The Amuzgos Indians come from the Southern Mexican states of Oaxaca and Guerrero. These states are among the poorest and most remote of any region in Mexico. There are approximately 19,000 Amuzgos Indians residing in Mexico. In the village of San Pedro Amuzgos, Oaxaca, where about 4,000 people live, approximately two-thirds of the residents identify themselves as "indigenous" (Amuzgan). The Amuzgos work in the northern Mexican state of Sonora on large agricultural farms because the poverty of southern Mexico forces them to search for work outside of the region where they live.

Migrant farmwork in Mexico is extremely low-paid, but it is one of the few options that the Amuzgos have to enter into the cash economy. While working in Sonora the migrant farmworkers live in small crowded sheds that house 10 or 15 people where there is rarely electricity. The drinking water often comes from agricultural ditches that are polluted with pesticides. Illnesses of all kinds are rampant in this setting.

In this chapter Elizabeth Cartwright explores Amuzgan ideas about illnesses and healing, especially focusing on what happens to these individuals when they are living away from home and working as migrant farmworkers in the camps of Sonora. In both their home village and Sonora, the Amuzgos have very little access to the medical care provided by doctors, nurses, and other hospital personnel.

Instead, the Amuzgos rely on traditional remedies and local experts such as curanderos (healers) and parteras (midwives). The story Cartwright tells explores the Amuzgan logic of healing by focusing on the illness of one young Amuzgan girl.

As you read, consider the following questions:

1. When is it appropriate for anthropologists to intervene in the culture that they are studying?
2. How does the issue of intervening in people's health care decisions relate to the ethical considerations that an anthropologist has to live by?
3. What was the reason that Lupita could not use the Suero Oral to rehydrate Little Dove? Can you think of any forms of healing in your own culture that people don't like to use even though a doctor or a respected friend might tell them they should?
4. What kinds of choices do Amuzgan mothers have to make when seeking medical care for their families? What factors cause them to choose one type of care over another?
5. How is Lupita's life similar to working women's lives in different sectors of the our own national economy?

My first impression of my research site in northern Mexico that summer of 1996 was one of heat and sun and dust. The large agricultural area of La Costa Hermosillo, Sonora, was in the midst of a two-year drought with no end in sight. The usually lush Sonoran desert was crispy dry and even the large saguaro cacti were brown and desiccated. With temperatures soaring close to 120°F (49°C) and the irrigation sprinklers working overtime, the heat made even the smallest of tasks in the migrant farmworker camps seem overwhelming.

The heat affected everyone in the area, but those who were young or sickly were especially at the mercy of the blazing sun. This is the story of one little girl who was desperately ill during that long, hot summer and how her mother cared for her while living in the migrant laborer's camp.

LITTLE DOVE

The little Amuzgo Indian girl lying on the small bed in the tin shack was terribly sick. She was six weeks old and had been ill ever since her birth. Her tiny face was sunken in and her huge eyes were ringed by deep black circles. Flies covered her face and walked across her
painfully thin legs that stuck out of a tattered diaper. Her skin was bunched up at her elbows and she hardly moved. All these things were signs that she was very dehydrated and in danger of dying. Her mother quietly answered my questions as I asked about the fragile little baby in front of me.

"Does she have diarrhea?"
"Yes."
"How long had she been sick?"
"For a long time, ever since she was born."
"Was she breast-feeding?"
"No."
"Why not?"
"She doesn't want it"
"Well, what is her name?"
"She doesn't have a name."
"Don't you call her anything?"
"Well, we call her kitsi; it's an Amuzgan word."
"What does it mean?"
"Little Dove."

Little Dove's mother was obviously wearied by my barrage of questions.

First as a medical anthropologist and second as a registered nurse with many years of experience, I was seriously concerned about the severity of Little Dove's illness. That her mother had not yet named her was a sign that she thought the baby might not live. Dehydration from serious diarrhea such as Little Dove had is the leading cause of death in infants in the developing world. My panic at the situation increased as I realized that the infant was not getting any liquids and had been ill for several weeks. I felt sure she would soon die.

How had this mother let this happen, I wondered? Why didn't she go to the hospital that was located in the nearby town? What should I do? I pondered these questions and, while I did so, I looked back at some notes that I had written a year earlier about this area. Doing so helped clarify the issues in my mind.

From my fieldnotes, summer 1995

This area is pure desolation. Huge, flat expanses of fields crosscut with irrigation canals. Miles and miles of dirt roads isolate each farm. The camps are usually composed of the owner's house, barns, equipment sheds, and several rows of corrugated tin and tarpaper shacks where the workers live. Depending on the time of year and the labor needs of the camps, anywhere from 20 to 500 people would live at a camp like this. Now I see a few people huddled in the tiny shelters, the sun beating down outside. It is eerily quiet. Inside the shelters, the sweltering heat of the smoldering cooking fires makes them more like ovens than living quarters.

