BIRTHING PRACTICES
OF THE RARÁMURI OF NORTHERN MEXICO

By

Janneli Fee Miller

Copyright © Janneli Fee Miller 2003

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF ANTHROPOLOGY
In Partial Fulfillment of the Requirements
For the Degree of
DOCTOR OF PHILOSOPHY
In The Graduate College
THE UNIVERSITY OF ARIZONA
2003
As members of the Final Examination Committee, we certify that we have read the dissertation prepared by JANNELI FEE MILLER entitled BIRTHING PRACTICES OF THE RARAMURI OF NORTHERN MEXICO and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

Mark Nichter
Dr. Mark A. Nichter
Dr. Thomas Weaver
Dr. Jane Hill

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Mark Nichter
Dissertation Director
Dr. Mark A. Nichter
STATEMENT BY AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at The University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowable without special permission, provided that accurate acknowledgement of source is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the copyright holder.

SIGNED: [Signature]
ACKNOWLEDGEMENTS

This research was made possible through a Fulbright Garcia-Robles dissertation grant, as well as Spicer-Comins and Riecker research awards from the Department of Anthropology, University of Arizona, and a Summer Research Grant from the Social and Behavioral Research Sciences Institute, University of Arizona.

In Chihuahua City I acknowledge the assistance of individuals from the following organizations: at ENAH, Francisco Mendiola, Juan Luis Sariego, Alfonso Blake, Eugenio Porras, Rodolfo Coronado, and Francoise Brouzes; at INAH, Augusto Urteaga, and Jose Luis Perea; at CET, Lorenzo Natera, Lupita, Cuca and Mayra; at INI, Horacio Lagunas, Alfredo Ramirez, and Victor Martinez. Randy Gingrich of Sierra Madre Alliance, and Luis Urias and Bill Merrill of Mexico-Norte offered generous support. My work at Hospital General could not have been accomplished without the generous assistance of Dr. Charro, Araceli, and the Nursing staff in TOCO. Colleagues and friends offered inspiration and refuge during trying times in Littledogtown. Thanks to Ingrid Kummels and Manfred Shaefer, Raul and Gabriele, Esperanza, Andy Miller, Julia Cummings, Ben Brown and Enrique Servin.

In Mexico City, la cofradía at DEAS kindly welcomed me, thanks to Sylvia Ortiz Echániz, Elsa Maldavido, Carmen Anzués y Bolaños and Isabel Lagarriga. At COMEXUS Fay Henderson, Teresa, Maria and Sarah Levy were kind and efficient. In the Sierra, I acknowledge the kindness’ of Dr. Yudit Zazueta, Dr. Roque Hernandez, Ing. Omar Salcido, Dr. Bernardo Ortiz and Eduwiges at IMSS, the PROGRESA Team Socorro and Jorge, Dr. Balleza, and the IMSS midwives. Thanks go to Leobigilda, Doña Tere, Reyes Caraveo, Luli, Dr. Bryce Trigo, and Astolfo and family in Laguna. I am grateful for insights, conversations, tesguino and travels shared with Danny Noveck, Felice Wyndham, Deborah Carroll and Joe Armstrong.

The women and families of the urban asentimientos and Basigochi welcomed me into their midst and shared their daily lives with me. Gara ju ko. Ganlipi, Matetele bá.

My committee consists of three individuals who continue to be great source of inspiration: Dr. Thomas A. Weaver, Dr. Jane Hill and Dr. Mark Nichter.

Special thanks to Phyllis Hogan, Mahina Drees and Barney T. Burns for their generous and unflagging support. Last but not least, deep gratitude is due family and friends, who each know how much I leaned on them. Now you can lean back.

Abrazos para todos.
DEDICATION

This dissertation is humbly dedicated to

Caroline Charters Miller.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>12</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>13</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>15</td>
</tr>
<tr>
<td>CHAPTER I: INTRODUCTION</td>
<td>17</td>
</tr>
<tr>
<td>Vignette: Veronica's story</td>
<td>17</td>
</tr>
<tr>
<td>1. A Strategy For Explaining Solitary and Kin Based Birth Among The Raramuri</td>
<td>20</td>
</tr>
<tr>
<td>2. The Anthropology of Birth: Midwives Predominate</td>
<td>28</td>
</tr>
<tr>
<td>2.1 Unassisted Birth</td>
<td>32</td>
</tr>
<tr>
<td>3. Research Settings: Chihuahua City and Basigochi</td>
<td>33</td>
</tr>
<tr>
<td>4. Methods</td>
<td>38</td>
</tr>
<tr>
<td>4.1 A Note on Participant Observation, Interviews, and Paper</td>
<td>45</td>
</tr>
<tr>
<td>NOTES TO CHAPTER I</td>
<td>49</td>
</tr>
<tr>
<td>CHAPTER II: ENVIRONMENT, HISTORY, AND CULTURE CHANGE</td>
<td>51</td>
</tr>
<tr>
<td>Vignette: Lumholz and Zing Birth Stories</td>
<td>51</td>
</tr>
<tr>
<td>1. Environment and Climate of the Sierra Madre</td>
<td>53</td>
</tr>
<tr>
<td>2. Historical Perspectives</td>
<td>55</td>
</tr>
<tr>
<td>2.1 Prehistory: Archaeological and Linguistic Records</td>
<td>55</td>
</tr>
</tbody>
</table>
### TABLE OF CONTENTS - Continued

2.2 Protohistorical Period: Spanish Missionizing Activities 1607-1900 ........ 58

2.3 Late Mission Period: 1900 to the Present ........................................ 65

2.4 Mining, Revolution and the Mexican Government .............................. 67

3. Regional Historical Contexts Create Multiple and Specific Power Dynamics .... 73
   
   3.1 Cultural Variation and Basigochi .................................................. 78
   
   3.2 Will the “Real” Rarámuri Please Stand Up? .................................... 83

NOTES TO CHAPTER II .............................................................................. 93

CHAPTER III: CULTURAL CONTEXT OF SERRANO RARÁMURI .......... 99

Vignette: Jesusita’s story ........................................................................... 99

1. Material Culture and Subsistence Economics in Basigochi .................... 103

2. Social Organization in Basigochi .......................................................... 108

3. Political Organization and Social Control in Basigochi ......................... 115

4. Religious Organization: Cosmology, Ceremonies, and “Beliefs” .............. 123

NOTES TO CHAPTER III ........................................................................... 127

CHAPTER IV: RARÁMURI LIFEWORLDS ........................................... 128

Vignette: Isabel’s story ................................................................................ 128

