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CONTINUITY AND CHANGE: THE MEXICANA EXPERIENCE WITH HEALTH AND HEALING IN IOWA

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ABSTRACT

Rapid growth in Iowa's Latino immigrant population has presented challenges for health care providers. Of principal concern are the health disparities between newcomer Latinos and established-resident Iowans and if these disparities result from a lack of access to health care or the inability of Iowa health care providers to accommodate the unique practices and perceptions of newcomer patients. The purpose of this article is to address this issue through the experience of Mexican women who have migrated to Iowa and interacted to varying degrees with health care providers. In addition to addressing issues of access and the newcomers' perceptions of the cultural competence of health providers, we also explore the role that traditional or folk medicine plays in the overall access to healthcare in Iowa.

INTRODUCTION

Demographic Change in Iowa

Iowa has experienced dramatic growth in its Latino population. Between 1990 and 2000, the state's Hispanic population grew by 153% to nearly 83,000, making Latinos the state's largest minority population [1]. These trends continued through the beginning of the 21st century. Indeed, between 2000 and 2004, nearly 80% of all population growth in Iowa was due to the influx of Latino—mostly Mexican—newcomers [2]. Some estimates place the state's total Latino population as high as 125,000 [3]. Iowa is a New Destination state for Mexican migrants and joins a growing number of other nontraditional destination states like Nebraska, Minnesota and Georgia [4].

The initial influx of Latinos to Iowa in the mid-1990s was driven by the availability jobs in meatpacking plants and other agribusiness activities [5]. Some rural meatpacking communities experienced growth rates in their Latino populations over 1,000% in less than ten years [6]. However, through the years a growing number of Latinos work in non-agriculture fields as construction, services, cleaning, hospitality and manufacturing.

Between 74 and 80 percent of these newcomers hail from Mexico and the rest are from South and Central America. Survey data indicate the Mexican newcomers arrive from virtually every state Mexican state and Mexico City, although most arrive from Michoacán, Jalisco and Guanajuato.

Initial waves of Latino newcomers to Iowa were predominately young males who arrived without their spouses and families. But within a few years, the number of female

Latinos also began to grow. In the 2000 Census, 46 percent of the Hispanic population was female and 81 percent of these females were under the age of 40.

Latinos and Health Disparities

Health practitioners in Iowa have recognized increasing health disparities among the Latino newcomers. Health disparities are defined by the National Institute of Health as "differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions that occur among specific population groups." [7]. It has been verified by a number of accounts that "Hispanics bear a disproportionate burden of disease, injury, death, and disability when compared with non-Hispanic whites, the largest racial/ethnic population in the United States" [8]. The Center for Disease Control and Prevention claims that factors contributing to disparate conditions include, but are not limited to, socioeconomic status, lifestyle behaviors, social environment, and lack of access to preventative health care [9].

In contrast, Borrayo [10] believes that Mexicans are not utilizing health care in the United States because they have certain beliefs and practices that differ from most Americans. This contention is supported in Iowa by research conducted by the Iowa/Nebraska Primary Care Association [11]. This research concluded that trust, accessibility, language barriers, cultural incompetence, and a lack of utilization of the health services available to individuals contribute to these conditions.

In addition to exploring multiple identified factors contributing to health disparities, this article will attempt to define the *Mexicana* experience with health and healing in Iowa. According to the World Health Organization [12], 80 percent of the world's total population uses traditional health practices as a source of health care. As the United States continues to face demographic changes due to the steady influx of immigrants, it is possible that the lack of understanding these different concepts of health and healing are contributing to health disparities.

According to Janzen [13a], "the crisis of illness is socially defined and structured." This shows the importance of understanding health practices and beliefs of this population to promote health that is culturally inclusive and accessible to all populations residing in Iowa. Prior research, literature, and personal experience will be used to illustrate why *Mexicanos* have had difficulty adjusting to health care in the United States. Therefore an in-depth look at traditional practices and beliefs of health and healing among *Mexicanas* as well as the perceived effectiveness of modes of healing specific to Mexico will be given.

The way in which one views health is derivative of the beliefs and practices unique to his or her culture of origin. An individual who comes to the United States from another country may have difficulty understanding and/or adapting to health care as it is practiced in the United States. Many of the individuals who migrate to the United States come from countries with very different views and understandings of health and health practices.

One reason health disparities exist for *Mexicanas* in the United States is that they have their own deeply rooted cultural practices and beliefs which impacts their understanding of how health care is used in Iowa. Many socio-cultural anthropologists believe

society organizes that knowledge and related behavior" [13b], making this task of conjoining groups with different understandings about the ways of the world all the more difficult.

"When two populations with different cultures are united, the subordinate culture is generally integrated into the patterns of behavior and cultural norms of the dominant group" [14]. This is part of the process of acculturation. Acculturation is a process that takes time and ideal circumstances to achieve. Individuals have to be willing and able to let go of certain beliefs, attitudes, and values when trying to become a part of a new culture 10, something both the newcomers and the dominant group need to strive to achieve throughout the integration process. Concurrently they need to be provided with economic tools and resources to achieve acculturation. This is an area that Mexican subgroups in the United States have struggled with since their arrival in the 1800s.

According to Williams [15] *Mexicanos* have been oppressed in the United States since they began migration in the 1800s, and are still today treated as "economic assets." This infers so long as the economy is in need of immigrant workers the United States will continue to enable legal and illegal migration. However, as they can be easily replaced they are not treated justly. This is and has been evident through their treatment in the workplace, unavailability of resources and rights, and difficulties faced in the educational setting [16]. These conditions do vary according to socio-economic and legal status. If an individual happens to be undocumented, he or she enters a state of perpetual status immobility, further exemplifying areas of injustices through unequal treatment, inaccessibility, and a lack of security [17]. This is becoming more problematic as there is a need for employees in fields such as meatpacking and agriculture that are refused by many Americans and filled largely by Hispanics.

Kleinman and Desjarlais further note, social suffering...brings into a single space an assemblage of human problems that have their origins and consequences in the devastating injustices that social force inflicts on human experience. Social suffering results from what political, economic, and institutional power does to people, and, reciprocally, from how these forms of power themselves influence responses to social problems...similarly, to say that poverty is the major risk factor for ill health and death is only another way of saying that health is a social indicator and indeed a social process [13c].

This infers that how one is situated economically and how a society integrates new populations are determinants of the social and economic progress or stagnation experienced among populations which in turn affect their over all mental and physical health.

Studies further indicate the difficulties that will be faced if health disparities are not mitigated. The U.S. Center for Disease Control and Prevention [9] states, "if Hispanics experience poorer health status, this expected demographic change will magnify the adverse economic, social, and health impact of such disparities in the U.S." This, in turn, will negatively affect our capitalist system as a whole, providing further reason to work with the Hispanic population in hopes of gaining preventative knowledge.

In pursuit of bringing about change it is important to recognize that many individuals of Mexican descent naturally cling to their traditional practices and beliefs as a means to reduce the sense of inferiority they may feel due to the aforementioned conditions

[15]. Additionally, as they continually face barriers in becoming a part of a larger system, the degree to which they pursue integration significantly decreases. The relationships that are established between *Mexicanos* and the larger society remain at arms length.