Faces peer out of doorways as we pass. The workers' bodies are whitened by ash from the fires. Five, 10, or 15 people live in each of the five-meter-square sheds.

Shafts of light reflect the smoke and the ashes swirling in the wind that comes through the walls.

I sat in the dirt, talking to the eldest girl in one of the shelters and I wondered how I would ever learn about these people. How could I enter into their lives and make some sort of connection with them, I wondered?

As it turned out, Little Dove's mother, Lupita, was more than willing to talk about her perspective on things and about her life. I'd walk from the nearby building where I was staying and in the early mornings Lupita would do her chores and chat with me as she worked. Lupita was often the only worker left in camp during this time. The rest had gone off to other farms in search of day labor to hold them over until the upcoming grape harvest began when they would stay and work at the farm where Lupita was living.

Lupita and I often sat at the table outside the family's shelter, under the shade of a corrugated metal porch roof, cleaning vegetables, sorting beans, or doing the dishes. The old 55-gallon drum made over into a stove was also on the porch. Every day around eleven, just as it started getting really hot, Lupita began making kilos and kilos of corn tortillas for the workers to eat when they came home for their midday meal. The smell of wood smoke and baking corn tortillas will always remind me of those mornings I spent with Lupita, learning about her life and the lives of the other workers.

The first morning that I really got a chance to talk to Lupita, I asked her to describe Little Dove's birth. Lupita's face became tense with the memory. She recounted how she was at home in the camp with only her three-year-old daughter, Laurita, for company. Her husband was off in the fields moving the irrigation pipes, as he often did at night. Lupita knew she was going into labor because this was her fourth child. She told me she felt three strong contractions and then just pushed as hard as she could and tiny Little Dove was born.

According to Lupita, Little Dove's throat had been "swollen" ever since she was born and she cried whenever she nursed. Over the last six weeks her stomach had swollen up and she had endured multiple bouts of diarrhea. Little Dove wouldn't nurse and, most seriously, she wouldn't "ask to be fed."

Lupita remained at the camp as a cook, instead of quickly returning to work in the fields as she had with her other three children, because of the difficult delivery of the placenta after Little Dove's birth. Lupita had been taken to the nearby state hospital (IMSS) where they had "cleaned her out" very roughly. She felt that the doctors and nurses had "treated her like an animal." She vowed to never go back to this hospital, where the medical staff were among the more priv-
leged mestizos (non-Indians) from northern Mexico. They looked down on people like her who were Indians from the south, Lupita said.

The pile of tortillas grew higher and higher and the sun grew hotter as we talked. I went to get some water from the spigot across the yard. The water came from the fields, and it smelled and tasted heavily of the pesticides that were being applied to the crops. Pesticides, herbicides, and fertilizers permeated the water and the air because the workers’ housing was located in the middle of the fields that were constantly being sprayed with these agro-chemicals.

I brought the pan of water back to the table and we started washing the dishes. I asked Lupita what she planned to do about Little Dove’s diarrhea. She said she planned to perform an egg cleansing, a limpie de hueco, if Little Dove was not better the next day.

THE EGG CLEANSING—LIMPIA DE HUECO

The following day when I came over to see Lupita, it seemed that Little Dove was not feeling any better. I had decided the night before that I needed to intervene, so I had gone by the IMSS hospital and they had given me 20 or 30 packets of Suero Oral—oral rehydration powder that is similar to Gatorade. Because children with diarrhea don’t die from the diarrhea itself, but rather from the dehydration that comes along with it, the most important thing for anyone with severe diarrhea is to keep them hydrated. The sugars and salts in the Suero Oral would allow Little Dove to absorb the water in the breast milk and anything else she drank. Oral rehydration solution has saved many thousands of children and adults from the more severe consequences of dehydration.

I spoke with Lupita about how important I thought it was for Little Dove to get an adequate amount of the Suero Oral. She, however, was not won over to the idea. Down in the Oaxacan village where she came from, many people would not use the Suero Oral because it was seen as a Hot entity—one that would interact with what was causing the diarrhea from their perspective, which was anger or coraje.

The Amuzgan Indians see the anger (coraje) between a husband and wife, or between any two people, as a disease that can manifest with many signs and symptoms. Diarrhea is one of the symptoms of coraje. The coraje comes off the individuals who are fighting and “falls” somewhere on a vulnerable person’s body—babies are especially vulnerable. If it “falls” on their stomach they get diarrhea. If it “falls” on their lungs they get pneumonia. If it “falls” on their heart they could die.

