

A LOOK AT BUSH MEDICINE IN A PHARMACEUTICAL WORLD:

THREE TRADITIONAL HEALERS IN BELIZE

FACE GLOBALIZATION

THESIS

Presented to the Graduate Council of
Texas State University-San Marcos
in Partial Fulfillment
of the Requirements

for the Degree

Master of ARTS

by

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San Marcos, Texas
May 2008

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ACKNOWLEDGEMENTS

Graduate students have many debts. Fortunately, I have had excellent mentors and most of my debts are to those individuals who have enriched my academic experiences. There are many people I wish to thank at the universities I have attended, but there are a few individuals that deserve more than just a thank you.

First and foremost, I must thank the two people who introduced me to the field of anthropology, Dr. Lindsey C. King and Dr. Anthony P. Cavender. Without them, I would not be where I am today. As my first medical anthropology professor, Dr. Cavender opened my eyes to a subdiscipline of anthropology I never knew existed. He sparked my interest back then and now it has become my passion. A few sentences in an acknowledgements page cannot convey how thankful I am for Dr. King's teachings, encouragement, and dedication. As a professor, she changed my life, and for that, I am forever grateful to her!

I would also like to acknowledge my committee members, Dr. Richard L. Warms, Dr. R. Jon McGee, and Dr. Philippa J. Strelitz who not only read and reread (and probably

reread) every word of my thesis, but also spent hours correcting and revising my work. I thank them for their comments, words of encouragement, and time devoted to making my work better. As my committee chair, Dr. Warms deserves an even greater thank you. Without a doubt, he has challenged me more than any professor (or person) in my life, for which I can never say thank you enough. He made me realize I had more perseverance, commitment, and grammatical errors than I ever thought possible!

My debts to Belizeans are also incalculable. Numerous Belizean residents assisted me during my research process; however, special thanks are sent to Bob and Netti Jones for their support, their kindness, and their open home.

Last but not least, I need to thank my family and friends. Without my family's emotional, and financial support, my academic achievements would not have been a reality. I thank my mother for believing in me when no one else seemed to, including myself. She taught me that I can do anything I put my mind to, and I never thought that cliché was more true than during this thesis process. I would also like to thank Jessica Hurley, my friend and classmate. Without her support, her shoulder, and her editing, graduate school might have been impossible for me. This manuscript was submitted on April 9, 2008.

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CHAPTER I

WHY BELIZEAN LIFE HISTORIES?

"The one unchangeable certainty is that nothing is unchangeable or certain."

-John F. Kennedy-

Healthcare around the world is drastically changing, especially in developing countries. More specifically, methods of treatment are changing, access to Westernized healthcare is shifting, and health-related behaviors are undergoing transformations. In this thesis, I describe the changing healthcare system and facilities in Belize, as well as the shifting health-related and lifestyle behaviors of Belizean residents. By utilizing life histories, I illustrate how globalization affects three traditional healers in San Ignacio, Belize and recount the changes they describe throughout their lifetimes. Particularly, I show how television, the Internet, and advertisements influence the residents of San Ignacio, even the traditional healers, consequently, altering Belize's healthcare sector.

As I began my graduate career, I knew my interests were two-fold, anthropology and medicine. My real interest, I thought, was ethnomedicine, but after a few grueling botany classes, I realized that was not my forte. As a pre-med undergraduate and anthropology graduate student, I felt that I possessed an interesting perspective on healthcare and culture. I was familiar with Western medicine, or biomedicine, and I was interested in other cultures' healthcare systems and methods of treatment. What I was not sure about was how to combine my two passions into one research project and thesis.

My love for medical anthropology dates back to my first cultural anthropology class. In fact, the day that I watched my first Richard Schultes (arguably one of the founding ethnobotanist) video, I changed my major to anthropology. I became interested in traditional healers that day and have had a passionate interest in their work ever since.

In anthropology, the word traditional is problematic because cultures are constantly changing. I define and explain the term traditional in great detail in the proceeding chapter, but briefly, traditional practitioners refer to those individuals not trained by medical schools, but instead who operate using remedies and procedures

either of their own devising or those learned from members of their parents' and grandparents' generations.

For my thesis, I choose to study traditional healers in Belize for a variety of reasons. I knew that I wanted to study abroad, but spoke only English. So, the fact that I could work in Belize speaking English was important. Additionally, I chose Belize because I had an avenue of entry there. Even though Dr. James Garber is an archaeologist, he willingly agreed to locate a place for me to stay in the country where he has spent thirty years doing archaeological fieldwork.

There were good theoretical reasons for choosing Belize as well. In Belize, traditional healers (i.e., medicine men, "bush doctors," and midwives) still exist and practice traditional medicine. Therefore, Belize provided an ideal location to study the ways in which traditional and biomedical practitioners coexist in a country slightly smaller than Massachusetts and with fewer people than Austin.

I wanted to understand first hand how changes in the increasing contact between Belize and the rest of the world altered the lives and careers of Belizean medicine men and midwives. Thus, in the summer of 2006, I traveled south to Belize. I asked personal questions and sought to understand

how different people with distinctively different personalities viewed these changes. I wanted to discover both the precise nature of these changes and how change was affecting traditional medicine.

Belize: A Classic Example of Colonial Exploitation

Belize is one of the smallest countries in Central America. Formerly British Honduras, Belize is only 174 miles long and 68 miles across at its broadest point. Situated between the mountainous jungles of Guatemala and Mexico and the Caribbean Sea, Belize offers a range of geographical diversity. Northern low-lying plains, southern Maya Mountains, and coastal water speckled with reefs create this beautiful country (See Figure 1). In 2007, Belize's population was slightly under 295,000 individuals comprised of multiple ethnic groups (i.e., Mestizo 48.7%, Creole 24.9%, Maya 10.6%, Garifuna 6.1%, other 9.7%) (www.cia.gov). One of the larger towns in Belize, San Ignacio, is where I conducted my research during June and July of 2006. I chose to study in San Ignacio for one main reason, Dr. James Garber, my archaeology professor worked there. Located close to the border of Belize and Guatemala, San Ignacio is home to roughly 33,000 individuals.



Figure 1. Map of Belize. This picture is a map of Belize including its six districts, major cities, and archaeological sites (<http://www.belizeproperty.com/images/maps/>).

Belize is a small nation becoming increasingly articulated with the rest of the world, however, contact between Belize and developed nations predates Belize's independence. Much of the early historical information about Belize is dependent upon sailors and conquistadors' diaries and logs, which are sometimes contradictory. However, many now believe that the first sighting of Belize took place in 1506 by a party of Spaniards sailing the

Yucatan peninsula (Macpherson 1980:163). The 16th and 17th centuries marked a series of disputes between Spain and England, but in 1670, Spain ceded to England all its territories in the West Indies. Throughout the first half of the 19th century, mahogany trade became the dominant activity of Belize. During this time, Belize was almost completely dependent upon imports, including food items and supplies, even the cattle used for hauling logs. However, poor economic conditions combined with trade declines forced settlers into early attempts at commercial agriculture. The beginning of the 20th century brought with it improved economic conditions with the aid of the expanding American market. Yet, Belizeans still experienced underdevelopment because they focused on a mono-economy (exporting forestry products). The country was dependent upon foreign buyers and subject to fluctuations in the international forestry market. With so much of the economy focused on providing these exports, generally at concessionary prices, it was impossible to develop a system of domestic production able to supply the local market. Consequently, the country continued to rely on imported products (Ashcraft 1973:28-47).

The current economic situation in Belize bears the deep impression made by events of the past. External

relations and trade, including both imports and exports, continue to dominate the economy, and production for local consumption is still minimal. In addition, the export sector lags behind the import sector resulting in a negative balance of trade. Bolland described the economic condition of Belize as, "a classic example of colonial exploitation, of taking away and not giving back... of all the wealth taken from the country and practically nothing was put back in the way of permanent improvements and capital development" (1986:69).

Attempts to reverse the pattern of colonial exploitation have ensued since Belize's independence in 1981. In the past two decades, other sectors besides forestry and agriculture made an impact on Belize's economy, including tourism. From my experiences in San Ignacio, a town in Belize known for inland ecotourism, the tourism industry is an integral part of many San Ignacio residents' lives. A tourist in San Ignacio can choose from an array of daily activities including horseback riding, visiting ancient Mayan ruins, cave tubing and spelunking, canoe trips, butterfly farms, and medicinal walks, just to name a few. For instance, some of the most popular activities that I noticed were spelunking through the Actun

Tunichil Muknal (ATM) cave, canoe trips down the Mopan River, and visiting the archaeological site of Xuantunich.

Using Life Histories: A Story about a Story

From the beginning of the discipline, anthropologists have collected personal histories. According to Watson and Watson-Franke, personal documents are "any expressive production of the individual that can be used to throw light on [their] view of [their self], [their] life situation, or the state of the world as [they] understand it at some particular point in time or over the passage of time" (1985:2). Examples of personal documents include life histories, autobiographies, diaries, and letters. However, an important distinction between life histories and the latter is that another individual prompts or elicits life histories.

I choose to collect life histories for two particular reasons. I believe that in order to understand a lifetime of personal changes, you must first know about a person's life. I think life histories provide a deep insight into people's lives and character that ordinary interviews and surveys cannot offer. By far, the best part of my thesis experience was meeting and getting to know a variety of new

people and new personalities. By utilizing life histories, I am able to provide readers with a personal view inside the lives of these people. You can read their stories, hear their personalities through their word choices, and achieve an understanding of the lives of these individuals.

According to Watson and Watson-Franke, nine theoretical questions need answering before attempting to interpret life histories. First, how does the researcher know the informant, and thus, what was their relationship (1985:17)? This is crucial because the investigator is just as involved in creating the data as the informant is.

I conducted twenty-three interviews with medical personnel, all of whom were strangers to me (See Figure 2). In fact, I did not know a single individual the day I arrived in San Ignacio, which happened to be the first day of hurricane season. All I knew was that I was supposed to take a bus from Belize City, get off in San Ignacio, and locate Eva's Restaurant. Once inside the restaurant, I was supposed to find the owners who I would be living with for the summer. It seemed easy enough but it proved to be a wild scavenger hunt and more of a challenge than I expected. To begin with, where was the bus station in

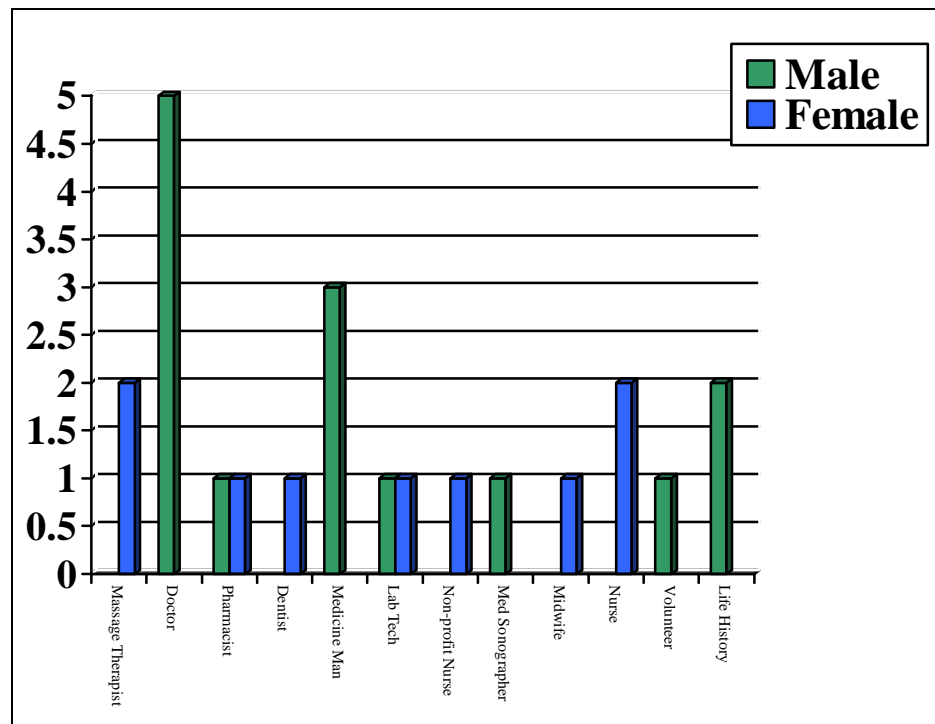


Figure 2. Who's Who? This chart illustrates the amount of people I interviewed, the sex of my interviewees, and the type of practitioner they are.

Belize City? How much was the bus fare? How long did the ride take? Would we stop? Was there a place to use the restroom? Well, we did stop in the capital of Belize, Belmopan. Now I had to trust a complete stranger (someone I already felt sorry for because he had to squeeze into a school bus sized seat with me and all my belongings) to watch my luggage while I paid fifty cents to use a bathroom void of a toilet seat and plain cleanliness. I remember the bus ride as if it happened this morning, the smells of burning trash piles, the stares of people on the bus, the landscape, all of it. Everything seemed so different and by

the time I arrived in San Ignacio four hours later I was exhausted, excited, scared, and curious all at once. I found Eva's Restaurant (See Figure 3), walked in with backpacks bigger than me, and asked for Bob and Eva Jones. The short standoffish Mayan women behind the counter instructed me to put my bags down until she could take me home. I called her Eva only to find out a week later that her name was actually Netti. Was that why she was so standoffish? I was mortified and shocked that she failed to correct me each time I called her the wrong name.