1. Women’s’ Perspective Ignored.............................................................. 134
TABLE OF CONTENTS - Continued

1.1. Women's Work and Daily Rhythms of Life ........................................... 138

2. Kin Relations and Individuality ................................................................. 150

   3.1 Nawésari ......................................................................................... 158
   3.2 Kóríma Networks: Reciprocity and Hard Work .................................... 159
   3.3 Norawa: Trust and Trade ................................................................. 167
   3.4 Joking as Play and Brief Mention of Racing ....................................... 169
   3.5 ‘We Ríwerame Ju’: Modesty, Shame and Morality ............................... 173
   3.6 Non Violent Norms and Aggressive Realities ...................................... 178
   3.7 Functional Diversity and Variety In Material Items and Social Roles .... 186

4. Rarámuri “Beliefs” About Life ................................................................. 191
   4.1 Danger, Secrecy, and Outsiders ....................................................... 192
   4.2 Onorúame Wants The Rarámuri To Be Happy .................................... 205
   4.3 Giants, Bears and Little People ....................................................... 206

5. Witchcraft, Dreams and Curing ................................................................. 217

6. Rarámuri Conception of Time ................................................................. 241

NOTES TO CHAPTER IV ............................................................................... 251
### TABLE OF CONTENTS - *Continued*

**CHAPTER V: BIRTH AMONG THE RARÁMURI IN CHIHUAHUA CITY** .... 256

Vignette: Susana’s Story ........................................... 256

1. Urban Rarámuri: Chihuahua City 1999 ........................... 259

2. “*Se Alivian Solas, Como Las Chivas*” (They Give Birth Alone Like The Goats) 274

3. Birth Among The Rarámuri In Chihuahua City ................. 281
   3.1 Hospital Birth .............................................. 285
   3.2 Birth In The *Asentimientos* ................................ 295
   3.3 Public Representation Of Tarahumara Birth ............... 306

**NOTES TO CHAPTER V** .................................................. 309

**CHAPTER VI: BIRTH AMONG THE RARÁMURI IN THE SIERRA** ........ 312

Vignette: Ofelia’s story ............................................... 312

1. Birth in Basigochi .................................................. 314
   1.1 Birth in Basigochi Compared with Birth as Depicted by Mull & Mull ... 333

2. Birth at the Clinics and Hospitals ................................. 345

   3.1 Role of the *Owirúame* ...................................... 361

4. How Women Learn About Birth .................................... 363
### TABLE OF CONTENTS - *Continued*

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTES TO CHAPTER VI</td>
<td>371</td>
</tr>
<tr>
<td>CHAPTER VII: DEATH AND BIRTH</td>
<td>374</td>
</tr>
<tr>
<td>Vignette: Maria’s Story</td>
<td>374</td>
</tr>
<tr>
<td>1 Raramuri Ideas About Death and Birth</td>
<td>381</td>
</tr>
<tr>
<td>2. Infant Mortality</td>
<td>390</td>
</tr>
<tr>
<td>3. Maternal mortality</td>
<td>402</td>
</tr>
<tr>
<td>NOTES TO CHAPTER VII</td>
<td>420</td>
</tr>
<tr>
<td>CHAPTER VIII: BIRTH AND THE STATE</td>
<td>424</td>
</tr>
<tr>
<td>Vignette: Sofia’s story</td>
<td>424</td>
</tr>
<tr>
<td>1. Mexican Government Health Service And Policy</td>
<td>424</td>
</tr>
<tr>
<td>2. Raramuri Health Care Seeking Behavior</td>
<td>433</td>
</tr>
<tr>
<td>3. <em>Mestiza</em> Midwives Role In Health Care Service Delivery In The Sierra</td>
<td>446</td>
</tr>
<tr>
<td>4. Family Planning Among The Raramuri</td>
<td>455</td>
</tr>
<tr>
<td>5. Health Care Interactions As Site Of Social Reproduction</td>
<td>468</td>
</tr>
<tr>
<td>NOTES TO CHAPTER VIII</td>
<td>479</td>
</tr>
<tr>
<td>CHAPTER IX: CONCLUDING REMARKS</td>
<td>481</td>
</tr>
<tr>
<td>Vignette: Silvia’s story</td>
<td>481</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS - Continued

1. Raramuri Women's Agency Results in Pragmatic Choices ........................................... 484

NOTES TO CHAPTER IX ........................................................................................................ 503

APPENDIX A: PLANTS USED BY RARAMURI WOMEN DURING PREGNANCY AND BIRTH ................................................................. 504
   A.i. Plant Use During Pregnancy and Birth .................................................................. 504
   A.ii. The Plants ............................................................................................................. 506
   A.iii. Prior Research .................................................................................................... 512

APPENDIX B: KEY TO ACRONYMS USED IN TEXT ..................................................... 515

APPENDIX C: GLOSSARY ................................................................................................. 516

WORKS CITED ...................................................................................................................... 528
LIST OF FIGURES

Figure 1, Map of the Sierra Tarahumara .................................. 52
Figure 2, Graph of Tarahumara in Chihuahua City: 1954 - 1999 ......................... 262
Figure 3, Population Graph of Urban Asentimientos ........................................ 272
Figure 4, Position at Birth: City Only .................................................. 301
Figure 5, Attendant at Birth: City Only .................................................... 302
Figure 6, Place of Birth: City Only ......................................................... 303
Figure 7, Features of Reproductive Histories of Women in Basigochi ..................... 316
Figure 8, Family Planning Methods Used by Women in Basigochi ......................... 317
Figure 9, Use of Owiriame and Ripunaama during Pregnancy ............................... 319
Figure 10, Position at Birth: Sierra ......................................................... 326
Figure 11, Place of Birth: Sierra ............................................................. 330
Figure 12, Attendant at Homebirth: Sierra .................................................. 332
Figure 13, Infant Mortality Among the Tarahumara .......................................... 385
Figure 14, Maternal Mortality, Municipio Guachochi 1992 May 2000 ..................... 407
LIST OF TABLES

