a plastic doll's head (*ori agboram*). Once the *oddu* has been ascertained, the *santero* hands the appropriate *igbo* to the client and instructs her to shake them together and then separate them, holding one tightly clenched in each fist. The *santero* then picks up the sixteen cowries, touches each of the client's hands, asks a yes or no question of the oracle and tosses the cowries. As with the determination of the *oddu*, the pattern formed by the cowries signals whether the client's right hand or left hand should be opened to reveal an *igbo* that will provide either an affirmative or negative answer to the question posed by the diviner. If, for instance, the black stone (*otan*) is revealed, the answer is no. If the shell or white chalk is present then the response is positive. Using the cowries and *igbo*, *santeros* will generally work through a series of yes and no queries that clarify the meaning of the *oddu* and suggest the necessary course of action.

Upon arriving at the *santero's* *botánica*, Olivia was led to the consultation room where the priest performs the *diloggun*. He instructed her to sit down on a chair in front of his wooden desk. The divination instruments, cowries and *igbo*, were carefully arranged on the desktop. First the *santero* filled out the biographical data section of a blank client information sheet, making sure that his information was up to date. He then dipped his right middle finger into a small container of water and sprinkled a few drops on the floor as a purification rite. Next he recited a litany of prayers invoking both his ancestors and the *orichas* he worships. The first *oricha* entreated was *Elegua*, who facilitates interaction between humans and the supreme deity *Olodumare*, as his assistance is believed to be most critical in the process of divination. Following this, the *santero* picked up the cowrie shells in one hand and touched Olivia's forehead, hands, and knees in order to create a psychic connection between the client and the cowries. He then tossed the cowries to ascertain the *oddu* that would address Olivia's problem.

On the first cast, nine cowries landed mouth side up. This indicated that Olivia's *oddu* was *osu*—a configuration that warns of troubles or danger. The *santero* threw the cowries a second time in order to determine which *pataki* associated with the *oddu* should be recounted. Again nine cowries landed mouth side up. Acting accordingly, he recited a story about two friends whose argument over land brought ruin to both of them. He asked Olivia how she thought the events of the story applied to her situation. Using the *igbo*, he then tried to better determine the nature of the warning. Was it truly an ominous portent? He handed Olivia two *igbo*—the black stone and the chalk—and

asked if the oddu signified good fortune (*ire*) or misfortune (*iku*) and then cast the shells. The resulting pattern designated the hand in which Olivia had concealed the black stone. The santero advised Olivia that the immediate implication was that the planned move could be disastrous, perhaps resulting in death. He suggested that she postpone the relocation at least until another reading of the oracle indicated that it would be safe to leave the U.S.

In order to find out if misfortune was unavoidable or if there was a way to elude it should she and her husband decide to leave the country in spite of the warning, the santero handed Olivia two other igbo, the bone and the shell, and then tossed the cowries. The resulting pattern pointed to the hand holding the shell igbo suggesting that the orichas could provide a solution (*ilesi ocha*) to Olivia's dilemma. Subsequent casts of the diloggun indicated that offerings (*ebo*) to two female spirits within the Santeria pantheon, Ochun and Yemaya, would prevent death or some other calamity from striking her.

Because the sacred narratives associated with each oddu contain explicit descriptions concerning the appropriate ebo that should be carried out by the diviner or his client, the santero immediately provided Olivia with a prescription of the necessary rites that should be performed. She was instructed to undergo two separate spiritual cleansings: one for three days using materials (herbs, oils, et cetera) sacred to Ochun and the other employing objects consecrated to Yemaya. Additionally, she was required to take an offering of food to the ocean, the domain of Yemaya. Two casts of the cowries were made in order to assure that the prescribed ebo would be accepted by Ochun and Yemaya. The answers were affirmative. Finally, the santero asked Elegguia if everything that could be done to help resolve Olivia's dilemma had, in fact, been determined. Again the answer from the oracle was yes. The santero performed a cleansing ceremony to Ochun with Olivia; later Olivia undertook her own cleansing with Ochun ("who knows the language of death," said the santero) using a sacrificed rooster and then made an offering at the beach of food for the angel of death so that death would not strike her. Her husband did none of these things. Olivia remained in Los Angeles. Her husband left for El Salvador. Two days later he was murdered.

This complicated example suggests the larger complexities of the system of divination as a whole. Specific remedies are associated with each of the sixteen oddu as are a large number of proverbs and stories that the santero must master. Santeros never ask clients to "tell me where it hurts," for it is up to the oracle to discover the nature of the problem and its possible solution. A divination is carried out whether the client seeks personal advice, family counseling, or treatment for a medical condition. A reading can last an hour and cost ten to fifty dollars depending on the stature and reputation of the santero.

Special ceremonies as well as herbal preparations and subsequent divinations might be required.

ETHNOMEDICAL AND RELIGIOUS SYSTEMS

Individuals seeking treatment may select from multiple and competing systems of healing. As Brodwin (1996, 13) notes in his study of medical pluralism in Haiti, “There are very few settings which offer only one way to conceive of the body and its suffering, or where people have recourse to only one brand of treatment.” In Los Angeles, the botánica, best understood as a locus of coexisting and competing discourses on affliction and healing, provides health seekers with access to several ethnomedical systems or health care strategies. As a result botánicas provide a unique vantage point for the study of the ways these belief systems are shaping medical pluralism in contemporary, urban America.

In general, the religious and ethnomedical belief systems served by botánicas whether in Los Angeles or elsewhere can be said to share several fundamental precepts:

- The belief in supernatural beings who interact with humans
- The assumption that disease can be the result of natural causes, divine retribution, or sorcery
- The supposition that healers, many of whom admit to a divine calling, must be able to diagnose and treat illnesses brought on by either natural or supernatural causes
- The use of ceremonial and herbal therapies

To elaborate on the second point, each religious system postulates not only a supreme being but also spirits, whether the souls of the deceased or a pantheon of divinities. The body can fall ill on its own, requiring attention by a physician (the “material” world), but disease may also be provoked by sorcery. Moreover, spirits can mimic a disease or aggravate the condition; hence the notion of “traveling diseases” or sickness that moves around the body requiring the release of the spirit. As one santero said, “The spirits have fun with your disease.” Aside from these basic similarities in beliefs, the mythologies, concepts of disease causation, procedures for diagnosis, and the ritual treatments of each belief system reflect the diverse cultural and historical contexts in which the traditions arose. In a multicultural context of dynamic interchange such as the botánica, however, distinctions blur. We pointed out earlier that stores carry accouterments for several religions, and ritual specialists often identify themselves with at least two or three different traditions at

once. A health practitioner does not find, say, Catholicism, Espiritismo, and Lucumí mutually exclusive but rather complementary. Summarized below are a half dozen ethnomedical systems represented in botánicas by statues, chromolithographs, and other sacramental items, publications, materia medica, and diagnostic and treatment methods.

Santería and Lucumí

Practitioners of oricha worship—also known as Lucumí (a term used in Cuba to identify peoples of Yoruba ancestry) or Santería (the worship of saints)—posit one god, Olodumare (or Olorun or Olofi), who created spirits (orichas, santos) that function as intermediaries in ways somewhat similar to Catholic or Eastern Orthodox saints. Because humans cannot have direct contact with the supreme being, they must rely on orichas or santos in order to benefit from the spiritual energy (*ache*) of Olodumare. The Santería priest or priestess is responsible for opening paths to the orichas and thus, ultimately, to God. Initiation into the priesthood is seen as an important step toward the fulfillment of one's destiny and the attainment of harmony with the universe. Through sacrifice, divination, and spirit mediumship, the priest forges direct links to the divine that will benefit him and those on whose behalf he has petitioned the divinities. However, it is understood that *si Dios no quiere, santos no pueden* (if God does not wish, the santos won't be able to act); fortunately, most of the time changes are possible.

Adherents of the religion contend that health problems afflict people at any given time, and they recognize six main harmful forces (there are others) that may cause illness. In order of importance, these are *iku* (death), *arun* (sickness), *ina* (disaster), *ofo* (loss), *fitibo* (feeling overwhelmed), and *araye* (general struggle and strife). Opposing these are the ire or blessings: *ire owo* (money), *ire omo* (children), *ire ichegun ota* (defeating one's enemies), and *ire ariku babawa* (to become immortal). These elements (both positive and negative) are considered supernatural entities and can affect anyone. The negative forces can afflict a person because of a violation of a taboo, disobedience, and the breaking of a law (either human or divine). Lucumí belief holds that only two events in life cannot be altered: the day you are born and the day you will die. However, because of one's actions, death can come sooner than it normally would. Arun (sickness) may manifest via supernatural causes (curses, sorcery, divine punishments) or by natural causes (congenital and acquired conditions).

Divination determines the source of a patient's illness and suggests the best methods (both physical and supernatural) to treat the problem. If the cause is supernatural, an ebo or sacrifice is required. If the affliction is deemed to be a case requiring the attention of a medical doctor, the oracle will advise

what needs to be done in order for the physician to more effectively treat the patient. Practitioners of Lucumí don't rule out the importance of doctors and pharmaceuticals, but they do use the oracle to supplement standard procedures. After a person has been treated by a medical doctor, he or she will consult a diviner in order to assure that all physical and spiritual problems have been resolved (see Brandon 1990, 1991, 1993; Cabrera [1940] 1975; Curtis 1982; Murphy 1988; Pasquali 1986, 1994; and Sandoval 1979, 1983).

El Palo Mayombe

Both Santería and El Palo Mayombe are New World religions that arose with European and African Creole society in Cuba during the era of slave trade. Lucumí, however, derives primarily from traditions of the Yoruba in southwestern Nigeria and Benin. El Palo Mayombe draws its impetus from the religious practices of the Kongo or BaKongo peoples of central Africa (Wetli and Martínez 1983).

El Palo Mayombe places emphasis on working with the spirits of the dead rather than on interaction with a pantheon of anthropomorphic deities as is the case with Santería. This is in keeping with the religion's central African heritage, for Kongo religious beliefs stipulate that communication with direct ancestors and the recently deceased are the best avenues by which humans can forge a relationship with the ultimate divinity, Nzambi Mpungu. Practitioners of El Palo Mayombe (paleros or paleras) create shrines (*ngangas*) dedicated to the spirits of specific deceased individuals and, through the maintenance of the shrines, are able to call upon these entities for assistance in a variety of spiritual matters.

In addition to postulating the existence of a creator deity, Nzambi, adherents to El Palo Mayombe recognize the existence of various lesser beings called *nkisi*. These include spirits of the dead, forces of nature (such as wind, lightning, the sea) and environmental elements (trees, plants, rocks, animals). Furthermore, each Palo practitioner has a personal spirit (*nfumbe*) who acts as a "guardian angel." Palo rituals center around the creation and utilization of a *nganga* or *prenda*: an iron pot or cauldron filled with dry branches (*palos*), vines, roots, animals, and objects that symbolize the forces of nature.

Palo accepts the influence of spirits and sorcery as the major sources of disease and interprets sickness as an attack on the body. Treatments involve chanting (*manbos*), therapeutic ritual designs (*firmas*), and, above all, the use of the *nganga*. The cauldron and its contents are said to be a microcosm of the natural, human, and spiritual realms in which the *nfumbe* and *nkisi* spirits, with whom paleros or paleras work, reside. Using the *nganga* and communicating with the spirits via mediumship and trance possession, the practitioner

attempts to discover the causes of disease (natural or supernatural) and to channel the supernatural forces that will enable him or her to heal the affliction (Cabrera 1986; Montenegro 1994).

Espiritismo

Espiritismo (Spiritism) is also prevalent in botánicas. It derives from the European Spiritualist tradition of the early nineteenth century influenced by the French engineer and psychic investigator Hippolyte Rivail (1804–1869). Using the pseudonym Allan Kardec, he authored a series of books outlining a spiritual doctrine that emphasizes the importance of communication with the dead. According to Kardec, the spirits of deceased individuals are able to interact with the living, and when contacted through a medium, they can offer solutions to a variety of social, psychological, and medical problems. Spiritism diffused to the Caribbean where it syncretized with Native American and African religions. Spiritist altars usually display (in Spanish) Kardec's *The Gospel According to Spiritism* and *The Collection of Prayers*; the former often replaces the Bible.