Figure 3. My Final Destination. Eva's Restaurant is often referred to as the hub of San Ignacio in travel books and guides.

After my first week in Belize, I knew only a handful of people, one of whom I was addressing incorrectly. Thus, I did what every anthropologists does, which is rely on other's suggestions. Netti was my key informant to begin with. Even though I did not interview her, she supplied me with numerous names of people I could interview. She turned out to be extremely helpful during my first few weeks, and was surprisingly patient with me while I asked her incalculable amounts of questions. Where were the pharmacies, the hospitals? Did she know of any doctors, any medicine men? After the first couple of weeks exhausting Netti's resources, I started to make more contacts. Just by walking around town, I began to locate more doctors' offices, laboratory technicians, and pharmacists. Additionally, the informants that I had already interviewed provided me with the names of more people who they knew. After about a month, and to my surprise, people in town became interested in what I was doing. Locals would ask me about my research and sure enough, they knew just the right person I needed to interview. Therefore, with the combination of Netti's information, my own research, and helpful locals, I was able to conduct multiple life histories and lengthy interviews.

The second question posed by Watson and Watson-Franke concerns the interview itself. What were the circumstances in which the informant related the life history, and was the original situation conducive to openness? Was it stressful, or something entirely different (1985:18)? I would like to say that all my interviewees were stress free and as open as possible, but in reality, I think they were as nervous as I appeared. Most of my informants seemed hesitant to answer questions, whether it was because they were scared to say the wrong thing, or because they were being tape-recorded, or because I was a stranger asking sometimes personal questions. I am not certain, but I do know that I was just as scared as they were. Would I ask the right questions or just blabber aimlessly? Would I even be able to find their house or work place? Sometimes I had to walk miles to another town with the most cryptic directions a person could follow. Other times I walked through torrential downpours only to enter into an interview looking like a drowned rat with a tape recorder. Some of the interviews started out stressful, but after time it seemed as if my interviewees became more comfortable, usually forgetting the tape recorder was even there. I should say that some of the interviews were hectic from beginning to end. Children were running around,

patients were coming in, cars were driving by, babies were crying, roosters were crowing. But all things considered, the majority of the interviews went by with few distractions.

According to Watson and Watson-Franke, a researcher's honesty helps to clarify what informants do and say. They pose question three with that thought in mind. What inducements, persuasions, and/or reasons does the ethnographer use to motivate someone to reveal their life history (1985:18)? In actuality, my informants needed little persuasion. Like I said previously, they were hesitant and questioned my research, but all agreed to an interview within the first minute of our conversation. There was one exception. The very first woman I tried to interview, a pharmacist recommended by Netti, refused my invitation for an interview. This situation proved to be quite nerve racking for me because she was the first person I talked with and I questioned whether anyone would agree to an interview. That turned out not to be a problem and every person after her said yes they would be available for some questions. I actually think most people felt sorry for me and that is why they agreed. They would take one look at me, see my broken umbrella turned inside out, and insist that I come in, if for no other reason than to get out of

the rain. One time, for example, I walked ten miles to a medicine man's house in the blazing sun. When I arrived at his house hours later and blistered by the sun, I guarantee he said yes just so I would not have to walk back immediately risking second degree burns. Of course, my informants did not agree to an interview just because they thought I was pathetic. I suspect, at the very least, they enjoyed someone listening to their stories. I never offered any of my interviewees compensation for their time, but I always questioned whether I should. In all honesty, I thought it might seem offensive and thus, instead of money, I tried to offer my help whenever possible. I did what I could but I always wanted to give them more for their time as well as their knowledge.

Watson and Watson-Franke's fourth theoretical question asks what, if anything, did the interviewee have to say about the data collection situation, and did it influence their recollection of their life (1985:18)? Of course, the method of recording data and the questions an ethnographer asks always influence the informant. However, determining the nature of this influence is almost impossible. Unless your interviewee says, "Yes, I have been influenced in this and this very specific way," a researcher simply has to guess about these personal reactions. In my case, the fact

that I am a young, white, middle class female interviewing older, Belizean, lower class individuals surely had something to do with the way I was received, but there is no obvious reason to believe that these factors had a profound affect on the data. As for the first part of Watson and Watson-Frank's question, I can say that all my informants made a comment about being tape-recorded. Whether it was, what is the purpose of the tape recorder or what are you going to do with the tape, all twenty-three interviewees questioned my method. In fact, out of the twenty-three individuals, seven asked me not to record our interview due to reasons of discomfort. I suspect that it is likely or at least possible that my interviewees made certain statements because they were being tape recorded, or for that matter, left out certain facts that would portray them in a negative manner during our interview. So, yes, it probably did influence their recollections, but the exact nature of this influence is hard to determine. I believe that the value of having tape-recorded interviews was greater than the problems created by the process of recording.

The fifth question addressed by Watson and Watson-Franke concerns the researcher's perceptions and biases. They ask, what were the investigator's own perceptions

about the culture, the informants, and the data collection situation (1985:19)? At first, I thought this was probably the easiest question to answer because I had very few preconceived thoughts about the culture and especially about my interviewees. Of course, I had some ideas about developing countries, about Mayan and Creole individuals, and traditional medicine, but before going to Belize, I knew very little about Belizean culture or the people who inhabited the country. I had no idea who I would interview, and in fact, my initial research goal was to conduct four lengthy life histories. As most anthropologists know, what you intend to research and what you actually research are sometimes not the same, which proved to be my case. It was not until I wrote my conclusion chapter that I realized my main bias was that I liked my informants too much. In all honesty, I wanted to believe everything they told me, and in fact, one of the hardest parts about this process was separating the actual statistics from my personal views about the individuals I interviewed.

Watson and Watson-Franke's remaining questions relate to the questioning, recording, transcription, and editing of the interviews. Therefore, I am going to address all four points together: what particular questions were used; was a native interpreter used to translate the life history

or if the life history was recorded verbatim by the ethnographer without a translator, what language was used; what techniques were used to record the life history (i.e., tape-recorded, shorthand, longhand, or written information post interview from memory); and to what extent has the original life history been edited or rearranged in the final presentation of the text (1985:19-20)? I found that open-ended questioning combined with informal visits was perfect for eliciting life history data. Appendix A includes a list of sample questions, but I should note that in every interview I asked slightly different questions. As mentioned previously, interviews, if possible, were tape-recorded. If not, longhand note taking accompanied our interview. My interviews ranged from twenty minutes to four hours, but I did not record the precise time.

Another important part of the research included daily note taking of my observations, which proved to be as important as the interviews themselves. Not only did these daily observations enlighten me about San Ignacio as a community, but because Belize seemed so foreign to me, it was easy to document the everyday happenings of Belizeans that they took for granted and failed to mention during our interview. Using them, I was able to better understand Belizeans' lifestyles, which will prove important for

future discussions. I documented their activities, what they bought at the store, what they ate, and the amount of exercise they participated in.

Every conversation I conducted was in English, usually a mix of broken English and Creole, which made the transcription process tedious and time consuming. Play, stop, rewind, play, stop, rewind, I did it over and over again until I finally transcribed the tape or gave up on that one sentence I could not transcribe thanks to the roosters in the background. Throughout the remainder of this thesis, you will see excerpts of my transcribed interviews. Parentheses around a word or sentence or blank parentheses indicate my uncertainty about what an interviewee said.

Whom to Trust: Reliability and Biases

In order for life histories to have analytical value, the ethnographer must be forthcoming about their research, informants, and collection techniques. This includes the researcher's, as well as the informants' biases. Because it is impossible for me to observe any part of my informants' past lives, I must trust that they provided me with truthful information and answers, a problem theoreticians

point out about life histories. However, for the purpose of this thesis, I am more interested in what people believed happened than documenting the historicity of specific events. I believe that every anthropologist encounters these problems: who to believe, who to trust, what to include, what to analyze. As a result, anthropologists cannot eliminate the subjective element of the discipline, but researchers can minimize it by clarifying the researcher-informant relationships. Franz Boas wrote that autobiographies, biographies, and life histories, "are not facts, but memories and memories distorted by the wishes and thoughts of the moment. The interest of the present determines the selection of the data and color the interpretation of the past" (1943:334). Not many people would disagree with this statement and certainly, it is a hurdle encountered by life history researchers. In my case, the informants had sometimes fuzzy memories of the past. As mentioned previously, other factors may have influenced my interviewees' responses including the techniques I used to gather data. More specifically, there was a tape recorder present during our interview, I was a stranger, and often, I was asking personal questions. As for my bias, I selected and guided questions, sometimes consciously and sometimes unconsciously. Had a different interviewer performed the

interviews, had the interviews taken place at a different location with different people present, had the duration of the interview been longer or shorter, a somewhat different document would have emerged. As Jane Kelly notes, "One could say that any value this study has is in spite of these subjective factors, but I prefer to say it is because of them that this study has taken its present form" (1978:28).

Outline of the Thesis

In Chapter II, I introduce three of my key informants, two medicine men and a midwife. I provide a glimpse into the lives of these three individuals beginning with their adolescent stories. By using their personal histories, I present the reader with a sense of what it was like growing up in Belize during the 1940s and 50s. Then, I skip to the present. Again, I include their personal narratives, this time about life in Belize today and the recent past. By revealing their lives today, as well as when they were children, I illustrate a lifetime of changes described by my interviewees. In conclusion, I examine how each informant views change differently.

In Chapter III, I illustrate the driving force behind the changes depicted by my three life history candidates. I show how processes of globalization and the information revolution facilitate the spread of Western medicine into Belize, thus, affecting the residents of San Ignacio. By describing the influence of television, the Internet, and advertisements, I show how Belizeans' lifestyles and health-related behaviors are shifting. With the help of my three key informants, I reveal that the personal changes that each of them discussed can be combined into one large pattern of change for all Belizean residents.

In Chapter IV, I describe the current healthcare system in Belize, or lack thereof. I examine the issue of biomedicine in Belize, and explore some of the problems facing the residents of Belize including costs, fears, and accessibility of Western medicine facilities and treatments. Then, I ask a crucial question. What is going to happen to traditional medicine and practitioners in the future, and is this important? To conclude my thesis, I look towards the future of Belize, its medical system, and above all, its residents.

CHAPTER II

WHAT A LIFETIME REVEALS

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

-Charles Darwin-

During the course of my research, I had the pleasure of meeting and interviewing numerous medical personnel. I soon realized that in order to collect multiple life histories, I might have to sacrifice length, fullness, and detail. The advantages of exploring multiple life experiences and personalities, I thought, offset these limitations. Although these many interviews form the background to my thesis, in this chapter I will focus on the lives of three people, two medicine men and a midwife. I choose these three because I felt their lives were representative of other traditional healers and also highlighted areas of my particular concern. Although I focus on these three individuals, I make frequent reference

to the other twenty interviews throughout the remainder of this thesis.

As mentioned previously, in the academic setting, the word "traditional" is a common, yet loosely defined term, and as you will see, I utilize the word frequently. Therefore, before proceeding further, I must clarify how I define traditional healers. For the purpose of this thesis, I divide medical practitioners into two broad categories, traditional and biomedical. Biomedical healers are those with university-sanctioned educations trained in current medical technology and treatments. Specifically, I include doctors, nurses, laboratory technicians, and pharmacists within this category. Traditional practitioners, including medicine men, or herbalists, and midwives, utilize basic treatment procedures and herbal medications. Most likely, family members trained these individuals as an apprentice, but they may also have been self taught or acquired their arts from peers. However, there is an inconsistency in my approach. For my purposes, I include midwives in the category of traditional healers, but as you will see, my midwife interviewee received official training and a certificate from a university in Belize City. So, why do I place midwives within this category? Whether my informant received an education at a formal university or

participated in an apprenticeship is not the important issue at hand. In fact, in San Ignacio, there are both types of practitioners, scientifically and "traditionally" trained midwives. For my purposes, the fact that she demonstrates minimal technical expertise is more representative of her placement within the traditional healing category rather than the biomedical classification.

Traditional medicine and midwifery still exist in Belize, but similar to patterns in the rest of the world, they are on a decline with few practitioners utilizing this knowledge (Arvigo and Balick 1998). Many researchers, including Rosita Arvigo (1994), previously recorded the life experiences of these traditional healers. However, their objectives were to document and preserve traditional medicine. Their work focused on labeling, naming, and categorizing medicinal plants. My interviews focused on the ways in which my informants understood the personal changes and the changes within Belize's healthcare sector, which have taken place during their lifetimes. What changes did they see occurring, and more importantly, how did they explain them?

To begin this chapter, I introduce my three key informants. I will examine their accounts of growing up in Belize during the 1940s and 50s. Then, I will discuss the

ways in which my informants describe current day Belize and the changes taking place there. It is important to note that I am not considering a then-now (i.e., childhood-adulthood) comparison due to the problems of comparing children to adults. What I am doing is showing a progression of changes throughout these three individuals' lives in order to examine globalization as it is revealed through their life histories. I wanted to understand their ideas of change in hopes of demonstrating the impact that these changes have on current-day traditional medicine and its influence on traditional practitioners in Belize.