In 2001, Hispanics under the age of 75 experienced 18 percent more strokes than non-Hispanic whites [9], 62 percent more cases of chronic liver disease and cirrhosis, 41 percent more cases of diabetes, 168 percent more cases of HIV, and 128 percent higher homicide rates. In 2000 [9], when compared to non-Hispanic whites, male Hispanics were 11 percent more likely to be overweight and female Hispanics were 26 percent more likely to be overweight. According to the Merriam-Webster dictionary [18] overweight is defined as exceeding expected, normal, or proper weight; especially exceeding the bodily weight normal for one's age, height, and build. Obese is defined as excessively fat in which male Hispanics were 7 percent more likely to be obese and female Hispanics were 32 percent more likely to be obese than non-Hispanic whites. If we choose not to enact change to address such disparities, we will fail to provide Iowans with the economic security and health care that should be at the very minimum, accessible.

It is no small task bringing two cultures together. If education and awareness of cultural differences regarding health practices and beliefs are not spread, the core of Iowa's economic system may suffer. Yehieli and Grey [19] explain the importance of increasing cultural competence as a tool in decreasing health disparities. They further explain,

Providing culturally competent care means that one is sensitive to cultural differences between various patients; understands the influence of these differences on health status and can modify programs to meet the specific needs of diverse clients [19]. This may enable the bridging of the two cultures as well as addressing the specific needs of *Mexicanos.*

DATA ANALYSIS

The 23 *Mexicanas* who participated in this study come from middle and low class families both here and in Mexico. Most of the women interviewed in their homes were living in apartments with sometimes two four people families separated by a sheet. About one third of the women were currently working while others were attending colleges and Universities or unemployed. We met the women both in public places and in their homes; whichever was more convenient for them. The longest any of the women had lived in the United States was 19 years and the shortest amount of time was 1 year. A little under half of the women spoke English in some capacity and there were about one fourth who spoke fluently.

The ages of the participants range between 19 and 64. The women came from numerous states throughout Mexico: seven from Michoacan, four from Jalisco, three from Coahuila, four from Tahualipas, and three from Morelos. These women have been living either transnationally or have stayed in the states. Transnational villages "emerge when a large number of people form a small bounded sending community enact their lives across borders" [20]. The median number of years spent in the states ranged between 11 and 15. The education attained among these women was from anywhere under the fourth grade to seven whom had a B.A. (bachelor's degree) or an A.A. (associates degree). Two thirds of the participants were living in what by American standards would

to be very well adjusted to life here. A majority of the participants were Catholic; however there were five participants who were non-Catholic Christians and four who were not practicing any religion. Those who were practicing their chosen religion seemed to be adamant followers of their religion and religious beliefs seemed to affect their willingness to talk about *curanderismo*. The non-Catholic Christians were the most reserved on this issue.

Most of the women were extremely eager to share their stories and experiences on health and healing. Some were a bit more reserved. All in all, there was an eagerness to help in any way possible to improve upon the current situation in the health field. Although a lot of the women were unfamiliar with a lot of the issues that had come up in literature regarding barriers such as not trusting their doctors, they helped to define areas within health and healing that they saw as problematic.

Defining Health

Health according to the WHO, "is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." Perceiving, diagnosing, and treating health are however, learned processes; culturally particular, embedded in history, and passed on with new generations [13]. Transcending borders, these learned processes, representing cultural norms and values, remain close to the hearts of people. *Mexicanas* exhibit their unwavering bond to their own culturally specific understandings of health and healing while beginning a new life or enduring life in Iowa. The attitudes and beliefs that evolve out of these shared norms and values then shape their behavior and understanding with regards to health.

Mexicanas see health as fundamental to life. They recognize that health extends beyond the physical into the mental and have their own particular codes which are used to maintain and restore their good health. Many *Mexicanos* living in Iowa came from humble backgrounds in hopes of economic advancement. Coming from a country in which doctors are not always accessible, *Mexicanos* have been exposed to, utilized, and learned many health maintenance strategies, practices, and methods of healing that differ from the biomedical approach to health that most Americans know. The ailment or injury experienced is indicative of what type of assistance is sought (self-diagnosis/treatment, visit to healer, visit to doctor) to help the patient restore health. Other factors that contribute to the type of care sought are: educational background, religious beliefs, cultural capital, and personal experience. The methods applied to health and healing will be discussed throughout the remainder of this chapter.

In response to the question, "What is health to you?" the responses given all expressed the well being of both the mental and physical. Mental health was expressed as their emotional well-being or the well being of their souls, while the physical related to how their bodies were feeling. Emotionally, *Mexicanas* differ from most Iowans because they are continually trying to understand and adapt to a new society, they experience homesickness in different ways, and a sense of detachment from family, friends, and a culture that understands emotional and physical conditions differently than established Anglo residents do in Iowa. The level to which *Mexicanos* experience any of the afore-

mentioned are largely determined by their legal status, where they are situated economically, and the number of years in which they have resided in a foreign country.

A common belief shared among many *Mexicanas* is the power the mind has over ones body and overall health. They see the well being of the mind as instrumental in maintaining and restoring health both physically and mentally. Additionally many believe that believing in the healer or doctor's and their own ability to heal in addition to having faith in God (many experienced healing miracles which they attributed to summoning God to heal in group prayer over persons), are essential to maintaining and restoring their own and other's health.

Although *Mexicanas* understand health similar to most Americans, how they go about healing, maintaining, and diagnosing health differs greatly. *Mexicanas* are in a continual state of adaptation and re-adaptation throughout the migratory experience and as many are on the lower end of the economic spectrum and do not have access to the same resources many Iowans have, many of the health practices and beliefs that were learned in Mexico have prevailed in Iowa. In part this can be attributed to the types of jobs many *Mexicanos* fill (the meatpacking industry or field work), the high number of undocumented immigrants, and the inadequate integration of this population in Iowa [16].

Contrasts in Care and Treatment across Borders

Due to the vast number of differences in care and treatment between the United States and Mexico, it is not unexpected that *Mexicanas* do not understand, have not adapted to, and therefore do not seek care and treatment the same way that many Americans do. Knowledge gained about when to go to the doctor, how to access and use health care what health care options are available and which social service programs are available, are culturally specific and learned over time. Therefore, to address any difficulties that may be encountered in any of these instances, a look at the differences in care and treatment is needed so they become identifiable. The differences discussed for the purpose of this research cover differences in patient/doctor relationships, the intake/outpatient procedures, the strength and availability of medication, the different health care options available, and the difficulties incurred for *Mexicanas*—both documented and undocumented—in attempting to meet their health care needs.

Medical care in the formal setting is done differently between the United States and Mexico. In Mexico, it is much more feasible for Mexican doctors to engage in building personal relationships with their patients as they are not regulated by the clock as they are in the United States. In the United States, insurance companies run hospitals, pushing doctors to see the maximum number of patients possible in any particular allotment of time. This puts serious restraints on doctors' ability to build strong relationships with their patients, although occasionally they are able to work this in.