Subscribers to the tradition contend that the spirit world is arranged in a hierarchy that places the Judeo-Christian God at one end of the spectrum and the restless, wandering souls of those who were unprepared for death at the other. Between the two is a series of categories representing benign “pure” beings such as angels and seraphim, Catholic saints and Afro-Cuban orichas, historical heroes and leaders, as well as the spirits of ordinary men and women. A spiritual seance is one of the primary means by which mediums (espiritistas) contact these ethereal beings on behalf of themselves and clients. In Los Angeles, types of spirits often encountered in ceremonies and also represented in the religious folk art of botánicas are African slaves, Native Americans, Latin American nationalist figures (for example, Pancho Villa), and ascended masters such as the Buddha.

Practitioners of Espiritismo believe that disease may result from a variety of physical and spiritual conditions, some of which may not be counteracted. Some afflictions are thought to have been ordained by God and, therefore, cannot be resolved by any means. Most illnesses, however, are recognized as physical or spiritual ailments that require treatment by medical doctors and spiritualists, usually in combination. Some maladies are diagnosed as manifestations of karmic conditions that were inherited by the soul upon incarnation. Even if these cannot be eliminated, they can be alleviated with rituals, prayers, and moral rectitude. Sorcery causes yet other medical problems.

The treatment of disease, physical or spiritual, may require herbs, rituals, other material remedies, and also the intervention of supernatural entities known as “spiritual protectors” and “spiritual guides.” According to the doctrine

of Espiritismo, these “guardian angels” know how to heal without interfering with the will of God. When patients consult an espiritista or espiritista, they generally seek to ascertain not only the cause of their affliction but also the most effective means of treating it. Through the use of various divination implements and spirit mediumship, spiritists provide answers as to the source of a patient’s problem and suggest courses of action. Depending on the nature of the problem, recommendations may include spiritual procedures at the botánica, herbal treatments self-administered at home, or referral to a mainstream health care practitioner (see Garrison 1977; Harwood 1977, 1981; and Koss-Chioino 1992).

Curanderismo

Curanderismo, the most common folk medical tradition practiced by Mexican Americans and Latino immigrants in the United States, integrates elements of popular Catholicism, Native American medicine, European magic and witchcraft beliefs, Spiritualist doctrines, and contemporary biomedicine. Healers who follow this tradition (curanderos or curanderas) believe that the ability to heal is God-given and often claim that they began their medical practice as a result of a divine calling. The healers generally work within a specific neighborhood or community and mainly tend to the needs of friends, relatives, and neighbors. Some practitioners, however, have become widely acclaimed for their healing abilities and, as is the case with the late Don Pedrito Jaramillo, may even achieve the status of folk saint (see *Spirit Doctors* 1997).

Curanderos or curanderas recognize illnesses of both natural and supernatural causes. The majority of the ailments seen are physical complaints such as headaches, gastrointestinal problems, or general pain. Folk illnesses brought on by improper eating habits (*empacho*) or traumatic experiences (*susto*) are also treated by these healers. Less commonly seen are supernatural afflictions *mal puesto* (a magical hex) and *mal ojo* (evil eye). Remedies for physical and spiritual problems require prayer, spirit mediumship, and the utilization of herbs, oils, holy water, and other sacred objects. A fundamental precept of Curanderismo is the idea that the patient must actively participate in his or her treatment for it to be effective. Acting as a medical and spiritual advisor, the practitioner helps the patient to harness the healing power of God (Clark 1959; *Eduardo the Healer* 1978; Graham 1976, 1985; Granger 1976; Kiev 1968; Madsen 1964; Roeder 1988; Rubel 1960, 1966).

Hoodoo (Conjure or Rootwork)

Understood fundamentally as a system of pharmacopedic practices and spiritual traditions developed and utilized by African Americans living in the South, Hoodoo offers individuals a means of transforming, revising, and

reenvisioning reality. Largely comprising medicinal and ritual operations derived from African sources, the primary role of Hoodoo is to provide healing alternatives to those who are ill, to find love for the loveless, to secure work for the unemployed, and to offer empowerment within an often oppressive social environment. As with Curanderismo, the Hoodoo practices are normally family-based traditions that have been passed on from generation to generation. Although some individuals who practice Hoodoo have garnered reputations as powerful healers within their community, most people who utilize its remedies and rituals do so with anonymity. Hoodoo, as some practitioners say, is a “quiet” tradition; a system of healing that generally takes place in the home and is usually self-administered. There are, however, legendary practitioners such as Marie Laveau, Dr. Buzzard, and Dr. John with whom some modern conjurers claim association or inspiration. Hoodoo is the most pervasive of the African-based religions in American culture, known through allusion to “conjure” woman, “hoochie coochie man,” “mojo” (bag or hand), “juju,” “rootwork,” and “voodoo”; and appearing in literary works by such authors as Zora Neal Hurston, Rudolph Fisher, Ishmael Reed, and Alice Walker; in music by bluesmen like Willie Dixon, Robert Johnson, and Sly Fox; and in art works from quilts and yard displays to easel paintings.

Much like El Palo Mayombe, the practice of Hoodoo, conjure, or rootwork centers around the use of animal, mineral, and vegetal materials as a means of affecting the spiritual force or vitality of an individual. Sickness can have natural or supernatural causes. Treatments for natural illnesses usually consist of herbal teas or other decoctions, poultices, and aromatic baths. Supernatural afflictions, generally thought to be caused by sorcery, are counteracted through the use of prayers, candles, cleansing rituals, and apotropaic devices. Supernatural illnesses imply that one’s spirit has been “tied up” by someone working malign, conjure practices. In such cases the conjury must be broken and the spirit “released” (see Hurston 1935; Hyatt 1970–78; Jackson 1976; Lichstein 1992; Snow 1979; Maduro 1975; and Mathews 1987, 1992; for works on the related Vodou, see Brodwin 1992 and 1996; Cosentino 1995; Mena 1998; Metraux 1972; Polk 1997; and Straight 1983).

Biomedicine

Alternately called orthodox, official, professional, conventional, modern, or Western medicine, biomedicine is also a medical system. Some would contend that it is an *ethnomedical* system, for it too is part of a culture, embodies a worldview, expresses a set of values, and holds beliefs about health, healing, and the relationship of human beings to nature and the supernatural. While the other systems described above resemble one another in postulating a spiritual

as well as material world and in assuming the interrelationship of mind, soul, and body, biomedicine differs on both counts.

Biomedicine separates mind from body, treating each with distinct methods, and both from the spirit or soul which is left to the clergy to deal with (if it is treated at all). It focuses on the biological or organic phenomenon of disease, thereby excluding the cultural, social, and psychological construction of illness by patient, friends, and family (Clark 1995). Biomedicine is quick to pathologize: the patient is diseased (rather than suffering an illness; see Eisenberg 1977), childbirth and menopause are not natural life-cycle events but pathologic conditions (Clark 1995; Davis-Floyd 1987, 1992), and ecstatic states and trances are neurotic or psychotic episodes. Its explanatory model dwells on the germ theory and on bodily deterioration, a wearing out of parts, which it treats in isolation from other factors using chemicals or surgery. While it can replace hip joints or remove malignant tumors, biomedicine can't explain why these problems befall us rather than other individuals (Hufford 1994). This medical system has much to offer (especially *inyecciones* or injections, which have become a cultural tradition for Latinos; see Gurza 1999 and Reza 1999). Many people need more, however, choosing treatments from other systems to complement biomedicine (Cassidy 1995).

A SANTERO AT WORK

Although the religious-medical systems differ owing to cultural and historical circumstances, they hold fundamental precepts in common. Already mentioned is the belief in supernatural beings who interact with humans and who can affect health. Most of the systems view health as a state of balance or equilibrium; should individuals fall into a state of imbalance, they become ill. Biomedicine's germ theory of disease may explain *how* people become sick but other systems explain *why* they do, particularly when other people remain well (Pasquali 1994). Restoration of health requires restoring equilibrium, accomplished through ceremonies and herbs (including baths and spiritual cleansings). Prevention of illness is a common concern. When sickness is attributed to supernatural forces, the way of protecting one's health is to neutralize the negative ones through moral action, deference or propitiation, and to cultivate the positive forces; in both instances, protective talismans, amulets, candles, incense, herbs, roots, and sometimes the ritual sacrifice of animals prove useful.

Another idea about health and illness fundamental to Curanderismo but also implicit in the Afro-Cuban religions and Espiritismo concerns "hot" and "cold" properties (having nothing to do with temperature) of the body,

environment, illness, plants, and foods (see Anderson 1987; Harwood 1971). Some “hot” diseases or states are acid indigestion, diabetes, hypertension, pregnancy, *susto*, *ojo*, and *bilis*. Examples of “cold” diseases include menstrual cramps, pneumonia, colic, and empacho (however, ethnographic studies indicate that opinions differ from one community to another and even within communities as to which illnesses, and especially which plants and foods, are hot and which are cold). According to some Hispanics, a woman should avoid lemons, grapefruits, sauerkraut, pickles, vinegar, and tomatoes because they are cold or too acidic: “such things make the uterus very cold” and stop menstrual flow, congealing blood in the uterus to reappear later as cancer (Snow and Johnson 1978). The goal of treatment is to restore harmony and balance; for example, “cold” remedies like bananas and lemon juice as well as teas of passion flowers or linden are often used for hypertension. This system has elements in common with systems prevalent in Chinese and Ayurvedic tradition (Anderson 1987).

Each religious complex differentiates between the “material” and the “spiritual”; practitioners recommend that clients seek treatment by doctors for illnesses in the material realm (Garrison 1977), while they treat spiritual problems and also ailments of a material nature caused or aggravated by supernatural forces. All the ethnomedical systems have in common the use of herbal remedies (about one-fourth of the pharmacopeia of biomedicine is “green medicine,” derived from plants, albeit in processed form). In Lucumí tradition, plants are sweet, strong, or neutral in one system; but in another system, baths and teas are composed of herbs “owned” by a particular oricha whose assistance is needed. Theories of health and illness, principles of disease causation, and therapeutic techniques become more apparent when interacting with a santero who is also an osainista or herbalist. The data that follow derive from interviews and observation (in October and December 1998, and February 1999) conducted jointly by Michael Owen Jones and Patrick A. Polk with a healer in the Los Angeles area introduced to them by Roberta J. Evanchuk. The analysis grows out of discussions among these three individuals as well as between them and Ysamur Flores-Peña, who specializes in African and European ethnomedical systems, and Donald J. Cosentino, who is an expert on Afro-Caribbean religious systems.

Biographical Background and Calling

Now middle-aged, Carmello Santiago (pseudonym) grew up in the Caribbean and moved to southern California in the 1980s. He opened a botánica within four years of his arrival and has since become a well-established member of the Lucumí community both locally and nationally. Carmello has long been

involved with various religious systems. From the age of nine he has been a healer in the Espiritismo tradition (his father was a noted spiritist medium, his mother a healer). Like many folk practitioners he had the “calling” replete with visions, possession, and visitation by spirits (see *The New Believers* 1990; Espín 1996; Hand 1980; and Singer and García 1989). For three years in his teens he was a Jehovah’s Witness. Then he considered entering the Jesuit seminary hoping to become a Catholic priest. “It was very hard soul searching,” he said; “I didn’t know what the hell I was looking for, but my basic question was, growing up as a spiritist, ‘Is this it?’ It’s like you wonder if you’re doing the right things, is this what you really want? I just got sick and tired of being a spiritist! I wanted something else. You have to realize, I’d been attending seances and dealing with people and healing people since I was nine years old, so by the time I was a teenager everyone was looking at me not as a regular teenager but just by what could I do for them. At nine years old I was already taking care of people. So you really get a sense like ‘Oh my God, is there something else to life than this?’ You really ask yourself those questions.”

