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# Contemporary Transformations of Indigenous Medicine and Ethnic Identity

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**Abstract:** Over the past two decades, many Indigenous leaders in Nicaragua have been promoting the idea that, beyond its vital and obvious medical value, Indigenous medicine represents an important political tool for claiming and signalling cultural boundaries. This article explores the particular conditions under which medical practices and ideas in a Nahua community become both objective and subjective markers of ethnic identity and cultural resistance. Within this context, I introduce the concept *derivative functions of medicine* to describe a role of medicine in non-medical matters, including the creation and maintenance of an ethnically distinct sense of group identity.

**Keywords:** derivative functions, identity, Indigenous, medicine, Nicaragua, Rivas

**Résumé :** Au cours des deux dernières décennies, plusieurs chefs indigènes du Nicaragua ont défendu l'idée qu'au-delà de sa valeur vitale et médicale évidente, la médecine indigène représente un outil politique important pour revendiquer et marquer des frontières culturelles. Cet article explore les conditions particulières dans lesquelles les pratiques et idées médicales d'une communauté Nahua deviennent des marqueurs à la fois objectifs et subjectifs de l'identité ethnique et de la résistance culturelle. Dans ce contexte, j'introduis le concept de fonctions dérivatives de la médecine pour décrire un rôle de la médecine dans des domaines non-médicaux, y compris la création et le maintien d'un sens de l'identité de groupe ethniquement distinct.

**Mots-clés :** fonctions dérivées, identité, indigènes, médecine, Nicaragua, Rivas

## Introduction

In the 16th century, Spanish chronicler Fernández de Oviedo y Valdés described how aborigines in Nicaragua used medicinal plants to heal fractured bones. Soaked leaves of *Opuntia ficus-indica* were applied as plaster, forming an adhesive cast. It did not matter how badly broken the bones were; after fifteen days, this medication would leave the bones as good as before (Oviedo y Valdés 1959:8). Currently, for many Indigenous<sup>1</sup> people in Nicaragua, medicinal plants not only heal broken bones but also provide the means for demarcating and maintaining ethnic boundaries.

In this article, I examine the ways in which the Nahua people from Veracruz del Zapotal or the Veracruceños use their construct of "Indigenous medicine" as a strategy to claim and assert their precariously kept Nahua identity. By contextualizing the Veracruceños' struggle to remain culturally distinct in alterity to the predominant mestizo culture, this article also explores the role of medicine in the process of ethnic boundary formation. I examine the circumstances under which seemingly dormant medical symbols acquire revitalized cultural value and political significance as objective markers of ethnic identity. Thus, I later introduce a concept to describe this process. Although in the past, Veracruceños have used notions of genealogy, language,<sup>2</sup> history and territoriality as visible markers of ethnic identity (De Burgos 2006), here I focus on the usage of Indigenous medicine. Pragmatically, many Veracruceños claim that holding a strong Indigenous identity allows them to keep a comfortable level of territorial and cultural autonomy (De Burgos 2006). In this regard, community leaders are aware that having a cohesive ethnic identity proportionally demands maintaining strong ethnic boundaries that include values, beliefs, knowledge and traditions.

Since the arrival of the Spanish in Nicaragua in 1522 and the subsequent invasion and colonization of most of its native populations, Indigenous people in this country have struggled to remain culturally distinct. The story of

their struggles is courageous, long-standing and painful, plagued with disease, war, genocide, torture, slavery, cultural destruction and political and economic marginalization (Crosby 1986; Galeano 1988; Las Casas 1957; Newson 1987; Sherman 1979; Whisnant 1995). Today, in many parts of the world, "Indigenous peoples derive much of their identity from histories of state-sponsored genocide, forced settlement, relocation, political marginalization and various formal attempts at cultural destruction" (Niezen 2003:5). Veracruzanos' historical memories of their Indigenous struggles are, beyond its human tragedy, also symbols of their identity, a "historical metaphor" (Sahlins 1995) signalling group continuity. Despite historical and current efforts to assimilate Indigenous people into the mainstream society in Nicaragua, Veracruzanos continue to resist those attempts through several means, including the use of their Indigenous medicine, which they see as deriving from an autochthonous ancestral history and culture.

For most people in Veracruz, the term "medicine" designates a very complex category of ideas and practices about health, illness and healing, which overlaps with various aspects of their material, social and ideational life. Here, however, I use the term "medicine" as a discrete category but only inasmuch as it is an analytical tool to describe the cultural activities I examine.

## The Veracruzanos

The Veracruzanos are a Spanish-speaking Nahua community from the department of Rivas, in southwest Nicaragua. They are descendants of the Nicarao people who settled in the Isthmus of Rivas around A.D. 500 (De Burgos 2006, 2010; Fowler 1989).<sup>3</sup> The ancient Nicarao also inhabited the islands of Ometepe and Zapatera (Healy 1980; Urtecho 1960:87), and their capital, Quauhcapolca, the largest city, was situated near the city of Rivas and approximately nine kilometers northwest of Veracruz. A chief ruled in every city or chiefdom, with the advice of the *monéxic*, Nahuatl for "council of the wise ones" (De Burgos 2006, 2010; Urtecho 1960:87–89). According to current demographic figures, approximately 3,900 Veracruzanos inhabit the Veracruz del Zapotal valley and the mountain region between the rivers Camarón, Guachipilín and Río Grande in the department of Rivas. Primarily farmers, they supplement their diet by fishing in nearby rivers and off the Pacific coast and by hunting and foraging in their legally owned Indigenous territory (De Burgos 2006). Unlike most Indigenous communities in southwest Nicaragua, Veracruzanos hold legal title to their land. In 1847, 26 years after Nicaragua became independent from Spain, the land Veracruzanos had traditionally occupied was fraudulently confiscated

by public notary José Ruíz, who took advantage of a legislative land decree of March 5, 1830. Nevertheless, on July 3, 1860, after a long process of struggle and negotiation, Veracruzanos legally purchased the land that had been usurped by a mestizo (De Burgos 2010).

A group of approximately 10 women and 20 men form the core of the contemporary monéxico. Due to their overt cultural "militancy" and commitment to preserving their Indigenous identity and culture, I describe monéxico members as "culturally conservative leaders" (henceforth referred to as CCL; see De Burgos 2006). They occupy the most influential positions or roles in the important spheres of local social and political life. The monéxico is a local elite of respected community members. As described by Shore and Nugent (2002:4), elites are, in general, typically incumbents as leaders, rulers and decision makers in any sector of society or are custodians of the machinery of policy-making. In this sense, monéxico members in Veracruz are the "movers and shakers," as their decisions crucially shape what culturally transpires in the community.