Furthermore, specific doctors with whom *Mexicanos* have personal relationships and with whom they feel comfortable discussing medical issues are the doctors they generally seek. Unfortunately, many *Mexicanas* living in Iowa do not feel that they have had the opportunity to build these kinds of relationships with doctors here. Gina claimed that if she had the opportunity to talk to the doctors here,

I would tell the doctors to always look at the person or make us aware of the time we have with them because we are not conscious about that because in Mexico you can spend one hour with the doctor just talking. Here it feels like I'm going through a drive-thru.

Unfortunately, for all, this cannot be changed so long as the the United States health system remains as it currently is. Educators can however share these issues with *Mexicanas* so that they understand it is rather a difference in how each system is run rather than the doctor's unwillingness to donate their time to their patients. In time, with new understandings gained, new attitudes on this issue should take form.

A further issue that repeatedly evolved throughout the interviews was the paperwork that has to be filled in before the doctors see them. In the United States you are required to provide insurance information at most hospitals and given questionnaires with a series of personal questions on it. This proves to dissuade numerous *Mexicanas* from seeking treatment because they do not have legal documentation or insurance, and many do not know English. Fortunately there are a number of social service programs available for low-income families. If knowledge on whom to consult regarding this issue is shared with *Mexicanas*, the likelihood of more families seeking treatment at an earlier stage of illness could significantly increase.

In Mexico it is sometimes necessary to pay for your care up front, and depending on the level of care you are seeking—private, public, government, or specialist—you are required to bring all of the supplies that the doctors and nurses need to work on you-from needles to toilet paper-in order to get the attention you need. Giselle shared drawbacks to this type of intake procedure,

The medical care here is better because everyone can be seen here...and no matter what they treat you...for the treatment in Mexico you have to pay up front which determines the type of care you will receive and everything else.

Patients are additionally able to make payments on the care and treatment they received after their visit in the United States, which many women agreed to be a positive aspect of the American system. While Jalisse contended, "I know a lot of people who seek care here because you can make payments here instead of having to pay up front," Esmeralda, whom happened to be undocumented, mentioned how it can work in their favor because it is easy to "disappear" and never have to pay the bill. This is due to the use of pseudonyms and faulty addresses that undocumented immigrants provide so as to not disclose any information that could prove to be harmful to them—a situation that is yet to be resolved in Iowa.

The Mexican and American systems also differ in how they prescribe treatment for illness. As patients can buy most anything over the counter in Mexico, coming to the states, they have to go to the doctor to get prescriptions for medicine. This of course has its positive and negative implications. On the one hand, patients know that they are getting the treatment that they need for their specific illness, and on the other, they have to spend that extra money and visit a doctor to get a prescription which proves problematic for many low-income families. This is a classic catch-22.

Maria saw the positive side of having to go through a doctor to get her medication,

"Here, if my son is sick I can't just go and buy medicine...there are laws that prevent us from doing that...but in Mexico, there have been cases where you go to buy and it poisons you, so it's good to go to the doctor. Anyways, I am very reserved because I don't want to speak with just anyone about my health. I don't take pills just because someone says. I want to see what the doctor says."

While Maria was able to see the positive aspect of these differences, most expressed a certain level of economic frustration on the issue. Economically, many immigrants are struggling. As each dollar then becomes accounted for just to "get-by" or make "ends-meet" for the month, it becomes strenuous to find means to reallocate incomes and find money to use on health. This being the case, many *Mexicanos* get their medication shipped to them from Mexico so they can avoid going to the doctor, another aspect of their self-doctoring tendencies. Additionally, according to the interviewees, medication given in Mexico is much stronger than the medication given here. Immediate relief from excruciating pain has its strong points. Giselle explained, "If you go here with simple illness the doctor's don't give you medicine but in Mexico you go, and straight away they'll give you medicine. And the medicine they give you in Mexico is stronger. I don't know if it's a belief I have or if it's how it is. The doctors in Mexico will give you penicillin, and if that isn't strong enough they give you [medicine] which is even stronger."

Susanne agreed but expanded a bit further, "Medical treatment is different from here to there, but it's also the same. They still give pills and the same treatments...but the dosage here in the states is lower because they give you little by little and in Mexico they give the strongest medication right away."

Not only does this contribute to *Mexicanos* interest in calling home for medication, it prevents them further still from sometimes seeking much needed treatment. As many *Mexicanas* feel extremely in touch with their bodies and believe they have accrued the knowledge necessary over the years to self-diagnose, this isn't all that surprising, and generally proves to work. Unfortunately there are many diseases, viruses, and illnesses that do not produce signs and symptoms can be easily overlooked when constantly taking ones health into their own hands.

A similarity between Mexico and the United States is the vast types of healers available to aide one to health both mentally and physically. In addition to having formal practitioners *curanderos* and *hueseros* are available in Iowa, although more sparse than in Mexico. Nevertheless, these healers are available and utilized extensively among *Mexicanos* living in Iowa. As economic resources and knowledge on the American system do not appear by osmosis, the availability of healers enables those whom have little money to be cared for in addition to providing *Mexicanos* with someone to treat culturally specific illnesses and ailments unknown in biomedicine. Seeking the treatment of nearby healers when encountering a culturally specific illnesses or out of economic necessity are common practices in Iowa. According to Maria, an American living transnationally, "People really don't have the option of going to a doctor, so, the last resort is going to a healer instead. Doctors do a lot of blood work and x-rays, so it's very expensive. If I were to be over in Mexico and go to the way of thinking that has been taught, I would believe that the healer can heal. The people would rather go to a healer than a doctor because they are very poor...if there was free doctor, there would be a long line."

She continued talking about her experiences in utilizing healers, "My back is hurting a lot and I don't have the economic resources to go to the doctor so I go to a healer. Only here in the states, not in Mexico....I was sick during the first months of the year—there was a very sharp pain in my neck...I woke up and I was sick so I went to the clinic on Saturday, the only one open , and the doctor asked me a lot questions. The doctor thought it was a muscle problem or a nerve in my neck so he gave me very strong medicine. I thought if it's a pain in my neck, the massager could heal me. The day after, I went and I was healed, so I believe he healed me. The massager graduated from a school and has a technique where he massages until you are healed. He works out of his home in Marshalltown...the massager was explaining to my husband that if they don't know how to work with nerves, they can make it worse. He has a lot of people going to visit there...you can't trust anyone you know...I wouldn't go unless he was recommended to me."

Most healers working in the United States treat their patients on the basis of receiving money only if the patient has it. They generally make their living from donations. Utilized in both Mexico, and the United States, one could conclude that healers serve an essential role to the health of many *Mexicanos* living in Iowa, and that in and of itself, adds to further to healers' legitimacy.

The final issues that will be discussed in this section are the difficulties that are incurred because of existing barriers of documentation, work, and language. When risking one hard life for a chance at another hard life, the future can sometimes seem quite grim.