At eighteen Carmello suffered a severe injury that conventional biomedical treatment and other available therapies were unable to cure. As a last resort he visited a santero. With the help of this traditional priest and healer, Carmello employed offerings and prayers to the orichas as a supplement to his regular medical treatment and soon regained his health. Later, following his recovery, Carmello was initiated as a Lucumí priest. By the early 1990s Carmello had his own *ile* (house) or congregation for oricha worship and is now godfather to several score who joined the religion through him, some of whom he has initiated into the priesthood by means of a long, complex ceremony following theological instruction. As spiritist and santero, Carmello listens attentively to knowledgeable individuals around him, taking voluminous notes that he keeps on his bookshelf near his desk where he confers with clients. Of his adherence to the two spiritual traditions, Carmello states: “I have never left Spiritualism; both practices [Espiritismo and Lucumí] exist together. You use both. Spiritism is a tool and I never stopped being a Spiritist, because you never stop being that.”

Carmello readily admits to having suffered some of the same ailments as his clients. For instance, he arrived in Los Angeles on a Thursday. His aunt in Whittier lent him her car to drive to downtown Los Angeles to locate the office where he was to report for work the following Monday. “So when I was exiting, when I took the five freeway south, I got absolutely overwhelmed by the sheer amount of cars and people and the sheer madness of it, and I just broke down, I just pulled over to the side, parked the car and started crying. I wanted to go back home!” Weeping hysterically, he couldn’t move for more than an

hour. He suffered *susto*, the folk-defined illness of fright (Kroesen 1994; Logan 1993). “That was my first experience with *susto*, and then I had certain ceremonies that I needed to do to put myself back together again.” Managing to return to his aunt’s home, he called friends in the Caribbean to send him by overnight delivery several fresh herbs (lantana, lemon grass, mint) that he used for a tea in conjunction with the necessary rituals to the *orichas*.

Preparation and Uses of Herbs

“When you’re driving, you’re always looking to see what herbs are around,” said Carmello. As Brandon notes (1991), the Lucumí term for plants, herbs, and weeds is *egwe*. They help human beings through *ache* that makes them alive with divine power. All plants are thinking entities; all have personality and temperament, requiring rituals to entice them to give up their power. Some are frightened easily and withhold their powers by refusing to bloom. Others are shy and retiring. Yet others have explosive personalities, requiring great etiquette and respect before being picked. The powers of plants fluctuate over the course of the day, resting at night but enlivened by morning (Sandoval 1977). All must be gathered properly with prayers and token payment. Wild *egwes* possess the greatest power for healing.

Herbalists collect plants from the local mountains, river beds, and neighborhood sites such as empty, undeveloped, or untended plots of land. According to Carmello, abandoned homes with overgrown yards and weed-filled parking lots are often good sources of herbal materials. “Santeros work with weeds,” he said. As we drove away from a wholesaler’s store where he had just bought some fresh herbs imported from Latin America, Carmello noticed a certain type of plant growing on the fence surrounding a corner lot. He signaled us to stop, hopped out of the car, and enthusiastically began plucking portions of an orange-colored plant from the fence. It’s known as “holy weed” he said, and can be used to soothe skin lesions and surgical wounds, reducing the scarring. He had assumed that the plant was no longer in season. Nonspecialists usually have to rely on *botánicas* in order to obtain the components of herbal remedies. However, some basic “home remedy” herbs are available at sidewalk plant or flower shops throughout east Los Angeles, such as lemon grass, rosemary, sweet basil, and “tree of life.” Individuals often buy these plants as starter or home herbal kits.

Carmello is an *osainista*, defined by Brandon (1991, 60) as a priest or priestess “knowledgeable about the herbs, their prayers, personalities and temperaments, and able to collect them from the wild.” Ritual uses of herbs include *osains* and *omieros*. The latter is the more powerful, not only for cleansing but also for empowering individuals and objects that are about to come in contact

with the orichas (Brandon 1991). Ordinary herbal preparations may have up to nine ingredients, balancing strong and sweet qualities, said Carmello. Omieros (mixtures of plants associated with a particular oricha; see Cabrera [1940] 1975) are composed of up to 121 different egwes. “Strong” plants (like camphor) “increase the heat” and are used to “dislodge a situation,” said Carmello; if the body is very hot (the condition of illness), then “sweet” herbs like basil, mint, and camomile reduce the heat through a bath, tea, or poultice. Generally speaking, in Lucumí one seeks to cool things down (in contrast to El Palo Mayombe). A knife (iron) is associated with the oricha Ogun. A client will consult the oracle to determine if surgery is truly necessary and will prove successful, and also to invoke the oricha’s help to guide the surgeon’s hand. After the operation (“hot”), the client will return to the santero for ceremonies, herbal baths (*despojos*), and perhaps ointments or poultices to “cool” the condition and aid recovery.

Carmello grows, dries, and stores many of his own herbs, collects them from abandoned lots and overgrown yards, purchases others from an importer, and also special orders fresh ones (unavailable or out of season in southern California) from Miami, Puerto Rico, and other sources in tropical climates. He not only utilizes the plants himself but also gives workshops on spiritual herbs and baths in which participants learn to identify the plants by traditional methods, perform correct procedures of herb collecting and drying, and prepare teas, soaps, tinctures, compresses, and bath salts using infusion, decoction, and maceration.

As a rule of thumb, “sweet” herbs include spearmint, mint, camomile, basil, lavender, and any other herb that is sweetly aromatic. “Strong” (or “loud”) herbs taste bitter or smell pungent or harsh, such as rue, angel trumpet leaf, avocado, tree of life, and the leaves of most trees. Teas are made by infusion, that is, by pouring hot water over herbs that steep for ten minutes or more, releasing some of the oils and curative properties of the leaves. To make a decoction, Carmello recommends gently boiling water and herbs over a medium fire in a covered container, then letting it stand ten minutes or so to allow the steam to settle; this results in obtaining a higher amount of essential elements, but evaporation causes some loss. The most effective method is maceration: using a mortar or one’s hands to crush the leaves to produce an aromatic liquid, dark green and full of the plant’s essential elements as well as containing “personal vibrations.”

Like other osainistas (Brandon 1991, 68), Carmello strongly advises against using commercial preparations, for one cannot be entirely sure of what they contain, and they are likely not to have been collected in the wild by a knowledgeable herbalist who, through proper rituals, maximizes their

power. Some typical preparations consist of soaps, salts, poultices, and compresses. Carmello grates pure Castile soap, mixes it with herbs and other ingredients (honey, perfumes, oils), reshapes it, and allows it to dry. To prepare salts he combines an equal amount of table salt, baking soda, and Epsom salt and then adds perfumed oils, dried flowers, or leaves. A poultice consists of a moist, hot herb pack made by spreading a thick paste of crushed, fresh herbs over a clean cotton cloth and applied to the affected area for several hours. He makes a compress using a cloth soaked in a hot herbal preparation that is then wrung out and applied to the skin (he advises leaving both ends of the cloth out of the water for easier handling when applying it).

Carmello insists that most herbs be collected before 9 A.M., before the sun dissipates their oils. They should be picked by hand, starting at the top with the newest leaves, and then dried in a shady place on a ventilated object such as an old screen door, turned several times during the drying process, and stored in dark containers and in shade. The final product will be dark green and aromatic. When needed, the herbs are put in water, the purer the better. Traditional healers, he contends, never mix more than nine herbs in a single bath; a sweet herbal bath should follow a strong one. Each essence has its own therapeutic effect. For example, bergamot is refreshing and reduces irritability, anxiety, and depression; it also aids sleep. Calming and refreshing, camomile treats stress and depression. Frankincense relaxes and rejuvenates and also stimulates the mind. Lavender is balancing, normalizing, and tranquilizes the mind. Myrrh serves as a sedative and also rejuvenates the skin. Orange blossom soothes nerves. The soothing and relaxing rose helps resolve relationship problems. Spiritually enhancing, sandalwood treats impotency and frigidity. No matter the problem—whether social, emotional, or physiological—single essences and especially combinations of herbs, usually along with appropriate rituals and ceremonies, are often effective in alleviating it. Sometimes a ceremony alone will suffice.

Selected Cases

While other santeros and santeras generally keep records for a year, Carmello Santiago has three filing cabinet drawers filled with cases spanning the past thirteen years that he has been a practitioner in the U.S. One sheet for each problem notes the client's date of birth and ethnicity, the date that the client came to him, the divination, the "prescription"—the herbal preparations and ceremonies recommended by the oracle—and the ultimate outcome of therapy. Carmello has told us about a number of cases before, we have talked with several clients, and we have witnessed divinations as well as observed a ceremony conducted by his wife, Lilian (pseudonym), a santera and espiritista.

Recently we asked Carmello to pull some cases that he considers “representative” and to discuss them. These cases are, of course, self-selected. He selected nine from his files, three involving procedures carried out by Lilian. In each instance, the problem’s nature, cause, and possible resolution were revealed through the oracle, in other words, complex Lucumí divination procedures as in the case described above involving Olivia.

Case 1. The first case is an African-American male born in 1967. He was first seen 9 January 1990, last seen 28 February 1999. “He’s been a continuous client of mine. One of the interesting things about this person—he was a healthy person, he was suffering a bad case of some kind of genital dysfunction, went to his company insurance, they couldn’t find anything wrong with him. He’s a person who played sports in school, he worked out, he’s young, and he was having problems. . . . He wasn’t able to conceive, was unable to even hold an erection, and he was having pain in the genital area.” Through divination the oracle indicated that the problem was “a parasite, some kind of bug that lives in the body.” He was given a combination of (strong) teas—in Spanish, *polao*—to drink three times a day. Alongside this he was told to drink a combination of juices that are a diuretic in a sense, which are cucumber, lettuce, and the like (“fresh” or sweet herbs that flush and refresh the system). After that there was a ritual performed on him with the oricha Ogun. The ritual included the use of a leaf called *vencedor*. Basically the translation is “to conquer.” “It’s a tree that has the tendency to grow up straight regardless of all the problems. Always shoots straight up.”

“How did you determine the teas?”

“You ask the oracle. Basically on your knowledge of what the herbs do, you ask the oracle what combination of herbs is acceptable. So we did that with Ogun, and the man was supposed to wash the affected area with the leaves of the tree—meaning his groin. After that, the idea was to bring the bug out, whatever the bug was. Afterwards he went back to the doctor and was diagnosed, because the oracle advises you to go to the doctor. It’s a medical problem, not a spiritual problem. And he was diagnosed with a severe case of genital herpes.”

“And then how did you determine that it was rituals to be performed for Ogun?” (Ogun is the oricha of the forge and of war; see Flores-Peña and Evanchuk 1994.)

“Everything is to be asked of the oracle. You don’t make a decision on your own. You have to ask the oracle if what you think, your particular choice, is acceptable.” The teas (*polao*) had to be strong because Ogun is a hot deity. The symbolic significance of rubbing the genitals with *vencedor*—“the tree

that grows erect”—is obvious. The man was treated by a doctor. He had first sought Carmello’s aid in 1990, then he was initiated into the religion. By exact count of case notes, he has seen Carmello eighty times in nine years, mainly for help in personal decisions, social problems, and work-related matters.

Case 2. Case 2 is a Mexican-American businessman, born in 1964, who came to Carmello for a single treatment on 3 November 1991. “He was discharged from the hospital after a month with inconclusive diagnosis—lack of strength, unable to stand, he needed to be held or carried in a wheelchair. Also he could not hold anything in his stomach. He was expectorating a lot even though he was not producing anything. Recently married at the time, and now he has two children the last I heard. He was diagnosed as being bewitched.”

“Diagnosed by divination?”

“Yes. The divination established that something was put in his food. He was to have the equivalent of an exorcism with Osain [the oricha of herbalism, magic, and the power of nature] as a major cleansing: *rompemiento*, ‘to break.’ After that he was given a . . . it was suggested that he drink something to flush his kidneys because the oracle asserted that the problem was in the kidneys, not in his stomach. Contrary to what he was saying, that it was his stomach that hurt, it was the kidneys.”