Table 1, Footwear Acculturation Model ................................................. 84
Table 2, Urban Rarámuri Population Growth- Chihuahua City ................... 260
Table 3, Population of Urban Asentimientos in Chihuahua City ................. 271
Table 4, Births of Tarahumara Women at Hospital Central ...................... 294
Table 5, Place of Birth: Miller .................................................................. 333
Table 6, Attendant at Homebirth: Miller ................................................... 333
Table 7, Position at Homebirth: Miller ..................................................... 333
Table 8, Place of Birth: Miller and Mull .................................................... 335
Table 9, Attendant at Home Birth: Miller and Mull .................................. 335
Table 10, Position at Home Birth: Miller and Mull .................................... 335
Table 11, Births in Selected Clinics in Municipio Guachochi, 1999-July 2001 .... 348
Table 12, Use of Owiriame and Ripunaama by women in Basigochi .......... 359
Table 13, Reported Infant Mortality Among Serrano Tarahumara, 1926-2001 .... 391
Table 14, Selected Infant, Neonatal and Child Mortality Rates .................. 396
Table 15, Selected Maternal Mortality Data .............................................. 404
Table 16, Maternal Mortality, Municipio Guachochi 1992-2000 .................. 406
Table 17, Verbal Autopsy Data for Women dying at Birth in Guachochi in 1999 .... 411
LIST OF TABLES - *Continued*

Table 18, Health Care Seeking Behavior Options, Basigochi, 2000 ..................... 434

Table 19, Activities of Rural Midwives, IMSS, Guachochi, 1999-2001 .................. 453

Table 20, Family planning methods inserted in Raramuri women at birth, Laguna
   Aboreáchi Clinic, 1999 and 2000 ............................................. 462

Table 21: Herbs used in Pregnancy and Labor (Specimens) ............................... 504

Table 22: Plants used in Pregnancy and Labor (No Specimens) ........................ 506

Table 23: Plants listed in literature, not documented ................................. 507
ABSTRACT

This dissertation provides an ethnographic account of birthing practices among Rarámuri women in Northern Mexico. The Rarámuri practice of kin assisted birth is consonant with core cultural norms and social practices. Rarámuri curers diagnose and treat illness, but they typically do not assist at birth, which is deemed a normal part of the life course. Health is maintained by adhering to community norms of thinking well and acting well, through such behavioral ideals as non violence, generosity, reciprocity, and modesty. Pregnant women minimize risk at birth by conforming to these ideals.

The Rarámuri, an indigenous population of northern Mexico, number about 100,000. They live in remote canyon regions of the Western Sierra Madre, engaging in subsistence horticulture and pastoralism. In recent years, increasing numbers of Rarámuri are migrating to urban areas, due to the effects of logging, drought, and drug growing, all of which contribute to loss of arable land. As a result, Rarámuri are entering urban areas in unprecedented numbers.

This dissertation draws upon reproductive histories, birth narratives, and participant observation in two sites: Chihuahua city and a remote rancho. The Mexican government provides health services to Rarámuri in both localities, and Rarámuri women have their most sustained and frequent interaction with mestizos when they seek health
care. Reproductive health interactions are fraught with miscommunication, which Rarámuri experience as a loss of autonomy and control, leading to their reluctance to utilize services.

High infant and maternal mortality rates among the Rarámuri are typically blamed on non utilization of existing services. I provide an in depth and nuanced analysis, which addresses poverty and malnutrition, mistrust of state health and family planning agendas, and forms of institutional racism. I argue that the structural violence the Rarámuri experience is glossed over by reports which deflect responsibility and blame the victim. Rarámuri birthing practices are an expression of women's sense of agency, a form of resistance to a state apparatus they do not trust, and an important site of social reproduction where key values are transmitted and reaffirmed within families, extended kin groups, and Rarámuri society as a whole.
CHAPTER I: INTRODUCTION

Vignette: Veronica’s story

Veronica left her canyon home in Cieniguita in the sixties, when she was in her early teens. She does not remember how old she was. She went to work as a cook in a government sponsored bilingual school one day’s walk away from her home. She lived in a dorm with the other cooks, all of whom were young Rarámuri girls. Veronica is of mixed blood, her mother was a *mestiza* and her father Rarámuri, however she considers herself Indian. During her year long stay at the school she was befriended by one of the Jesuit padres, Padre Carlos Diaz Infante, and through her friendship with him she was exposed to Jesuit religious teachings, including lessons in the Spanish language.

When I met her in 1999, she was notably more fluent in Spanish than the other Rarámuri women I knew. She had also traded in her wide skirts for the shorter, narrower skirts typically worn by *mestiza* women. One day, she told me that she was “stolen” (“*el me robó*”) from the school by one of the teachers, who became her husband. They left in the dark, walking all night, sleeping in the day and walking by night for over a week, until they finally arrived in Guachochi. From Guachochi it was another several day’s walk to her husband’s natal village of Basigochi, where she now lives. Her husband Paolo was one of the first crop of indigenous teachers sponsored by the National
Indigenous Institute (INI), which was committed to educating Raramuri youth in the ways of the Mexicans. Because of this he spent much time away from home in distant villages, teaching and attending workshops where he learned the Mexican government’s plan for bringing the Raramuri in step with the rest of Mexican culture. Veronica has a wall of shelves in her home today full of his books, many of which outline teaching curricula, educational philosophy, and Mexican indigenous politics of the fifties and sixties.

Veronica and Paolo had six children, and Veronica spent her twenties, thirties and forties engaged in child rearing, much of it alone while her husband was away. Veronica’s first pregnancy resulted in a stillborn child, and she also almost died due to a postpartum hemorrhage. Here is how Veronica tells the story of her firstborn child:

He was born, and he was born a little while, alive, like he was drowning, and he did not have much phlegm, but they did not take care of him, because, well, because I was really sick, and they did not put attention on the child, better, they paid attention to me and the boy died, but, yes, he was born well, he lived... He died a short while after, maybe, fifteen minutes. He was crying, and then he died. It’s because a hemorrhage came to me, very strong, strong, strong. The hemorrhage wouldn’t leave me alone, so another woman arrived who was a midwife, who knew how to stop the hemorrhage. She wrapped me up and gave me an herbal remedy and then the pains started calming down. It was a complication that does not allow you to have other children. I lost a lot of blood, a bucket of blood. I couldn’t walk. I had to go to the hospital in Guachochi
and they had me there for two weeks. I had an infection, oh, it was horrible.

After this, she went on to get pregnant five more times, with each pregnancy resulting in a living child, born at home, with only her husband in attendance. When asked if she was afraid for the lives of her other children, she said no, because she knew they would be ok, and besides, she did not want to return to the hospital because she had had such a difficult time there. Also, her husband acquired the hemostatic drug pitocin\(^2\) and gave her shots after each birth, so she would not hemorrhage again.

Paolo died a premature death. He was found dead by the side of the road in a *mestizo* town several hours away from Basigochi, where he had been giving a workshop. The circumstances surrounding his death remain murky even now. Veronica told me he was murdered, but according to other community members Paolo was an alcoholic and drank himself to death, probably wandering drunk into an oncoming car.