There are many issues that arise with the lack of documentation among immigrant newcomers. Most of the individuals that come to the United States illegally have less education, fill the most dangerous and stressful jobs, and at the end of the day, have no rights or resources to assist them with any of their needs. This is problematic as the United States economy is in need of these immigrant workers—both documented and undocumented—to fill the jobs that Americans are not taking [17]. Eva enlightens us with the simplicity of this issue: "It's very simple, what other group in the United States is going to work those jobs...aside from the Hispanics, you will not find another cultural group to do work in the field..." She continued explaining the difficulties that arise when working for a company that treats you as an economic asset and her brother piped in: "If you work in any company and go to the doctor they send you to another one. There are differences. The company doctor will tell you, you can work and the other doctor will say no you can't work. You come to the US to work, that's the main purpose here. And then you get injured and the boss says if you don't work you get fired...and then I start thinking about my family and my bills and what will happen if I don't work...where are you going to get money if you get fired. What am I going to do? There is an old saying in Mexico, ***hasta que cuerpo aguante***—until your body can't take it, you do it."

Which is what most Hispanics do, leaving them with ill health and added mental stress.

It is beneficial for the United States capitalist economy to continue enabling undocumented workers to work here. "Immigration itself does not lower workers' wages. But competition and division between groups of workers does. If one section of the

workforce can be exploited without any legal recourse, it's easier for the bosses to lower all workers' living standards" [21]. Although this may prove beneficial for employers, by not providing rights in exchange for work, it is additionally perpetuating the high costs of health insurance. As many of the undocumented workers fill the most dangerous jobs and often get hurt on the job, they are forced to go to the emergency room for health care. Furthermore, when doing this, as they are unable to disclose any personal information for fear that they will be deported. These cases then get written off and the taxpayers end up footing the bill for them, as Esmeralda had hinted at before.

She continued, "What can I do? I'm always between these four walls. I would feel healthy if I could get work. I came from bad to worse." Because Esmeralda doesn't have legal papers to work here, her spirits have been very low for quite some time. She cannot seem to find peace. Although she considers her body to be healthy, she cannot travel back and forth between here and Mexico and therefore experiences significant amounts of emotional distress. She said the "only thing that can make my spirits healthy is if I could find papers."

It becomes obvious that not having legal documents or insurance significantly contributes to the ill health and disproportionate burden to disease, death, and injury, at both the physical and mental level [22]. I repeatedly heard statements like, "When you come here from Mexico, you usually come with good health and it starts deteriorating after you get here" or "when I lived in Mexico I was never sick and didn't get sick until coming here." Although this could be due to the fact that humans generally get sick as they get older, the Hispanic population continues to experience disparities in treatment in the workplace which transcends to their physical and mental well-being as reported by the NIH, CDC, GHC, and other leading health organizations in the United States.

As it is unrealistic to change the system to more equally and adequately serve the populations that are serving us, we need to look to other means to attempt to decrease these disparities. As awareness spreads among Iowans and they continue to be open to understanding the story of the *Mexicano* the hope is that in time, they will sympathize with them, recognize that they are contributing to our economy, and ensure them of the same rights that everyone else gets as a citizen or visitor of this country. Additionally as they do fill many of the high-risk jobs, it would be ideal to mandate that the employers of these companies provide health insurance to all of their employees regardless of immigration status.

The final barrier, recognized by both scholars and *Mexicanos* is the language barrier [11]. Language came up in almost every interview conducted with women who did not speak much English. In some instances the women were able to take care of this problem on their own as they had children born here who were able to go and interpret for them in emergency situations. Simultaneously, there were instances when because there was no interpreter available at the hospital or clinic, women and children had to suffer unnecessarily. Eva spoke of such a case, "I know of a case when my friend went to People's with a toothache and she was pregnant but because there was no interpreter and she was pregnant she had to go home without any help and cried for two days in pain."

Another issue, language presented was in making appointments over the telephone. As many of the women spoke little or no English, fear and discouragement arose preventing *Mexicanas* from actually making the call. The same response was given over and over when the question of barriers came up, "the language is a problem here. They should have more people who can speak Spanish." Additionally a sense of fear comes over one when they know that they need help but cannot communicate that. "Language is the biggest problem and that creates fear...I have someone who comes with me and interprets though, so it works out." Fortunately this is a problem that can and should take care of itself as the community continues to grow and the children coming from Spanish speaking backgrounds continue to learn English. If there are enough bilingual people within the community we can also look to volunteers as a means to reduce the severity of this issue. To Elsie the situation went like this: "With me, it's different because I understand the language and it's hard when you're interpreting because you try to convey what the problem is. Many doctors get impatient with interpreting and very few doctors speak Spanish here. And it's very important to convey those messages."

Alicia agreed, noting, "I went to People's and the experience was ok because I had an interpreter...it wasn't easy though, because I felt that the interpretation services weren't the best....somehow what I was saying was not being conveyed to the doctor. It went from me giving long sentences to being rephrased in few words. I don't know...if they didn't know what they were doing, I guess they wouldn't have them there."

Even with an interpreter the experience of going to get medical treatment may not be the best. Being that this is one of the major factors that *Mexicanas* face in the formal medical setting, it seems that solutions to this problem are not out of reach. Not only are volunteers an option, we can start to integrate Spanish medical terminology into nurse training or make a bilingual reference sheet easily accessible in hospitals and clinics that are frequented by different immigrant populations.

Although there are many contrasts in health ideology between Mexicans and Americans, there are many similarities. It is important to note that ideology plays a significant role in one's behavior, choices, and understanding of health and through addressing these differences of solutions to any of the aforementioned issues will evolve [19]. The differences in care and treatment as depicted here outline both the positive and negative aspects to how Iowa is currently integrating and adjusting to its changing populations.

As cultures come together it is essential for the dominant group to provide the resources necessary for other groups to not only learn and understand how to access, but to utilize the options available to them. It is also evident that just because individuals cross borders, they do not let go of their practices and beliefs about health and healing [20]. It is necessary to address the need of *curanderos* and *hueseros* in Iowa, to meet culturally sensitive needs of this population which practitioners of this country are not able to do.

Sensitivity in the Health Care Setting

Mexicanas claim to be more sensitive than American women regarding encounters in the health care setting. Privacy of the body, the gender of the doctor, and the number of people caring for *Mexicanas* either deter or promote these women's visits to the doctor. The younger the woman, the less likely she is to seek care from medical doctors for female issues. Also, the level of comfortableness experienced by *Mexicanas* in the health care setting is derivative of the women's stances on each of these issues.

Many *Mexicanas* see privacy of the body as more precious to them than American women. The body in Mexican culture is understood as something to respect and not to be seen until after a woman is married. Practiced in Mexico, women do not visit the gynecologist or allow medical doctors to see their body uncovered until after they have been married. This is a major contrast between cultures. American women are taught to start seeing gynecologists at the age of 18 regardless of marital status, and if they are in need of care, they generally feel comfortable with doctors. Verified throughout the interviews, difficulties are then encountered among *Mexicanas* in the health care setting with female health issues.

Furthermore, the gender of the doctor plays a significant role in the level of comfortableness *Mexicanas* have in visiting the doctor. Many women expressed how they felt much more comfortable with female doctors than male. One woman even said, "I'd rather die before going" when discussing the possibility of being seen by a male doctor. Obviously gender of the doctor can hold a lot of weight for some women's willingness to seek care, although for some it holds much more weight than it does for others. Others who had been seen by male doctors explained the reservations that they had about sharing information with the doctor that he should know, but they felt uncomfortable talking about because of his gender. The general rational for this was that women understand women best, making the environment more conducive to explaining the extent of an illness or ailment and feeling comfortable with the doctor examining them.