The man had been hospitalized for a month, and every conceivable test had been performed with no insights into his problem. “According to the oracle, what happened was that whatever spell was put on him was hindering the doctor’s effort to see the disease.” The ceremonial *rompemiento* was to break through that blockage. The man was required to sleep in old clothes in order to “pick up the humors of the body”; the clothes were then ripped (“broken”), and while he was naked Carmello and another priest cleansed him with herbs, a bath, coconuts, colored cloth, and cigar smoke. The clothes, candles, coconuts, and cigar smoke were wrapped together and sent to a cemetery for burial. Carmello gave him a tea of aloe vera gel and brazil bark to drink for fifteen days in order to flush the kidneys. The man was told to also drink a mixture of mint and warm milk before going to bed and on arising in the morning. Carmello instructed him to then return to the doctor; he was diagnosed with an early case of cirrhosis of the liver.

“See, usually the oracle distinguishes between different stages of the disease: the disease created by magic [sorcery], the disease created by punishment from divine forces, and the disease created by one’s own actions. When the disease is created by physical conditions, [such] that it requires the intervention of the medical establishment, the oracle itself will acknowledge that. So the oracle becomes sort of like a triage, clarifying and clearing away

what the doctors cannot see. Like my old teacher used to say, ‘Machines cannot see spirits.’”

An individual can bring punishment upon himself or herself by violating a taboo or offending a divine force. Or sometimes “you did something that brought that disease to you. For example, in the middle of winter you walk out with no shirt and you get pneumonia. Well, you brought it upon yourself.” One may also inherit genetic conditions or predispositions. “The diviner needs to ask if he can intervene to cure the whole thing with rituals and medicine [herbs], or if there’s a need for the person to see a doctor. If the person needs to see a doctor, then the oracle will say you do this, and see a doctor; if the case is beyond [spiritual work], the diviner will just say forget it, go to a doctor, there’s nothing I can do for you.”

Finally, “some sicknesses cannot be cured and the oracle acknowledges that too. There’s the case of a young Belizean woman. She came because of a diagnosis of cancer. And the oracle asserted that there was nothing to be done because it could not be stopped or cured, so basically the only thing you could do was alleviate it. So sometimes the oracle acknowledges that the body is already in such bad shape that it is impossible. All you can do is two things: alleviate the condition and prepare the person for death. There is cleansing, you talk to the person, there’s all this preparation for death. The person receives ceremonies and rituals of Babalú Aye, the oricha of infectious diseases, and she receives beads of Babalú Aye. The cancer, like it often does, went dormant for about a year and a half, and then it came back again and she passed on. But she knew, we knew, everyone knew that what we were doing was basically getting things ready. Many times the oracle acknowledges that there is nothing to be done at all.”

Case 3. Case 3 is an African-American female born in 1959, last seen 25 February 1999. “This pertains to Lilian [the santero’s wife, an espiritista]. Complaint: unable to conceive a child. Been through every fertilization technique and clinic there is, with no results. No other complaints, healthy, no addictions to anything. Two *santiguos* was the prescription. One with Ochun, the other [one month later] a *santiguo espiritual*” (see Evanchuk 1999). The first consists of songs, prayers, and incantations as well as the ritual massaging of the abdomen with a squash, gourd, or pumpkin; Lilian learned it from Carmello’s mother. “The style of the second is completely different. It involves flowers, it involves certain perfumes, certain combinations of oils, that’s directed by the spirit” and performed not in front of the orichas but in front of Lilian’s spiritual altar. Seven days later the woman was to have a cleansing with Babalú Aye using a guinea hen sacrificed to this oricha concerned with

disease. “According to Lilian, she had an inflammation that prevented the egg from doing what it was supposed to do. She did it [had the rituals], she got pregnant, and she had a kid. Lilian asserted that her ovulation was a mess, it was completely off rhythm. She was also supposed to receive a charm to carry with her and she did, a *niche*, just a charm for her protection. Lilian also thought that her desperation was preventing her from getting pregnant. Her own desperation of getting pregnant. And then the inflammation plus that, it was just a mess. So she did that [took part in the ceremonies], she’s got a kid, she’s thinking of having another one, she became initiated and became a worshiper.” Lilian also had the woman drink (one time only) a combination of seven different oils. One was “egg oil” (in other words, a beaten egg yolk that has sat awhile) “as a purgative but also to bring down the inflammation.” According to Carmello, “She has paid in excess of fifty thousand dollars getting pregnant. And she almost had a heart attack because she ended up spending here about three hundred dollars and she got pregnant.” (Recently she conceived her second child.)

Case 4. “Mexican female, two years of age. Diagnosis: *susto*. Constant crying, not eating, losing weight, not sleeping, always scared of everything. First of all she was taken in front of the orichas and she was cleansed with white flowers. The whole pantheon of orichas. Into the altar room [where the shrines are]. Then she was left standing there for a second—because you have to combat *susto* with *susto*—so when she was standing there, and when she’s busy looking at everything, the person is supposed to grab the kid, throw it up, turn it around and bring it down.”

After frightening the child to break the hold of *susto*, the santero prescribed a beverage containing orange blossom water and honey to be drunk for twenty-one days, and a bath at the same time consisting of white flowers and water that had been left outside to “pick up the dew.” She had recovered the last time Carmello saw her in June 1997, when her parents brought her back for treatment of colic. “The prescription: change diet. Too much frijoles. She was developing gas, and that hurt, so drop the frijoles. Which is a problem because at the same time this is a family of very limited resources. So if you tell a family, don’t give them frijoles, what are they going to feed her?” Other family members who had consulted Carmello about their own ailments include the mother, the father, the brother-in-law and the sister-in-law. “I was referred by the sister-in-law.”

“Any idea what caused the *susto*?”

“Crossing the border! That will scare the wits out of anyone. The whole family is illegal.”

“Is that a common source of *susto* that you treat?”

“Most of the *susto* cases that I treat, I don’t even have to look at the oracle, I just can tell immediately that they probably just crossed the border. Male, female, kid, whatever, the ordeal of crossing the border, the ordeal of hiding and then adapting to this city. Even if they don’t develop it when they cross the border, just living here in fear of being arrested and in fear of not being able to fulfill their obligations to pay the coyote and the whole thing is enough to give them *susto*.”

Case 5. “Another female kid, born 1990, Mexican, born in Los Angeles of illegal parents. She developed a rash, the skin will dry up and then break. Very painful, she was a living sore. It was all over, it was horrendous. You cannot pick up the kid, because whatever you did to her will hurt. She was kept basically naked, she could not wear clothes. Taken to the hospital, diagnosis inconclusive for fungus. The doctors did not know really if it was a fungus, a viral infection, nothing. Everything was inconclusive, they were just trying different treatments to see if one them will score.”

The parents brought the child to Carmello. The oracle prescribed a treatment “with Babalú Aye [oricha of infectious diseases] and three baths, made with *omiero*. *Omiero* is a ritual preparation done with incantations and specific herbs to the oricha, with a minimum of seven herbs and then it is ‘seasoned’ with different things like roasted corn, palm oil, honey, rum, guinea pepper—it’s a heavy preparation. *Omiero* means ‘water that cools,’ and it’s used for consecration, usually, to consecrate sacred items. And also for medicine she was advised to take three baths in a seven-day period. She was supposed to take that and then make a mixture with aloe vera gel, palm oil and honey, and to smear the body to ease and prevent the skin from cracking. After that she was supposed to be cleansed with gun powder in front of Osain [the oricha of herbalism, magic, and medicine]. You blast the gun powder and when the smoke comes up you cleanse the person in the smoke of the gun powder. The kid got better, skin cleared, diagnosis from the laboratory inconclusive still. They don’t know what she had, and to be honest with you, neither do I. In this case she didn’t need to go back to the doctor, but I sent her back to the lab because we were curious about what the hell she had.”

“The baths with *omiero*, what were the ingredients?”

“Seven different kinds of herbs. You have fern, *boton de oro*, sage, *romerillo*, tree of life, [unclear], the other one is angel trumpet, and that was it. It’s a combination of both sweet and strong. The *romerillo* and the *boton de oro* are sweet but they’re not taken because of that condition, but because it’s a combination particular to the orichas. This is a preparation for the *omiero*

and omiero doesn't go by sweet and strong category. The same plant that you might take in one place for sweet or cold or hot or strong doesn't feature in the omiero because the omiero goes by oricha. Whatever oricha owns the plant, that's what you use, not because of their qualities. If you're working with the plants on their own as plants and herbs, there's a set of rules that you follow. If you're dealing with them within the Lucumí tradition, or Palo, or any form of religion, there's another set of rules. And you don't mix both."

Case 6. "Next case, Salvadoran male, born in 1967, came here on 7 October 1993, last time here was 6 January 1999. Working man, brought here by wife [whom Carmello had treated previously]; impotency. Prescription was a rum rompemiento, and also there was a cream made for him to apply to the affected area." The cream consisted of aloe vera, sage, honey, snake oil (the renderings from a fried snake). The prescription included a bath with Elegua omiero, in other words, herbs (plus appropriate "seasoning" in the form of honey, roasted corn and so on) that are owned by the divinity Elegua (also known as Eshu or Elegba), the oricha that stands at the cosmic crossroad between the human and the divine; his goodwill must be obtained for projects to succeed (Flores-Peña and Evanchuk 1994).

Because Elegua's number is three, the man was to bathe three times in the omiero consisting of a long list of herbs "seasoned and prepared according to the likes of the oricha." An oddu (a configuration of the sixteen cowries used in divination) indicated that he was to rub himself with a whole coconut that later was disposed of in a cemetery. "The idea is that the coconut will pick up whatever inflammation is in there to find out what was preventing the doctor from finding it." Because "the oracle said he had some kind of physical condition that was affecting everything," Carmello sent the man back to the urologist who then found a hernia high on the testicles that prevented the passage of sperm. "He's scheduled for surgery next month."

Case 7. "Another case is a Salvadoran female, she was born in 1952, came here [recently] complaining of excessive bleeding, she was diagnosed by a doctor as having fibroids and scheduled for an operation: hysterectomy. Came for divination and was advised that two santiguos [seven days apart] be performed with Ochun [conducted by Lilian]. [After the second one] she had a hemorrhage—very, very heavy—taken back to the doctor, taken to the hospital, fibroids had dissolved, she was discharged, the surgery was canceled, she's fine."

Vivian Garrison (1977) describes the "spiritual working" on behalf of clients with organic gynecological disorders through the use of a *rogación* (petition) to Ochun (the oricha of love, fertility, and the beauty of life, she

is a demanding lover and compassionate mother, the favorite daughter of Olodumare, the supreme being [see Flores-Peña and Evanchuk 1994]). It consists of a ceremony of songs, prayers, and incantations as well as the ritual massage of the abdomen with a squash or gourd (representing the abdomen and all of its internal organs). According to Garrison, as the squash rots, so too does the inflammation and sickness of the abdomen that has passed into the squash dissipate and disappear. Writes Vivian Garrison (1977, 146): “Most of the time, this ritual is a harmless procedure which serves to alleviate anxiety while the woman awaits her next menstrual period, visit to the doctor, or other, more decisive answer to questions about her gynecological condition. In the cases I know about the women continued to see a gynecologist as well, but the *santera* claimed a ‘cure’ effected by Ochún when the matter was resolved. In this way the *espiritistas* or *santeras* do claim to ‘cure’ infections and ‘tumors’ which purportedly ‘the doctor could not cure,’ and to prevent ‘unnecessary operations.’” The author adds, however, that there are in fact frequent exploratory operations and unnecessary hysterectomies, a situation that promotes the search for alternative or complementary treatment.

Case 8. “The daughter of this woman is the next case, Salvadoran female, born 1968. She had a miscarriage in an earlier pregnancy. Santiguo made, it was done, to help her womb get back into shape. She was advised to, by divination, not to get pregnant soon. Still she did. She was advised to come back for divination because the pregnancy was problematic, and the kid was probably not going to be healthy. Did not come back. Kid is ten months old, diagnosed with Down’s syndrome. The oracle told her not to get pregnant, because it was too soon and if she got pregnant the kid was not going to be healthy. She just got pregnant and the kid was diagnosed with Down’s syndrome. She came back to see if we could do something with the kid. But that was it. How can you reverse Down’s syndrome?”