## Methodology

The primary data for this article was gathered during my 15 months of doctoral fieldwork in Veracruz, between September 2001 and December 2002, including more than 400 unstructured interviews as part of a population survey, as well as 100 semi-structured, 20 open-ended and 15 structured interviews. I produced abundant vital statistics information and several epidemiological charts from these data. Some interviews were video and audio recorded, while others written on paper. The interviews ranged from five minutes to two hours in length and were conducted in Spanish, the native tongue of the Veracruzanos. Knowledge of key issues was collected from unstructured interviews and a population survey, for which I used semi-structured interviews. I interviewed ordinary Veracruzanos women and men, as well as community healers and leaders. Some interviews were designed to elicit informative narratives regarding community history, issues of identity, Indigenous medical ideas and practices, the threat of the mestizo culture and the impact of globalization. Most of my key cultural consultants were either members of the monéxico or healers, but I also include the testimonies and knowledge of ordinary Veracruzanos to corroborate details and address controversies. Information about the Estelí Indigenous Medical Encounter comes from the only Veracruz delegate and a copy of a publication resulting from the event. The names of participants have been only partially disguised here, since, by their own choice, some participants kept their last name. I

indicate the gender and age of cultural consultants by adding (in parenthesis) either an M or an F and number to their name, as well as the initials CCL to designate culturally conservative leaders.

## Derivative Functions of Medicine

In principle, medicine's primary function is to procure health, alleviate suffering and heal the body and soul. In practice, however, medicine is not always bound to medical concerns. The ethnographic record shows that neither the pragmatic nor symbolic functions of medicine are restricted to health concerns (Baer et al. 1982; Crandon-Malamud 1991; Grass 1986; Unschuld 1975). In this context, this study demonstrates how Veracruz people also use their medicine for non-medical purposes—that is, to safeguard Indigenous values and to symbolize group identity. The use of medicine for non-medical ends is implicit in much of the medical anthropological literature, but is rarely foregrounded or explicitly discussed as it is here. Thus, I use the term *the derivative functions of medicine* to refer to ways in which medicine's multiple functions pervade other spheres of social life, thus altering its initial medical purpose. For example, "through medicine, physicians acquire economic power and prestige, and insurance and pharmaceutical accompanies accumulate capital" (Crandon-Malamud 1991:ix).<sup>4</sup>

Claiming Indigenous identity through the use of medicine is not unique to Nicaragua. Similar strategies have been used in Belize, Bolivia, Colombia, El Salvador, Honduras, Mexico and Venezuela, among other countries (De Burgós 2006; Sotomayor 1992). Comparable examples are also found in Nigeria, where Fela Anikulap-Kuti, struggling against western cultural imperialism, wanted Africans to reclaim traditional methods of healing as a way of asserting ethnic identity (Grass 1986:143). Crandon-Malamud (1991) describes how, among the Aymara from Bolivia, class and ethnic boundaries are redefined and negotiated as people talk about and subscribe to different kinds of medicines, such as Aymara, Methodist<sup>5</sup> and western medicine. Maneesha Lal (1996) describes how two apparently distinct medical idioms, Ayurveda and western medicine, are used to construct strong bodily identities as part of a complex process of identity and nation building in India. James Waldram (1997) describes how, through Aboriginal spiritual healing, cultural heritage and identity are promoted among Indigenous inmates in the United States and Canada. Katz et al. (1997) explore how healing rituals performed by healers counteract the threat of cultural extinction. Andrews and Sutphen (2003) show how medicine can provide new insights into the construct of colonial identi-

ties and how multiple perspectives on identity, including Indigenous ones, can be accommodated within a single medical narrative.

My contribution here, however, is to explore and describe how the Veracruceños use their construct of "Indigenous medicine" as an autochthonous cultural possession to trace, claim and reaffirm their Nahua identity in the face of an overwhelming mestizo society, which they claim erodes and threatens their Indigenous culture.

## Ethnic Identities and the "Indian Problem" in Nicaragua

Like all Indigenous people in Nicaraguan, Veracruceños live within the larger Nicaraguan mestizo society; thus they are subject to the same historical and contemporary tensions between the two ethnic groups (De Burgos 2010). The term *mestizo* originally designated the offspring of a Spaniard and Native American. Currently, however, it is generally applied to individuals who speak Spanish and observe cultural norms of Hispanic origin (Esteva-Fabregat 1995).<sup>6</sup> In Nicaragua, as in other parts of Latin America, ethnic identities are not defined solely on the basis of physical characteristics. Field (1998) argues how discursive narratives of *mestizaje* in Nicaragua are

a process of biological miscegenation, a process of nation building which requires that mestizos, as individuals and as collectivities, undergo "de-indianization" to accommodate national identity in ways that Indians [sic] cannot; and a process that necessarily creates a panoply of divergent identity positions. [435]

The process of *mestizaje* in Nicaragua is not only a "racial" issue but also a social one. Being a mestizo has become both an ascribed and an achieved status. Knight (1990:73) argues that, by dint of education, migration and occupational shifts and general acculturation, as well as individual agency, people can leave their "Indianness" and claim a mestizo identity. Indigenous and mestizo identities in Nicaragua are fluid and overlap in a manner that shapes the historical emergence of different kinds of mestizos and different kinds of Indigenous people (Field 1998:438). Thus, mestizos can be white and non-white and have multiple ancestries and physical appearances.