Veronica remarried within a year and soon found herself pregnant again. This last child by her second husband was born when she was in her early forties. The health care worker at the clinic encouraged her to give birth in the hospital because of her age and the fact that it was twelve years since she last gave birth. This experience horrified
her. "It's better to stay home," she notes. "In the hospital it is very shameful, they do not take good care of you, and your husband can't take care of you either."

1. A Strategy For Explaining Solitary and Kin-Based Birth Among The Rarámuri.

This dissertation examines the birthing practices of women in Northern Mexico belonging to the Rarámuri (Tarahumara) culture, where solitary birth has been practiced for at least one hundred years. Today, although a few women continue to give birth alone and some attend government clinics, many women ask their husbands to help them at birth, while some women invite their mother-in-law or mother to assist them, along with their spouse. Younger children are generally shooed away, although in the not so recent past, younger children would accompany their mother out to the woods when she went to her "birthing tree" to deliver the baby. The birth of a child is generally an unmarked event in the social life of the Rarámuri, being seen as a private matter of interest only to immediate family members. Children are well loved and considered as individuals in their own right, with an ability to make decisions independent of their parents, which begins before birth.

Women learn about birth in conversation, with sisters and aunts, and by observing their mothers, sisters or other female relatives. Men learn about birth from their wives, not infrequently during the first pregnancy, or from their mothers when younger siblings
are born. Knowledge about how to assist women in childbirth is common to all members of Rarámuri society. Women talk about birth in conversations at drinking parties (known as *tesguinadas* and discussed in more detail in Chapter Three). During these get-togethers, raucous bawdy jokes which assume a general knowledge of sexual reproduction from conception to birth are bantered about. These frequently include overt sexual expression. Children overhear and participate in these social interactions, thereby learning sexual behavior and mores in a public environment without shame or secrecy.

Birthing practices are no exception.

In industrialized cultures, women giving birth are generally assisted by a person with extensive training. In the November 2001 issue of *Scientific American*, physical anthropologists used physical remains and archaeological evidence to promote the argument that helpers have been present at human births since Lucy took her first steps as a bipedal hominid. In this article the authors describe evidence for a biological imperative behind the widespread social practice of providing trained assistance to women during childbirth. They state “Today virtually all women in all societies seek assistance at delivery,” and make the argument that assisted birth “comes close to being a universal custom in human cultures,” noting that solitary births are “rare exceptions” (Rosenberg & Trevathan 75:2001). Medical, anthropological, and popular literature on
birth likewise affirms that women need some sort of specialized assistance at childbirth; claiming that throughout the history of the world, in every culture, these birth helpers have overwhelmingly been women. In western industrial societies, the role of birth attendant is highly elaborated, to the extent that male physicians often hold the exclusive right to attend births. In the United States, this development and specialization of the role of childbirth assistant has been taken to the extreme, such that a surgeon with twelve years of training is the most common legally sanctioned attendant at birth which normally takes place in a hospital. The parturient woman’s husband, other children, and grand parents or in-laws are generally excluded from the delivery room, or need to attend classes in order to be present at the birth.

When viewed from this evolutionary perspective “normal” human birth thus includes the proposition that a woman in labor needs an assistant as she gives birth to ensure the safe deliverance of mother and child. In a similar vein, the cross cultural ethnographic record suggests that birth without trained assistants present is perceived to be dangerous and abnormal in most societies. It is understandable then, that the solitary, and what I am calling ‘kin-assisted,’ birth practices of the Rarámuri have commonly been explained according to this a priori idea of “normal” human birth. Questions that arise from this line of analysis include the following:
1) Why are there no midwives among the Raramuri?

2) Why do Raramuri women choose to give birth without a trained helper in attendance when and if assistants are available?

3) What, if any, is the practical logic the Raramuri follow with respect to solitary and kin assisted delivery?

Posing the general and widely accepted proposition: ‘birth without an assistant is dangerous,’ leads to the logical conclusion that Raramuri birth practices are dangerous. Public health data supports this conclusion since maternal and infant mortality indices among the Raramuri are high. According to medical data and health care professionals, the success or failure of Raramuri birth is attributed to health service availability, with scant mention being made to conditions of poverty, anemia, malnutrition or the cultural context in which the Raramuri live. The question central in the minds of government health care providers, hospital administrators, and clinic personnel working with the Raramuri is: why do Raramuri women continue to deliver with little or no assistance when this practice is so obviously dysfunctional and dangerous to both mother and child?

Public health initiatives, adopted from successful national and international health programs, focus on “educating” Raramuri women about the value of prenatal care, the need to deliver in clinics and hospitals, and include an emphasis on implementation of the
national family planning agenda. Classes and lectures by visiting social workers, doctors, nursing assistants as well as public health messages broadcast on the INI radio station encourage Raramuri women to attend local health clinics, with little success. Most Raramuri women living in urban and rural areas continue to choose to give birth at home, alone or with their husbands.

Explanations that attribute Raramuri birth practices to economics or poor health service availability are overly simplistic. If service availability was the defining condition of Raramuri birth practice, one would assume that women in the city, with better access to health care services, would use government health facilities more frequently than women in the Sierra, where services are usually several hours to a day's walk away. But when Raramuri settle in urban areas, women also choose to birth at home alone or with their husbands, even when they know where health care services are and how to access them.

In this dissertation I argue that there are important cultural reasons why Raramuri women deliver alone or with their husbands and other close family members. Based on my examination of reasons motivating the reproductive health care seeking behavior of Raramuri women, I assert that the Raramuri practice of solitary and kin-based (non-specialized) birth assistance is a variation of "normal" human birth, associated with
perceptions of risk that index complex social relations as well as Rarámuri cultural norms. I argue that cultural imperatives and social relations influence the birthing experience as much as evolutionary trends which attribute the prevalence of helpers at birth to pelvic capacity. I also question the extent to which the absence or non-use of expert birth assistance or medical technology is the primary reason for reported high rates of infant and maternal mortality among the Rarámuri.

In the following chapters I place the practice of solitary and kin-assisted birth among the Rarámuri in context through a consideration of Rarámuri cultural values, social relations, perceived sources of danger, and relationships between government health care services and individual Rarámuri women’s reproductive health care needs. The questions guiding my analysis are different than those posed above, and include the following:

1) How does an awareness of the social relations among Rarámuri and between Rarámuri and mestizos inform an understanding of Rarámuri birth practices?

2) What insights do Rarámuri birth practices provide about Rarámuri culture? Specifically, how is the Rarámuri experience of birth influenced by cultural values? How are difficulties in birth understood and explained?
3) What does the practice of solitary, husband and kin assisted birth tell us about kin relationships in Raramuri culture, especially between husband and wife and female cross generational affinal and sanguinal kin relations?