Case 9. “Husband and wife, Mexican American. The female was born in 1975, diagnosed with a severe case of fibroids, scheduled for hysterectomy six months before her wedding. Lilian performed santiguo; the woman was also cleansed with two guinea hens and they were sacrificed to Babalú Aye, she was cleansed with an *awan*, which is a cleansing done with different kinds of dry grains like dry beans and vegetables and fruit and stuff and then there is bacon. And left there. She was advised to drink Elegua’s omiero, half a cup in the morning, and she had to wear the beads of Babalú Aye. Everything done, the fibroids disappeared, no hysterectomy done, she’s fine.

“Husband came, brought by wife [on a later occasion, after they were married], he was complaining of some sexual dysfunction. He was not able to hold an erection. He’s Mexican American, about the same age. He was having trouble having sexual intercourse with his wife, pain, so we did rompimiento. Diagnosed with susto. I don’t know what he saw. Something he saw. He was given three baths with sweet herbs, which means herbs of the likes of basil, mint, spearmint, castille rose, which is not an herb technically but is used as one, cinnamon stick, and jasmine flower. And he was cleansed with Osain, with gun powder. Lived happily every after. Okay? Those are the cases that I pulled for you.”

Discussion

Many observations can be made about these cases. All were word-of-mouth referrals, whether from botánicas or other clients. None of the clients was a member of Carmello’s ile (or congregation), although two (one man, one woman) later asked to be initiated into Lucumí; both have sought the help of the oracle on average once a month, usually for advice in social relations and work-related problems (such as finding, keeping, or changing jobs). Most clients are Latino or African American. They are from all age groups. Several are illegal aliens or their children are. Nearly all came to Carmello Santiago out of desperation when biomedical treatment proved unavailable, inadequate, or inappropriate. The illnesses include erectile dysfunction, infertility, sexually transmitted disease, hernia, general debility, sorcery, cirrhosis of the liver, an extreme rash, susto, colic, irregular periods, and fibroids. Treatment consisted of ceremony only (with prayers, songs, and incantations) or a combination of rituals (by Carmello, the patient, or both together) along with herbal baths, teas, ointments, and poultices or compresses. Carmello identifies the plants by common name, some in English, others in Spanish, and yet others in Lucumí. Several herbal preparations follow the system of sweet and strong while others have been recommended by the oracle because of their association with particular divinities that own them (the latter are omieros that both cleanse and empower, refreshing and preparing individuals and objects for contact with the orichas). The numbers three, seven, and nine, or combinations of them, occur frequently and have religious significance. A number of individuals, especially those who have become members of his ile or congregation, return regularly to consult the oracle in regard to personal decision making. For example, in case 1, the African-American male who first sought Carmello’s help with erectile dysfunction has seen him eighty times in nine years; in case 3, the African-American female initially unable to conceive has also sought his help seventy to eighty times for other matters.

Carmello does not know how many cases he has seen, even those in the past thirteen years in California, for he has not counted all those in his files. Other priests call with difficult cases, some locally and others around the country, several of whom he schedules to see when in another city to perform lengthy and complex initiation rituals; these he does not record or keep on file. “I see about eight cases daily. I don’t like to see more than that because if it’s more than that I won’t be able to give enough time to each case. Right now I’m working Mondays, Tuesdays, Fridays, and Saturdays. That doesn’t include those cases where I go to Concord or San Francisco, or when I go to Chino, when I go to San Diego, when I go to New York. Now I’m just starting to open Texas. It really gets problematic! I work from 2:30 to 6:30, but that’s not the end of my day. At seven I might be jumping in my van to go to some priest or priestess’s house to keep working, and I’ll be back around 11, 12 o’clock.”

As far as the socioeconomic standing and education of clients are concerned (as suggested by the sample cases as well as other data), “I have people from all walks of life, and I think it balances itself out. I have everything, from illegal immigrants to the well-established movie producer that will come here. And of course these are the type of people that will come as needed, but I will have engineers, accountants, and people in the medical industry as well, for example, nurses. People who are very well read, very well educated. We deal with Hispanics, followed by African Americans, followed by Anglo-Americans, and then in the way, way back, Asians. We deal with people of lower income, medium, high income. The classic case of high income was this girl who was—I told you this story—she was chasing me and calling me desperately because she needed to make a huge decision, and she didn’t know what to do, and she needed to see me. So finally I said well this will be important! So when she came she said she needed to ask Eleggua; she had this big problem: her sales had been so good that she had this big surplus of money, and she had to decide whether to buy a Maserati or a Porsche. And that was a real big problem that she had! And I just look at her like, ‘Is *that* your problem?’ She said, ‘Yeah, I need to know!’ And she meant it. She was frantic. So a week later she went and bought a Porsche, and she brought the Porsche here to be blessed. I said, ‘Do you realize that this is the type of problem that I hardly see here?’”

In commenting on the sample cases, Carmello often remarked on the desperation that each of the clients felt at the hands of professional health care providers. “They feel that they’ve been used as guinea pigs, that the doctor doesn’t know what he or she is doing, so let’s try this to see if it works. And in the meantime what they fear is that the remedy is going to be worse than the disease! So basically, when they come in [to me], they realize that they are sick,

that something is not right, but the medical system is not able to understand their complaint. . . . The person is getting more frustrated, and that is when they decide to go and see someone. And at that time when they come to me, they're just on the edge of desperation. For example, the Salvadoran male that I gave you, the sixth case [impotency], when he came he was brought by his wife, and when I told him what was happening and what we should do, he told me something like, 'I'm glad you told me because if you couldn't help me I was going to shoot myself.' And he had a gun with him and he showed it to me."

Carmello emphasized a second point regarding the complementary role of his practice. "The idea is that this is a system that is not at war with the medical establishment. We don't have the slightest intention of proving we're better than the doctor. They have their job, we have ours. But we refer people to them even though they don't refer people to us, but that's okay." As Carmello sees it, "The person needs to clarify a situation. . . . We just map, we map the way to whatever is to be done, and that's what we do." The santero or santera will send the client to a doctor, for "we cannot prescribe medicines, and sometimes the person is just sick and he needs medicines and that's it!" He notes that many of his clients have already seen a doctor anyway, but often to no avail as most of the sample cases indicate.

One last point: when discussing instances of clients scheduled for surgery who come to him for a reading or the blessing of the orichas, Carmello said, "The power is that if the diviner tells a person, 'Don't get the surgery,' they won't! No matter how sick, they won't, because they understand that they're not going to come back alive. And if the diviner tells them, 'Yes, do get your surgery,' they will do it. And even if the doctor prescribes a surgery, they will come to us to find out if that surgery is needed. They will come and ask the oracle. This is the second opinion, and the heaviest one. In this community the second opinion comes from the oracle. So the power of this table is amazing. The person sitting doing the consultation has this very awesome power because he's speaking with the oracle, with divine force. . . . So when the doctor says, 'You need to have a surgery,' they say, 'Uuhhhh,' and they come here. *So the second opinion in Los Angeles usually is not a doctor, it is a diviner.*"

CONCLUSION AND IMPLICATIONS FOR HEALTH CARE DELIVERY

Latino and African-American communities have many sources of health care available to them, some more and others less visible. They range from self-treatment with home remedies and over-the-counter drugs to a variety of traditional healers to clinics and medical centers (Baer 1982; Mikhail 1994; Roeder 1988). A major source, rarely acknowledged much less described in the

medical and ethnographic literature, is the spiritual-herbal center known generally by the Caribbean name *botánica*. This store dispenses sacramental objects as well as herbs and herbal products. It also serves as community hub and meeting place, a “natural support system,” a referral center and, in the back room, an office for spiritual consultations, family counseling, psychotherapy, and treatment for various physical maladies.

Many reasons have been given for using home remedies or consulting traditional healers. Most are discussed by Beatrice Roeder in *Chicano Folk Medicine from Los Angeles* (1988). They range from necessity (no physician available) to economics (high cost of professional medicine and lack of health insurance), psychological factors (fear of doctors and hospitals; emotional support given through personal attention by the folk healer), culture (folk-defined illnesses, belief in witchcraft, integration of health and religion or custom as the path of least resistance), dissatisfaction with biomedicine (treatment failures, no known cure, not appropriate to nature or cause of illness, communication problems, modesty and embarrassment, lengthy wait in clinic, distance and transportation difficulties), education and attitudes of parents, gender (women are more likely to learn herbal remedies), confidence in the effectiveness of traditional medicine, continued contacts with influential believers and practitioners, ethnic pride (determination to maintain ethnic traditions versus the desire for acculturation), and the influence of the symbolic (for example, the impact on opinion and decision making by personal experience narratives told by others and by the drama of ritual and ceremonies entailed in some forms of traditional therapy such as *Lucumí* illustrated above).

What accounts for the apparent underutilization by Latinos of professional health services? By the 1980s a controversy raged over cultural versus socioeconomic and political factors (Roeder 1988), that is, whether Hispanics so often number fewer among those treated in hospitals and clinics because of a reliance on tradition and custom or owing to a structure of domination, exploitation, and inequality. Van Oss Marin and others (1983) cite the findings of a study of one hundred Mexican Americans in Los Angeles that the most important reasons mentioned by respondents for not seeking professional health care were “people don’t have enough money” and “people don’t have medical insurance,” which implicates issues of equity. Other reasons include lack of proper documents and fear of deportation, problems arranging child care, inability to leave work, long waiting times, and difficulties with English (Van Oss Marin et al. 1983), too few community clinics, and a mind-set that doesn’t assume entitlement to quality health care (Kim 1997). Along more cultural lines, going to a traditional healer is often less intimidating because

clients are seen in homes and stores, often at any time (Kim 1997); it is familiar and comforting, affordable, and the atmosphere of botánicas, with their scent of incense, flickering candles, and statues of revered saints, remind many customers of a church (Quintanilla 1990). Religious health care systems like Lucumí put names on fears, explain why things go wrong, and offer specific measures for people to regain control over their lives often through the mobilization of beneficial supernatural forces, thus reducing stress and facilitating decision making (Borrello and Mathias 1977, 67, 72; Fisch 1968, 380; Pasquali 1986, 15). Although some researchers contend that Latinos are less often served by professional facilities because of their dependency on folk medicine, data suggests a dual use with little competition between these two forms of health care (Mayers 1989, 291; Mikhail 1994). Certainly the sample cases discussed by Carmello Santiago indicate the use of both systems, sometimes because of biomedicine's failures and other times as a complement because "machines cannot see spirits."

A study of Curanderismo in urban Los Angeles thirty years ago posits its diminished role in the future (Edgerton, Karno, and Fernandez 1970), a prediction that has not been borne out (see Alvarez 1997; Mozingo 1998; Quintanilla 1990; and Sanchez 1997). The authors' anticipation of the demise of tradition coincided with notions at the time that folk medicine will decline with acculturation, less interest among the young as well as greater accessibility to formal health care. However, traditional knowledge is durable (Bhopal 1986, 105; Hufford 1992, 1994) and barriers to health care persist, such as lack of health insurance and regular sources of care along with obstacles resulting from the actions of providers (Flores and Vega 1998; Snow 1974; Stekert 1970). New waves of immigrants and migrants along with trips back and forth from the U.S. to the home country and extensive travel by highly sought-after ritual leaders and noted herbalists like Carmello Santiago reinforce traditional patterns of behavior (Borrello and Mathias 1977). Moreover, recent years have witnessed a revival of interest in alternative medicine as well as the proliferation of internet sites enabling practitioners to exchange information and helping healers and patients to make contact. Santería has become known to many through Latin jazz and other popular music by Tito Puente, La India, Eddie Palmieri, Conrad Herwig, David Byrne, Milton Cardona, Celia Cruz, Francisco Aguabella, and even Paul Simon, whose musical "The Capeman," in which santeros were cast to sing and drum their prayers to the orichas, opened on Broadway in 1997 (he has also released an album titled *Rhythm of the Saints*; and in the 1950s when Desi Arnaz as Ricky Ricardo sang "Babalu" on the *I Love Lucy* show, he was referring to Babalú Aye, the oricha that presides over disease). The result of all this is a rapid

increase in the number of botánicas whose spiritual and herbal therapies appeal to a diverse clientele.