The final issue that arose for *Mexicanas* in the health setting had to do with the number of doctors, nurses, and/or interns in the examination room. As most *Mexicanas* claimed to be private people, many agreed that the more people in the examination room, the less comfortable they are. If, however, a woman does have to have a male doctor, they prefer that one female be in the examining room observing.

The issues of privacy that transcend into the health care setting are not unique to *Mexicanas.* It is however, important to be aware that these issues do exist, and can be easily monitored to make the health care experience for *Mexicanas* in Iowa more approachable and comfortable. Sharing this knowledge with health care practitioners in Iowa could prove to make the health care experience faster, easier, and more conducive to health and healing for both health care practitioners and *Mexicanas.*

Experience in the Health Care Setting

Studies suggest that trust and accessibility are two of the strongest factors that prevent individuals of Hispanic descent from seeking preventative health care [11]. Talking with *Mexicanas* in Iowa, I learned that although accessibility proved to be a problem

for some, the lack of trust refers to the system rather than the doctors. Almost all of the women in this study sincerely trusted their doctors and in their ability to heal them. Rather, a few women had issues with differences in the systems between Mexico and the United States, and this was largely due to misunderstanding different aspects of the American system bringing about feelings of distrust.

Many *Mexicanas* agree that "you have everything here and with sacrifices over there you don't." They recognize, respect, and appreciate that "the service is better over here." *Mexicanas* interviewed in this study rarely complained about the type of care or treatment they received from their doctors. They seem to appreciate the professionalism and resources available here in addition to feeling that the doctors here are fully capable of meeting their health needs. As biomedicine is currently a universally recognized and respected, our task of bringing cultures together in the health realm should not be that difficult—perhaps that is because it has more to do with the economy and system rather than cultural health practices and beliefs.

Newcomers in Iowa may have limited knowledge about how different aspects of society are run. For example, a newcomer may have difficulty knowing how to go about making an appointment to see a doctor or finding an accessible doctor. As the systems between Mexico and the United States differ, this has been slightly challenging for some, although most have found ways around it. Jeanette explained, "I learned how to get health attention from my sister-in-law...because at first when you come here you don't belong and you don't know what to do." Lupe had a similar experience upon her arrival, "when I first got here I started living with my sister whom had already lived here so she knew the system and was able to help me. There are a lot of times when people come here and ask us to help them get appointments."

Fortunately, the "not knowing" has not played too significant a role in the prevention of receiving treatment as *Mexicanos* have developed networks in which they share knowledge with one another. *Mexicanos* are resourceful and look to one another for help in times of need as they have come to understand they cannot count on the native Iowans to assist them through the necessary procedures. Forming groups within their communities in which they help one another figure out how to "make it" in Iowa has been necessary for their survival here. A useful resource to make accessible in hospitals and clinics would be a guidebook introducing the different systems to the reader in their language and specific English terminology for specific tasks such as making appointments when interpreters are unavailable.

Experiences with Healing in Mexico and the United States

Healers come with migration and are available in areas where there is a demand for them. Their locations are generally situated where there is a concentration of individuals with similar cultural backgrounds and health practices and beliefs. As the Mexican community in Iowa is growing, people are able to access *curanderos, hueseros,* and *sobadores* in both Des Moines and Marshalltown, Iowa. Participants in this study sought the attention of healers in both locations and suggested both healers live off of donations their patients provide for them. This idea parallels the belief that healers have been given a gift and should offer it freely and they will in turn be taken care of. Furthermore, many

undocumented immigrants are unaware of the different social services available to them through public health clinics and turn to utilizing healers for ethnospecific illnesses, and as a source of primary health care.

Discussing people's general feelings about and experiences with healers varied from case to case. It is obvious that there is a demand for healers in this culture as well as in Mexican culture. It is also obvious that there are a different set of cultural ideals and beliefs that come with new groups migrating to the United States. The perspectives people had on *curanderismo* varied greatly. The use of healers varied by religious beliefs, educational background, experience with *curanderismo* and other healing practices, immigration status, and how they are situated economically. Of the women I interviewed, these four areas significantly affected, but did not determine, their use and beliefs of and in *curanderismo.* Each factor held its own varied weight according to the respondent. The responses given with regards to healing will be grouped into three categories: the unsure, the religious, and the experienced.

THE UNSURE.

There were numerous responses given that displayed uncertainty, neutrality, or confusion about healers and their practices and legitimacy in both Mexico and the United States. This was mainly due to the lack of formal training that the healers possessed. Additionally the women who responded this way were of higher socio-economic standing than others and had minimal direct experience with *curanderos.* While discussing the difficulties many immigrants from Mexico have in receiving any sort of health care including primary health care, it became clear that of the possible options for *Mexicano's* primary health care needs, healers were their main source. This is true of the portion of the population that lack access to clinics and hospitals because of the lack of money, insurance, or papers. While deliberating possible alternate options of seeking health care, Elsie thought aloud, "It would be best to find means where the people could go that was low-cost or a no cost clinic or someone that speaks their language. You also have to teach people where you would explain, in their language what is important and explaining the importance of preventative care but it needs to be within their financial means and have the ability for them to feel comfortable. That's why many people go to Peoples...you really have to find someone you can trust and that will take care of you. A lot of people do worry about status though, because it's a fear...and at least they [*curanderos*] are within the peoples reach...at least access and money wise...and if they use different treatments like herbs, they aren't as expensive...and there are people who trust them completely."

Although like many of the women, Elsie expressed a level of uncertainty about *curanderismo* she was able to recognize the legitimacy they hold among *Mexicanos* in addition to the essential role-played and service given to *Mexicanos* both here and in Mexico.

Jalisse who comes from a middle class background, agreed, but took a different stance on the issue, "well, they are out there and they mean right, but they don't have a formal education." Although Jalisse claimed, "I've never been to one...I haven't because if I'm sick, I think I have to go to the doctor" she in some way retracted that statement

is a teacher and a lawyer and she believes in them. At the beginning it was only a game for me...but one time, I went with her to serve as a companion with her and they read my cards and told me many things that no one else knew...so I left and believed a little because they told me about things in the future and four or five years later, they started happening."

She did however recognize that without a formal education, "it's dangerous...a *huesero* can set something, and as they haven't had formal training for it, it could be bad." Although evident that the lack of formal training hindered some women from seeking the services of healers, they were able to recognize their worth and even need in society. These women were among the few who evaluated this topic, religious views aside.

The Religious

Religion played the most significant role in individual perspective on healing. Elsie, a devout Catholic, discussed an issue that many individuals have in determining the legitimacy of *curanderismo* and other methods of healing that are commonly used in Mexico:

It has more to do with superstition or that...hmm...I think it's a contradiction to the church because you're believing in that a person has power...and many people that live in rural areas have to use them because they can't find a doctor or anything, and you can trade, and get help with a chicken or a goat or something...it's supernatural, believing that people have powers...and thus, use they use statues or images. I wouldn't doubt that they have some type of religion but it's used (as a tool) to convince people that they have this gift and can then heal people.

She continued, "If I didn't have any way to get to a doctor, I probably would use them...well, you have to do what you have to do to get better. Anyways, I know a lot of people believe in the herbs so a lot of people try that...you just try to go through the cheapest way possible before you hit the doctor or the emergency room, you know."