4) What lessons can Raramuri birth practices provide us about human birth in general?

Birth reflects cultural values and predilections, indexing the psychosocial world people live in, as well as their relationship to the physical world via the body. Notions about gender, life and death, the environment, kin relations, the non-human world, sorcery, and mundane matters such as nutrition and healing herbs are all revealed through an understanding of beliefs about and practices surrounding birth.

In this dissertation I explain the Raramuri way of birth at a particular juncture in time, during which the Raramuri are faced with growing exposure to and influence by industrialized culture. The choices women make regarding when, where and how they deliver their babies provide a window into their changing world, as well as informing our knowledge of the potentialities for human birth from a biological perspective. Brigitte Jordan noted that birth, being a “biosocial event” (Jordan 1983), provides us with a rich opportunity to discern the “mutual feedback” between biology and culture, thereby unraveling the particular histories, ecologies, social structures, technologies and
ideologies which shape the particular practice in any given culture. In this dissertation I
detail these contingencies and provide an analysis specific to the Rarámuri.

The rest of this chapter presents a brief review of anthropological literature on
birth followed by a description of the research settings and the methods I employed
during the twenty-seven month period of research among the Rarámuri in northern
Mexico. Chapters Two, Three and Four describe the Rarámuri world, geographically,
historically, and in terms of daily life. In Chapter Five I outline Rarámuri birth practices
in the city, together with a review of Rarámuri birth as given in existing literature on the
Rarámuri. Chapter Six describes birth in the serrano region where I conducted research,
including clinic and hospital deliveries. I also elaborate birth customs and ceremonies,
including the role played by Rarámuri curers and discuss the ways in which women learn
about birth. Chapter Seven provides a discussion of death at birth, with an in depth
review of infant and maternal mortality indices among the Rarámuri, which reveals the
structural violence inherent in the way health care services for pregnancy women are
designed and implemented. In Chapter Eight I investigate the relationships between
state sanctioned health care providers and Rarámuri women patients, and review national
and international public health campaigns as interpreted and practiced locally. I also
discuss the role of mestizo midwives, who occasionally deliver Rarámuri babies. This
chapter concludes with a discussion of human rights violations in reproductive health care interactions, in which I trace how birth functions as a site of social reproduction.

Finally, in Chapter Nine I conclude by commenting upon the changing world of the Tarahumara and discuss how cultural values influence present practices with respect to the health care system's agenda for the Raramuri. I outline areas for further research and note implications this research has for the anthropology of human birth.

This dissertation advances the anthropological understanding of birth by providing an ethnography of birth in a population where it has never been studied before, without favoring Western medical ideologies and assumptions. Instead of presuming that unassisted birth is an aberrant or abnormal human behavior, I articulate a normative explanatory model for solitary and kin-assisted birth among the Raramuri. Our understanding of human birth is thus enriched via the clarification of Raramuri women's agency as they negotiate the complex cultural and socioeconomic contingencies of daily life in both urban and rural contexts.

2. The Anthropology of Birth: Midwives Predominate

Margaret Mead and Niles Newton (1967) called for research on cross-cultural birth practices over thirty years ago. They asserted that a study of birth practices could provide insight into what is universal in human behavior and the interaction between culture and
physiology. They introduced the concept of "cultural patterning of birth" by noting that each culture layered its own specific meanings and practices ("patterns") upon the physiological process of reproduction (Mead & Newton 1967). They suggested that birth practices reflect cultural norms.

Following their lead, a number of female anthropologists began investigating birth (Jordan 1983, Kay 1982, Michaelson 1988, Sargent 1982a, Sukkary 1981, Wright 1984). Notably, the majority of these studies have concentrated on midwives. Described in the literature are the modernizing (Cosminsky 2001, Newman 1981, Sich 1982), adaptive (Jenkins 2001, Davis-Floyd 2001, Hunte 1981, Konner & Shostak 1987, McCormack 1982), and socializing (Muecke 1976) influence of birthing practices and midwives. Other studies are primarily ethnographic in nature, providing case studies of midwives and birth (Laderman 1983, McClain 1975, Paul & Paul 1975, Shedlin 1981). The most recent addition, published in 2002, is a two volume special issue of Medical Anthropology devoted to midwifery and focusing on the "shifting identities" and cultural spaces that "postmodern" midwives inhabit. In all this research midwives are portrayed as skilled caregivers guiding women through the often dangerous and fearful experience of childbirth. Midwives are sought out because it is believed the presence of an older, wiser, or more experienced woman will allay fears. In the United States women rely upon and
trust in technology and the expertise of their attendants - giving birth in hospitals surrounded by the most advanced medical technologies in the world and attended by the most highly trained birth attendants in the world (Davis-Floyd 1992, Jordan 1993).

The emphasis in the literature on birth attendants has led to the impression that a desire to be assisted during childbirth is a cultural universal, since solitary and kin assisted birth is rarely mentioned. While investigations of childbirth attendants most certainly contribute to our understanding of the cultural patterning of childbirth, births that take place without the assistance of trained helpers may be indicative of a sociocultural milieu different than those in which experts exist and are consulted regularly. Little is known about the practice of solitary, husband and kin assisted birth.

Considerable research has been focused upon the training of midwives, internationally and specifically in Mexico (Anderson & Staugård 1986, Bortin 1993, Castañeda 1996, Galante & Castañeda 1997, Jaffre and Prual 1994, Jordan 1989, Kelly 1956, Lefeber 1994, Parra 1991 & 1993). A medico-centric perspective that assumes a positive correlation between training of the assistant and birth outcome predominates most of this work. The implicit assumption is that unattended birth is the worst possible situation for the safety and health of mother and child. Western medical ideology (here defined as allopathic or "modern" medicine) is the unquestioned foundation of most of this
research, which rarely points to the negative impacts related to the medicalization of birth.

To date, there is no convincing data to support the idea that western technology always improves birth outcome, that traditional midwives benefit from training, or that unassisted birth is ineffective (Davis-Floyd & Sargent 1997, Ginsberg & Rapp 1995, Haire 1972, WHO 1976). Only Boddy (1998), working in Sudan, has questioned the international medicalization of midwives.