This is not to suggest that all instances of folk healing and alternative medicine are efficacious, that every healer can always differentiate successfully between illnesses in the spiritual and material realms, or that each folk practitioner unfailingly insists that clients seek professional health care for ailments of a material nature. Nor do we contend that all traditional healers are conscientious and well intentioned. All four of the authors have utilized different forms of alternative and complementary medicine to varying degrees and three have been treated by folk practitioners (including healers representing traditions in this study); regardless of sympathy toward some forms of alternative medicine, we are aware that exploitation and harm may occur within any medical practice. A product sometimes sold in botánicas for ritual use can result in mercury poisoning (Zayas and Ozuah 1996). Questions have been raised about whether the use of herbal remedies delays treatment by professional practitioners and whether the use of plant medicines in conjunction with pharmaceuticals might compromise the latter's efficacy. Obviously there is a need for more qualitative research on traditional healing systems and health practices.

Assuming, however, that much alternative medicine is effective or at least is not harmful, then the question remains as to what uses studies of folk medicine can be put. How might traditional healers and their methods participate more fully, and with greater understanding and respect, within a medically pluralistic system?

Frequent suggestions from the late 1970s to early 1990s included informing professional medical personnel of typical beliefs and practices of ethnic populations that would interfere with patient compliance, and instructing the physician on how to elicit home remedies that the patient is using with a view toward eliminating harmful practices while leaving the harmless ones in the treatment plan. The notion that compliance is the goal has been challenged in recent years, especially by folklorists such as Hufford (1994). Ascertaining what is harmful or harmless is difficult at best, and ignores practices that may be beneficial because of suggestion or the placebo effect, psychotherapeutic results or, in the case of herbs, pharmacological properties (or a combination of all three). These approaches stereotype patients (O'Connor 1997) and promulgate a "deficit model" rather than identify and utilize cultural strengths (Delgado and Humm-Delgado 1982, 88). On the other hand, more recent proposals to "integrate" traditional medical practices within the biomedical system run the risk of co-opting the former, weakening the very concept of pluralist medical systems whose advantage is the gamut of "cultural adaptive

strategies necessary for survival and the management of disease and illness” (Pedersen and Baruffati 1989, 494).

We suggest four applications, three of which have been recommended by others to varying degrees. One is to document more extensively the plants utilized in herbal preparations, including those for ceremonial purposes (which sometimes are also drunk, inhaled, or applied to the body in some fashion; see Brandon 1991). The search for potentially new drugs to prevent, treat, or cure illnesses can benefit from folk medical knowledge as a mode of screening, which is certainly superior to random experimentation (Spjut and Perdue 1976), although it raises potential ethical issues regarding exploitation of traditional healers and a country’s ecosystem (Barton 1994; Houghton 1995; King and Tempesta 1994). A number of articles in the *Journal of Ethnopharmacology* report efforts to identify plants used in traditional medical systems (Laguerre 1987, 89; see, for example, Appelt 1985; Kelley, Appelt, and Appelt 1988; and Trotter 1981), but rarely does such documentation occur in the U.S. or within the religious-health traditions considered in the present essay (for methods in ethnobotanical and ethnopharmacological fieldwork, see Croom 1983; Etkin 1993; Lipp 1989; and Young 1983). In her article on Hispanic mothers’ practices regarding children’s health problems, for instance, Blanche I. Mikhail notes that herbs commonly used by the study sample have known pharmacologically active ingredients: camomile has an antiseptic, anti-inflammatory, antispasmodic, and carminative effect; mint has carminative, antispasmodic, and cholagogic consequences; cinnamon has astringent, stimulant, and carminative properties; and eucalyptus has antiseptic, expectorant, and astringent qualities (1994, 635). But many other plants have not been studied (for possible models for field research, see Browner 1985 and Halberstein 1997). The research needs to pay careful attention to which parts of the plant are used in particular preparations and for which ailments, how and when the plants are harvested, whether they are used fresh or dried, how they are stored, and precisely how a remedy is prepared and administered.

A second application, often remarked upon in the literature, falls into the area of education and sensitivity training, based on the assumptions that folk medicine is engaged in by most of us anyway (from home remedies to religious interventions) and that it may be as effective as some forms of biomedical care (Applewhite 1995). Knowledge about traditional practices helps professionals in the medical system better understand the orientation toward health and illness that may be held by patients (DeSantis and Thomas 1990; Laguerre 1987). But knowledge must be accompanied by a degree of empathy and respect (Pasquali 1986; O’Connor 1995; Scott 1974), lest health care workers generate fear, distrust, or rejection of their services (Krajewski-Jaime 1991;

Pasquali 1994). The santero Carmello Santiago emphasizes this very issue: clients came to him out of desperation, distrustful of the medical establishment, and displeased by their treatment; for many in southern California, the second opinion comes from a diviner, not a doctor.

One Lucumí priest remarked, “If a person comes and sits down and says, ‘I’m feeling sick, and the doctor orders a battery of tests and they all come back negative, they’ll say, ‘Look, you have nothing. Go home.’ Or worse, they’ll say, ‘Go see a psychologist,’ which in Spanish culture is like a real bad thing to do, because that tells everybody you’re ‘nuts.’” Religious health care systems involving mediumship or possession—such as Curanderismo (Kiev 1968), Hoodoo (Maduro 1975), Espiritismo (Garrison 1977; Harwood 1977; Koss 1975; Koss-Chioino 1992), and Santería (Sandoval 1979) have often been interpreted as forms of psychotherapy. Garrison goes so far as to contend that “people do not seek the help of the spiritist with organic disorders” and “the mediums studied do not treat [organic] disorders,” only mood and feeling states associated with diagnosed organic disorders or psychophysiological conditions and intrapsychic and interpersonal disorders (1977, 71), an observation not borne out by our own study in which it appears that a santero treats not only emotional states and processes but also some organic disorders as well as performing a type of “triage” in which patients are assessed by divination as to whether they have spiritual (and hence to an extent, emotional) or material (organic) problems, or a combination of the two.

The third application, therefore, involves the folk practitioner actively engaged in a patient’s emotional recovery. Since medical practitioners have “first chance” at the treatment of spiritist clients, writes Garrison (1977, 164), “I would place the onus upon physicians to make it as clear as possible to patients when there are organic or psychological explanations for complaints presented. And I would weigh against the possible detrimental effects of *Espiritismo*, the role that spiritists play in treating the psychological component of illness *and encouraging clients to receive necessary medical care*” (emphasis in the original). Garrison (165) notes that spiritists already participate significantly in the professional health and mental health care delivery system whether or not this is recognized by professionals, an observation borne out by our study as well. “Therefore, it would seem clear that some strategy for bringing the general medical services, the mental health services, and the spiritists into closer integration would clearly benefit the Puerto Rican community.” As an example, she took three healers “to make presentations to professional audiences, to ‘consult’ to clinicians regarding patients, and to participate in clinical team case conferences regarding specific patients who were also deeply involved in Espiritismo or Santería” (166; see also Weclaw 1975, 153).

She warns, however, that such participation must be done in a way that prevents the folk healers from being co-opted to the professional system, discrediting their own distinct specialty (see also Koss 1980, who describes a therapist spiritist training project in Puerto Rico as an experiment to relate the traditional healing system to the public health system).

In an article on “natural support systems” in the Hispanic community, Delgado and Humm-Delgado (1982, 88) write that “outreach could be done at *bodegas* [grocery stores], *botánicas*, and churches.” The santero Carmello Santiago contends, “We don’t want to antagonize, we can be a great asset to them [professional health care workers] and it would cost them nothing. When they were doing the vaccination of the kids [measles epidemic, late 1980s], I got calls here. People don’t trust the system. And whatever new technique comes in, they feel that it’s not proven so they’re going to use it even if it kills, it’s just one less Mexican. They tell me that!” Because of the authority and trust so often accorded the traditional healer, a fourth application involves the practitioner and *botánica* as intermediary between the medical establishment and the public, providing information and referrals as well as urging action regarding health care issues (for example, the need for inoculations and screening for cancer, cholesterol, hypertension, and sexually transmitted diseases).

We end this essay with a modest example of how the fourth application involving *botánicas* and healers might serve an intermediary role. About one-quarter of California’s residents lack health insurance, a disproportionate number of whom are Latinos. Children have the poorest health status and highest health risks as well as least access to desirable prevention and health promotion programs. On 1 July 1998 the state initiated a five hundred million dollar Healthy Families program offering low-cost health benefits to more than four hundred thousand children whose working parents are too impoverished to buy insurance but not poor enough to receive welfare benefits. The state has a twenty-one million dollar education and outreach campaign promoting the program that includes billboards, radio, and TV spots. A local assemblyman in the Southland organized an educational forum in El Monte where three-fourths of the population of 106,209 is Latino; it is also home to numerous *botánicas* and traditional healers such as *curanderas*, *paleras*, *santeras*, and *espiritistas*. “After two hours, most chairs in the auditorium [still] sat empty. The formal presentation was scrapped” (Marquis and Ellis 1998, A24). The sparse attendance indicates that many families did not know of the program, including the santero Carmello Santiago. Recognizing the potential value of the enterprise, he insists, he would have urged qualifying clients to attend if he had been informed about it, and further, other practitioners and

owners of botánicas would have done likewise. To most agencies and researchers outside the community, however, these spiritual-herbal centers are invisible; yet every day their waiting rooms are filled with clients seeking care.

REFERENCES

- Alonso-Zaldivar, Ricardo. 1999. Big Apple takes on a flavor of Mexico. *Los Angeles Times*, 19 February, A1, A20–21.
- Alvarez, Lizette. 1997. Santería: A once-hidden faith leaps into the open. *New York Times*, 27 January, B1.
- Anderson, E. N., Jr. 1987. Why is humoral medicine so popular? *Social Science of Medicine* 25: 331–37.
- Appelt, Glenn D. 1985. Pharmacological aspects of selected herbs employed in Hispanic folk medicine in the San Luis Valley of Colorado, USA: I. *Lingusticum porteri* (osha) and *Matricaria chamomilla* (manzanilla). *Journal of Ethnopharmacology* 13: 51–55.
- Applewhite, Steven Lozano. 1995. Curanderismo: Demystifying the health beliefs and practices of elderly Mexican Americans. *Health and Social Work* 20: 247–53.
- Baer, Hans A. 1982. Toward a typology of black folk healers. *Phylon* 43: 327–43.
- Barton, J. H. 1994. Ethnobotany and intellectual property rights in ethnobotany and the search for new drugs. In *CIBA foundation symposium 185: Ethnobotany and the search for new drugs*, 214–28. Chichester, U.K.: Wiley.
- Bascom, William. 1969. *Sixteen cowries: Yoruba divination from Africa to the New World*. Bloomington: Indiana University Press.
- Bastani, R., C. P. Kaplan, A. E. Maxwell, R. Nisenbaum, J. Pearce, and A. C. Marcus. 1995. Initial and repeat mammography screening in a low income multi-ethnic population in Los Angeles. *Cancer Epidemiology Biomarkers Preview* 4:161–67.
- Becerra, R. M., and A. P. Iglehart. 1995. Folk medicine use: Diverse populations in a metropolitan area. *Social Work Health Care* 21 (4): 37–58.
- Bhopal, Rajinder Singh. 1986. The inter-relationship of folk, traditional and Western medicine within an Asian community in Britain. *Social Science of Medicine* 22: 99–105.
- Borrello, Mary Ann, and Elizabeth Mathias. 1977. Botánicas: Puerto Rican folk pharmacies. *Natural History* 86, no. 7 (August–September): 64–72, 116–17.
- Brandon, George. 1990. Sacrificial practices in Santería, an African-Cuban religion in the United States. In *Africanisms in American culture*, ed. Joseph E. Holloway, 119–47. Bloomington: Indiana University Press.
- . 1991. The uses of plants in healing in an Afro-Cuban religion, Santería. *Journal of Black Studies* 22: 55–76.
- . 1993. *The dead sell memories: Santería from Africa to the New World*. Bloomington: Indiana University Press.