Growing Up Belizean

Narciso Torres

Narciso Torres is a well-liked community member and traditional healer. Coming from a long line of healers on his mother's side, Narciso's family migrated from the Yucatan to Santa Familia, a small village about four miles away from San Ignacio. I decided to walk to Santa Familia and had hoped to spend my walk considering the questions I would ask when I arrived to interview Narciso. Since Narciso was the first medicine man I was going to

interview, I was particularly concerned with asking pertinent questions and appearing like a competent, well-informed researcher. Well, the walk was more of an adventure than expected. I began by walking down an isolated, two-mile gravel road. The only things out there were me, a couple dozen iguanas, and a man who thought it would be exciting to expose himself. I walked in complete silence until I heard the most memorable hissing call. I turned to look over my shoulder only to see a man standing there with his pants around his ankles. It scared me because, after all, I had not seen anyone in miles. So, I took off running. I ran for about a mile until I reached a swinging bridge over the river (See Figure 4). I crossed it as fast as I could only to stop dead in my tracks at the end. Gigantic pigs blocked my pathway (See Figure 5). After jumping over the pigs and landing knee deep in mud, I kept walking. I noticed a village up ahead so I slowed my pace. About midway through the small village, I spotted a horse rearing on its hind legs to my right. The horse started charging me, I thought, and the people on their porches started laughing. So, I took off running, again. I looked back once to see that the horse actually wanted to mate with another horse on my left, but out of embarrassment, I ran until I reached Narciso's home.



Figure 4. My Escape Route. This is the shortcut from San Ignacio to Santa Familia.



Figure 5. Just as Muddy as the Pigs. At the end of the bridge, these pigs blocked my pathway, forcing me to land in mud waist deep.

A horse nearly trampled me, a naked jungle man threatened me, mud was to my waist, and I was completely out of breath when I reached Narciso's front porch. I had no chance to think about my interview and I was extremely nervous. However, the moment I met Narciso, my anxiety disappeared. He had a smile that lit up the room and a personality that could make anyone feel comfortable. Narciso invited me into his living room, which is where we conducted our interview. The setting produced many distractions including family members walking through, children screaming and running around, and the World Cup blaring on the television in the background. However, we were able to conduct our tape-recorded interview over the course of two hours. After the interview, Narciso, his family, and I had lunch. Our meal consisted of a freshly slaughtered chicken, and rice and beans. I had witnessed the chicken being slaughtered, which made me uncomfortable; however, minding my manners, I kept quiet and tried to enjoy our lunch.

We begin our interview by discussing Narciso's childhood. In October 1955, Narciso was born in Santa Familia, Belize. He particularly remembered working and the amount of labor rural living required.

NT: Well... um when I was growing, it's not like... like now a days, like, there is a lot of jobs. Those times, it's not like these times. You had to... (process) more things, like (Cahoon) oil. We used to do (Cahoon) oil. But, right now, the kids are not... are not doing that again because they are... technologies have improved, like for cleaning rice, you got machine already, and for pounding... (grinding) (Cahoon) nuts. You got machine too. Things are made more easy, but still they are not doing it, but when we were growing... there was no job, so the little job sometimes that we got is like... people needed like water, so, we had to fetch them like ten to fifteen buckets of water. We had to... get the water from the river, bring it up like with two sticks and sell it to the people like five cents for a bucket. But in those times, everything were more cheaper like, I remember like the flour... was like seven dollars for the bag. I remember that those times when I was like six years, seven years... Right now it's like almost sixty-five dollars a bag.

Narciso's memories here clearly show that when he was younger, there was more manual intensive work, technologies were limited, and prices were cheaper, but I was also interested in Narciso's childhood as it related to medicine. First, I wanted to discuss any ailments Narciso experienced as a child, and second, I tried to discover the initial spark that caused Narciso's interest in traditional medicine. Besides the common cold, Narciso could only think of one sickness that plagued him during his youth.

NT: Yeah I got sick like... when I was... quite small. Maybe I was five or six years old I guess, something like that. And I get like a tumor that started to grow here. [Pointed to his neck] On my

back, and then... my mom and my dad put lemon, sour lime, and you mix the sour limejuice with the white lime. White lime is calcium like made from the rock. Its calico, we call it (caliche). It's a white powder like cement like, but my mother used that white lime to cook corn, to make it into tortillas. So, that and the sour lime, make a mixture, make like a paste like, and cover the red little bump that I had here. Then by a week or so, or maybe two weeks, that caused the tumor to pop, like made a little hole, but the hole was like almost inch and a half deep like I remember they put some long cotton in there to stuff it to take out the matter in there, to clean it out. But it took a little while to heal I remember, but what they used mostly since, well, the (Chia) sap. (Chia) is... is a (...), is edible and It have a white sap, and that sap is the sap that they use to... to dab the cotton with like wet it with that... that... that sap, and then they would put it, poke it in the little whole there, and by midday or evening, they would come and take it out, and pull it out slowly, and then more matter come out. And then couple of days, couple of months, I was good again, and from that time, I don't ever get that again. So, that's my recommendation that I remember good. That's good medicine.

The importance of Narciso's childhood illness is not whether or not he actually had a tumor. My guess is that it was actually some abscess and not a malignancy, but that is not the point. What I am trying to show is the methods Narciso's family members used to treat his illness. I wanted to understand if Narciso's family used a doctor, or like most people I interviewed living in Belize during the 50s, utilized traditional medicine and healers.

Narciso never mentioned visiting a doctor or hospital during his childhood, which will prove to be important in later discussions. Due to the lack of doctors, Narciso's family, like most during that time, practiced traditional medicine, thus, igniting Narciso's initial interest and understanding of medicinal plants.

NT: When I was growing and had like, from twenty... let's say from seventeen years age, I got this... this idea like now when, like when older folks are dealing with medicine, I just come in there and maybe just listen or and watch, don't say a word sometime, maybe then ask sometime cause people sometime don't like to be asked nothing. Like for example, when I was working in construction, the mason man or the constructor, they don't tell you their idea or what the method of construction. They don't tell you none of those things. You only have to watch. So, that's the same way I did... that's the way I come to learn um... well, not everything, but I got a good, a fair amount that I know that are medicinal plants.

To summarize, Narciso Torres grew up in Santa Familia grinding Cahoon nuts and fetching buckets of water for small change. Plagued by a childhood tumor, Narciso learned the value of traditional medicine at an early age. At the very least, he valued and respected traditional medicine after his "tumor" dilemma and he still believes in it today. Something found in literature is that some individuals become interested in traditional healing after they experienced a traumatic childhood illness experience

(Neihardt 1932:20-51). However, Narciso did not mention the relationship between his recovery and his interest in medicine and I failed to ask about it. Therefore, I can only speculate that this might have fueled some of his interests in traditional medicine, but it was not until he turned seventeen that Narciso decided to learn about medicinal plants.

Meredith Sanz

Meredith Sanz is a soft-spoken seventy-seven year old midwife. I found out about Meredith through an unlikely source, another student. During my first month in San Ignacio, I became friends with a group a cultural anthropology students from a university in Northern California. One of the girls was researching midwifery in San Ignacio and offered me a chance to co-interview Meredith. I thought it was a perfect opportunity because not only had I not interviewed a midwife, but all my previous interviewees mentioned Meredith's name. I met with Meredith on June 21, 2006 at her home. We conducted our interview in her living room, which was a large open room with three couches. Our interview was interrupted a few times while Meredith showed us her herb garden in the

backyard and her "delivery" room, which was a small room with a twin-sized bed and about a dozen simple medical devices. Other than those instances, our interview had few distractions.

Meredith was born into a large, ten person family that wanted everything for her, except one thing, to become a midwife. Meredith's parents disapproved of her midwifery training for a variety of reasons, but most importantly, they did not want her to move to Belize City for her schooling. Reluctantly, Meredith's parents approved of her decision only because Meredith had a cousin residing in Belize City at that time. Thus, Meredith began her midwifery training when she was nineteen years old, leaving behind her job as a seamstress and her family. She recalls:

MS: I didn't go to high school. I was not in San Ignacio and my parents, they were low, low income. So, I could not go to Belize City to go to high school. So, a nurse came up there from Belize City to the hospital there, getting to know that my mom was where she visited us, and at that time, it was on the obligation of having trained midwives in the hospital up here. Then going to Belize for training and to work door-to-door deliveries. And that's where she came to my mom and said, "Mrs. Sanz, would you like Meredith to go and study (and train) in midwife?" And that's the way I was (done). Well, the whole um... my training begins in Belize City, the 29th of May 1947. Yes and I had my training for three years and a half. But the main training was midwifery where I started at the maternity ward. At that time, we didn't have nursing school. I left the hospital in 19(5)2... back up to San Ignacio.

Meredith's schooling consisted of training in the maternity ward, as well as the general ward. After two years of curriculum and "twenty normal deliveries," Meredith was able to take her exams and receive her midwifery certificate. Recall that even though Meredith received university training and obtained a licensed medical certificate, I include her within the broad category of traditional healers because she identified with that group. Back in San Ignacio, Meredith faced many difficulties beginning her new profession as a midwife. Not only did the older midwives shun Meredith upon her arrival, but she had to learn a variety of new birthing techniques that were not introduced during her hospital training curriculum.

MS: Yes, when I went down to Belize for training? Nineteen. Yeah, the problem is that when I came out to work, and everybody (stopped) me that they feeling so happy that I was a nurse, but being a midwife, the older ladies, they did not except me to do their deliveries because they say it happens that (...) in San Ignacio. How could I ever go down to Belize with such a strong studies and come and deliver their babies (in the room back there)? So, I didn't have any work with older mothers. They said well I've had older ladies (...) to them because (hired) by nannies that weren't certified. They learned on experience from one to the other. So, I did not have that amount work... but in those days they didn't have, have the La Loma Luz [the Seventh Day Adventist hospital]. They didn't have (...) and they didn't have Belmopan clinics. Back then I had custom of

having their babies, some will deliver in a hammock, some deliver kneeling down. Some have the back on baby, on back and pull him on a rope, and I have to have everything ready there, and then I take off my sterile, my sterile sheets to have spread on the floor if they want to deliver kneeling there because they kneel and I get, the dust get trapped on the floor. It's a big, it's a big, (inconvenience) but then they feel more comfortable. I say to one of them, would you prefer lying on the bed? It's much better, and those, some of them would accept it and some didn't.

CD: Did you find that a challenge, trying to work with all the different customs?

MS: Um, a little, but being a midwife, I think you have, I love it. I think you go into it gradually. It's a bit out of the way and challenging, but then gradually, it don't become problem.

Meredith's stories clearly show that during her youth nursing schools and medical clinics were non-existent, older midwives were not required to obtain a midwifery certificate, and childbirth techniques included delivering in hammocks and kneeling on the ground.

To summarize, Meredith was born in San Ignacio and at the age of nineteen, she left her home, reluctant parents, and a job as a seamstress to learn the techniques of midwifery in Belize City. Meredith became interested in traditional medicine after a door-to-door nurse made a visit to her home. However,

after completing her midwifery training, Meredith faced multiple difficulties as she began her new career. Older midwives disapproved of her techniques and she felt very few people trusted her experience as a midwife. In fact, during the beginning of her career, Meredith assisted the deliveries of her family members and close friends, which were her only clientele. For example, her first delivery after her training in Belize City was her niece in February 1953.

Harry Guy

One morning Netti and I were sitting in Eva's Restaurant when she looked out the window, saw Harry Guy walking down the street, and told me that he would be an excellent candidate for an interview. At first, I was a little hesitant and thought she might be tricking me. Was his name really Harry Guy? Should I try to chase him down? How do I approach a stranger and ask for an interview? Well, I chased him down the street, tapped him on the shoulder, fumbled around with my questions, and asked for an interview. I felt a bit like a stalker and judging from his expression,

he probably felt like he was being stalked, but in the end, I was able to schedule an interview. I interviewed Harry on June 4, 2006 at his home on the edge of town in San Ignacio. I took a taxi to Harry's house because I did not know where his residence was located. Netti told me if I instructed the cab driver to go to Harry Guy's house, they would know where it was, and she was correct. Once I arrived, I paid the driver and walked towards Harry's home. I became extremely uneasy because there were a handful of people on Harry's porch, all of whom were silent and staring at me. I asked for Harry, but he was with a patient, so I waited on the porch with the other individuals. I tried to small talk, but everyone remained quiet still staring. It only took Harry two minutes to finish up with his patient but for me, it felt like an eternity.

Harry is a fifty-eight year old medicine man who spends the majority of his time working in the jungles of Belize. Born in Punta Gorda, Harry, like Narciso, comes from a long line of healers.

HG: From the time in my youth. All my grand people, grand parents, used to be healers. They used to heal people but they do it on their spare time..

However, when asked if his grandparents got him started in medicine, Harry responded by saying:

HG: No, well... it's something... it interest a person have to have because I didn't grow up in town. I grew up in a rural area and in the 50s, in the late 50s and 60s wasn't like right now where you have road access to all villages, farm, and everything in town. You take your machete and you open up a little road and you go into the jungle and you make your home there. That's the way we lived. Growing up... I grow up different from the other boys, like you know? So, like sometime, they had some football games [soccer] and they would come and I was a kid. They say, "You wanta go to the football game?" "Yes I'll be going to the football game." I put on my clothes and I ready to go. But before we go... some elderly people come and say, "Harry, we going to the jungle. Would you like to go?" I take off my clothes and I go to the jungle and that's the way I stay right up til now.