For most of Nicaraguan history, Indigenous people have been seen as an "Indian problem." Starting in 1522, with the European invasion, followed by the colonial period and continuing with independence, ruling elites and successive Nicaraguan governments have endeavoured to exterminate Indigenous people or force them to abandon their "Indianness" to occupy their lands

(Field 1998; Newson 1987; Whisnant 1995). The two most significant and contrasting regimes in the 20th century, Somocistas and Sandinistas, both tried to solve the "Indian problem" through assimilation in an attempt to "civilize" them into a perceived Nicaraguan mestizo society (De Burgos 2006; Hoyt 1997; Whisnant 1995). Field (1998) suggests that the mythologized perception of a mestizo Nicaraguan society dangerously denies the existence of the numerous Indigenous people in the country. Membreño (1992) argues that this myth is an ideology constructed on racial criteria and conceptions that do not reflect the fact that some Indigenous people resisted the conquest and subsequent colonization, including Zelaya's liberalism, Somoza's mercantilist capitalism and the Sandinistas' socialist tendencies to absorb them. According to Wheelock (1980) and Gould (1997), the idea of mestizaje is perhaps the founding myth through which all others have been assimilated or, at least, this is how it has been engraved in conservative literature and popular discourse in Nicaragua. Hale (1996) argues that, in a post-Sandinista Nicaragua, discourses of "hybridity" and mestizaje continue to be used by relatively powerful mestizos to advance their own political and economic agendas, while Indigenous activism is delegitimized. Whisnant (1995:13) suggests that the politics of culture in Nicaragua, following independence from Spain, owes some of its most stubborn structural features and its evolving character to certain developments during the colonial period. One of those developments is the concept of mestizaje and the emergence of the idea of "race" that, linked to the class system, has become a self-perpetuating social reality. Thus, in contemporary Nicaragua, mestizo society predominates and has acquired a *de facto* status and not an "imagined" national culture (Anderson 1991). Most mestizos in Nicaragua discriminate against Indigenous peoples and see them as "racially" and culturally inferior (De Burgos 2010). As the most impoverished group in Nicaraguan society, Indigenous people also suffer from class discrimination, which is objectified in their physical appearance, language, clothing, customs and place of residence. To avoid discrimination, some Veracruceños often deny their Indigenous identity when they are outside their community. As Gonzales explains,

Just to avoid humiliation, some of us simply hide our Indigenous identity. It hasn't been easy to say, "I am an Indigenous person." It is difficult in a society where Indigenous people are looked down upon, isolated and mistrusted. [González, CCL, M55]

In September 2002, Arturón (CCL, M54) told me that, in an effort to erode the Indigenous culture in

Veracruz government-run school, teachers routinely tell children and their parents that Veracruz and its people are no longer an Indigenous community.

I remember that, during a public and crowded school assembly in November 2001, the school principal, Mrs. Cébaco, told us that we should stop fooling ourselves pretending to be Indigenous people. "There are no Indigenous people left in the Pacific of Nicaragua. You are all mestizos," she said. After a heated argument and feeling deeply offended, we [Indigenous people] left the meeting.

A long-standing image of Indigenous culture as dead or at least dying is an old discursive notion in Nicaragua, rooted in a double morality complex about "Indian things," which are simultaneously appreciated and disdained by non-Indigenous people (De Burgos 2006; Hoyt 1997; Whisnant 1995). Presently, the historic and systematic reluctance of the successive Nicaraguan governments to fully recognize Indigenous rights abruptly contrasts with a benevolent national discourse about Indigenous people and Indigenous "things." Veracruceños are particularly sensitive to the hypocritical stance taken by both the government and the general mestizo society.

On the one hand, governments have boastfully promulgated the value of the Nicaraguan Indigenous heritage but, on the other, they have hypocritically ignored us by negating our rights and looking down on us. [Gonzales, CCL, M54]

This ambivalent relationship with Indigenous "things" and people seems to be an inherent problem in societies with Indigenous minorities in Latin America. For instance, Knight (1990:101) notes that "Indigenous people in Mexico are discriminated against for being 'Indians,' but at the same time admired for being the 'real soul' of the country." Veracruceños also live under the same national double morality complex. "As people, we are disdainfully regarded by the state and mestizo culture; but things about us are ambivalently glorified in the national literature, music, dance and art" (López, CCL, M42). Ironically, Nicaraguan remnants of colonial Indigenous culture are romantically showcased as "the best of the Nicaragua culture" [*la flor y nata de la cultura Nicaragüense*]. This suggests that Indigeneity is valued for its symbolic capital but not for its human reality.

Although Veracruceños were granted legal Indigenous status by the Nicaraguan government in 1915, not all mestizos and government officials regard Veracruceños as "genuine" Indigenous people (De Burgos 2006). According to university-educated monéxico member Esban (M27), this is in part due to the fact that, unlike other

Indigenous societies in Nicaragua, in Veracruz one does not find the stereotypical “Indian” mestizos expect to see in an Indigenous community. In September 2002, Esban told me that many mestizos in Nicaragua still believe that “genuine” Indigenous people wear feathers and other ornaments on their heads, carry a bow and an arrow, walk around nearly naked and speak their own language. In the absence of visible ethnic identity markers, a subjective reference to genealogy as an essential component of group identity is usually evoked.

We are Indigenous people simply because we were born Indigenous people, in the same way that our parents and grandparents were born Indigenous people, and so were their ancestors. Who we are is inscribed in our blood, in our genealogy and no one can just remove it by decree. [Esban]

A survey I conducted in 2002 with 400 participants revealed that, for most Veracruceños, ethnic identity is a primal condition “into which one is born, a form of essentialism, in the sense that it involves an ongoing, relatively unchanging group identity” (Lewellen 2002:108). Although most Veracruceños typically regard their ethnic identity in essentialist terms, they feel forced to culturally claim and reaffirm that intangible essence by establishing other kinds of objective markers of Indigenous identity. Through the perceived historical continuation of many of their cultural features, Veracruceños thus started to reaffirm their group identity by claiming the ancient legacy of their medical practices.

### **The Estelí Medical Encounter and Medicine as a Marker of Identity**

In 1992, national governments from across the Americas and parts of Europe celebrated the 500th anniversary of the arrival of Christopher Columbus in the “New World.” Also in 1992, Indigenous societies from across the Americas commemorated 500 years of resistance against colonial and post-colonial domination. Between October 4 and 6, 1992, around 350 delegates from Nicaragua, Belize, Colombia, Costa Rica, Honduras, El Salvador, Mexico, Panama, Puerto Rico and Venezuela gathered in the city of Estelí, Nicaragua, to celebrate “The First Continental Encounter of Indigenous, Black, Popular and Traditional Medicine: 500 Years of Indigenous, Black and Popular Resistance.” A nominal distinction was made between “Indigenous,” “Black,” “popular” and “traditional” medicine, but the terms *Indigenous* and *traditional* were used interchangeably as overarching categories encompassing all these medical traditions. Participants were mainly Indigenous leaders, healers, midwives, bonesetters, diviners and shamans. The event

was organized by the Continental Secretariat for the 500 Years of Indigenous Resistance Campaign<sup>7</sup> and came to be known as the First Continental Encounter of Medicine (henceforth, FCEM).