The coraje also can get on a breast-feeding baby through the breast milk. Lupita said that Little Dove was “drinking her angry blood,” in her breast milk. She wasn’t sure which way Little Dove had gotten the coraje, but to be on the safe side she had stopped breast-feeding her. This, in turn, was exacerbating Little Dove’s dehydration.

Because coraje is Hot, according to the Amuzgan way of classifying illnesses, it must be treated with Cool medicines like the limpie de hueco that Lupita was about to perform. On the other hand, the “suero” (which in Spanish means “intravenous solution” although it is consumed orally) is considered Hot. In fact, all things associated with modern medicine and hospitals are considered strong and Hot. As far as Lupita and her people were concerned, the life-saving Suero Oral was not considered to be a treatment option for diarrhea caused by coraje. A Hot illness and a Hot treatment were actually considered to be a dangerous, even fatal, combination.

Lupita listened to me as I spoke about the importance of using the Suero Oral. I had been doing research for the past six months in her home village in Oaxaca. As a medical anthropologist, I almost never intervened in what people were doing. If they asked me what I’d do in a particular situation, I would tell them. Other than that, I saw myself as their guest who was trying to learn their ways. Usually anthropologists are observers and there are ethical considerations that must guide us if we do take action. Before we do anything, we need to consider what ramifications our actions will have on the people we are trying to help. But the gravity of Little Dove’s situation made me leap in and go beyond my normal hands-off approach. I really tried to get Lupita to give Little Dove the Suero Oral. As I finished my attempt to convince her about what to do, Lupita looked at me, smiled, and said we’d carry on with the limpie de hueco. Lupita reiterated that the egg cleansing would take away the anger that was causing Little Dove’s diarrhea.

Lupita set to curing Little Dove. She gathered leaves from the lemon tree (hoja de limon), alcohol (aguadiente), and roots (ruda). With these herbs chopped up in a pungent smelling mixture she took an egg, dipped it in the mixture, and rubbed the egg and the curative mix all over Little Dove’s body. Starting at the baby’s head, she rubbed the mixture into her hair, then spread it over her arms, her legs, and her stomach, as well as over the soles of her feet and the palms of her hands. Little Dove lay on her back as her mother rubbed her down. The electricity was working that day (it often did not work), and a fan was blowing over her little, emaciated body. Little Dove looked calm and happy during the entire procedure.
Every time I saw a child get a limpia de huevo, I was struck by how happy and relaxed the whole procedure made them.

I never knew if Little Dove got any of the Suero Oral. In the days that followed she looked better. She was less dehydrated, was eating more, and was wetting more diapers—all signs that she was getting more liquids and nutrients. The young male farmworkers made up the packets of Suero Oral for themselves to drink out in the fields. Since they weren’t sick, the Suero Oral’s Hot qualities were not an issue, and they felt that drinking it would make them stronger during the long, hot days out in the fields.

GETTING READY FOR THE GRAPE HARVEST: NEWCOMERS IN THE CAMP

The days and weeks passed and many more workers started showing up for the grape harvest. The camps were swelling to capacity as hundreds of workers arrived for the harvest. This rapid influx of people stressed all the available resources and resulted in cramped living conditions, overflowing latrines, and periodic shortages of water. It was also a time when one could make new friends and enjoy the company of a wide variety of individuals from all over Mexico. For a while, people forgot the hard work and had some fun.

One hot afternoon we were relaxing after lunch when a family arrived from Guanajuato. Each time another family came into the camp they had to stake their claim on one of the rooms in the housing sheds. The father of this particular family had a big bundle tied up with string slung across his back. It was the family’s belongings, their clothes and cooking utensils.

We were sitting on the benches outside the shelters swatting flies and talking a little bit after a lunch of watery beef soup and mounds of tortillas. A quiet came over the group as the newcomers walked in. All of a sudden the father of the new family started singing. “Things for sale! Clothes, shoes, blankets!” Everyone laughed at the joke of selling the clothes off their backs. He kept up the joke, deadpan, till the whole camp was laughing very hard. He pantomimed trying to sell us each something. He offered to lower his prices. He even pulled off his own shirt and tried to get one of the young girls to try it on. She giggled and hid behind some of the smaller children who had flocked to see what the commotion was about.

Laughing, Lupita got up and showed the newcomers where they could put their possessions and sleep. Then she invited them to the table for a cold drink. The father had eased his family into the camp and gotten a rather prime room with a good porch for his humorous performance.

PICKING GRAPEs

The farm where Lupita and her family lived and worked was planted almost exclusively in grapes. When the harvest began, I went out with the workers and picked grapes alongside them. In this way I came to know them better.