- Brekke, J. S., and C. Barrio. 1997. Cross-ethnic symptom differences in schizophrenia: The influence of culture and minority status. *Schizophrenia Bulletin* 23 (2): 305–16.
- Brodwin, Paul. 1992. Guardian angels and dirty spirits: The moral basis of healing power in rural Haiti. In *Anthropological approaches to the study of ethnomedicine*, ed. M. Nichter, 57–74. Philadelphia: Gordon and Breach.
- . 1996. *Medicine and morality in Haiti: The contest for healing power*. New York: Cambridge University Press.
- Brooks, T. R. 1992. Pitfalls in communication with Hispanic and African-American patients: Do translators help or harm? *Journal of the National Medical Association* 84: 941–47.
- Browner, Carole H. 1985. Criteria for selecting herbal remedies. *Ethnology* 24: 13–32.
- Cabrera, Lydia. [1940] 1975. *El monte: Notas sobre las religiones, la magia, las supersticiones y el folklore de pueblo de Cuba*. Reprint, Miami: Ediciones Universal.
- . 1986. *Reglas de Congo: Mayombe Palo Monte*. Miami: Ediciones Universal.
- Carlisle, D. M., B. D. Leake, and M. F. Shapiro. 1995. Racial and ethnic differences in the use of invasive cardiac procedures among cardiac patients in Los Angeles County, 1986 through 1988. *American Journal of Public Health* 85: 352–56.
- . 1997. Racial and ethnic disparities in the use of cardiovascular procedures: Associations with type of health insurance. *American Journal of Public Health* 87: 263–67.
- Cassidy, Claire M. 1995. Social science theory and methods in the study of alternative and complementary medicine. *Journal of Alternative and Complementary Medicine* 1: 19–40.
- Clark, Margaret. 1959. *Health in the Mexican American culture: A community study*. Berkeley: University of California Press.
- Clark, Marta. 1995. Biomedicine, meet ethnomedicine. *Healthcare Forum Journal*, May/June, 1–9 (published through www.thfnnet.org).
- Cosentino, Donald J., ed. 1995. *The sacred arts of Haitian vodou*. Fowler Museum of Cultural History, University of California, Los Angeles.
- Croom, E. M. 1983. Documenting and evaluating herbal remedies. *Economic Botany* 37: 13–27.
- Curtis, James R. 1982. Santería: Persistence and change in an Afro-Cuban cult religion. In *Objects of special devotion: Fetishism in popular culture*, ed. Ray Browne, 336–51. Bowling Green, Ohio: Bowling Green Popular Press.
- Davis-Floyd, Robbie E. 1987. The technological model of birth. *Journal of American Folklore* 100: 479–95.
- . 1992. *Birth as an American rite of passage*. Berkeley and Los Angeles: University of California Press.
- Delgado, Melvin, and Denise Humm-Delgado. 1982. Natural support systems: A source of strength in Hispanic communities. *Social Work* 27: 83–89.
- DeSantis, Lydia, and Janice T. Thomas. 1990. The immigrant Haitian mother: Transcultural nursing perspective on preventive health care for children. *Journal of Transcultural Nursing* 2: 2–15.

- Dwyer, Philip. 1987. Herbalism and ritual: Folk medical practices among Asian immigrants in southern California. Ph.D. diss., University of California, Los Angeles.
- Edelman, Marian Wrights, Wendy Lazarus, and Lois Salisbury. 1998. A first step to providing health care for all kids. *Los Angeles Times*, 30 June, B7.
- Edgerton, Robert B., Marvin Karno, and Irma Fernandez. 1970. Curanderismo in the metropolis: The diminishing role of folk psychiatry among Los Angeles Mexican Americans. *American Journal of Psychotherapy* 24 (1): 124–34.
- Eduardo the healer*. 1978. Produced by Richard Cowan and Douglas C. Sharon. 55 min. Distributed by Penn State Public Broadcasting. Videocassette.
- Eisenberg, Leon. 1977. Disease and illness: Distinctions between professional and popular ideas of sickness. *Culture, Medicine and Psychiatry* 1: 9–23.
- Ell, K., L. J. Haywood, M. deGuzman, E. Sobel, S. Norris, D. Blumfield, J. P. Ning, and E. Butts. 1995. Differential perceptions, behaviors, and motivations among African Americans, Latinos, and whites suspected of heart attacks in two hospital populations. *Journal of the Association for Academic Minority Physicians* 6 (2): 60–69.
- Espín, Olivia. 1996. *Latina healers*. Encino, California: Floricanto Press.
- Etkin, Nina L. 1993. Anthropological methods in ethnopharmacology. *Journal of Ethnopharmacology* 38: 93–104.
- Evanchuk, Roberta J. 1996. When the curtain goes up, the gods come down: Aspects of performance in public ceremonies of orisha worship. Ph.D. diss., University of California, Los Angeles.
- . 1999. “Bring me a pumpkin”: A healing ceremony in orisha worship for women of all ages. *Southern Folklore* 56 (3): 209–21.
- Fisch, Stanley. 1968. Botánicas and spiritualism in a metropolis. *Milbank Memorial Fund Quarterly* 46: 377–88.
- Fishman, B. M., L. Bobo, K. Kosub, and R. J. Womeodu. 1993. Cultural issues in serving minority populations: Emphasis on Mexican Americans and African Americans. *American Journal of Medical Science* 306: 160–66.
- Flaskerud, J. H., and L. T. Hu. 1992. Relationship of ethnicity to psychiatric diagnosis. *Journal of Nerve and Mental Disorders* 180(5): 296–303.
- Flaskerud, J. H., and A. M. Nyamathi. 1990. Effects of an AIDS education program on the knowledge, attitudes and practices of low income black and Latina women. *Journal of Community Health* 15 (6): 343–55.
- Flores, Glenn, and Luis R. Vega. 1998. Barriers to health care access for Latino children: A review. *Family Medicine* 30: 196–205.
- Flores-Peña, Ysamur. 1998. “The tongue is the whip of the body”: Identity and appropriation through narrative in Lucumí religious culture. Ph.D. diss., University of California, Los Angeles.
- Flores-Peña, Ysamur, and Roberta J. Evanchuk. 1994. *Santería garments and altars*. Jackson: University Press of Mississippi.
- Frankel, Barbara. 1977. *Childbirth in the ghetto: Folk beliefs of Negro women in a north Philadelphia hospital ward*. San Francisco: R and E Research.

- Garrison, Vivian. 1977. Doctor, espiritista, or psychiatrist? Health-seeking behavior in a Puerto Rican neighborhood in New York City. *Medical Anthropology* 1: 65–191.
- . 1982. Folk healing systems as elements in the community. In *Therapeutic intervention: Healing strategies for human systems*, ed. Uri Rueveni, Ross V. Speck, and Joan L. Specks, 58–95. New York: Human Sciences Press.
- George, Victoria. 1980. Santeria cult and its healers: Beliefs and traditions preserved in Los Angeles. Master's thesis, University of California, Los Angeles.
- Graham, Joe S. 1976. The role of the *curandero* in the Mexican American folk medicine system in west Texas. In *American folk medicine: A symposium*, ed. W. D. Hand, 175–89. Berkeley and Los Angeles: University of California Press.
- . 1985. Folk medicine and intracultural diversity among west Texas Mexican Americans. *Western Folklore* 44: 168–93.
- Granger, Byrd Howell. 1976. Some aspects of folk medicine among Spanish-speaking people in southern Arizona. In *American folk medicine: A symposium*, ed. Wayland D. Hand, 191–202. Berkeley and Los Angeles: University of California Press.
- Guza, Agustin. 1999. A dangerous cultural tradition. *Los Angeles Times* 27 February, A18.
- Halberstein, R. A. 1997. Traditional botanical remedies on a small Caribbean island: Middle (Grand) Caicos, West Indies. *Journal of Alternative and Complementary Medicine* 3: 227–39.
- Hand, Wayland D. 1980. *Magical medicine: The folkloric component of medicine in the folk belief, custom, and ritual of the peoples of Europe and America. Selected essays of Wayland D. Hand*. Berkeley and Los Angeles: University of California Press.
- Harwood, Alan. 1971. The hot-cold theory of disease: Implications for treatment of Puerto Rican patients. *Journal of the American Medical Association* 216: 1153–58.
- . 1977. *Rx: Spiritist as needed: A study of Puerto Rican community mental health resources*. New York: Wiley.
- . 1981. Mainland Puerto Ricans. In *Ethnicity and medical care*, ed. Alan Harwood, 397–481. Cambridge: Harvard University Press.
- Houghton, Peter J. 1995. The role of plants in traditional medicine and current therapy. *Journal of Alternative and Complementary Medicine* 1: 131–43.
- Hufford, David J. 1992. Folk medicine in contemporary America. In *Herbal and magical medicine: Traditional healing today*, ed. James Kirkland, Holly F. Mathews, C. W. Sullivan III, and Karen Baldwin, 14–32. Durham, North Carolina: Duke University Press.
- . 1994. Folklore and medicine. In *Putting folklore to use*, ed. Michael Owen Jones, 117–35. Lexington: University Press of Kentucky.
- Hurston, Zora Neale. 1931. Hoodoo in America. *Journal of American Folklore* 44: 317–417.
- . 1935. *Mules and men*. New York: J. B. Lippincott.

- Hyatt, Harry Middleton. 1970–78. *Hoodoo, conjuration, witchcraft, rootwork*. 5 vols. New York and Quincy, Illinois: Memoirs of the Alma Egan Hyatt Foundation.
- Jackson, Bruce. 1976. The other kind of doctor: Conjure and magic in black American folk medicine. In *American folk medicine: A symposium*, ed. Wayland D. Hand, 261–72. Berkeley and Los Angeles: University of California Press.
- Keegan L. 1996. Use of alternative therapies among Mexican Americans in the Texas Rio Grande Valley. *Journal of Holistic Nursing* 14 (4): 277–94.
- Kelley, B. D., G. D. Appelt, and J. M. Appelt. 1988. Pharmacological aspects of selected herbs employed in Hispanic folk medicine in the San Luis Valley of Colorado, USA: II. *Asclepias asperula* (immortal) and *Achillea lanulosa* (plumajillo). *Journal of Ethnopharmacology* 22: 1–9.
- Kerr, H. D. 1993. White liver: A cultural disorder resembling AIDS. *Social Science of Medicine* 36: 609–14.
- Kiev, Ari. 1968. *Curanderismo: Mexican-American folk psychiatry*. New York: Free Press.
- Kim, Myung Oak. 1997. Folk healers still practice across city: Immigrants combine traditional ways (with our modern medicine). *Philadelphia Daily News* (www3.phillynews.com/packages/immigration/imm30.asp).
- King, S., and M. S. Tempesta. 1994. From shaman to human clinical trials: The role of industry in ethnobotany, conservation and community reciprocity in ethnobotany and the search for new drugs. In *CIBA foundation symposium 185: Ethnobotany and the search for new drugs*, 197–213. Chichester, U.K.: Wiley.
- Koss, Joan D. 1975. Therapeutic aspects of Puerto Rican cult practices. *Psychiatry* 38: 160–71.
- . 1980. The therapist spiritist training project in Puerto Rico: An experiment to relate the traditional healing system to the public health system. *Social Science and Medicine* 14B: 255–66.
- Koss-Chioino, Joan. 1992. *Women as healers, women as patients: Mental health care and traditional healing in Puerto Rico*. Boulder, Colorado: Westview Press.
- Krajewski-Jaime, Elvia R. 1991. Folk-healing among Mexican-American families as a consideration in the delivery of child welfare and child health care services. *Child Welfare* 70: 157–67.
- Kroesen, Kendall W. 1994. Politics, affect, and culture in illness etiology: *Susto* and *coraje* in Mexico. Paper presented at the American Anthropological Association meeting (<http://weber.ucsd.edu/~kkroesen/aaaper.htm>).
- Laguerre, M. S. 1987. *Afro-Caribbean folk medicine*. South Hadley, Massachusetts: Bergin and Garvey.
- LeVine, E. S., and A. M. Padilla. 1980. *Crossing cultures in therapy*. Monterey, California: Brooks Cole.
- Lichstein, P. R. 1992. Rootwork from the clinician's perspective. In *Herbal and magical medicine: Traditional healing today*, ed. James Kirkland, Holly F. Mathews, C. W. Sullivan III, and Karen Baldwin, 99–117. Durham, North Carolina: Duke University Press.