A book authored by Uriel Sotomayor (1992) entitled *Memorias*<sup>8</sup> with keynote speeches, oral testimonies and resolutions from the event was published the same year. According to this text, the FCEM had three explicit objectives—to recover, to safeguard and to promote Indigenous medicine as part of the history and cultural heritage of Indigenous peoples. Politically, the FCEM created an elaborate regional discourse and understanding of how Indigenous medical systems were and continue to be ancestral forms of cultural resistance and group survival. Participants claim that the historical struggle to survive as Indigenous people frames more than 500 years of Indigenous resistance to non-Indigenous hegemony. This notion is pervasively present in both the historical memory and the current orientation of Indigenous struggle in Nicaragua. The following excerpts from *Memorias* summarize the main arguments made at the FCEM.

After 500 years of ancestral medicine’s resistance, we keep on defending our ancestral medicine as part of our culture ... since the Spanish invaders first arrived they have persecuted, repressed and nearly destroyed our autochthonous medical systems. Thousands of shamans, healers and bonesetters were accused of witchcraft and burnt by the invaders. [Sotomayor 1992:12]

During the FCEM, the cultural survival and affirmation of Indigenous medicine were seen as forms of resistance, transformed into new, objective signifiers of ethnic identity. Ideationally, the FCEM provided the means for leaders and healers to elaborate a discourse that would allow them to overtly promote new dispositions toward Indigenous medicine in their respective communities. This discourse transformed Indigenous medicine into a cultural idiom of ethnic identity and a metaphorical reference of social identity and historical belonging. Medicine was no longer seen only as a way of healing and understanding illness but also as a form of cultural inheritance. “Indigenous medicine is a gift given to us by our ancestors. That is why our Indigenous medicine is our identity” (Sotomayor 1992:70).

In this new context, Indigenous medicine was understood simultaneously as a cultural object and a natural possession that had to be reclaimed and preserved for present and future generations. “Our ancestors gave us traditional medicine so that we can live in the present and build our future. We must preserve it because it

was born with us. It belongs to us" (Sotomayor 1992:12). Through new dispositions, Indigenous medicine was simultaneously understood as both an entity deeply rooted in cultural tradition and a precarious possession that needed to be recovered. "As our ancestors' legacy, we must recover it because people without its traditional medicine have no future (Sotomayor 1992:32) ... we must defend our traditional medicine because it represents our roots" (Sotomayor 1992:33). Thus, Indigenous medicine became the ideational plane, whereby notions of wellness, illness and healing are grounded as cultural expressions. "Our Indigenous medicine is grounded in culture-specific ideas about health, illness, nature and the universe, rather than on a set of informal or improvised arguments" (Sotomayor 1992:8).

Historically, Indigenous medicine had been perceived as an autochthonous medical system in Veracruz. This sense of autochthony, however, was emphasized and legitimized at the FCEM. "Our Indigenous medicine has its own means for diagnosing, treating, applying therapeutic methods, and producing our own healers. We are not charlatans as we are deprecatorily referred to by the biomedical system" (Sotomayor 1992:8). The construct of Indigenous medicine also became a conceptual place where ancestral knowledge is kept. Indigenous medicine is seen as embedded in wisdom and tradition resulting from a long, symbiotic relation to the natural world.

Indigenous medicine is the repository where we as Indigenous people preserve our ancestral knowledge. That knowledge is the ancestral wisdom derived from the ancestral traditions of pre-Hispanic societies. That tradition has allowed us to totally integrate ourselves into our surrounding natural world. That is the deepest root of traditional medicine. [Sotomayor 1992:ii]

Many FCEM delegates claimed Indigenous medicine is an "essence" indelibly written in their biology. Thus, medicine is understood as an embodied entity and as a "living organism" in the form of "cultural heritage" and an "ancestral gift," vital for cultural and objective existence.

It is only natural that traditional medicine belongs to our people because we carry it in our blood ... It was passed on to us by our ancestors ... Indigenous medicine belongs to us because Indigenous blood runs through our veins, blood from our ancestors who gave us their medicine so that we could survive. [Sotomayor 1992:12, 33]

The FCEM allowed many Indigenous people to see their ethnicity as both inscribed in and expressed by their medical practices. The FCEM was also a public rite of passage through which medical experiences were formally transformed into new ways of understanding and reifying ethnic identity. As a Honduran Indigenous delegate pointed out, Indigenous medicine became both an omnipresent and exclusive possession:

[Traditional medicine] is found everywhere and even in the most recondite places in our countries where the tentacles of the official medicine have not reached yet ... traditional medicine is always in our home gardens and backyards. [Sotomayor 1992:32]

To become an objective marker of Indigenous identity, medicine was first "culturally objectified" (Handler 1988) and acquired multiple derivative functions and meanings. It became a historical legacy and an object that had been sequestered and therefore needed to be rescued. Indigenous medicine was understood as a necessary condition for ethnic survival and thus became a ubiquitous "thing" that helped Indigenous people resist the domination of non-Indigenous medicine, safeguarding in this way their own medical values and cultural identity. Although several important pragmatic goals, such as territorial autonomy, accompanied this strategy, Indigenous medicine is symbolically constructed as an essential constituent of a shared past, a binding heritage embedded in and motivated by both symbolic and pragmatic value. For example, many Veracruceños today use the metaphor, "Indigenous medicine as resistance," in reaction to a long history of conquest, colonization, land seizure, imposed governance, civil violence, poverty, dispossession, discrimination and mestizaje.<sup>9</sup>

### **The Impact of the FCEM in Veracruz**

Nine years after the FCEM took place in Estelí, I arrived in Veracruz. By then, the notions initially promoted at the FCEM had been well assimilated by many Veracruceños. López (M42) claims to be the only Veracruceño delegate who attended the FCEM. In June 2002, he told me that the FCEM was organized to give Indigenous medicine its rightful place in history as a cultural symbol of Indigenous identity. Like all delegates, López was expected to bring back to his community the idea of using Indigenous medicine as a strategy to revitalize their ethnic identity. Indeed, when López came back from the FCEM, he met with several local healers and members of the monéxico to inform them about it. Soon after that, he explained the FCEM's resolutions to the community during a general assembly. According

to López, local healers, leaders and people in Veracruz generally did not have any trouble understanding the concept of medicine as identity and quickly embraced it. "Somehow we all already knew our Indigenous medicine was an intrinsic part of our culture but never thought about it consciously," Antolin Mendoza said in June 2002. Several members of the monéxico told me in June 2002 that the FCEM both inspired them and reinforced what they already knew and felt was right.