Virtually all research conducted on birth in Mexico discusses the traditional practices of indigenous midwives or their training (Bortin 1993, Castañeda et al 1996, Cosminsky 1974, Davis-Floyd 2002, Faust 1988, Galante & Castañeda 1997, Jordan 1983 & 1989, Kelly 1956, Parra 1993, Schwarz 1981). In some of these studies the researchers begin to question the biomedical hegemony. The failure of a Western oriented training program for indigenous midwives in the Yucatan is attributed to inappropriate modes of knowledge transmission, where didactic methods are favored over apprenticeship models (Jordan 1989). A growing number of studies point to the efficacy of incorporating "traditional" cultural beliefs into the training of birth attendants (Kelly 1956, Newman 1981) or even incorporating midwives into primary health care programs (Castañeda et al 1996, Cosminsky 1974, Schwarz 1981). The assumption that the presence of an attendant is essential to reduce fear and ensure the safety of mother and child is still not questioned.
2.1 Unassisted birth

Whether unassisted birth has been overlooked and ignored because the practice is rare, or just undocumented due to the obvious difficulties in studying a solitary activity is unknown. The few reliable accounts of unassisted birth that exist are restricted to Africa (Biesele 1996, Konner & Shostak 1987, Sargent 1989 & 1982b, Shostak 1981) and most recently, Belize (Garber 1998 a& b). Konner and Shostak assert that unassisted birth among the Ju/ho’ansi (formerly !Kung) is a desirable adaptive strategy combining biological and cultural knowledge (Konner & Shostak 1987). Although most research on birth suggests that it is normal for women to fear being alone, the African ethnographies suggest that giving birth alone is a courageous act and that women who do so are to be admired (Biesele 1996, Sargent 1982b & 1997, Shostak 1981). A Bariba or Ju/hoan’si woman who seeks help is regarded as fearful and loses control of herself, her life and possibly her child. Biesele compares the bravery of giving birth alone to the bravery involved in hunting where men commonly face death. These ideas of fear and bravery are consistent with the normative cultural values of the Bariba and Ju/ho’a’ansi.

Garber also argues that the desire to give birth alone is indicative of normative values within the Mopan speaking Maya (Garber 1998b). She describes “private birth” as a response to the fear of sorcery. Fear again takes a central place in birth ideology, yet
in this case, the fears do not center on the birth experience itself, but instead upon the attendants and the potential dangers associated with the midwife, who may or may not be a sorcerer. Again, birth practices mirror normative cultural values regarding the ambiguity and fear associated with persistent beliefs in sorcery, to such an extent that giving birth alone is considered safer than other available options.

In this dissertation I continue the line of investigation originally articulated by Mead over thirty years ago, which asserts that birth, no matter where and how it occurs, reflects cultural norms or patterns. Rarámuri women give birth alone or with their husbands and female relatives because it is a reasonable and practical thing to do given their cultural lifeworld. As with the Mopan Maya described by Garber, the Rarámuri believe in sorcery, as well as danger from outsiders (See Chapter Four). Given their perception of risk, it makes sense to give birth either alone, or in the company of the most trusted relatives: their husbands and close female relatives.

3. Research Settings: Chihuahua City and Basigochi

The research described in this dissertation was conducted in two sites over a period of two and a half years, beginning January 1999 and ending September 2001. My first research objective was to conduct an ethnographic study of birth among the Rarámuri, including the ways in which unassisted birth among the Rarámuri reflects
cultural norms. To do this I spent eighteen months living in a Raramuri rancho in the Sierra. My second research objective was to examine whether birth practices were changing among Raramuri who migrated to urban areas, where they had easy access to western medical facilities, and potentially more sustained contact with mestizos and government health care workers than Raramuri living in the Sierra. To accomplish this I spent eight months conducting research among Raramuri living in Chihuahua City, which is located in the state of Chihuahua in Northern Mexico, approximately four hours south of El Paso/Ciudad Juárez.

Chihuahua City is the largest urban area adjacent to the Sierra Madre homeland of the Raramuri. Because of its proximity to the Sierra, Chihuahua has been the destination of Raramuri migrants for over forty years (Ramos Escobar 1997). Initially Raramuri visitors camped on the outskirts of town and sold baskets and herbs at the market or in neighborhoods. These sojourns usually lasted a week or two, and they returned to the Sierra when they had sold out their goods and bought supplies with the earnings. In the early eighties, increasing numbers of Raramuri migrated to the city as a result of several years of drought in the Sierra, destruction of forest habitat due to clear cutting of pine and oak, and increased violence due to drug cultivation and trafficking. Urban areas in Chihuahua and northern Mexico are reliable sources of regular food and work and
consequently have increasingly become a part of Rarámuri migratory cycles. I chose to conduct fieldwork in Chihuahua City because it has the largest population of urban Rarámuri, as well as being the urban area closest to the Sierra.

At the time of the research, the majority of migrant urban Rarámuri resided in five permanent urban asentimientos (settlements) in Chihuahua City, which is the second largest city in the state of Chihuahua, having a population estimated at one million in 2000. Besides these asentimientos there were over one hundred “temporales” (temporary residences) in various parts of the city, where other Tarahumara camped and lived. The urban Rarámuri population has been growing exponentially and in 2000 was estimated to number 4000 (Coordnación Estatal Tarahumara 1999). By the end of 2001 that number had increased to 5000. The urban migrants are classified as “temporary” or “permanent” residents according to their length of stay in the city (Ramos Escobar 1997). Permanent residents rarely return to the Sierra once they arrive in the city. Temporary residents generally follow two patterns: they may come annually for periods of two to six months to work and then return to the Sierra to plant or harvest; or they may come only for short visits, to sell goods, or visit family members. In Chihuahua City the Rarámuri live in extreme poverty, yet manage to preserve a strong cultural identity by speaking Rarámuri (their native language), wearing traditional clothes, and continuing such
collective practices as curing ceremonies, drinking parties, footraces, and religious ceremonies in the *asentimientos*.

Raramuri also migrate to other cities in the state, including Ciudad Juarez, Parral, Delicias, and Cuauhtémoc, and also live in shacks provided by the owners of agricultural fields and orchards throughout the states of Chihuahua and Sinaloa, where they frequently find work. Chihuahua City offered easy access to the largest urban Raramuri population as well as ample opportunities to conduct archival research since it is also the location of several institutions and agencies that support the Raramuri. It is also home to the only branch of the National School of Anthropology and History in Northern Mexico. I rented a small apartment in Chihuahua City for eight months and made frequent visits to the *asentimientos* during this period in order to document the daily lives of urban Raramuri women.