There are several things to note about Harry's response. First, he never fully explained how he formed his interest in traditional medicine, which is partly my fault for not probing further. More importantly, he described Belize in the past and his passion about traditional medicine. Harry discussed the lack of road access and how individuals decided on the placement of their homes in the 50s. In addition, this passage reveals Harry's true love for the jungle and medicinal plants, which was ignited in his childhood. When probed further about his childhood,

Harry recalled the lack of diseases, supermarkets, and canned food present and available in Belize.

HG: When I was a kid, we didn't care about cholesterol, diabetes, heart disease, cancer, circulation of the blood, and things like that, heart problem, disease. I didn't hear about those disease. It's very seldom... we didn't have so many super markets like now where you go and buy (one) canned food. We didn't have all these Chinese supermarkets, Chinese restaurant, which people go and buy one fried chicken, fried chicken. My mom would cook chicken but it's not the kind that the Mennonites cook, which takes six weeks to mature. The chicken that we take eight months because they graze on their own corn. We didn't eat canned food because it wasn't like now, you know? Your country [Belize] was much poorer than how it is right now. So, when we eat meat, it's animal that freshly slaughtered and we eat a lot of food that we produce. We wasn't depending on money to go in the store and buy food.

This passage of Harry's interview shows his recollection of Belize in the 1950s. Restaurants and grocery stores were non-existent, individuals produced what they consumed, and Belizeans were not dependent upon money to buy their food.

To summarize, Harry was born and raised in Punta Gorda. Coming from a long line of healers, Harry acquired the skill of identifying medicinal plants during his youth. In fact, as his excerpt reveals, if he had the choice of playing soccer with his peers or going into the jungle with his elders, he always chose the latter. For future

discussions, it is important to note Harry's ideas about lifestyle-related behaviors when he was younger, particularly the lack of diseases in Belize. I should note that even though Harry says he did not hear about those diseases, that does not mean they did not exist. As we know, the statistics do not show that Belize was a disease free zone in the past, but as you will see in Chapter 3, the prevalence of some diseases is, in fact, increasing.

The stories of my interviewees are diverse. Narciso explained the lack of jobs and technologies in the past. Meredith described the absence of doctors and clinics, as well as the birthing techniques and required schooling for midwifery in Belize during the 50s. Harry, on the other hand, discussed the minimal road access, lack of diseases, and the absence of places to purchase food during his childhood. I selected these passages from Narciso, Meredith, and Harry's interviews for two reasons. For one, these excerpts reveal Belizean life during the 1940s and 50s, but more importantly, they provide a basis for me to compare the past with the present. Again, my main objective is to examine globalization through these three individuals' personal stories of change.

Now that I have provided a glimpse into the adolescent years of Narciso, Meredith, and Harry, I skip forward a few

decades. In the next section, I describe adulthood for these traditional healers.

Where are They Now?

Narciso Torres

Today, Narciso is the father of twelve children and has four grandchildren. It was not until we began our interview that I learned that at one time, all eighteen family members resided in Narciso's three-bedroom home. It seemed small and I constantly found myself wondering who slept where. Considering the large number of family members and the rising cost of healthcare, I wanted to know how they all received medical care, as well as the type of care they received. First, I asked about any ailments Narciso experienced as an adult. Second, I asked about any sicknesses his family dealt with, and third, I discussed his wife's twelve pregnancies.

In 2002, Narciso broke his foot and this is what he had to say about his injury, the doctor involved, and the mediocre care administered to him.

NT: I get sick when I drop from a house because my foot was broke. From other sickness, I don't remember, being sick like that. Well, I had to go

to a doctor to... to find out if my feet was broken, and I had to, I took an x-ray and the doctor said to me, "Your feet is... it's not... broken. It's good." But then I can't stand up cause I feel the pain when I put weight on it. One day I was like massaging my foot like this, and then I hold it like this, and when I move, it make a sound, like a popping sound, pop, and from that moment I could stand up, and the doctor said I had nothing because when I went to doctor, I was paying social security, and... because I didn't go back to the doctor, he didn't want to sign a paper... to get a release like from the social security because I'm paying social. And I didn't get nothing because the doctor doesn't want to sign. So, I didn't bother. So, I waited for four, six months not doing nothing just almost in bed, couldn't walk.

I included this excerpt because I wanted to compare the type of care Narciso received as a child to his treatment as an adult. Narciso was plagued by a childhood "tumor," and was cured by his parents who administered traditional medicine in the form of caliche and limejuice. Now, as an adult, Narciso visits a doctor for major ailments because social security pays for his medical bills. Whether or not I can compare a questionable tumor situation to a broken foot is debatable, but what is important is his description of medical care. As a child, Narciso's family members treated him at home. As he recalls, the treatment was immediate and effective. Now, Narciso is treated by a state bureaucracy, which he describes as taking a lot of time and money and being

ineffective. In the first instance, Narciso was treated as a family member, and in the second, as a poor person in a rich person's medical system.

When asked about his families' illnesses, Narciso explained that preventative care, such as healthy eating habits, is the first step in maintaining a healthy body, which is a basic assumption held by traditional healers around the world (Lewis 2000:245) as well as a point mentioned by each medicine man I interviewed.

NT: Well... in some instances... like, for example, an ultrasound that my wife has to took, well, I can't do that. So, she has to go to the doctor. But other remedies like for example, like some fevers or for fresh colds or pain sometimes, we don't go to the doctor. So, I just find remedies for them or find medicine and then they just forget it. They don't have nothing again, and sometime I tell them that... sometime the body needs lot of movement, stretch. Just... just an example, when, you just watch when a cat or other animal or pet, when they wake up, they normally stretch before they start to walk. And that's something we don't do. When we wake up, is a time to stretch. You do that continually or daily, you won't get a back pain, backache. It does more effect to us, our body, but more people don't like to bend like that and, when they bend, they normally... grown with pain like "Ahhh" (...), but then they are not used to that, that's why. That helps, something very helpful. That part of the... the physical and... helping (...) that we should adopt.

CD: So, what else is, do you think eating and drinking is a big part of healing your body?

NT: Oh yes, in... in healing, foods are important and drinking bitters for healing to is very, very

important cause... normally body sometimes don't like bitters, normally the body calls for sweets like, the more people, the more I want. We are like kids sometimes. [Laughter] No, really, sometimes we behave like kids. Sometimes we want everything that's sweet, and sometimes not everything that's sweet is good because it's like... I tell my wife or my people sometimes that sweet is like a lie, and bitter is like the truth. [Laughter]

CD: So, what do bitters do for your body?

NT: Bitters... make your body resist. It's a resistant against sickness. It's an antibiotic I guess, something like that, that make you resist most kind of sickness that come in the air because everything is in the air almost.

Thus, Narciso and his family only visit a doctor for treatments he cannot provide, such as his wife's ultrasounds. For all other ailments, Narciso goes to his farm and brings back medicinal plants in order to medicate his family. This is a significant point. Narciso talks about and promotes herbal healing, but in actual practice, he has sought Western-style medical care. What people say they do and actually do are often different, again, a problem life history researchers face.

I asked about Narciso's wife's pregnancies, more specifically, about whether a midwife or doctor delivered her twelve children. Narciso explained that a midwife assisted his wife during her first two labor experiences, but a doctor delivered the other nine.

NT: After that we were pressed down by the doctor to, we had to do that at the hospital because they wanted our money. [Laughter] In San Ignacio, what do you call it? The... public hospital. No really, cause... I think something that important to for the woman now to, to go to the hospital better because sometimes there are emergencies and a midwife can't help you sometimes. So, we can't tell, so, better be prepared or get ready or... go where... you could be more served or better served cause I know some midwives are good. I cannot say they are not good because that's their job and... normally right now, no one is, and they are not... doing that again, the midwife. All midwives have to go to the hospital and have a day or two, and they don't have a paper. They can't work.

It is interesting to note Narciso's conflicted relationship with biomedical care, specifically the ways Narciso discusses his experiences with Belize's biomedical sector. He made comments about his doctor's refusal to sign his social security release, and he believes that he is "pressed down by the doctors" because "they wanted [his] money," but he supported his wife delivering in a hospital.

In addition to healthcare, I also questioned Narciso about how he provided for his expanding family. What was his profession and how did he make money were two main questions I posed to Narciso. I felt intrusive asking him about his wages, but to my surprise, Narciso was more than willing to answer.

NT: Yeah, well, more or less, my profession. I don't only do farming. I am a constructionist. I

am carpenter. I like farming mostly, my hobby as far as gardening. I do some jobs in town like... mostly gardening as far as gardening. I do what I do. I have been, I mean I have worked for people that work on... on, in the field of archaeology. I work for them for a decade or so, or a little bit more. So, I know a lot of... of... of work that, I don't need much to learn what they're up to. So, see what they want and what they're looking for. So, I just add the rest. That's the way I work.

CD: So, how do you make your money?

NT: Well, normally... I don't make a lot of money, but I am making money by selling my little products. I don't make a lot for the (day). I make about ten dollars for the day or fifteen, but everyday something is happening. Maybe, right now somebody came, come and said I want some banana leaves. So, they are... three dollars, but I given them enough because that's the way I (go). If they ask me for a dollar, I go like, maybe I bring the amount for two dollars. I sometimes, always do extra like not exactly the amount they ask me. If I don't sell them something, something they want something like, everyday somebody want something. [Chuckle] Even like medicine. Sometimes people, do you have a piece of root? Do you have um... some remedy for something? You just give them a little piece and say five dollars here and... and money's rolling. [Laughter] Not a lot, but I am still satisfied that I am making some. ... So... I got this tree growing and I got other trees that are trying to produce like mango, (...), other plants, different kind of plants. So, everything... they don't produce in the same time like different times. So, when I don't have something, I'll have other thing like I am never without nothing. So, I always bring my bag full from the farm, and bring something always.

I posed these questions to Narciso because I wanted to understand how a traditional practitioner makes enough money to support eighteen individuals. Considering that the

payoff for traditional medicine in the past was more a matter of prestige and knowledge than money and income, I wanted to discover how a medicine man in today's time (i.e., in a money driven pharmaceutical world) makes a living. Narciso explained during our interview that, currently, he can no longer support his family on a medicine man's earnings (whatever that may be) and thus, he and his children were forced to find other forms of employment such as construction and archaeological work.

Meredith Sanz

Now at the age of seventy-seven, Meredith Sanz has become a well-known midwife. Overcoming the struggles she endured at the beginning of her career, Meredith claims that she has delivered over a thousand newborns during her fifty-three years of midwifery.

Meredith's house is directly in the center of San Ignacio. In fact, she still lives in the house she grew up in and sleeps in the bed where her mother gave birth to her and seven siblings. Walking into Meredith's home, I could not help but notice the hundreds of children's pictures on her walls, all of whom she claimed that she delivered. She smiled as she proudly told me stories about the children.

During our interview, I learned that Meredith never married or had children of her own, which struck me as peculiar. Indeed, every other woman I interviewed or talked with in Belize was married, had been married, or was widowed. However, I should point out that Meredith was the only midwife I interviewed, making it impossible for me to compare her life decisions with other Belizean midwives. Even though Meredith never gave birth herself, in her own way, I believe Meredith thinks of herself as a mother to over a thousand children.

MS: I'm the first person to know you and I spank you and everything. But being a midwife, you have to love it. That's why a midwife, here in Belize, a midwife seldom marriage because we are taken to, taken away to, from too many things. Having husband, you are taken away from husband. In parties, you are taken away from parties, away from anything, around the table. Sometimes having my breakfast until ten o'clock in the morning, crawling out of bed any time of the night because babies they are not saying when they are coming. And this is my now, this is my body from ever since, but if I continue, I go to bones.
[Laughter].

One central theme present throughout Meredith's interview is the problems faced by midwives in contemporary Belize. She discussed the restrictions placed on her by "the medical people," and expressed her fear of losing her certificate, taking away her ability to practice midwifery. One constraint Meredith explained was the issue surrounding

first-time mothers, whom she can no longer accept as patients.

MS: I don't do first mothers anymore, and some patients, some mothers will bring their children there, (their first) and they prefer me doing it but after... about eight years ago, yes, the medical (...) and gynecology (senior made the superintendent) hospital so I don't do that (...) anymore, which I was very, very upset because I love new first mothers because they learn from there and I learn from them because you train them, you, you support them.

CD: So, when was it exactly that you and, who said you couldn't see first mothers anymore?

MS: Oh that's the medical people's instructions about eight years ago.

Another restriction Meredith described was her inability to deliver infants at her home or anyone's home, thus, forcing her to assist deliveries in the hospital.

MS: Take for instance, they're not taking no... they are trying to close them from deliveries. So, on the whole, they are not taking no woman (...) to do from delivery because they are trying to close it out.

In other words, Meredith says she feels that the medical personnel in Belize are trying to eradicate or "close out" midwives and their practices. Since they can no longer accept first time mothers and must perform hospital deliveries, Meredith fears that midwives will eventually run out of patients. Even with these limitations, Meredith

still practices certain techniques that she learned decades ago, including placing salt in a patient's hand to detach the placenta from the uterus. Likewise, she still binds the umbilical cord the same way she always has, and still uses the same seven herbs during the delivery and afterbirth.