As I conducted my research in Veracruz, it became abundantly clear to me that medical beliefs and practices in this community are also symbols that inform, outline and mediate people's sense of ethnic identity and ancestral history. In December 2001, Pedro Gonzales expressed some of these ideas, which also echoed the FCEM.

Recovering our Indigenous medicine is to recover our Indigenous identity and culture. Using our traditional medicine is expressing our Indigenous identity. To recover our identity means to recuperate what the mestizo culture had eroded from ours. It means to regain much of the lost political autonomy the Nicaraguan government has gradually taken away from us. It also means to be proud of our Indigenous identity in the face of a dominant mestizo culture.

In this sense, the political impetus of FCEM came to reinforce and expand the cultural valuation of Indigenous healing in Veracruz. Through more assertive idioms, medicine was reaffirmed as an intricate part of the Veracruceno natural world. It was also seen as part of the essence that defines and substantiates them as Indigenous people. The FCEM helped transform old ideas into new social actions in Veracruz. In October 2001, Veracruceno healer Carbonero (F59) shared the following:

I have been a healer in the community for about forty years ... but the knowledge I have is not something I made up. What I know is ancestral knowledge. We've kept it because that's what we believe. Now we must try hard to keep it. Our medicine is our traditions, our way of doing things and healing our sick.

In May 2002, prominent healer Mateo Mendoza (M55) also told me that their medicine is part of who they are as a people. He explained that to understand their illness categories, people (including anthropologists) needed to first understand their Indigenous culture. Furthermore, Veracruz medical definitions and practices are also shaped by and created in response to present threats and pressures from the mestizo culture and globalization. In October 2002, López stated that

Some physicians and nurses tell us that our medical practices are nonsense and that we should abandon archaic ideas and practices. They say that because they probably want to sell us more of their western medicine. That is why promoting our Indigenous medicine is a way of resisting globalization. Keeping our Indigenous medicine is also keeping our culture.

In the past, people in Veracruz made use of medical knowledge according to their traditions but not in any explicitly political manner. Influenced by the FCEM, however, medical experiences in Veracruz became culturally circumscribed. Medical activities became distinctive cultural behaviours that maintain cultural boundaries through a process of signalling difference (see De Burgos 2010). As Barth suggested, ethnicities "only persist as significant units if they imply differences in behaviour" (1969:15)—that is, as persisting cultural differences. In November 2002, Morales (F50) related that if she told a physician that his son is sick with *mal aire* (evil wind), the physician wouldn't understand. "Physicians don't believe in this kind of illness. Only we understand our own kind of illnesses" (Morales). In May 2002, healer Urrútia (CCL, M60) told me that

One day a woman came to me saying, "Felipe! I broke my leg." "No, Ma'am," I said, "this isn't a broken bone. This is just an injured tendon." Then, I started to massage her leg and fixed the problem. My grandfather taught me the Indigenous way to treat broken bones and other kinds of complaints. I now teach my children how to heal bones because it's our way of preserving our [cultural] identity.

In Veracruz, illness categories, etiologies, pharmacopoeia and nosology, diagnostic and healing rituals, prophylactic devices, bone setting and divination are seen as constituents of their cultural identity and autonomy. Conchita (F32), a woman leader, explained to me (in 2002) how medicine and culture are intertwined in Veracruz.

Our medicine is our culture because, when you think of a bonesetter or a healer, you also think of the Indigenous community the healer comes from. You think of traditional knowledge, you realize that behind that culture there is an identity ... an identity that belongs to the bonesetter, to the healer and to the rest of people where that knowledge comes from.

Urrútia (M60) also explained the historical link between the Veracruceno medicine as cultural heritage and their present Indigenous identity.

I'm an Indigenous *sobador* (bonesetter). Thus, I set bones and treat muscular pain and other problems. My father taught me what I know. We heal broken bones by first using special animal fat as a base for the massage. Then, after having boiled *suelda con sualda* leaves and bark (*Anredera vesicaria*), we apply it on plaster and the broken bones gradually heal ... our healing knowledge is our ancestral heritage. It is part of who we are now.

When I told Urrútia (M60) that according to some historical books, the 16th-century Spanish chronicler Oviedo y Valedés had described how Indigenous people in Nicaragua used *suelda con suelda* leaves to successfully treat fractured bones, he was not surprised at all. "You see," he said rather confidently, "books won't let me lie to you."

In May 2002, during an important community festivity, Gonzales (M55) exhorted Veracruceños to protect their Indigenous identity by means of recovering and promoting their Indigenous medicine.

If we want to keep on existing as an Indigenous people, we have to protect our Indigenous identity. The process of mestizo acculturation has caused great damage. It has eroded our identity. We need to build a strong barrier to protect our culture. Let us not abandon that which we do and the way in which we do it. We are our food, our traditional laws, our dances, our festivities, *our medicine* and traditions. [Gonzales, CCL, M55]

A year before the FCEM took place, culturally conservative leaders from Veracruz, headed by Gonzales, had been working on a biannual sociocultural plan. It was part of a permanent strategy culturally conservative leaders had been implementing since the 1980s. Its objective was to formally structure the political struggle for cultural and territorial autonomy in the community (De Burgos 2006). In this plan, they delineated the areas of work considered important and necessary for the invigoration of their Indigenous identity and community life. Indigenous medicine was part of it. However, before the celebration of the FCEM, appreciating the cultural value of Indigenous medicine was not as prominent in Veracruz. Subsequent strong valuation was largely influenced by FCEM, whose impact on the reconfiguration of Indigenous medicine was solid and significant. It provided Veracruceños a new understanding of their healing tradition. It helped leaders, healers and the people at large to have a deeper insight into the historical and present derivative value of their medicine. For many Veracruceños, medical configurations are also ways of expressing key cultural values. In this regard, López stated,

We believe that by keeping our traditional knowledge of medicinal plants and healing, we are also maintaining an important aspect of our culture and Indigenous identity. Traditionally, we have had a special relationship with nature. Nature gives us life, food and medicine. We treat most of our health complaints with herbs and plants before going to the government medical post. Having medicinal plants in our gardens is not only useful and convenient; it's also part of our ancestral identity.