Basigochi is a Raramuri *rancho*, situated in a small valley two hours down a rough dirt road in the Sierra Madre, *municipio* of Guachochi. The *municipio* of Guachochi has both the highest population of indigenous people and people who speak an indigenous language in the Sierra (SEDESOL 1998, Varela 1998). Basigochi has just over twenty residences, a church, a boarding school, a small government store, and is the center for regional ceremonies held at the church. Basigochi is located in the *ejido* of
Samachique with the result that an active Rarámuri governing body coexists within the Mexican *ejidal* political structure, overlapping in terms of territory, jurisdiction, and political power (Gonzalez Rodriguez et al. 1994, SEDESOL 1998). (See Chapter Three for more detail on political structure).

I chose Basigochi as a research site for several reasons. First, at the time the research was conducted, residents of the *rancho* were not regularly migrating to urban areas for work. The younger males and one or two older men did so in response to drought and crop failure, in order to earn money to buy food, but they were not yet making it a consistent annual trek. Instead, most residents practiced subsistence level horticulture, and kept animals such as goats, sheep, and cattle. Additionally, the valley was isolated from tourists and thus not influenced by the market exchange economy which often accompanies tourism. The residents of this *rancho* consciously chose not to participate in the Christian evangelical movement sweeping the Sierra, and continued to hold religious ceremonies according to the custom of their ancestors. Basigochi was also ideal because community members frequently consulted an *owirúame* (indigenous curer) and held curing ceremonies, but they also had limited contact with western medical services provided at a clinic two hours walk away and a government health team which visited infrequently, usually every 4-6 weeks. I lived in Basigochi from August 1999
through January 2001, as well as in the summer of 2001, in a one room dirt floor log
cabin, within the residential complex of a family. I was considered to be part of the
extended family, a fictive aunt, and as such was welcomed into the daily activities of the
family and community members. I received permission to live in Basigochi and conduct
my research via a consensual approval of community members during a nawesari (formal
speech) held at a tesguinada (drinking party) as well as from the indigenous governor.

4. Methods

Similar research strategies were used in the two sites, with specific variations due
to the particular contexts in which I worked. Anthropological research often centers
around participant observation and ethnographic interviewing, and indeed, these
strategies were the cornerstone of my fieldwork. I did not presume to be able to attend
and observe births, as access to childbirth is restricted among the Raramuri (in fact, this
was the central theme of my research). I observed and participated in daily life, health
care interactions in clinics and hospitals (including births), and interviewed Raramuri
women and their families, health care professionals, social workers and other individuals
working with the Tarahumara (such as priests, educators, philanthropists, anthropologists,
and politicians).
Participant observation in the city of Chihuahua included several visits a week to each of the four Tarahumara settlements, over a period of eight months. The visits typically included spending extended time with one family, or a series of shorter interviews with several families. I participated in group activities held in the settlements or other areas in the city sponsored by support organizations, such as festivities held on the International Day of the Child, holiday fiestas (parties), craft sales, film festivals, and the like. I regularly attended Catholic mass given by Jesuit priests in the different settlements and was invited to urban tesguinadas and footraces. I observed urban Tarahumara on streetcorners, in their homes, at school, at footraces on the outskirts of the city, shopping in the downtown mall, in grocery stores and at the market, scrounging at the city dump, and riding on buses; going where they did and observing where and how they spent time in the course of a day. I spent several days observing hospital deliveries in the largest hospital in Chihuahua, working shifts in the delivery room, and suiting up just as any nurse or doctor attending births would do. I assisted health teams when they visited the settlements to immunize, treat adult patients, or give educational sessions. I accompanied Tarahumara women to visits with their doctors, waited in hospital and clinic waiting rooms with them, and observed medical treatment provided by the State Coordination for the Tarahumara (CET), the National Institute of Indigenous People
(INI), and the Family Development Agency (DIF) in addition to the government sponsored National Institute of Social Security (IMSS) hospitals and clinics. I also participated in a census of the urban Raramuri conducted in February 1999 by the State Coordination of the Tarahumara and did my own census of households with children under two years of age in the settlements, in order to select families for interviews.

Basically, I did what I could to get to know as much about the urban Raramuri as possible, including the various individuals and organizations involved in providing support to them. Ethnographic interviews were conducted with twenty Raramuri women, five doctors, two hospital directors, the director of government health services for the Sierra, five nurses, five social workers, ten development organization personnel and educators, three Jesuit priests, and seven Mexican anthropologists. These interviews were unstructured, save for the interviews with the Raramuri women, with whom I used an interview schedule. However, I did end up asking everyone interviewed a few questions about their knowledge of Tarahumara birth practices.

I spent countless hours reviewing available archives in Chihuahua City for information concerning the Raramuri, with special attention on health care services, urban settlements, history, rancho Basigochi, and anything else that seemed pertinent to my topic of study. Archives visited included the Agrarian Reform Archive, which
contains original government documents on local political histories of communities in the Sierra, and the Central Coordination of the Tarahumara, housed at the National School of Anthropology and History, which consists of the official documents of the National Indian Institute in Guachochi from its inception in 1952 through the seventies. I reviewed the Tarahumara collection housed at the public library in Chihuahua city, which contained many obscure and hard to find publications on the Tarahumara, including older magazine and newspaper articles and one time publications covering culture, education, and politics. I was granted access to the medical records at Hospital Central, the State Coordination of the Tarahumara, and the private records of social workers responsible for caretaking two of the urban settlements. Finally, I collected demographic and statistical information from the National Institute of Geographic Information and the Social Security branch of the government, which is responsible for providing health services to the Tarahumara in the Sierra.

From February through June 1999 I attended a Raramuri language course sponsored by the National School of Anthropology and History and taught by linguist Enrique Servin of the Chihuahua Institute of Culture. This gave me a rudimentary control of the language, which helped immensely in my research. In return, I gave guest lectures to several classes at the anthropology school, and was invited to give a public
lecture on my work at the University of Chihuahua, sponsored by the Chihuahua Institute of Culture.

In August 1999 I moved up to the rancho of Basigochi in the Sierra Tarahumara. This community is a typical Tarahumara settlement in the Sierra, and here I was able to participate in and observe daily life, including work, ceremonies, political activities, education, medical interactions, and fiestas. In addition to this, I conducted participant observation in several clinics in the area, where I was able to observe a few births and countless consultations and doctor-patient interactions. I observed these interactions in Hospital Rural Solidaridad # 26, approximately three hours drive away from Basigochi in Guachochi, which is the county seat and the referral hospital for this district of the Sierra. I assisted and observed visiting government health teams, sponsored by the local health clinic (IMSS Solidaridad) and other government agencies (PROGRESA and PAC). I attended training workshops for the auxiliary health workers who staffed local clinics, as well as monthly training sessions provided for mestiza midwives in Guachochi. (Details on government agencies and midwives are covered in Chapter Eight).