- Lipp, F. J. 1989. Methods for ethnopharmacological field work. *Journal of Ethnopharmacology* 25(2): 139–50.
- Logan, Michael H. 1993. New lines of inquiry on the illness of susto. *Medical Anthropology* 15: 189–200.
- Madsen, William. 1964. *The Mexican-Americans of south Texas*. New York: Holt, Rinehart, and Winston.
- Maduro, Renaldo J. 1975. Hoodoo possession in San Francisco: Notes on therapeutic aspects of regression. *Ethos* 3: 425–47.
- Marquis, Julie, and Virginia Ellis. 1998. Health plan for needy children launched. *Los Angeles Times*, 1 July, A3, A24.
- Mason, Michael Atwood. 1993. “The blood that runs through the veins”: The creation of identity and a client’s experience of Cuban-American Santería dilogun divination. *Drama Review* 37 (2): 119.
- Mathews, Holly F. 1987. Rootwork: Description of an ethnomedical system in the American South. *Southern Medical Journal* 1980: 885–91.
- . 1992. Doctors and root doctors: Patients who use both. In *Herbal and magical medicine: Traditional healing today*, ed. James Kirkland, Holly F. Mathews, C. W. Sullivan III, and Karen Baldwin, 68–98. Durham, North Carolina: Duke University Press.
- Maugh, Thomas H., II. 1998. Insurance unaffordable for millions, study says. *Los Angeles Times*, 22 June, E4, S6.
- Mayers, Raymond Sanchez. 1989. Use of folk medicine by elderly Mexican-American women. *The Journal of Drug Issues* 19: 283–95
- McDonough, Gary W., ed. 1993. *The Florida Negro: A federal writers’ project legacy*. Jackson: University of Mississippi Press.
- Mena, Aipy. 1998. Cuban Santería, Haitian vodun, Puerto Rican spiritualism: A multiculturalist inquiry into syncretism. *Journal for the Scientific Study of Religion* 37: 15–27.
- Metraux, A. 1972. *Voodoo in Haiti*. New York: Schocken Books.
- Mikhail, Blanche I. 1994. Hispanic mothers’ beliefs and practices regarding selected children’s health problems. *Western Journal of Nursing Research* 16: 623–38.
- Montenegro, Carlos. 1994. *Palo Mayombe: The dark side of Santería*. Bronx, New York: Original Pubs.
- Mozingo, Joe. 1998. Latin American faith healing draws many adherents in L.A. *Los Angeles Times*, 8 March, B1–2.
- Murphy, Joseph M. 1988. *Santería: An African religion in America*. Boston: Beacon Press.
- Nevadomsky, Joseph. 1988. Kemwin-kemwin: The apothecary shop in Benin City. *African Arts* 22, no. 1 (November): 72–83, 100.
- The new believers*. 1990. Produced by Tom Corboy. 28 mins. Distributed by Extension Media Center, University of California, Berkeley. Videocassette.
- Newell, G. R., and P. K. Mills. 1986. Low cancer rates in Hispanic women related to social and economic factors. *Women and Health* 11 (3–4): 23–35.

- Norris, S. L., M. deGuzman, E. Sobel, S. Brooks, and L. J. Haywood. 1993. Risk factors and mortality among black, Caucasian, and Latina women with acute myocardial infarction. *American Heart Journal* 126 (6): 1312–19.
- O'Connor, Bonnie Blair. 1995. *Healing traditions: Alternative medicine and the health professions*. Philadelphia: University of Pennsylvania Press.
- . 1997. Applying folklore in medical education. *Southern Folklore* 54: 67–77.
- Parker, V. C., S. Sussman, D. L. Crippens, D. Scholl, and P. Elder. 1996. Qualitative development of smoking prevention programming for minority youth. *Addictive Behavior* 21: 521–25.
- Pasquali, E. A. 1986. Santeria: A religion that is a health care system for Long Island Cuban-Americans. *Journal of the New York State Nurses Association* 17: 12–15.
- . 1994. Santeria. *Journal of Holistic Nursing* 12: 380–90.
- Pedersen, Duncan, and Veronica Baruffati. 1989. Healers, deities, saints, and doctors: Elements for the analysis of medical systems. *Social Science and Medicine* 29: 487–96.
- Polk, Patrick A. 1993. African religion and Christianity in Grenada. *Caribbean Quarterly* 39: 74–81.
- . 1995. Sacred banners and the divine cavalry charge. In *The sacred arts of Haitian vodou*, ed. Donald J. Cosentino, 325–47. Fowler Museum of Cultural History, University of California, Los Angeles.
- . 1997. *Haitian vodou flags*. Jackson: University Press of Mississippi.
- , ed. 1998. *Botánica: Art and spirit in Los Angeles*. Folk Art Group, University of California, Los Angeles.
- Pyle, Amy. 1999. Many Latinas lack health insurance, study finds. *Los Angeles Times*, 28 January, B1, B3.
- Quintanilla, Michael. 1990. Dreams in bottles. *Los Angeles Times*, 14 December, E1, E10–12.
- Reza, H. G. 1999. Sale, misuse of smuggled drugs spread. *Los Angeles Times*, 27 February, A1, A18.
- Richardson, J. L., B. Langholz, L. Bernstein, C. Burciaga, K. Danley, and R. K. Ross. 1992. Stage and delay in breast cancer diagnosis by race, socioeconomic status, age and year. *British Journal of Cancer* 65: 922–26.
- Roeder, Beatrice. 1988. *Chicano folk medicine from Los Angeles*. Berkeley and Los Angeles: University of California Press.
- Rubel, Arthur J. 1960. Concepts of disease in Mexican-American culture. *American Anthropologist* 62: 795–814.
- . 1964. The epidemiology of a folk illness: Susto in Hispanic America. *Ethnology* 3: 268–83.
- . 1966. *Across the tracks: Mexican Americans in a Texas city*. Austin: University of Texas Press.
- Sanchez, Kimberly. 1997. Encyclopedia botanica. *Los Angeles Times*, 4 April, D2, D5.
- Sandoval, Mercedes C. 1977. Afro-Cuban concepts of disease and its treatment in Miami. *Journal of Operational Psychiatry* 8: 52–63.

- . 1979. Santería as a mental health care system: An historical overview. *Social Science and Medicine* 13B: 137–51.
- . 1983. Santería. *Journal of the Florida Medical Association* 70: 620–28.
- Scott, C. 1974. Health and healing practices among five ethnic groups in Miami, Florida. *Public Health Reports* 89: 524–53.
- Shrout, P. E., G. J. Canino, H. R. Bird, M. Rubio-Stipec, M. Bravo, and M. A. Burnam. 1992. Mental health status among Puerto Ricans, Mexican Americans, and non-Hispanic whites. *American Journal of Community Psychology* 20: 729–52.
- Singer, M., and R. García. 1989. Becoming a Puerto Rican espiritista: Life history of a female healer. In *Women as healers: Cross-cultural perspectives*, ed. C. S. McClain, 157–85. New Brunswick, New Jersey: Rutgers University Press.
- Snow, Loudell F. 1974. Folk medical beliefs and their implications for care of patients: A review based on studies among black Americans. *Annals of Internal Medicine* 81: 82–96.
- . 1977. Popular medicine in a black neighborhood. In *Ethnic medicine in the Southwest*, ed. E. H. Spicer, 19–85. Tucson: University of Arizona Press.
- . 1979. Voodoo illness in the black population. In *Culture, curers, and contagion*, ed. N. Klein, 179–84. Novato, California: Chandler and Sharp.
- . 1993. *Walkin' over medicine*. Boulder, Colorado: Westview Press.
- Snow, Loudell F., S. M. Johnson, and H. E. Mayhew. 1978. The behavioral implications of some old wives' tales. *Obstetrics and Gynecology* 51: 727–32.
- Spirit doctors: Three Latina healers*. 1997. Produced by Monica Delgado and Michael Van Wagenen. 28 min. Distributed by Filmmaker's Library, New York. Videocassette.
- Spjut, R. W., and R. E. Perdue, Jr. 1976. Plant folklore: A tool for predicting sources of antihumor activity? *Cancer Treatment Reports* 60: 979–85.
- Stekert, Ellen J. 1970. Focus for conflict: Southern mountain medical beliefs in Detroit. *Journal of American Folklore* 83: 115–56.
- Stevens-Arroyo, Anthony M., and Andres I. Pérez y Mena, eds. 1995. *Enigmatic powers: Syncretism with African and indigenous peoples' religions among Latinos*. New York: Bildner Center for Western Hemisphere Studies.
- Stolley, J. M., and H. Koenig. 1997. Religion/spirituality and health among elderly African Americans and Hispanics. *Journal of Psychosocial Nursing and Mental Health Services* 35 (11): 32–38.
- Straight, William M. 1983. Throw downs, fixin, rooting and hexing. *Journal of the Florida Medical Association* 70: 635–41.
- Suarez, M., M. Raffaelli, and A. O'Leary. 1996. Use of folk healing practices by HIV-infected Hispanics living in the United States. *AIDS Care* 8(6): 683–90.
- Suro, Frederico. 1991. Shopping for witches' brew. *Américas* 43 (5–6): 84–88.
- Taggart, L., and S. Mattson. 1996. Delay in prenatal care as a result of battering in pregnancy: Cross-cultural implications. *Health Care for Women International* 17: 25–34.

- Terrell, S. J. 1990. *This other kind of doctors: Traditional medical systems in black neighborhoods in Austin, Texas*. New York: AMD Press.
- Trotter, R. T., II. 1981. Folk remedies as indicators of common illnesses: Examples from the United States-Mexico border. *Journal of Ethnopharmacology* 4: 207–21.
- Van Oss Marin, B., G. Marin, A. Padilla, and C. de la Rocha. 1983. Utilization of traditional and non-traditional sources of health care among Hispanics. *Hispanic Journal of Behavioral Sciences* 5: 65–80.
- Vega, W. A., B. Kolody, S. Aguilar-Gaxiola, E. Alderete, R. Catalano, and J. Caraveo-Anduaga. 1998. Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archive of General Psychiatry* 55: 771–78.
- Weclew, Robert V. 1975. The nature, prevalence, and level of awareness of “Curanderismo” and some of its implications for community mental health. *Community Mental Health Journal* 11: 145–54.
- Weidman, H. 1978. Southern black health profile. Offprint, Miami Health Ecology Project, University of Miami.
- Weightman, Barbara A. 1993. Changing religious landscapes in Los Angeles. *Journal of Cultural Geography* 14: 1–20.
- Wetli, Charles V., and Rafael Martinez. 1983. Brujeria: Manifestations of Palo Mayombe in south Florida. *Journal of the Florida Medical Association* 70: 629–34.
- Winslow, David J. 1969. Bishop E. E. Everett and some aspects of occultism and folk religion in Negro Philadelphia. *Keystone Folklore Quarterly* 14: 59–80.
- Young, Kathleen L. 1983. Ethnobotany: A methodology for folklorists. Master’s thesis, Western Kentucky University.
- Zaldivar, A., and J. Smolowitz. 1994. Perceptions of the importance placed on religion and folk medicine by non-Mexican-American Hispanic adults with diabetes. *Diabetes Education* 20 (4): 303–6.
- Zambrana, R. E., and S. C. Scrimshaw. 1997. Maternal psychosocial factors associated with substance use in Mexican-origin and African American low-income pregnant women. *Pediatric Nursing* 23 (3): 253–59.
- Zambrana, R. E., C. Dunkel-Schetter, and S. Scrimshaw. 1991. Factors which influence use of prenatal care in low-income racial-ethnic women in Los Angeles County. *Journal of Community Health* 16 (5): 283–95.
- Zayas, L. H., and P. O. Ozuah. 1996. Mercury use in espiritismo: A survey of botanicas. *American Journal of Public Health* 86(1): 111–12
- Zuckerman, M. J., L. G. Guerra, D. A. Drossman, J. A. Foland, and G. G. Gregory. 1996. Health-care-seeking behaviors related to bowel complaints: Hispanics versus non-Hispanic whites. *Digestive Diseases and Sciences* 41: 77–82.