In the past, Veracruceños made use of medical knowledge according to tradition, but not in a political manner. However, the FCEM brought new awareness about the political significance of Indigenous medicine and new dispositions toward Indigenous medicine emerged in Veracruz. The FCEM brought an important historical transformation of Indigenous medicine and ethnic identity to Veracruz, which helped Veracruceños to be more ethnically assertive through a reinvigorating discourse of self-representation.

Individuals and groups define their identities in ways that both express and reinforce ideas about self-representation. People choose from several variables and available cultural traits to reinvigorate their social identity (Barth 1969). Niezen (2003:6) argues that the growth of reinvigorated identity, as a source of group membership and the pursuit of distinct rights to protect ethnic identity boundaries, is a relatively universal trend among Indigenous peoples and has gained momentum in recent years—particularly in the face of globalization (Friedman 1994). Many Veracruceños consciously decided to re-evaluate and invigorate Indigenous medicine because they believe it to be an essential component of who they are presently and have been historically. Mendoza (M48) explained to me how many Veracruceños think their Indigenous medicine is culturally circumscribed around Indigenous identity and history.

Our medicine is part of who we are. Look, for example, there are illnesses here which afflict our people that physicians do not understand because they don't understand our life, our way of viewing life and things. Our medicine is part of our Indigenous past, our history, our present and future.

In Veracruz, the construction of an ethnically meaningful past through Indigenous medicine is a project that "selectively organizes events in a relation of continuity with a contemporary subject, thereby creating an appropriated representation of a life leading up to the present. [It is] a life history fashioned in the act of self-definition" (Friedman 1994:117). The relationship between medicine and ethnic identity in Veracruz is also



a spoken one. Thus, Veracruzanos also construct their history by speaking about it: “in speech history is made” Sahlins (1995:5). By promulgating that Indigenous medicine *is* Indigenous identity, Veracruzanos seem to be simultaneously claiming and constructing their ethnic identity through a “performative discourse” (Bourdieu 1991)—that is, the utterances that produce, in themselves, the act or the reality they name. The FCEM was precisely about discursively exalting cultural presuppositions. Participants did so by consciously reclaiming and making relevant to the present ancient Indigenous medical categories as part of a historical continuum. For many Veracruzanos, the ethnic past is made meaningful in the present through the invocation of their Indigenous medicine, which they see as a timeless cultural heritage. Thus, claiming Nahuatl identity through the historical reconstruction of an Indigenous medicine is, at the same time, validating the continuity of a perceived ancient medical identity. In this sense, past medical knowledge and practices are also made relevant to the present through social categories of persons and things. As Sahlins (1995:67) claims, “People act upon circumstances according to their own cultural presuppositions, the socially given categories of persons and things.” This is especially relevant since Veracruzanos relate their Indigenous medicine (as a “thing”) to their own sense of themselves (as a people) based on their own modes of interpretation, presuppositions and actions.

During the FCEM, the history of Indigenous medicine was conceived as a significant set of past symbols, which continue to be meaningful in the present. In some respects, through Indigenous medicine, the FCEM helped to reinvent tradition—therefore, altering it—by overtly evoking the past to reconstruct and validate the present. Borofsky (1989) and Firth (1967) have both found instances in which Indigenous traditions in the process of being preserved are also altered. Paradoxically, in being altered, Indigenous medicine is also being preserved because, through it, “the past is being made meaningful to those upholding it in the present” (Borofsky 1989:144).

## La Medicina Indígena

In most non-industrialized societies, medicine is not clearly differentiated from other social and cultural institutions (Baer et al. 2003:8). This is the case for Veracruzanos, for whom medicine is an important part of a larger cultural context encompassing religious, magical, mythical, political, historical, social and even judicial ideas. For healing purposes, however, most Veracruzanos generally depend on their own Indigenous medical system, which they call *medicina Indígena*, Indigenous medi-

cine. They believe in its medical efficacy and value its cultural appropriateness. Only in cases of emergencies or locally untreatable sickness do Veracruzanos seek medical help outside their community in government-run clinics.

Healers or curers in Veracruz are called *curanderos*. They are socially recognized, part-time medical specialists who diagnose, treat, alleviate and cure illness and disease. Veracruzanos distinguish between four types of local curanderos. These are: *yerberos* (herbalists), *parteras* (midwives), *sobadors* (masseurs/bonesetters) and *brujos* (witches). Although all curanderos have other sources of income, they constitute a local occupational category. During my fieldwork, I identified six people who were socially recognized as formal Indigenous healers in Veracruz. They were perceived as efficacious, not only locally but also outside the community’s boundaries by mestizo patients who came from Rivas and nearby towns in Costa Rica. They came to seek health advice and the healing power of Indigenous medicines (De Burgos 2006).

The local pharmacopoeia of Veracruzanos combines Indigenous herbal wisdom with other medical traditions, including contemporary biomedical medicaments. Thus, it is common for some healers in Veracruz to give injections of B complex vitamins or penicillin, as well as pills for *los nervios* or “nerves” (see also Scheper-Hughes 1992). However, minerals, animals and plants constitute the primary material basis of the Veracruzanos medicinal repertoire. With the reinvigoration of Indigenous healing in Veracruz, community leaders routinely encourage villagers to cultivate medicinal plants as a way of maintaining the Indigenous tradition of herbal medicine. In 2000, community leaders started a local youth program to teach students to cultivate and learn about the medicinal and cultural value of local plants.

We believe that by keeping our traditional knowledge about medicinal plants, we are also maintaining an important aspect of our culture and Indigenous identity. Traditionally, we have had a special relationship with nature. Nature gives us life, food and medicine. Here, we treat most of our illnesses with herbs and plants before going to see a physician. Having medicinal plants in our gardens is not only useful but also an ancestral tradition. [López, CCL, M42]

I learned how to identify plants because my mother used to tell me about each plant and what their healing properties are. But when I don’t have a particular plant in my garden for an illness, chances are my neighbors have it. Sometimes, you can find the medicine in the bush. We also keep oils and fat from animals that we use for healing. [Pavón, healer, F90]

Medicinal plants in Veracruz are socially valued for their healing powers and their association with Indigenous material culture. Although very useful and in high demand, medicinal plants have no monetary value for Veracruzanos. People collect them from their gardens and the wild, and exchange them free in a system of general reciprocity.