Esmeralda felt the same way for quite some time in her life, "if I'm sick I'm going to the doctor or the church. I will never go with a spiritualist or witch doctor." Esmeralda further noted, "medical doctors will know the diagnosis, *curandero's* just give you herbs and never actually figure out what your problem is...although they are very respectful and try to find out the problem." Angela laughed when I asked her if she believed in healers, "I just believe in God...and through the doctor God will give me the right medication. I have never gone to them and I don't want to. Primary health care I can just do at home" she retorted further validating that religious ideology plays a significant role in how one responds to and/or feels about healers.

There were discrepancies in responses according to religious background as previously mentioned. Catholics were more likely to be open to talking about *curanderismo* and other healers while non-Catholic Christians had tendency to withdraw from the conversation shortly after the mention of *curanderismo*.

THE EXPERIENCED.

The experiences women have had with healers are quite different between Iowa and Mexico. In Iowa *Mexicanos* tend to visit healers for primary health care needs, massage, and advice about herbs. Standard cleanings and other basic healing procedures for simple ethnospecific emotional and physical issues are also practiced among the healers in Iowa. The complexity and severity of problems that are dealt with in Mexico proved to significantly decrease with migration to Iowa. This will be shown through the differences in experiences first that happened in Iowa and second, in Mexico.

Esmeralda talked briefly about her experiences using healers both in the United States and Mexico: "I was sick the year I came to the United States, and here, you can't stay home when you're sick...I brought my homeopathic medicine with me, but I didn't use that until after I went to a big hospital and no one could find a cure for me. Then I went to a homeopathic doctor and found a cure. Six months after using the herbs, I was better."

The homeopathic doctor she visited told her that she had fatigue because she was doing too much, an illness commonly treated by healers. Her sister had a similar experience and sought the treatment of a healer for blisters she had on her hands and feet. She first went to the dermatologist to seek help and they weren't able to help her. She then went to a healer who told her to, "gather garlic, lemon, salt, and alcohol...she then rubbed her skin with garlic and then the lemon. After that she poured salt over the blisters and cleaned it off with alcohol. It went away."

Esmeralda further informed me of what she learned in Mexico, "they say you can cure on your own and you can make cream that will heal you with your own body." This was later elaborated on and was to mean that if you believe that you are creating cream physically by willing it to happen and then rub it on your body, you will be cured. Esmeralda did not stand alone on this issue. Throughout the interviews conducted for this study many stories were told in which demonstrated the power the mind has over the body.

Bianca spoke of an ailment the biomedical doctor wasn't able to heal, but the *curandero* was: "Yeah, I've been to a *curandero* to find information about what herbs to take or drink and sometimes he makes it for me. First I will go to the doctor and he said we have to take away my uterus because I had cysts on it and then I went to a *curandero* and he told me to take four teas for seven days and then go back to the doctor and have him run the tests again."

After returning to the doctor, the doctor was no longer able to see the cysts on Bianca's uterus. However one chooses to believe these individuals have been healed and/or absolved of affliction, be it mental or physical, there is no denying that unexplainable phenomena of healing and dying, which are often associated with the spiritual world, have and continue to happen throughout the world [13].

Jan explained the need of the mind and body to work together. She said that "to a point people can heal themselves and to another point you can make yourselves sick with voodoo curses and stuff like that...after that, they have to go see a healer before they are healed."

Curanderos affect and play different roles in different people's lives depending on their belief systems. Giselle has visited the *curandero* in Iowa for many different types of healings:

"There was lady who used to be a healer in town…Señora Ambrosia…she helped with *empacho*—that happens when your baby doesn't want to eat—she makes a chocolate recipe to help. If you are scared or wake up in the middle of the night, it's because you have *susto* [and] she helps with that too. If you lay down she does a sweep over your entire body. You have to be relaxed. Then she yells in your ear three times and you are ok. I went to her because I couldn't sleep."

Giselle and her children have accessed healers in Iowa. There was an instance when wasps attacked her son. After the attack, he began waking up in the middle of the night so Giselle decided to take him to see Señora Ambrosia. After the visit, he no longer had problems sleeping through the night.

Bianca explained some more complex issues that healers assist with: "if you fall down on the floor and your body aches or you have pain in your second uterus, or if you just don't feel well…the healers can cure just about anything." Although, similar to many *Mexicanas,* Bianca currently believes in healers, this was not always the case. She explained what brought on her conversion: "My oldest son woke up one day with a humongous lump in the middle of his forehead, so big it was stretching his eyes…we rushed him to see the doctor and they decided that he was going to have to have surgery. I took him to a *curandera* after that to have her pray for him…she gave him a *limpia* (cleaning) and read an egg to figure out what was going wrong with him. The egg had a red marble on the inside…and that's when I started believing that people can wish you bad and put spells on you and stuff. The next day it went away and the doctors couldn't explain what had happened…anyways, now I believe. My husband, however, still doesn't."

Although the incidence and prevalence of ethnospecific illness experienced in Iowa is significantly less than in Mexico, the beliefs of and about these illnesses remain. In part this is due to experiences had in Mexico that resulted in the widespread awareness that there are "evil people everywhere who will try to cause you harm," meaning regardless of where one is situated in the world, he or she is susceptible to ill will.

Jeanette recalled a situation she had with a healer in Mexico. "In Mexico, when I first got married…when I went to sleep…I would feel like a spirit came over me and it would make it so I couldn't talk. The healer told me that the spirit wanted my money or the baby…and my baby died the day after it was born. We didn't have any money to give the healer and at first we didn't pay much attention to what he said and didn't go back…until after the baby died…then I went back and had a cleaning."

Jeanette felt better after she had a cleaning. She regretted not listening to the *curandero* by returning to him for help before her baby was due. Although she did not admit it directly, she inferred that if she had sought the needed care by the *curandero* at an earlier point in time, her baby might have survived.

Healers can do many things for many different types of illness and ailments anywhere in the world. Many of the acts performed by *curanderos* can be viewed as miracles or as gifts of healers being passed on, depending on who is interpreting the healing.

The procedures of diagnosis and treatment vary according to preference in practice, the problem that needs relief, and the healer and seekers willingness to cooperate and be open to being healed and finding the correct means of doing so.

Diane shared her story, which involved much more complex issues than did any of the problems reported in Iowa: "I have used healers in Mexico...it was when I was working and had to use the services of a spiritualist because my husband left for the states and I hadn't heard from him for two years. I was very content with *Instituto Mexicano del Seguro Social* (IMSS) and I always went to the hospital, but emotionally I sought out the attention of the *espiritualista* and fortunately it worked and I was able to move on with my life and take care of my six kids at that time...actually I had two problems, the first one I started feeling ill...this happened when my first kids were two and three. At that point I couldn't walk ad we traveled all the way to Michoacan (from Mexico City) to see a *curandero*. My mother was the one who reached out to me and took me...and it worked. Some people did some 'work' on me and I got to that point where I couldn't walk...I felt that I was near the end."