By the time we were going out into the fields to pick grapes, Lupita was feeling a bit stronger and she left Little Dove in the care of one of the younger girls who had just recently come up from Oaxaca. She paid the girl 10 pesos each day to care for her. Since a person could earn about 30 pesos a day (about $3) if she worked really hard, her outlay for child care was considerable. Like working mothers everywhere, she was working a good part of her day just to pay the babysitter. The young babysitter had rigged up several little child-sized hammocks from corn sacks under the porch awning of the workers’ quarters. In the dense heat of the day she’d swing the babies back and forth in the hammocks, trying to keep them quiet and as cool as possible in the oppressive climate.

Only the smallest children stayed behind with the babysitter because by the age of six or seven the farmworkers’ children were out in the fields helping their parents bring in the grape harvest. Without the help of everyone in the family, fieldwork like this didn’t pay enough to make ends meet. Indeed, a couple of families who didn’t have any young children to help them out in the fields told me that they wouldn’t be coming back the next year because they had spent more on travel and food than they were making as laborers. About half of the fieldworkers, like Lupita and her family, came from southern Mexico. They referred to themselves—and others referred to them—as Indians (indigenas). The other half were the poorer, mestizo (non-Indian) families from the northern Mexican states of Sonora and Sinaloa. Many of the children in these families experienced infectious illnesses such as diarrhea and dehydration as well as work-related injuries and pesticide exposures.

Little Dove’s three-year-old sister, Laurita, became ill with a fever during this time. Lupita believed that it came from a fright (susto) because a large dog had chased her and tried to bite her just before the fever started. Lupita had given her cooling baths, but did not want to take her to the hospital. Even if she had wanted to do so, she would have had to pay for transportation (about half a day’s wages) and would have lost a day’s wages from her work. Instead, Lupita opted to take
Laurita to the herbalist who lived within walking
distance of the camp.

The herbalist had prescribed several things, but
one of her treatments had caused little Laurita even
further problems. The herbalist had placed a couple of
cloves of garlic into her vagina, and they had caused a
severe local irritation and infection. When this began,
Lupita was compelled to take the little girl to a doctor,
who removed the garlic and gave her some ampicillin
for the infection. Trying to save time and money hadn’t
worked in this case. Migrant farmworking women
such as Lupita are always forced into difficult decisions
about health care for their children. Losing wages and
paying for transport have negative consequences for
the entire family. Yet, it is also dangerous if a mother
ignores the needs of a sick child. These mothers face
very difficult options.

FROM LITTLE DOVE TO LILLIANA

A few weeks after the limpia de huevo treatment, Lu-
pita brought Little Dove by for me to see. Lupita had
pierced the baby’s ears and placed red strings through
the holes that would protect her from illnesses as well
as allow her to sport sparkly little earrings in a few
months. Little Dove had on a new dress and little
white socks. She was looking much better, although
she still probably weighed less than 10 or 12 pounds.
I mentioned to Lupita how delighted I was at Little
Dove’s progress and how she seemed to be over her
diarrhea.

She then explained what had really happened.
A few days after the egg cleansing Little Dove had
taken a turn for the worse. I had been absent from the
camp for several days visiting another farm. Late one
evening, during that time, Lupita and her husband
thought that Little Dove was going to die because she
had another severe bout of diarrhea that drained her
body of what little strength she’d managed to build
up.1 The couple had gotten a ride into town and, con-
fused about what to do next, made an emergency
phone call back home to Oaxaca. By phone they talked
to one of the traditional medicine people, curanderos, in
the village. The curandero had instructed them on how
to do another sort of egg cleansing, this one involving
more powerful herbs. It seems this cure had been the
answer to Little Dove’s problems. Lupita spent two
weeks’ wages on the cure, but she was satisfied with
how things had turned out.

I, too, was pleased. During my period of research,
I felt it necessary to try to intervene in health matters on
very few occasions. I had given Lupita my opinion and
I had respected her decision to ignore it. Little Dove
had gotten better and Lupita and I still had a good
relationship.

The long, hot summer was drawing to an end. It
was September and I was getting ready to go back
down to Oaxaca to spend time in Lupita’s home village.
On the last day before I left, I stopped by to say good-
bye to Lupita, Laurita, and Little Dove. I was delighted
to learn that Little Dove was now being called Lilliana.
She had been given a real name. The little girls were
swinging in one of the hammocks. Their laughter filled
the air. Laurita tickled her sister every time she’d reach
for the orange slice that Laurita was teasing her with.
All of a sudden, in one quick move, Lilliana grabbed
the piece of orange and stuffed it into her mouth. Far
from the listless little baby I’d first met four months
earlier, Lilliana now had the look and the humor of a
real survivor.

SUGGESTED READINGS

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1 It is the repetitive nature of severe diarrheal episodes that can be
so dangerous. Over weeks and months the individual becomes pro-
gressively weaker, and it becomes more difficult for them to recover
from subsequent illnesses.