"Some things," she declared, "they aren't taking from me."

MS: I do carry out most of the custom and the training that I have in Belize City because our body does not change. So, many things that they don't allow, and I know it's, why must I change, because as far as other things sterilized using, I'm not changing. So, well, some of my babies are going to Belize City to a pediatrician and having, having and everything (bind up in youth ...) and they'll take it off, but they tell them, they say no, they are accustom to it. And they keep on the binding. That isn't being done now, but when I am called into do after care for the babies, I do it because it's... it's just a must for them.

CD: So, it's tradition?

MS: Yeah, it's tradition for me. [Laughter] Yes and I have never had a dead baby, a dead fetus. That's God's blessing. I did not have a dead mother nor a dead baby.

I should note that it is highly unlikely that Meredith delivered over a thousand newborns without ever having a mother or baby die. Even the top gynecologists in the United States with the most up-to-date technologies cannot claim this, but that is not the point. As mentioned in the first chapter, I am more interested in what people believed

(or said) happened than documenting the historicity of specific events. I did ask to see any records of Meredith's deliveries, but according to her, "I was keeping a book of it, but in 1961, we had the hurricane. The water came out way up here and washed away, and then in 85." Without any records, I cannot say that Meredith's claims are one hundred percent accurate, but the real importance of this passage is her description of birthing customs and current hospital regulations.

Like Narciso, Meredith also discussed changes within the healthcare system. However, she did not explain these changes in terms of money as Narciso did, but in terms of losing her ability to practice midwifery, something that saddens her deeply. Since 1947, when Meredith began her training, many things have changed concerning midwives and their practices. If you recall, after receiving her midwifery certificate in Belize City, older midwives shunned Meredith because she learned her birthing techniques at school. Meredith claimed that they challenged her success as a midwife and questioned whether anyone could learn delivery procedures out of a book. After all, she stated that they learned their skill from their mothers, who learned from their mothers, and so on, without ever obtaining a certificate. In Belize today, however,

midwives not only have to obtain their midwifery certificate in school, but must also deliver babies and conduct aftercare in a hospital. If they fail to do so, their license is revoked, ending their career as midwives. These concerns worry Meredith the most. Meredith stated, "They are trying to close them from delivery." She told me that they could take away her certificate and Meredith did not want that to happen. In addition to threatening her certificate, hospital personnel also placed restrictions on Meredith and the other midwives in Belize, such as no longer being able to deliver the babies of first time mothers. As a side note, even Narciso expressed his feelings about the current situation facing midwives. He declared that, "No one is, they are not doing that again, the midwife. All midwives have to go to the hospital and they don't have a paper. They can't work." However, Narciso furthered noted that he preferred hospital deliveries. He argues that doctors should deliver newborns instead of midwives, which was interesting to me for a variety of reasons. Not only is Narciso a traditional healer (like Meredith) experiencing similar career problems, but his mother, grandmother, and great grandmother were midwives, all of whom he described as extremely talented and gifted in delivery procedures. As you can see, even the indigenous

healers take their wives to hospitals to deliver their babies.

Harry Guy

In 1963, Harry moved from his hometown of Punta Gorda, Belize, to San Ignacio. Thirty years later, in 1993, Harry began his occupation as a self-proclaimed medicine man. Unfortunately, I failed to ask about Harry's employment experiences prior to 1993. However, I think that it is no coincidence that Harry started his business the same year that, "it was when in 1993 and 94 when they make out a lot of big propaganda from throughout the world about new herbs that they used to treat, to cure all different diseases" (Interview with Harry Guy). What Harry means by "big propaganda," I think, is the increasing interest in complementary and alternative medicine (CAM). Harry's entrepreneurial spirit ignited then, and fourteen years later, his business is still expanding. He currently advertises his services on business cards and the Internet, which created a completely new market for Harry. At the time of our interview, he was shipping bottles of his homemade preparations to the United States for the treatment of leukemia. For my purposes, whether or not

Harry's treatment for leukemia works is not important. The fact that there is a market, consumers, and demand for his products is my real interest.

Something that has not changed in Harry's life is his love for the jungle. At the age of fifty-eight, Harry continues to make weekly excursions to the forest to retrieve plants. Presently, Harry's business endeavors include cultivating and distributing the herb Noni, which he claims boosts immunity, treats respiratory problems, and relieves menopause symptoms. Again, there is no evidence to support Harry's medical claims about Noni, but according to Harry, there are people willing to try and buy his product. His belief and trust in medicinal plants is evident to anyone that has a conversation with Harry. Indeed, one overlying theme present in Harry's interview is his distinction between traditional medicine and biomedicine. He argues that alternative medicine is not only one hundred percent effective, but it is also cheaper and safer than Western medicine.

HG: Alternative medicine doesn't have any side effects. When you use pharmaceutical medicine, it help you with one thing and it give you complication in something different. So, when you get healed with herbs, you're one hundred percent healed and no side effects... prescribe drugs and chemicals and to remove organs, to do surgery... not to cure the disease because (they come and say you here) have a cure for anything, just

temporary relief because if you have high blood pressure... no, they told you, well, you know what, you have to be on certain medication until you die. No, if you are 40 years taking high blood pressure pills, you know, how much money they make from you within forty years. Now, if you do alternative medicine, within three to six months, the maximum will be six months, if you say you would do it for the maximum time and six months, you get rid... with the herbs you get rid of pharmaceutical medicine. You save money then because you're not taking anything, not spending money on anything, and that's what the pharmaceutical people doesn't want.

Fourteen years after beginning his business, Harry's clientele includes people from around the world, but he also treats individuals in and around San Ignacio. Patients come to Harry's office, located on the side of his home, for consultations as well as treatment. Harry explained that, for a variety of personal reasons, the majority of people who visit him prefer alternative medicine more so than seeking advice from a doctor.

HG: And these people that came in here just now... it's for... kidney infection because he went to... because you've got some people here that doesn't go to the doctor. If they do anything, they go to the laboratory and do some kind of testing and this guy was having... feeling some discomfort for his urine. I think he went to the laboratory to do a test and then he found out, you know, he saw blood in the urine. So, he know that he got a kidney infection. So, he come here for to get treatment for it so he doesn't have to go to any doctor.

CD: So, do you think you see more males or females?

HG: It's about even. You have mostly... like you have a lot females come here for cists and fibroid because whenever time you cist or fibroid, they told you you have to do a surgery. So, people come here to do a hysterectomy... who wanted to do... the doctor told that you've got to do a hysterectomy and they come here... let's say a woman maybe twenty years or twenty-nine years old and you do a hysterectomy, their life is ruined because your body doesn't have these organs to produce (...). So, they decided, no I won't do it, surgery will be the last that I do. I'll try alternative medicine. So, they come here and they try this alternative medicine and they find out that it's working.

I asked Harry about his clientele, specifically if he saw more males or females, because I wanted to know if, like in the United States, women were more inclined than men to utilize alternative medicine (Ni, Simile, Hardy 2002:353, 355). However, according to Harry, there was no clear distinction between the sexes.

Considering the uniqueness of Harry's situation as a medicine man with a website distributing herbs, I wanted to know whether Harry viewed his occupation as just that, a job, or whether he believed that he possesses a special gift.

HG: I believe so. It's a special gift to put everything together because... I see... quite an elderly... they bring me an old guy here from the village of Succotz and the doctor give him two weeks to live because he's 84 years old. And they bring him here because both arteries for the heart were clogged up and they very poor people.

They cannot go to the country to do a surgery and secondly, due to his age, they cannot do a bypass surgery for him. So, they bring the guy here and I treat him. In about three months time, I clean up the arteries good. So, if you go to him right now, he's not at home. He's at his farm still working. His son gets very mad with him. They get mad with him because he doesn't want him to go to the jungle, to the farm. Still I told him, "Well, you just have to leave him alone if that's the way he wanted to live because that's what makes him happy. If he still working, he'll die. If he go to the farm, he still die. So, just leave him alone.

As you can clearly see, Harry is a strong supporter of alternative medicine and a harsh critic of pharmaceutical companies. He, like Narciso, believes that biomedical companies have one main priority: to make money. However, Harry believes that he treats people, like the old man from Succotz, in a shorter amount of time, with less costly methods, and in a more "traditional" manner than his Western medicine counterparts. I should note here that Harry and Narciso's feelings about the effectiveness of biomedicine are similar to how the doctors I interviewed described traditional healing. In fact, I asked all five doctors if their patients combined traditional and pharmaceutical medicine, which they all replied with a yes. However, each doctor said they would never recommend traditional medicine to their patients, because either they knew very little about medicinal plants or they simply

doubted traditional medicine's effectiveness. In other words, the doctors, like the medicine men, believe that they cure individuals in a shorter amount of time and with greater efficiency.

Machetes and Cahoon Nuts: What has Changed?

Everyone views change differently, consequently, responding to and discussing change in a variety of ways. Some view change in a positive light, while others see change in a more negative fashion. By eliciting my interviewees' life histories, I was able to understand how each of them described changes, whether positively or negatively, without having to ask the question, "What has changed and how do you feel about it?" I simply recorded their personal histories, excerpted repetitive themes, and analyzed what they had to say.

Narciso, Meredith, and Harry explained numerous changes that occurred in Belize during their fifty plus years of recollection. Some of these changes involve jobs, food, prices, road access, and the medical care system. In fact, I repetitively heard sayings such as, "in those days, we didn't have..." and "when I was growing, it's not like nowadays." For instance, Harry Guy stated that, "in the

late 50s and 60s wasn't like now where you have road access to all villages, farm, and everything in town. You take your machete and you open up a little road and you go into the jungle and you make your home there." Such responses are not surprising. Everyone knows prices were cheaper, jobs were limited, and supermarkets were nonexistent in the past, but what is important for my purposes is the manner in which these changes in food, money, and jobs affected the healthcare system in Belize and the lives of traditional healers.

In the past, "Belize was much poorer than it is now" (Interview with Harry Guy). "In those times, everything was cheaper" (Interview with Narciso Torres). There were no doctors' offices, hospitals, or laboratory technicians present in San Ignacio when Narciso, Meredith, and Harry were children. Meredith explains that, "in those days we didn't have La Loma Luz (the government funded hospital). They didn't have Belmopan clinics... or nursing school." Back then, women gave birth in hammocks or kneeling on the ground, medical treatment was in the form of medicinal plants, and jobs were rare. Harry told me that, "People did not depend on money to go to the store and buy food." Belizeans raised crops and slaughtered their livestock in order to feed their families. Harry explained, "When I was

a kid, we didn't care about cholesterol, diabetes, heart disease, cancer, circulation of the blood. We didn't have so many supermarkets like now where you go buy canned food. We didn't eat canned food like now."

With the combination of new supermarkets and food availability, expanding job opportunities, and an increase in biomedical services and practitioners, it is no wonder that medical care and treatment are adjusting to the changing times. As of 2006, San Ignacio is home to two hospitals, roughly ten doctors' offices, a handful of laboratory technicians, at least six pharmacies, two dentists, a medical sonographer, and a physical therapist. Obviously, much has changed within fifty years in terms of medical treatment. As you can see, each of my three interviewees has been affected differently by change. For Meredith, change has meant the threat of losing her midwifery certificate. For Narciso, change opened a variety of new job possibilities but reduced his ability to earn any real money through medical practice. Of the three, Harry has been the most successful. For him, change has opened new prospects and possibilities. Rather than dealing with a strictly local audience, Harry has been able to use the technology of globalization to find an international audience for his medicines.

In the next chapter, I will further explore the nature of the changes in Belizean medicine. I will examine the international medical economy and the way Belize articulates with it. In addition, I will analyze the ways in which this has affected the lives of individual healers.

CHAPTER III

A NEW SPIN ON AN OLD CLICHE: HEALTH SELLS

"From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, science before art and cleverness before commonsense; from treating patients as cases; and from making the cure of the disease more grievous than the endurance of the same, Good Lord, deliver us."
-Sir Robert Hutchinson, twentieth century physician-

At the end of the nineteenth century, Western medical practitioners made a conscious effort to become scientific. Doctors employed scientific methods to understand and evaluate disease, as well as treat it. They became enamored with technology, "turning [their] backs on most of the simple, natural, inexpensive methods of maintaining health and treating disease used by previous generations and by indigenous cultures" (Weil 2001:315). Continuing throughout the first half of the twentieth century, Western medicine produced great advances in terms of medical discoveries.

Possibly the most significant, the isolation of antibiotics, further enhanced people's view about technology. For some, technology had the potential to end all human suffering, to eradicate all diseases. Although this has yet to happen, advances in medical technology show no evidence that the trend is slowing. Now, more than ever before, individuals are using, wanting, and relying on technology for medical purposes.

In a time of medical breakthroughs, scientific discoveries, and life-saving technologies, what individuals once considered medical impossibilities are now becoming possible. Prosthetic limbs, organ transplants, and billion dollar pharmaceutical companies are just some of the topics discussed during the six o'clock news. Medical stories and advertisements are on television, in newspapers, in pages of magazines, even on interstate billboards. We are constantly intrigued by what science is accomplishing. However, we generally focus on our own society and other wealthy, technological societies. We rarely consider the ways in which the diffusion of technological medicine affects billions of people in poor countries with less reliance on technology. In this chapter, I discuss the ways in which Western or biomedicine affects people globally, particularly in Belize, and more specifically traditional

healers such as Narciso, Meredith, and Harry. To do so, I begin by examining a process that directly influences healthcare, the information revolution, and describe how globalization spurs that process.