Diane, like Giselle, did not believe in healers before having her own experiences with them. She reiterated and continued with her story, "I didn't believe in *curanderos* but I was so sick that my mother took the initiative to get me to the *curandero* since I couldn't get out of the house. For about two months the *curandero* was praying for me and so when I went to him I told him I didn't believe...and he said you have to believe and he told me that he wasn't the bad guy and wanted to help. He also told me that he believed in God and Jesus and the Virgin Mary, and the power of prayer. He did a *limpia* (cleaning) on me and after about eight months, I could walk again....My father-in-law took me to Michoacan a couple of times after the first treatment and he started getting frustrated and asked the *curandero* why it wasn't working. He used the example of putting nails into a tree and taking them out a year later. He said that you can take them out of the tree but it takes a while for the tree itself to heal. The same is true of your daughter-in-law, he said."

It was after Diane experienced her first healing when she became a believer. Her mother was a strong believer and initiated Diane's first experience with healing. Diane's brother also used *curanderos* to help reverse a "work" that had been put on him. As Diane's narrative continues more aspects of *curanderismo* as practiced in Mexico are revealed.

"My brother had a similar experience to me, before me and the *curandero* said that he was going to show him the people that have done the "work" on him. He had a big silver bucket, like the kind we wash clothes in, and filled it with charcoal and lit it on fire. Through the flames we could see images of the people...it was his girlfriend and her mother. I didn't want to believe that because I thought it was evil. When it was my turn he saw three people on my husband's side of the family and he said the "work" would be reversed. I told him no, I don't wish anything bad for anyone...and that I thought he didn't do that kind of work...and he said, "I don't, God does"...they will turn into God-fearing individuals after this. The only one that was affected was my sister-in-law who got really sick. The fire is only lit on the first visit. It can't be done more than once. The people that did the "work" on me did not wish me well because they envied me

think I am pretty. They used to talk about how nice my body was to me and then they would touch my belly. They tried to put a pregnancy on me because they wanted me to get pregnant and the baby to die or be unhealthy. After that, the pain started from my lower belly into my leg. So, I went to the *sobadore* (massager) a couple of times and it didn't work. I moved to the states and things were better. The next time I went back to Mexico, it came back, the pain. So I went to the doctor through IMSS and he couldn't figure out what was wrong with me so my son suggested I go to a card reader. So I went, and asked her for a massage and she said that that wasn't what I needed—someone did a "work" on me—and then she did the cards and showed me and then she gave me some teas and a shot. She told me to take them to the states with me. As soon as I got here, it's ironic, I felt better because I was away from that family. I don't like to talk about this because the church always tells us it's wrong and I don't want the people to laugh at me."

Diane continued sharing about how her "situation" has significantly improved since moving to the United States, "I don't have as many problems here as in Mexico. It has to do with family issues because they are the one's bringing harm to me. Every time I go to Mexico something bad happens to me. I never have a good experience there." She was content with the belief that, "the people that put works on others never get better after the work is reversed." She also mentioned "a doctor cannot see or cure these things. People used to laugh at me because what I did, but now they see that I got better."

Diane's narrative is a good example of how and why a lot of these healing practices are still used and strongly believed. The experience she had with the "work" resembles some African voodoo practices that have been thoroughly studied by numerous anthropologists. Most of these narratives bring to light the power belief has in both healing and causing or maintaining illness [13] demonstrating the extent to which the mind has influence over the body.

The WHO [12] asserts that 80 percent of the world's population use traditional healing practices. Many people believe in these practices while many do not. It is evident through the cases shared here that *curanderismo* and other forms of healing work for numerous people. These stories also demonstrate the need for healers in Iowa to continue to maintain and assist many *Mexicanos* with primary health care needs and ethnospecific illness and ailments. Among other methods *Mexicanos* employ to meet their health needs, working with healers can be viewed as preventative health care method and a legitimate means of restoring both physical and mental health.

A New Understanding of Preventative Health Care

Preventive health care can have different meanings to different people. Based upon the data collected, the conclusion has been made that *Mexicanos* means of preventative health care lie in their self-diagnosis and treatment in addition to other means of healing. In Mexico knowledge on herbal remedies is extensive and has been around as long as the people. Even second generation *Mexicanas* living in the states today have a tendency to self-diagnose and self-treat. Self-doctoring in this instance refers to the ability to assess

one's illness and then use home remedies to help alleviate any symptoms they may be experienced. This is a part of Mexican socio-cultural behavior. Additionally, numerous other preventative health measures have been passed on orally.

Many *Mexicanas* learn growing up, to diagnose and treat themselves for many health issues rather than seeking the care of a doctor. It was common to hear statements like, "I don't remember ever being to the doctor. My grandmother knew how to take care of us...she knew how to heal us and what to do." The same individuals who made comments such as this had knowledge of remedies of their own to apply to different illnesses. In this section insight will be given to the many different types of remedies used to prevent and alleviate primary illness, which in turn increases our understanding of fundamental codes grounded in Mexican culture. *Mexicanos* get the "least preventive health care of any other minority group" in the United States according to the CDC [9]. According to the *Mexicanas* who participated in the interviews, they are taking the necessary steps of precaution in treating themselves until it proves ineffective:

"I wait until I'm really really ill—I don't know why...because people in Mexico tend to self-prescribe—including me...so I try that and if it doesn't work or gets worse, I go to the doctor...but we know what to use, and in Mexico you can get medicine over-the-counter without a prescription."

Not only are the ladies aware of multiple herbal remedies and ways to balance their humors (hot and cold elements in Chinese medicine), when applying either of those methods, if unsuccessful, they are just as easily able to access the pharmacy where they can buy most any drug with the assistance of the pharmacist. Although policy in the United States is different when it comes to over-the-counter drugs, many still apply other methods to reduce symptoms before spending money "unnecessarily" on a visit to the doctor. According to Estella, "It depends on the health issue. With my stomach I don't take medicine or go to the doctor...I just try to meditate or something to make it better. I don't have health insurance...if I did I would go. I was never raised to need insurance and I go back to Mexico anyways...because it's cheaper for different doctors there."

Angela felt the same way, "I generally go to the hospital...but only when I feel really sick. In Mexico I had never been with a doctor or to the hospital...it was wait wait wait...I only take my kids now when they have asthma, otherwise in my family, I usually try to take care of it with herbs and teas. If it's a cold I usually try to give medicine from a pharmacy otherwise, if it's their stomach I try to massage it. If it's *empacho*, when you eat something and get bloated and then try to eat again and it doesn't agree with you, we go."

Another approach to healing is self-diagnosis through the help of books or the internet. Annesse does research and tries to figure out what the symptoms are so she can be informed as to what step to take to improve upon her condition. "Usually my first thing is not to go to the doctor...I try tea, and resting, and if I don't get better after about two weeks, I go to the doctor. I don't have health insurance and even if I did, I was taught by my dad, mind over body, so I try to meditate. It's different with my younger brothers and sisters...but he says you can overcome your illness because you can and you do have the power to do it."