Whenever we are sick, we find our medicine in nature. That is why you cannot sell nor buy medicine herbs or plants. That is how we learned it from our ancestors. These plants are precious but nature gives them to us free. [Urrútia, healer, M60]

Similar to the FCEM discourse on medicine, Veracruzanos also regard their *medicina Indígena* as a biological essence. During my 2002 survey, many people in Veracruz told me that “everything that is Indigenous, including medicine, comes in our blood” [todo lo Indígena, incluyendo la medicina, lo traemos en la sangre].

In a broader historical context, however, their Indigenous medicine is not as autochthonous and cohesive as they may perceive it. At a closer look, it is the synthesized articulation of different medical traditions. Nevertheless, historically, Veracruzanos have been able to adhere to their pre-Hispanic herbal wisdom and practices from other medical traditions (see Bolaños 1974). During my research I was able to identify at least eight external sources of other medical traditions, including African healing (including witchcraft); bioenergetics;<sup>10</sup> biomedicine; early Arabic medicine; Greek humoral medicine received from the Spanish Renaissance; Judeo-Christian religious beliefs, symbols and rituals; medieval and later European witchcraft; and contemporary spiritualism and psychic phenomena. With the exception of *bioenergetics*, Trotter and Chavira (1997:25) have delineated the same historical traditions as the major influences shaping *curanderismo*, which he describes as a widespread traditional medical system found among Spanish-speaking people in Latin America and in many parts of the United States (Campos Navarro 1997; Cosminsky 1976; Foster 1972; Rubel et al. 1984; Trotter and Chavira 1997). Many of the medical practices and beliefs in Veracruz are comparable to *curanderismo*. They share many ideas and practices, particularly in terms of the most basic etiological concepts, pharmacopoeia, healing procedures, diagnostic techniques and sickness categories. One good example is *calor de vista* (literally, heat of gaze or evil eye), a combination of the classic Mediterranean evil eye with an ancient Nahuatl illness called *iscucuyalis* that is symptomatically and etiologically similar to the evil eye. Friar Bobadilla reported in his chronicle how Indigenous people in Nicara-

gua believed in a deadly infant illness caused by simply staring at a child (Bolaños 1974:52).

Notwithstanding its eclectic origins, Veracruzanos view their medicine as historically authentic because they have been able to *autochthonize* external ideas and practices by incorporating them into their vernacular medical systems. Echoing the FCEM in May 2002, healer Carbonel (M53) told me that their ancestors gave them their traditional medicine so that they can live in the present and survive in the future. For many Veracruzanos, the historical authenticity of their Indigenous medicine is self-evident in the existence of individuals who, by “essence,” are Indigenous people. “Things belong to people and reflect the autochthonous essence of their originator,” explained Carbonel. Of course, autochthonizing ideas and practices from elsewhere is not a process unique to Veracruzanos. In a different context, Evans describes how, in Tonga, Indigenous peoples have “the capacity to incorporate and re-create, as autochthonous practices, things from elsewhere” (2007:39). For the last 500 years, many of the Indigenous healing traditions in the Americas have re-created ideas and practices from elsewhere as autochthonous, by modifying them to fit vernacular schemes.<sup>11</sup> This is not to conclude that Indigenous medicine in Veracruz is simply a set of filtered-down medical practices and knowledge; rather, I suggest that contemporary Indigenous medicine in Veracruz is also constituted by a historically tailored medical pluralism. This is an important premise because, as Kleinman argues (1995:23), “there is no essential medicine, no medicine that is independent of historical context.” Furthermore, in reference to the *dhâmi-jhânkris* in Nepal (roughly, shamans and other ritual specialist healers), Pigg (1995) argues that it is not possible to recover a pure, authentic Indigenous belief system that is clearly separated from someone else’s modern ideas. Authenticity, then, in any form or degree, remains a construct of our cultural imagination. However, such a perception is important for Veracruzanos, as authenticity legitimates their long struggle for cultural survival.

## Conclusion

In this article I have shown that over the past two decades, Indigenous leaders in Veracruz, influenced by a regional trend and reified by the FCEM, have been promoting the idea that, beyond its immediate medical value, Indigenous medicine represents an important political tool for claiming and signalling cultural boundaries. I have argued that seemingly dormant medical symbols acquired revitalized cultural value and political significance through discursive notions that have been

translated into social actions in Veracruz and examined how Veracruzanos see their Indigenous medicine as more than a social scheme for healing. They also see it as the constituent of a cultural configuration that informs, shapes and mediates their human experience in ways that go beyond purely medical functions. In this regard, I introduced the concept of derivative functions of medicine. It describes the ways in which Veracruzanos direct their behaviour and use medical belief and practices to craft and claim an Indigenous identity. I have analyzed how the political usage of Indigenous medicine emerged in the context of historical threat posed by the mestizo society. Thus, in their constant search for objective markers of social identity, Indigenous medicine is now regarded by many Veracruzanos as part of the knowledge and practices that make them culturally and ethnically distinct. This derivative function of medicine contrasts sharply with the construction of scientific medicine or biomedicine, which is categorically non-specific to any particular people or culture.

In Veracruz, as elsewhere, the matter-of-fact relationships people believe exist between themselves and others [and things], "are not perceived purely as such ... they are grasped only through the agency of cultural formulations of them" (Geertz 1973:367). The idea that "Indigenous medicine" is a signifier of Indigenous identity is, thus, a symbolic representation of one of the several historically perceived cultural boundaries. In their "imagined community" (Anderson 1991), Veracruzanos have learned to see their "Indigenous medicine" as both a natural object and a conceptual essence that belongs to and defines their sense of Indigeneity, ancestral history and cultural resistance.

I have elucidated how the FCEM symbolically transformed into social action sentiments that have been harboured for over 500 years of Indigenous resistance in Nicaragua. Through the use of Indigenous medicine as both *materia medica* and a symbolic system that also signals ethnic identity, many Veracruzanos promote community practices that enhance an Indigenous world view. Indigenous medicine is for many Veracruzanos, as W. H. R. Rivers (2001) noted so long ago, a symbolic system, and all symbolic systems are valuable sites for creating meaning. Medicine in Veracruz is used to revitalize ethnic identity in the same way that language and other objective markers of ethnicity are used in other parts of the world by Indigenous people (De Burgos 2006; Shulist 2013). Barth (1994:17–18) argues that central and culturally valued institutions and activities in an ethnic group may be deeply involved in its boundary maintenance by setting internal processes of convergence

into motion. As a central and culturally valued institution in Veracruz, Indigenous medicine set a process of convergence by bringing and binding together constructs of history, ancestral knowledge, Indigenous struggles, medical heritage and resistance to mestizo and global pressures into a single narrative of distinctiveness.