Consequences of Globalization

Communication around the world is now faster than ever before. With the help of the Internet, virtually instantaneous communication is possible with the click of a button. A person in Belize can communicate with a person in Tennessee. Likewise, a person in San Marcos can read the newspaper in San Ignacio.

For the purpose of this thesis, globalization refers to social, cultural, and demographic processes "that take place within nations but also transcend them" in such a way that "local happenings are shaped by events occurring miles away and vice versa" (Kearney 1995:548). My goal in this chapter is to show how journalism (i.e., broadcast and the Internet) and advertising affects Belizeans' decisions about the appropriate form of medical treatment, and how globalization speeds this process of communication around the world. To do so, I begin by describing television, the Internet, and advertisements in Belize. By explaining these

aspects of Belizean life, I am able to depict the changes taking place within this small, yet globally connected, country. To conclude the chapter, I bring Harry, Narciso, and Meredith back into the picture. I explain how globalization personally affects these three healers in hopes of discussing the future of traditional practitioners in San Ignacio, a focus of Chapter IV.

Television

Many people might be surprised to know that Belize's television stations are broadcasted by satellite from the United States. In fact, I was able to watch Colorado's six o'clock news everyday from the comforts of Bob and Netti's couch. This means that I was also able to watch American commercials, movies, and sitcoms. I found myself constantly craving Sonic banana splits and Dairy Queen monster burgers, neither of which were available in San Ignacio. To date, not one McDonalds exists in Belize, yet everyday Belizeans watch just as many McDonald's commercials as we do here. I must point out that I am not arguing that Belizeans experience the same emotions by watching McDonald's commercials as Americans do, or that American commercials and programs are the only broadcast in Belize.

In fact, Belize produces five local television broadcast stations (www.cia.gov), but given the fact that there are seventy plus stations available on cable, only seven percent of those broadcasts are Belizean. Clearly, these statistics demonstrate that Belizeans have the opportunity to watch mostly American programming, but not that they do. From my experiences in the Jones' household and Eva's Restaurant, the majority of the programs watched consisted of sports, American news, and soap operas.

The first cable broadcasting appeared in Belize twenty-six years ago. Local Belizean entrepreneurs figured how to receive and rebroadcast United States satellites, charging consumers a fee of one hundred dollars (Surlin and Soderlund 1990:122). By 1986, a majority of Belizean television watchers received cable from the Chicago area, shortly thereafter, becoming avid Chicago Cubs fans. In fact, when Harry Caray made a visit to Belize, some remarked that the turnout to meet the famous baseball broadcaster was larger than when the Pope made an appearance (Personal communication James Garber November 28, 2006). This is just one example of how television influences Belizean residents, but as I will illustrate, television broadcasts influence many aspects of life, including health-related behaviors.

Twelve years after the first broadcast, the number of television sets in Belize jumped from just over 27,000 in 1993 to 41,000 a mere four years later (www.cia.gov). I was unable to find more recent data but it would be mathematically reasonable to imagine that in Belize the number of television sets has risen to 100,000. Since Belize's population is slightly under 300,000 individuals, there is one television set for every third person. Thus, it is likely that most Belizeans have access to television sets.

Internet

In America, millions of people access the Internet daily, taking it for granted, or at a minimum, not thinking much about it. The Internet has become part of our everyday lifestyle: we all have email address; we do research on the web; we can even watch movies on the Internet. This is not the case in Belize. In San Ignacio, the Internet is a fairly new commodity. According to a laboratory technician that I interviewed, it was seven years ago that San Ignacio residents first had the ability to access the Internet, and only in the past three years has it become popular (Interview with Carmen Bradley). In fact, one of the first

things I noticed after stepping off the bus in San Ignacio for the first time was the large number of Internet cafes. They were everywhere, on every corner. All the Internet cafes that I entered charged by the half hour, usually fifty cents, but anywhere between twenty-five cents and a dollar. I was surprised to notice that in Eva's Restaurant there were as many locals on the computers, if not slightly more, as tourists and students. In fact, according to www.cia.gov, in July of 2007, Belize's population was 294,385. In the same month, there were 34,000 Internet users, which means about 11.5 percent of the population accessed the Internet in 2007. It seems like a small number, but remember the Internet has become popular only in the past three years.

Advertisement

Advertisements are another area of interest for me, particularly commercials and pamphlets. During my two-month stay in San Ignacio, I collected every brochure, newspaper article, and magazine excerpt that I could find about healthcare. Actually, now that I look back on it, I felt a bit like a thief. Doctors would instruct me to take a seat in the waiting area while they finished up with their

patients. Meanwhile, I was frantically stuffing pamphlets and medical magazines into my backpack like some out-of-control kleptomaniac. As expected, every brochure or newspaper article that I obtained related to biomedicine. For example, some of the headlines read, "New AIDS pill to treat people in poor countries," and "When it comes to diagnostic imagining... we're keeping up-to-date."

Commercials were no exception to this trend. As mentioned previously, television stations are satellite broadcasts from the United States, thus, so are the commercials. Everyday in the United States, I see at least three pharmaceutical commercials promoting the latest and greatest drug on the market, you know, the ones where a person talks as fast as they can at the end of the commercial to inform consumers about the miserable side effects. Well, Belizeans watch these same commercials on a daily basis. But is healthcare advertisement really that big of a deal? Turns out, it is. In the United States, advertising spending on prescription medications reached 1.3 billion dollars in 1998 compared to only twelve million in 1989, and again these numbers have only increased (Lom 2001:332). It is without question a new trend on the rise in America, but what about in Belize? Clearly, American advertisers are not trying to reach Belizean audiences, but

they maybe, indirectly. Based on the number of television sets in Belize, hundreds of thousands of Belizeans may see healthcare advertisements on a weekly basis.

In San Ignacio, the increased interest in pharmaceuticals is apparent. In fact, an individual walking through "downtown" San Ignacio will pass by a pharmacy at least every block and a half. Considering downtown is approximately eight blocks, the amount of pharmacies is significant. Because all the pharmacies in San Ignacio (with the exception of the two hospitals) are privately owned and the number of pharmacies in Belize has risen from zero to nearly one hundred in fifty years, the increased interest in pharmacies is evident and may be an indirect measure of the demand of pharmaceuticals (www.paho.org). In addition to the number of pharmacies, the desire for prescription medications is also increasing among San Ignacio residents. Every doctor's office, lab, and pharmacy I entered displayed prescription drug posters on their walls, most noticeably, male enhancement and birth control posters. According to www.channel5belize.com, which is one of the two Belizean news broadcasts, Viagra is one of the fastest selling pharmaceutical products in Belize, illustrating my argument. The power of U.S. medical advertisements has persuaded Belizeans to believe that they

need and want prescription medications, including recreational drugs such as Viagra. To emphasize this point further, the total public health budget for 2004-2005 in Belize "was \$9,163,327 (US dollars), of which 44.52% was allocated for the procurement of pharmaceuticals" (www.paho.org). That is, almost half of the health budget was spent on obtaining pharmaceuticals. Additionally, this "procurement of pharmaceuticals and supplies regularly exceeds the annual budgeted cost" (www.paho.org).

So, what do advertisements, commercials, and the Internet have to do with globalization and healthcare? The connection is straightforward. In America, pharmaceutical companies and healthcare providers advertise their services anywhere and everywhere, on the Internet, on commercials, and in magazines. One of their main objectives is to make us, as Americans, want the latest technology and the newest drug available. Belizeans watch our pharmaceutical commercials, they see our shows like ER, and they have access to a wealth of biomedicine information via the Internet. I believe that it is reasonable to believe that these factors shape their views about Western medicine.

Social interconnectedness is one facet of globalization. Because a majority of human activity corresponds to a specific location, this aspect of

globalization concerns, "the manner in which distant events and forces impact local and regional endeavors" (Tomlinson 1999:9). In terms of my work, I wanted to understand how American advertisements affect local health behaviors and attitudes in Belize. However, in order to discuss the impacts on Belizean residents, I must first demonstrate that Western medicine is a popular alternative for treatment and consider when it became a popular in Belize.

The contemporary healthcare system in Belize underwent many changes in the past half century. In 1975, there was only one physician per 3,158 residents, one nurse per 620 residents, and one hospital bed per 203 persons. In the same year, only ten dentists and ten urban health centers were present within the entire country (Setzekorn 1975:8). Many things have changed in the past thirty years. In San Ignacio, an individual can now choose from a handful of doctors' offices (See Figure 6), a few laboratory technicians (See Figure 7), roughly six pharmacies (See Figure 8), at least two dentists (See Figure 9), a medical sonographer, and a physical therapist (See Figure 10). But when exactly did these changes occur? Pinpointing the exact date when Western medicine became a commonplace is impossible because it happened gradually. At the time of my fieldwork, the biomedical personnel I interviewed had been



Figure 6. Doctor's Office. This is the office of the OBGYN that I interviewed.



Figure 7. Clinical Lab. This is a picture of the laboratory that Ruben Yacab has been working in for fifteen years in San Ignacio.



Figure 8. Pharmacy. This is the business of the pharmacist who denied my request for an interview.



Figure 9. Dentist. This is Dr. Matus' private practice, but she also runs the dental clinic at the local hospital.



Figure 10. Ultra Sounds and Physical Therapy. This was an interesting business because a couple owned it. The wife performed physical therapy and the husband administered ultrasounds.

operating in San Ignacio for an average of seven years (See Figure 11). The earliest, Ruben Yacab is a laboratory technician who has been running a laboratory in San Ignacio for fifteen years, clearly an outlier. As you can see from Figure 11, eight out of the nine biomedical personnel started their practices within the past decade in San Ignacio.

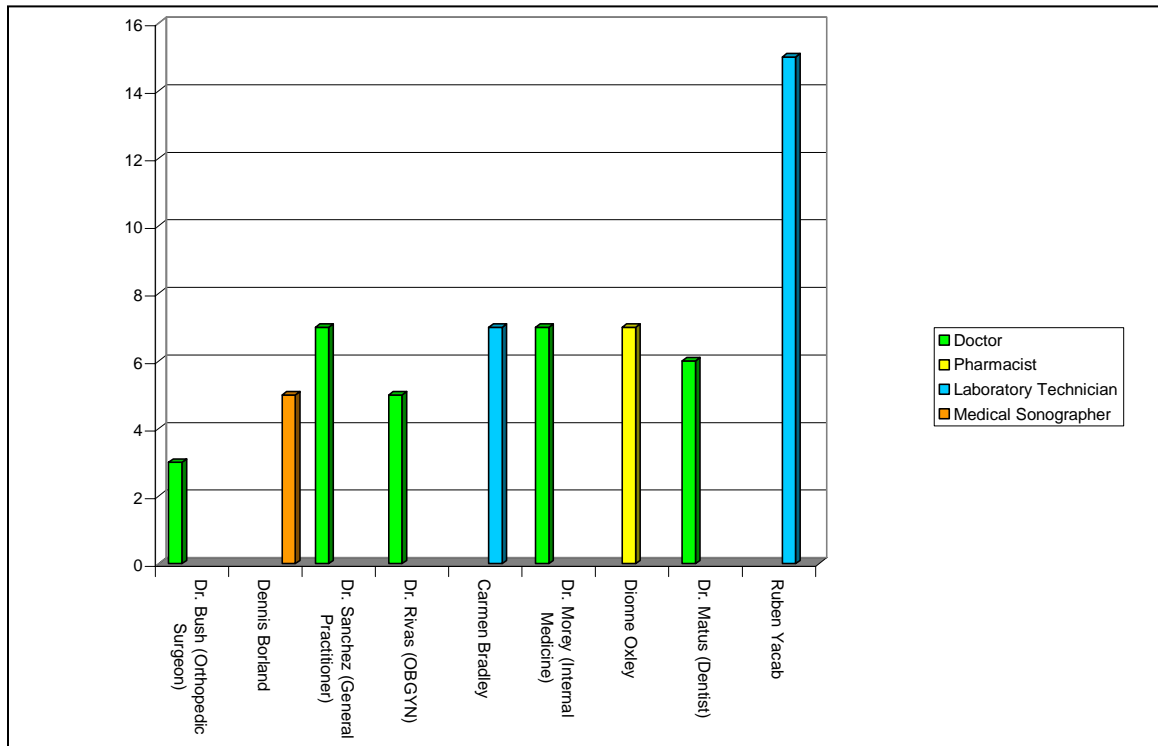


Figure 11. How Long? This chart illustrates how long nine of my interviewees have been practicing medicine in San Ignacio. Please note that I excluded one doctor and one pharmacist from the above results because I failed to ask them this question.

The changes in Belize are clear: there are more doctors, more pharmacies, more labs; the amount of television sets is steadily increasing; access to the Internet is increasingly widespread; and in general, people's attitudes and access to biomedical care are shifting. Thus, the next question to consider is *how* are these processes of globalization and the information revolution changing Belizean's lifestyles, and therefore affecting their healthcare behaviors? To examine this

question, I rely on three people you are already familiar with, Narciso, Meredith, and Harry.