It's not that the women are opposed to visiting the hospital; it is just that they have learned other ways of dealing with sickness for simple survival matters both in Mexico and in the United States. Suzie never really visits the hospital herself as she generally tries to use teas and/or herbal supplements, the support and prayers of her family, and religious leaders as a means to restore her health. She said that *curanderos* were not her thing. "I'll just call my parents and ask them to pray for me," she declared matter-of-factly. They simply make do with what they have and utilize available knowledge on multiple facets of life in order to "make it." Jeanette lasted an entire year without going to the doctor after coming to the United States,

Growing up I had to go to the doctor only if I got really sick. If I feel sick, I take my own teas or whatever until I can't get better, then I go to the doctor...usually after about a week. If I were in Mexico I would go to the doctor after eight days of feeling sick, but here it took me over a year with my ovary because I don't have insurance or money...it's not like in Mexico.

If one's own knowledge and treatments to alleviate symptoms of illness prove ineffective and the individual does not have medical insurance, they start asking around for advice as to what to do to get healthy. Maria explained, "A while ago I was sick and didn't go to the doctor. I had terminal headaches and I was talking to other people about it and they told me of another person who was also suffering from the same thing who got better after she started to exercise...so I learned from example and changed my diet and it must have been right because I no longer suffer from chronic headaches. I don't go to the doctor because I don't have medical insurance."

Human nature teaches people to learn how to survive as best they can under any given circumstances. People have endlessly had to work around barriers that keep them down in many different facets of life. When something is not available, you find other means to survive. With regards to health, home remedies and advice to treat or prevent different illnesses have been a part of Mexican culture for centuries and have acted as a tool of survival for many. As their economic situation in the United States is not always sound, they do the only thing they know how to keep healthy. Louise said she waits so long to go to the doctor because she has failed to think about the consequences of not seeking care. She added, referring to *Mexicanos*, "it is always about the money...and you aren't sure or people don't have documents. Anyways, my mother would always wait forever before taking us to the hospital." She continued, "I went through a period when my ears hurt a lot because of *aire*. Almost always with the ears and throat. I went for two weeks with an infection because I thought it would go away. I didn't go to the doctor quickly. Then I went to People's and got medicine and it got better. Now, if I'm not better in three days and it's really bad I will go and get some medication."

This is to say going to the doctor is an option most do not opt to take as their first choice of restoring their health. As a learned process, it is not expected that this situation will change as new immigrants are continually coming to Iowa, and they have developed methods of primary care that are available within the means available to them in both the United States and Mexico.

Bianca, who is from a small *pueblo* in Michoacan shared some of her home remedies:

"I make three mixtures myself. There are some remedies that you don't use with kids...for example, if there are stomach problems I make peppermint tea....and if my son swallows gum for example, and it doesn't come out in his stool...I take one tablespoon of Crisco, boil it, and cover it with chocolate and give it to him."

Angela additionally had a few treatments of her own that seemed better in theory to her than in affect: "For my stomach my mother actually brought me some stuff... *nopalinas*...like cactus stuff and she would put it in my drinks...it was based on natural stuff but I have a difficult time keeping up with it...because I didn't even know if it was working and it just pissed me off."

Nadia explained, "I use herbs and I know how to use them because my grandmother taught me. *Manzanilla* is used for a stomachache and *Rada* is also used for stomach pain. I generally wait two or three days if not more...depending on how sick I feel before going to the doctor. For my kids, I seek care immediately, but for me, I try to help myself before going to the doctor."

Although *Mexicanas* in Iowa self-diagnose and treat themselves for multiple types of illness, they do not always pass these methods on to their children. Elsie, informed me of some of her own behaviors when she gets ill and how that differs from the treatment her children receive: "If it's something like a cold you take over the counter medicine. I know my body well enough now to know when I can take over the counter medicine and when I need to go to the doctor. I get my physical every year and make sure my kids do too. I always make sure, ever since they were babies. I guess when a person experiences chronic pain and over-the-counter medicines aren't working...although it depends on the individual and how they were brought up...you rely on common sense. You pray also. Faith plays a role in it."

In Cecil's case she uses a combination of methods to deal with her children's illnesses and ailments that differ from her own. "I wait until I can't handle it anymore... but for my kids, when they are sick, I take them right away. I use teas for myself but the kids don't like them. *Sofucado* is when you are having inflammation problems with your stomach. I use *Yerba Buena* and *Manzanilla* a lot. My grandmother knows how to use herbs, but I don't know because it hasn't happened to me...but when babies get sick with inflamed bellies they take some of their saliva a heat it up and then rub it on their bellies and it heals."

Although a lot of treatment and care taken among *Mexicanas* is well thought out and affective in the end, there is a cluster of careless individuals who ignore their health problems and let themselves go. This of course, is not unique to *Mexicanos.* Jan grunted referring to her disappointment in some of her friends' health behavior. "They are self-doctoring and when they start getting better they stop caring for themselves." She continued, "My sister-in-law went to the doctor and he found a lump in her breast and he wanted to remove it. She didn't go back to the doctor for two years after that and it grew into a big-ass lump. It just pisses me off."

Although these are imperfect solutions to problems to some medical problems, *Mexicanas* are attempting to take it in their own hands to restore and maintain their health. If nothing more, their efforts have proven to be psychologically affective—the

treatments used are easily accessible. Not only are *Mexicanas* aware of common herbs to treat primary illnesses, in Iowa they have access to "stones which they bathe with and if the water turns black the spell or curse is removed....we also have all the tea here that people come in and use for all sorts of illness and affliction from cramps and abortion to a common cold," according to Jan. Both minor and complicated health issues can be taken care of right in the home. Other advice offered to prevent different ailments and maintain the balance of the humors, were given: "You have to put cold foods in your body when you have inflammation. We were taught not to eat cold food while on our periods...things like avocado or lemon...or you will get a belly that won't leave you because you will be bloated and it won't go away when you get older."

"You can't use anything cold which helps your skin to be less flaccid...It's really bad to add cold because you swell. When you are pregnant your body is open and when birthing wide-open...so adding cold is bad."

"You can't eat pork if you're taking medicine and can't shower after eating."

"In Mexico you can't take a shower until one week after giving birth. You also can't eat cold foods. I had a lot of milk in Mexico but when I came here I didn't follow the "no-cold-food" regime after giving birth and I didn't have any milk in my breasts...I was completely dry. They use a lot of different remedies for producing milk and they didn't work for me here."

While discussing certain precautions women take during their periods, Giselle clarified that because many American women eat cold foods while on their period and don't take care of their bodies after pregnancy. "Many American women blow up...it's all about your diet and taking care of your body."

This study has led us to believe that preventative care for *Mexicanas* means something quite different than it does for most Americans. It means survival. It means utilizing knowledge and resources available—and all of within one's means. There are many ways to "see to" the needs of ones health without necessarily going to the doctor. If affordable, accessible, and available, visiting the doctor would be ideal for *Mexicanas*, but it does not seem to be for most. Although health should be an innate right for all of humanity, this is not the case and people learn to make-do with whatever they have. Given this reality, people worldwide have resorted to other means of seeing to their health needs that have proven and continue to be effective.

Mexicanos tendency to self-doctor evolved out of Mexican society centuries ago. Often successful, this means of preventative health care serves its purpose; it is not however, effective for everything. There are multiple illnesses that invade the body without showing any physical signs or symptoms. Providing education, materials and health screening for *Mexicanos* in Iowa's community would enable them to not only be aware of such illnesses but to identify their risk for any these illnesses.

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