Despite its pluralistic origins, Veracruzanos perceive their Indigenous medicine as an autochthonous and primordial experience, an essential experience based in tradition and the emotions evoked by perceptions of common ancestry and history (see Geertz 1963; Gil-White 1999; Grosby 1994; Isaacs 1975; Shils 1957; Stack 1986). Although 16th-century Spanish chronicler Oviedo y Valedés provides objective evidence of their ancient Indigenous medicine, Veracruzanos seem to derive more significance from the subjective attachment to their cultural practices, which they see as a primordial experience. This perceived primordality allows Veracruzanos to effectively build ethnic boundaries through Indigenous medicine and, thus, politically resist mestizo culture and the effects of globalization. Examining the interface between global processes, identity formation and the production of culture, Friedman (1994) suggests that cultural fragmentation and modernist homogenization are equally constitutive trends of global reality. At the same time that many Veracruzanos react, adopt and adapt to circumstances imposed from outside, they also struggle to assert their own cultural identity. Therefore, the process of ethnic formation in Veracruz is never completed but always temporarily positioned within multiple contexts. Or, as Hall (1990) and Lewellen (2002) suggest, it is constantly subject to imaginative and adaptive interpretation of the people themselves. Yon (2000) claims that it would be a mistake to imagine that, because globalization has made the boundaries so fluid and identity more open-ended, issues of self-representation no longer matter very much. Instead, he argues that the proliferation of meanings and identities in late modernity makes the question of identity matter more, not less.

Beyond seemingly instrumentalist purposes,<sup>12</sup> Indigenous medicine is for many Veracruzanos a symbol of ethnic history and identity, manifested in ideas, actions and social relations predicated on non-utilitarian cultural attachments. Reducing the symbolic principles through which humans orient their lives to a utilitarian explanation drastically misconstrues the nature of the humans we are trying to understand (De Burgos 2013; Keesing 1990). Therefore, as simultaneously both pragmatic and symbolic, Indigenous medicine provides Veracruzanos with objective and subjective features of a cultural past

that referentially transforms their present. In this way, their construct of Indigenous medicine becomes an instrument of transformation, not only of their medical practices per se but also of their contemporary sense of an ethnically distinct identity.

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## Notes

- 1 I use the term *Indigenous* with a capital "I" to refer to Veracruceños for the following reasons. First, Veracruceños abhor the term *Indios*, Spanish for "Indian," and call themselves *Indigenas*, Spanish for *Indigenous*. Second, Veracruceños and most Indigenous people in Nicaragua find the term *Indios* pejorative and view it as a sad, anachronistic misnomer. However, instead of using the lowercase "i" for the term *Indigenous*, I use the capital "I" to make a distinction between *indigenous*, meaning "local" or "home-grown," and *Indigenous* peoples in general. Stephen Greymorning (2004) makes a similar argument about the erroneously overused term *Indian* to designate Indigenous or Native people and chooses to capitalize the term *Indigenous* when referring to a particular people.
- 2 A small number of Nahuatl words, such as *monéxico* (governing council) and *nacatamal*, among several hundreds of others (including place names), play an important symbolic role in providing a linguistic component to the Veracruceño identity (see Marengo 2002 for a list of words of Nahuatl origin used in contemporary Nicaragua). A similar case has been documented by Edwards (1991). He demonstrated that despite ineffective efforts to revive the Irish Gaelic language, Irish national identity remains strong and vibrant, since the symbolic role played by the common maintenance of a small number of words appears to be sufficient to satisfy the need for a linguistic component to national identity. Comparable to Veracruz, some of the surviving Irish Gaelic words are the ones used to designate governmental and other national or ethnically significant institutions.
- 3 Migrations of Nahuatl groups from Mexico to Central America are perhaps some of the best-known examples of large-scale population movements of "New World" cultural history (Fowler 1989).
- 4 Other important ethnographies addressing this phenomenon include works by Baer et al. (2003), Banerji (1984), Elling (1981), Good (1994), Kleinman (1995), Martin (1987), Romanucci-Ross et al. (1997), Sontag (1978), Taussig (1987), Unschuld (1975), Young (1993) and Whyte et al. (2002).
- 5 The term *Methodist medicine* refers to the medical practices brought by the U.S.-based Methodist Church to Bolivia in 1891.
- 6 Nicaragua's national territory encompasses a land area of approximately 120,254 square kilometres and a total population of 5,128,517. Ethnicities are divided more or less into 69 per cent mestizo (mixed Indigenous with white), 17 per

cent white, defined as Caucasian physical appearance or Euro-American), 9 per cent black and 5 per cent Indigenous (Estadísticas nicaragüense 2002:3-7).

- 7 Most of the funding came from several European and Nicaraguan non-governmental organizations. The bigger donors were the German-based *Pan para el Mundo* (Bread for the World) organization, Popular Norwegian Aid and the Managua chapter of the Continental Secretariat for the 500 Years of Indigenous Resistance Campaign.
- 8 Although the general theme at the FCE was resistance, some healers were advocating for the integration of traditional healing into the national medical system. This strategy was aligned with the goal of thoroughly meeting the medical needs of the Indigenous population. Proponents of this integration argue that "in a clearly multi-cultural society there cannot be a mono-cultural medical system" (Sotomayor 1992:15). Cultural diversity should also reflect medical diversity.
- 9 Nevertheless, as suggested by Keesing (1990), dismissing the symbolic motives and values through which humans orient their lives as hiding some covert ecological rationality is to drastically misconstrue the nature of the humans we are trying to understand.
- 10 Bioenergetics is a diagnostic method developed by a Japanese physician, Yoshiaki Omura, and introduced to Nicaragua in 1978 by the Germans who, in the 1980s, came as internationalists to work with the Sandinistas. The method was initially called "Bi-Digital" or "Ring-Test"
- 11 For a more in depth discussion see Campos Navarro (1997), Cosminsky (1976), Foster (1972), Rubel et al. (1984), Scheper-Hughes and Stewart (1983), and Trotter and Chavira (1997).
- 12 Sahlins (1995) aptly suggests that signs are set in various and contingent relationships according to people's instrumental purposes as socially constituted.

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