In the previous chapter, all three interviewees described changes and the ways in which they adapted to them in their own way. Harry described lifestyle changes, Meredith depicted changes in healthcare policies, and Narciso explained occupational changes taking place within Belize. Although each of these accounts is quite different, all articulate with globalization and the spread of biomedicine.

My interview with Harry clearly shows his belief that food patterns and disease prevalence are changing rapidly, but are they? Harry claimed that when he was a child, Belizeans did not depend on money to purchase food at the store. Instead, they grew their own crops and slaughtered their own livestock, but like everything else, this has changed. Now, Belizean residents watch American television shows and see American advertisements. I argue that due to intense advertising, Belizeans are now adopting behavioral changes, and these are no longer restricted to the wealthy. According to my own observations, relatively inexpensive, convenient fast foods have penetrated into the traditional lifestyle with rural families relinquishing traditional dietary patterns for more convenient foods. Making their

appeal even more desirable, these Westernized foods are also less perishable than traditional foods. Instead of going to the farm to collect food, Belizeans now go to the grocery store and buy food.

I referred to the main grocery store in San Ignacio as Belize's Wal-Mart. Employees stocked it with Western foods high in cholesterol, saturated fats, and calories. For me, it was a little piece of home, but for middle and upper class Belizeans, it is a place where they can purchase what they see on television ads.

New food patterns parallel new disease patterns. Dr. Curtis Samuels remarked,

Since modern life has come upon us [in Belize] as such and we managed to adopt to it quite comfortably, we've changed our lifestyles and therefore, lifestyle change are also accompanied by the diseases that the first world or more developed countries are faced with.
[Noble 2006]

Overindulgence in Western diets is unhealthy for anyone, especially individuals accustomed to traditional diets and demanding physical labor. Switching from rice and beans and chicken to Coke, Lays potato chips, and frozen Snickers bars has produced many nutrition-related chronic diseases. According to all five doctors I interviewed, Belizeans are experiencing high rates of diabetes, hypertension, coronary disease, and cancer. According to the World Health

Organization, Ischaemic heart disease, Hypertensive heart disease, and Diabetes mellitus were three of the top five causes of death in Belize in 2002 (www.who.org). In addition, heart disease was the number one killer of Belizeans (and Americans) in 2006, and diabetes and hypertension were the leading causes of morbidity and mortality during 2001-2005 (www.paho.org). Belizeans watching television see Americans go to their doctors, eat their Cheerios to reduce cholesterol, and get their insulin shots and prescription medications for diabetes. I believe that Belizeans mimic American lifestyles and eating habits, thus, they develop diseases associated with these changes, leading them to imitate American treatments.

Clearly, American television and advertisements are not the only factors influencing Belizeans decisions about healthcare and lifestyle behaviors. Other powerful factors include economic changes, such as the move from rural to urban settings and the shift from agricultural to factory labor. However, I believe that the spread of biomedicine in Belize is partially fueled by the globalization of American mass media. One laboratory technician said that Belizeans now watch channels such as TLC and Discovery. She stated that they are watching these shows, researching on the

Internet, and going into doctors' offices much more informed (Interview with Carmen Bradley).

Another issue at hand is the attempts of pharmaceutical corporations to penetrate into the Belizean medical market. Currently, "Belize has no local pharmaceutical manufacturing capacity even though there are 28 importers in-country" (www.paho.org). In fact, all that is required for the importation of pharmaceuticals into Belize is a permit. However, registration for pharmaceuticals is covered in the Pharmacy Act, an Act that is pending approval (www.paho.org). In summary, food availability, lifestyle behaviors, and disease prevalence are only three aspects of life changing in Belize and altering the healthcare system.

Science and technology have also played a large role in shifting medical practices, policies, and health-related behaviors. During the twentieth century, childbirth moved into hospitals. According to Rooks and Lubic,

The invention and development of anesthesia and antisepsis, allowing relatively safe cesarean deliveries, and antibiotics, blood transfusions, drugs to treat pregnancy-induced hypertension, and methods to dull the pain of labor demonstrated the power of medicine and further eclipsed the authority of midwives. [2001:208]

Meredith also explained this process and the devastating affects it has had on her ability to perform midwifery.

In addition to new healthcare policies, the price of healthcare is also changing. From the time Meredith began practicing midwifery up until very recently, she accepted small donations for her services. Now, according to the hospital staff, Meredith has to charge a fee ranging from fifty to upwards of two hundred dollars. Instead of charging one set price, Meredith bases her fee on each individual's personal circumstances. This is one new policy Meredith is struggling to adjust to. Meredith stated,

"Really the hardest part of it to that I have a fee, charge, okay then if that patient come to me [and say] Miss Meredith can I come to you? I say sure. And how much is your price? I give them a price. The price of that patient is (...) or their means is low or I reduce the price, but what does it help?"

Biomedical technology has swept the West, crept south, and bombarded Belizeans, which is further minimizing the need for traditional healers. Midwives in Belize do not use ultrasound or diagnostic machines. They do not induce labor with prescriptions or carry out cesarean deliveries. Instead, they rely on their instincts, their training, and their traditional forms of medication. It is clear that delivering in a hospital is more sanitary, better equipped to handle emergencies, and better prepared for any

challenges that arise during the birthing process. In fact, in 1990, the mortality rate (i.e., under the age of five) in Belize was 42 out of 1000 live births. In 2007, that number decreased by over half, to 17 per 1,000 (www.unicef.org). Obviously, there is a human cost to change for Meredith and other midwives in Belize, but the fact that hundreds more lives are saved with modern medicine surely outweighs the cost.

Narciso depicted changes, not in terms of lifestyle behaviors or healthcare policies as Harry and Meredith did, but in terms of employment opportunities. He described his many professions to me and emphasized the lack of jobs available in his youth. By comparing Harry and Narciso, I will illustrate how two medicine men respond to change, and thus, how processes of globalization personally affect them.

Harry established his business as a declared medicine man fourteen years ago. He said previous generations in his family practiced traditional medicine "in their spare time," but since 1993, this was Harry's "full-time employment" (Interview with Harry Guy). On the other hand, Narciso refers to traditional healing as his hobby or favorite activity. Only a minute percentage of his small income of ten dollars per day comes from selling herbal

medicines. So, what is the difference between the two men? In order for Narciso's family to stay financially afloat, he needed to make money elsewhere. He was only earning a couple dollars a day practicing traditional medicine, thus he turned to other forms of income, which meant different types of work. He has worked in construction, as a carpenter, and even as a field hand at an archaeological site. Harry, in contrast, noticed the increasing interests around the world concerning alternative forms of medicine, and so, he decided to profit from those interests. Harry established his business, and within a few years designed his first webpage (i.e., www.guysjungleremedy.com).

Even though Narciso and Harry experienced the same changes in technologies, which certainly altered their careers as traditional healers, one had the necessary skills and decided to use technology to his advantage and the other was not as willing. When Narciso realized biomedicines' popularity, he decided (or was forced) to no longer practice traditional healing and opted for other forms of employment. I suspect that he probably felt like technology and science ended his career as a medicine man, forcing it to become his "favorite hobby." His bush medicine no longer compared to modern medical technologies. Harry, though, he discovered how to use technology (i.e.,

the Internet) in his favor. He too noticed the changes in biomedical care in his community, but what he also observed was just as important.

In the mid nineties, Americans became increasingly interested in alternative and complementary medicine, and Harry was one of the first to take note. He started his business not long after and has been receiving international attention ever since. For instance, in 2003, Harry Guy made a bold statement in *Belize Times* by declaring that he was able to create an effective cure for AIDS and cancer (www.belize1.com, www.jungleremedy.com). This just goes to show that two seemingly similar individuals, that is, two medicine men around the same age and raised in the same country, respond to and discuss change differently. But why was Harry able to adapt to the changes brought on by globalization in a way Narciso was not? Is Harry just smarter than Narciso? Or are there other factors such as family backgrounds, jobs, and outside connections? Or is it just a question of personality? I think it is a combination of multiple factors. For one, Harry lives in town as opposed to Narciso who lives in a surrounding village. Because Harry lives in San Ignacio, he is able to receive an Internet connection in order to develop and monitor his website, something that Narciso is

not. In addition, simply put, Harry has more patients in San Ignacio than Narciso does in Santa Familia. I also think Harry adapted to the effects of globalization differently than Narciso just because he is Harry. For instance, one of the first things I noticed about Harry was his entrepreneurial spirit. In fact, at the start of our interview he showed me his numerous bottles with labels and medicinal treatments that he was shipping to various people. What I am trying to illustrate is that Harry has shown an unusual ability to adapt to the changing times, to recognize the opportunities available in San Ignacio and take advantage of them, which separates him from the other traditional healers I interviewed.

The purpose of this chapter was to show the ways in which changes brought on by globalization affect all Belizeans. Lifestyles are changing, traditional food patterns are giving way to a more Westernized diet, healthcare policies are shifting, and for the majority of traditional healers I spoke with, biomedicine is replacing their traditional knowledge. Each of my three interviewees experienced and responded to the effects of globalization in different ways. Meredith exhibits an uneasy relationship with biomedicine and its practitioners. Narciso was pushed

out of medicine due to the insurgence of Western medicine into Belize, but Harry became a web entrepreneur.

With the help of journalism and advertising, the information revolution and processes of globalization have affected Belizeans' health, healthcare system, and practitioners. In the next chapter, I explain what this increase in biomedical practitioners, practices, and policies means for Belize's current healthcare system, or lack there of, and suggest what the future holds for Belize, its medical system, and most importantly, its residents.

CHAPTER IV

THE FUTURE OF MEDICINE IN BELIZE: DIMINISHING KNOWLEDGE OR MEDICAL BREAKTHROUGHS?

"The spread of Western medicine into developing countries was spearheaded by the most costly element, hospital and clinic-based curative methods."

-Christine McMurray and Roy Smith-

As explained in the previous chapter, the spread of Western medicine results from and facilitates globalization. However, this clinic-based medicine comes at a high cost for the residents of Belize. It depends on sophisticated and expensive equipment and medicines, as well as a hierarchy of trained staff. There are a few reasons why this form of medical care poses problems in San Ignacio including costs, fears, and accessibility, which I begin this chapter discussing. I then describe an even more critical issue facing traditional healers around the world. Is biomedicine, with its focus on science and technology, replacing generations of traditional knowledge and healing

practices? More importantly, is this a good thing and is there any role left for traditional healers?

The present day medical system in Belize is fraught with difficulties. Above all, Belize, like most developing countries, has trouble affording the cost of running sophisticated medical facilities. The high rise in medical care costs affects not only the patients receiving the care, but the biomedical practitioners as well. For example, all six doctors I interviewed received their educations somewhere other than Belize because there is no Belizean school of medicine. They went to medical and dentistry school in Cuba, Spain, Colombia, El Salvador, Guatemala, and Mexico, but this is not the real issue at hand, because certainly it takes a population of more than 300,000 to support a good medical school. The problem, according to the doctors, is that they learned and trained with up-to-date medical technology in other countries, but in Belize, they cannot afford to utilize this equipment for treatment. The medical sonographer who I interviewed also expressed these concerns. He, like the doctors, received medical training outside of Belize, in Ohio. He stated, "There's a definite lack of equipment here. The doctors don't have any equipment, the patients don't have any

money, and there's a lack of resources" (Interview with Dennis Borland).

Patients too have a hard time affording the cost of biomedical treatment in Belize. The dentist I interviewed said the last thing patients will do is spend money on their mouths. She stated,

I enrolled in this course for one week at the University of Texas and I learned about new things there, equipment. When I came to do the private practice, I tried to bring that, but when you are doing a root canal to a patient here in San Ignacio or Belize City and you... and they ask how much for a root canal (...) and you say 400. They find it expensive, which if you take into consideration that if I would use... instrumental type thing and if I would use equipment, like that's what I wanted to use, to do it mechanically, to do it fast. We can't afford to buy those equipment and then the prices we charge so... that is the frustrating part. [Dr. Mercedes Matus]

As a result of costly healthcare, lack of funding, and the mismanagement of the healthcare system, medical personnel provide inadequate attention to hygiene and maintenance of sterile equipment in San Ignacio. One of my last research endeavors in Belize was visiting both of the hospitals in San Ignacio. At first glance, there were obvious differences between the Seventh Day Adventist hospital and the government-funded hospital, but the latter of the two is what really made me question Belize's current healthcare system and lack of hygiene (See Figure 12, 13).



Figure 12. La Loma Luz. This is the Seventh Day Adventist Hospital in the sister town of San Ignacio, Santa Elena.



Figure 13. The Local Hospital. This is a picture of the government funded hospital in San Ignacio.

I decided to visit San Ignacio's hospital on a Wednesday, the only day prescriptions were free of charge. As I walked to the hospital, I was surprisingly more nervous than expected. After all, it is not easy to ask hospital staff if you can sit amongst numerous sick individuals just to watch what they are doing while taking notes. I received quite a few awkward looks followed by numerous questions. I squeezed inside a ten-by-ten room with about fifteen sick people and a nurse asking me multiple questions all while she was taking one person's blood pressure and asking another about their medical history. What was I doing? What company was I with? What type of research was I collecting?

After answering all the questions to the nurse's satisfaction, I walked out onto the long porch and found myself surrounded by seventy sick Belizeans. I squeezed through the long line of people smashed together like sick sardines so I could stand at the end of the porch because it appeared slightly less crowded. Once I made it to the end, I tried to count the number of individuals waiting to receive treatment, but after multiple tries, numerous awkward stares, and totaling different numbers, I gave up on that idea. I decided to walk around the hospital and see the type of environment and equipment San Ignacio's

hospital offered its residents. I was surprised, shocked, and sometimes repulsed at what I saw. The first thing I noticed was the morgue at the end of the porch. There were so many locals lined up that they were practically falling into the front doors of the morgue. People were literally leaning against the door and propping themselves up on the morgue's sign. I then decided to make my way back through the long line of people waiting with numbers in their hands, and I peeked inside the Maternity Ward. It was less like a delivery ward and more like a summer camp dormitory with six twin beds. Without the proper access to enter the hospital, I decided to walk around the back of the hospital to see if I could document anything more. The first thing that caught my attention was the Isolation Ward. It was no more than a mobile home twenty-five feet away from the back corner of the hospital (See Figure 14). In addition to the trailer, I noticed broken down ambulances, fifty or more donated wheelchairs missing crucial parts, like wheels, and an emergency room no bigger than a one-car garage (See Figure 15, 16). What this experience clearly illustrated is that biomedical care in Belize is problematic. At best, it is inadequate and at worst, it is negligent. One probable reason for this is the high price of biomedical facilities



Figure 14. Isolation Ward. This trailer was less than twenty-five feet from the back right corner of the hospital.



Figure 15. Not in Service. Multiple ambulances, like this one, covered the grass.



Figure 16. Emergency Room. This is San Ignacio's emergency room. Notice the size.

and care. However, cost is only one problem with biomedical care operating within San Ignacio.

Another constraint of biomedicine in Belize is that some individuals in rural communities feel alienated from Western medicine. Rural individuals fear and distrust biomedicine, or they have little knowledge about it. An OBGYN I interviewed stated that the "local people here feels inclined or habited to go with the herb medicine, maybe for the Mayan regions, maybe for the lack of knowledge. The lack of... West knowledge. [Laughter]" (Interview with Dr. Guillermo Rivas). Not only do rural

community members sometimes distrust Western medicine, more importantly, health facilities are generally more accessible in urban rather than rural areas. People in the neighboring villages surrounding San Ignacio can either walk about ten miles to town or ride the bus into San Ignacio to visit a doctor. However, the bus generally passes through neighboring villages, like Santa Familia, twice a day. Therefore, sick individuals have to catch the bus in the morning, visit a doctor, wait around for a couple of hours, and take the bus home in the evening.

Not only is there unequal access to medical care, health facilities lack funds, and they lack clinical and diagnostic equipment. Thus, diseases remain undetected in the beginning stages when they are most responsive to treatment.

With consideration to Belize's current healthcare system described above, other questions need answering. What does this insurgence of biomedicine mean for traditional practitioners? Are we losing hundreds of years of traditional knowledge? Are traditional healers passing on their information or is anyone in line to take their place, and is this even important? I argue that it is not so much that we are losing traditional knowledge about healing, seeing as how numerous scholars around the world

are documenting that type of information, but that no one is willing or prepared to take the places of these traditional healers. One medicine man I interviewed, aside from Harry and Narciso, said,

Passing the idea to the person... is something very... very... they got something very special, something that is a very sacred between the two person. [Don Miguel Vallecillo]

Children interested in medicine in Belize today do not want to be medicine men or midwives. They want to become doctors and nurses because these professions make more money and have more prestige.

So, why do traditional healers keep pursuing their careers in the midst of technological invasions and increasing interests in biomedicine? The answer is simple, but two-pronged. For one, traditional healing is what they know, what they have practiced since their youth, and now, in their late adulthood, it is what they are comfortable doing. My three life history interviewees are nearing the age of retirement, so, why change now? Two, in the simplest of terms, they love what they do. During the course of my research, I asked all twenty-three informants about the most demanding and rewarding parts of their profession. Not even two people agreed about the most demanding aspect, but as for the most rewarding, there was consensus across the

board, biomedical and bush doctors alike. They love helping people, which makes each of them wake up in the morning and truly appreciate what they do. Clearly, all twenty-three interviewees are happiest when they believe that the treatment they provided is working, thus making their patients happy as well. For instance, a massage therapist I interviewed said,

I think it's a very nice exchange with people. I'm not a super social person, but when I don't have massages, I really miss it. It's really... a lovely experience and the fact that I can make people feel better, that I can take the pain from them. [Eva Buhler]

Throughout this chapter, I have discussed problems associated with biomedical care operating within Belize and the personal effects this has had on traditional healers in San Ignacio. Clearly, the effects of the globalization of biomedicine are personally felt among my life history interviewees; however, is this enough to deny the positive attributes of biomedical treatment? I argue no. Of course, I believe that native knowledge is worth preserving, but does traditional Belizean medicine have any real value apart from its value as a cultural legacy? This question cannot be answered apart from clinical studies, but this too is problematic. In biomedical research, if a scientist wants to study the effectiveness of a new drug, they run it

through rigorous laboratory tests. However, running clinical trials on traditional medicine would be to remove it from its cultural context. This presents a large problem that has vexed researchers for years. How do we know it is working? Simply put, we do not know and undoubtedly, more research and literature is needed in this area. As a result, it is much less clear to me that native medicine is worth preserving as an active art.

The fact that Belize is 1.2 billion dollars in debt is irrefutable, as is the fact that there are multiple operational problems associated with biomedical care functioning in Belize. And traditional healers also face personal challenges linked to biomedicine in San Ignacio; however, the positive attributes of biomedicine must be placed against these. Belizeans are living longer, fewer infants are dying, health promotion is gradually improving, and the government's health care budget is slightly increasing. For example, in four years, the Ministry of Health budget increased from US\$ 20,330,331, which was 2.4 percent of the gross domestic product (GDP) in 2001 to US\$ 26,161,413, 2.5 percent of the GDP in 2005 (www.paho.org).

Health promotion is another area of Belize's health sector that medical personnel are trying to address and improve. Compared to traditional medicine, biomedicine

seems far more likely to be able to track, understand, and correct Belizeans' health problems. With the exception of AIDS in Belize, reported outbreaks of communicable diseases are declining. However, just as in the U.S., noncommunicable diseases are drastically increasing. Noncommunicable diseases are not immediate causes of death, but these diseases, which include diabetes and related problems, such as hypertension, decrease population health as a whole. According to Anthony Castillo, President of the Belize Diabetes Association (B.D.A.):

Diabetes continues to be a major concern for us here in Belize. Statistics from the Ministry of Health is stating that approximately seventeen percent of our population is living with diabetes and that is a concern. [www.channel5belize.com]

Similarly, CureResearch.com reached the same conclusions, stating that 16,055 Belizean residents, that is, seventeen percent of the population exhibited prevalence for diabetes in 2004. As a result, the Ministry of Health in Belize is trying to raise awareness about diabetes and related problems, and focus on target groups of the population. Dr. Neil Donohue, a veteran podiatrist in Belize, remarked:

We are trying to something very difficult. We're trying to change people's behaviour. We're trying to change ways people have lived all their lives... We are not only educating patients with diabetes but we are going to be engaging their whole community around the, their families, their friends. Even at home, ways they

can be reinforced at home to begin to live a healthier lifestyle. [www.channel5belize.com]

As I argued in previous chapters, due to the effects of globalization, Western foods and lifestyle behaviors have penetrated into Belize, resulting in similar disease patterns to those found among Americans. To combat these nutrition related problems, the Institute of Nutrition of Central America and Panama (INCAP) and the Health Education and Community Participation Bureau (HECOPAB), have organized programs for promoting healthy lifestyles and identifying nutrition related problems throughout communities in Belize (www.paho.org).

Since Belize is so small, one would think that operating any medical system would be relatively simple, even a biomedical system. It is certainly easier to think about serving Belize's health care needs than it is to think about serving those of Mexico or Guatemala. However, given the poverty and the debt of this small Caribbean country, considerable external help is needed if Belize is to be able to improve the health of its population. Financing from agencies such as UNICEF, PAHO (Pan American Health Organization), and WHO (World Health Organization) is required. These agencies, as well as the U.S. Agency for International Development, have provided "financial support

for the process of modernizing and upgrading Belize's health system" (www.paho.org). In addition, national agreements with Guatemala and Mexico have contributed to the improvements of Belize's population health, specifically with immunizations and controlling vector-borne diseases, such as malaria and dengue fever.

What does the Future Hold?

Some predict that in the future, "telemedicine will become commonplace, and diagnostic capabilities will not be bound by space. The availability of scientific health information will be almost limitless, and libraries will be virtual institutions" (Alleyne 2001:26). Is this actually going to become reality? I believe that it is. This brings me to my conclusion, something I have thought about everyday since I began my research. What does the future hold for Belize, its medical system, and most importantly, its residents? In an age of worldwide communication and information, intense medical advertising, and limitless scientific discoveries, where do Belize and its healthcare system fit into this equation?

Are traditional healers becoming something we are only going to read about in books? Is globalization facilitating

the spread of Western medicine around the world? I argue that the answer to both of these questions is primarily yes. Traditional healers are unlikely to disappear but, just as in the West, they will probably become increasingly marginalized. Facilitated by globalization and capitalism, and, importantly by impressive results as well, biomedicine is likely to continue its advance into the lives of most Belizeans. Healers such as Narciso, Meredith, and Harry will undoubtedly face personal difficulties but hopefully the medical results supersede these negative economic and personal outcomes.

To summarize the future of traditional healers in Belize, I rely on a story told to me by another of my interviewees, Don Miguel Vallecillo. Don Miguel is a medicine man who resides in a small village outside of San Ignacio and like Narciso, Meredith, and Harry, he is adjusting to the changing times. For example, after our interview, Don Miguel showed me his hut where he treats his patients. I could not help but notice fifty or sixty mason jars on his shelf, which to me looked empty. However, Don Miguel assured me that each of the jars was filled with smoke he had collected from burning medicinal plants. He, like many Mayan herbalists, believes that individuals should only cut plants at the correct time, at the time of

a full moon. Because full moons occur a couple dozen times a year, Don Miguel wanted to provide his patients with treatment whenever they needed it, not when it was the appropriate time to cut the plant. According to Narciso:

I started to get this in preserving because we are in a different world with different system with different people. Maybe they want to take it in bottles to make tea or make it, they cannot get it fresh, and... in the new modern. Got to work to balance the new modern with the old modern. The old modern, I have all the technique of it, but still I have to put part of the new modern so that people could still have it anytime... I collect it, the smoke. I have it in bottles. It's so easy. That is it. The, the thing is the work or the secret of it. It's not hard. It's the easiest thing, but it's hard to believe. It's hard to find. It's hard to accept. That's the difference.

To me, this is innovative thinking, but also, it is just another example of how traditional healers are adjusting to the changes that they and the rest of Belizeans are experiencing.

In summary, the future of traditional healers in San Ignacio may seem bleak. However, each of my informants continues to adapt to the changing times, some more successfully than others. By combining the "old modern" and the "new modern," traditional practitioners, like many Belizean residents, are attempting to keep pace in this globalizing world. I can only hope that the future of Belizeans, particularly my interviewees, is as positive as

they continue to be. I leave you with an optimistic outlook, Belize's address to the millennium summit of the United Nations.

In many small states like Belize, our economies are fragile and vulnerable. We live on the margins, and fear that unrestrained globalization will further marginalize us. But we must be bold and face the future convinced that together with the developed world we can forge a more responsible and equitable globalization. At the time of Belize's independence [September 21, 1981], we committed ourselves to create a socio-economic framework where individual initiative is adequately rewarded within a socially responsible environment where education, healthcare and all the basic needs of our people are satisfied. We will maintain that commitment! [Said W. Musa, Prime Minister of Belize]

APPENDIX A

INTERVIEW QUESTIONS

1. What is your age?
2. Where were you born?
3. How long have you resided in San Ignacio?
4. How would you describe your profession?
5. What type of schooling was required for your profession?
6. What is the most demanding aspect of your profession?
7. What is the most rewarding aspect of your profession?
8. What is the most common problem individuals complain about to you?
9. Do you treat more males or females?
10. How much does one consultation or treatment cost?
11. What characteristics must be present in a person that pursues your career?
12. What sparked your interest in medicine?
13. Do you have any family members in the medical profession?
14. Do you have children?
15. What do your children do?
16. Do your children reside in San Ignacio or Belize?

APPENDIX B

INTERVIEWS CITED

Interview with Carmen Bradley on June 28, 2006, at her laboratory.

Interview with Dennis Borland on July 20, 2006, at his business.

Interview with Don Miguel Vallecillo on June 23, 2006, at his home.

Interview with Dr. Guillermo Rivas on June 28, 2006, at his practice.

Interview with Dr. Mercedes Matus on July 20, 2006, at the dental clinic at the local hospital.

Interview with Eva Buhler on June 10, 2006, at Eva's Restaurant.

Interview with Harry Guy on June 12, 2006, at his home.

Interview with Narciso Torres on July 13, 2006, at his home.

Interview with Meredith Sanz on June 21, 2006, at her home.

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