As in the city, ethnographic interviewing was my main data collection strategy. Structured interviews using the same interview schedule I used in the city were conducted with Raramuri women from a variety of locations in the Sierra. In addition to
all the women in the *rancho*, I interviewed women visiting the town centers of Creel, Guachochi, and Norogachi. Selection of women for the interviews outside of Basigochi was completely opportunistic, meaning I interviewed any woman who gave her consent (many refused to be interviewed). Many interviews were obtained using the snowball technique, whereby I was introduced to a relative or neighbor of an interviewee and thus secured another interview. I elicited extensive reproductive histories from all of the women in Basigochi, providing me with rich details of the births of their children, as well as miscarriages, stillbirths and other reproductive events including family planning and sexual histories.

I interviewed two *owirúame* informally and extensively during ceremonies they performed in Basigochi and neighboring *rancherías*. I interviewed thirteen *mestizo* midwives in Guachochi who were part of the IMSS rural midwife program. In these interviews I focused on their experiences delivering Raramuri women and on their personal trajectories into the role of midwife, collecting their life histories. As in the city, I interviewed health care professionals who provided services to the Raramuri, as well as individuals working for the development agencies previously mentioned (CET, INI & DIF). This included seven doctors (including the director of the hospital, the director of reproductive health services for the county and the INI's physician), three nurses and six
auxiliary health workers, two indigenous health promoters, one indigenous (male)

midwife, four social workers, and the directors of each of the three development

organizations located in Guachochi (INI, CET & DIF). I interviewed Rarámuri men and
children living in Basigochi and neighboring communities to assess their knowledge of
birth. I conducted several “interview sessions” in the school in Basigochi with children
from the fifth and sixth grades (approximate ages 12-16), eliciting drawings and stories
about birth. Finally, I interviewed mestizo community members in Samachique, Laguna
Aboreáchí, Norogachi, Batopilas, Creel, Cerocahui, San Juanito and Guachochi to
ascertain what they knew and opined about birth among the Tarahumara. The bulk of
these interviews were informal, and provided me with a window into the ways ideas
about reproduction held by the Mestizo population differed from those of the Rarámuri.

Fifty percent of the structured interviews with Rarámuri women were recorded,
with notes taken by hand in the other half. Interviews were conducted in Spanish and
Rarámuri. In both Chihuahua City and the Sierra I had a Rarámuri woman accompany
me to assist with translation. Tape recorded interviews have been used and analyzed
according to categories generated by a review of fieldnotes, and interview, archival, and
statistical data. The vignettes beginning each chapter were compiled from taped
interviews and field notes using direct quotes from the women interviewed, and are presented to illustrate concepts pertinent to my discussion.

4.1 A Note on Participant Observation, Interviews and Paper

It is widely accepted that anthropologists engaged in field research will bring the tools of the trade to the field site in order to properly document and record daily life. We emphasize participant observation and note-taking, but also include computers, tape recorders and digital video cameras in the toolkit. It is generally assumed we will write our fieldnotes up daily, and to obtain the desired information we print out interview questions leaving just enough space in between to write our answers on the page.

However, there is little instruction about how to actually DO participant observation, and just a bit more about fieldnotes (Emerson, Fretz & Shaw 1995, Sanjek 1990). How we perform participant observation is left open to each individual anthropologist, dependent upon, of course, the particular culture, one’s social skills and demeanor, and how these match the culture we live in. In truth, our participant observation, and therefore our research findings, are contingent upon our learned cultural competence - our habitus. Anthropologists are well schooled on the “observer effect” and the subjective nature of our endeavors, but it is assumed that our methods are at least unobtrusive enough to legitimize a pen and notepad. We have seen the photos of
Margaret Mead and her husband Gregory Bateson with their typewriters in the tent, or the book jacket photos of the lone anthropologist in the field at the computer with natives peering over their shoulder at the fascinating machine. But we rarely talk about how the laptop, the digital camera, or even the pen and notebook effect our research.

In order to further explain my methodology and to emphasize a critical feature of fieldwork among the Rarámuri, I offer a lengthy excerpt from my fieldnotes written in Basigochi in December 2001, after two years of fieldwork:

You can be a participant and observe the life from that perspective; or you can participate as an observer, and then you have a different perspective. Here, there are always observers: the people themselves. Rarámuri learn about the world by observing it. This has shown me that there is a distinction between observing as an outside unengaged person, as a researcher who asks questions from the perspective of an “official” person where respect and distance figure into what they are told and what they see, and the role of participant, one who is engaged in the daily life. You do what the people do. In my case, I do what the women do, and I observe the life from this position. And where daily life takes you is quite different than where you go and what you do when you’re just a visitor.

Here it is a paperless life. Even at the school the books are strewn about on the ground, pages ripped out and made into paper airplanes or left to blow into the creek. The ones who do things with paper are official, important people, usually outsiders. Not everyone knows how to read or write, in fact most do not, and the ones who manage paper are teachers or government officials, and infrequently the siriamé (indigenous governor). The point is that here paper and pencil act as markers which serve to separate one from the people. They change your status.

I became aware of this by watching government officials do a survey and by observing at the clinic. The “officials” have interactions
with the people where they ask questions, then write down the responses, and the focus is on the paper, not the people. Hardly any eye contact or “connection”. The answers given are minimal, a yes or no, or sometimes no answer is given and other times ANY answer is given, even wrong ones, just so the interview (uncomfortable for the Raramuri) is finished as soon as possible. It’s a strained, false interaction, and my choice has been not to get my information like this. I haven’t gone about with a notebook and pen asking questions, at all. The most I’ve done in that regard is jot down phrases in Rarámuri to help me remember the language, and even this has caused a stir: people want to see the notebook and pen, they want to write things themselves, or to know what I’m writing. They want to touch the notebook and look through it, and the pen; they want to write their names, and soon the attention is all on me and my exotic tools: paper and pen.

The Rarámuri inhabit a paperless world. Notebooks and writing are alien to their daily life and belong to the domain of the outsiders, usually people who come from the government or the church, to either give or take something away, or to tell them how to do something. I purposely chose not to align myself with those outsiders, and thus became an outsider of a different kind, accepted, but unusual since I did not act like a chabochi (Mexican). The Tarahumara rarely ask each other personal questions, with most queries being about immediacies in their world: when did you arrive, do you like the batari (fermented corn drink), where is your husband, or sister, or child? Direct observation and listening is favored over asking questions. Don Burgess, who lived and worked with the Rarámuri for several decades notes:
Tarahumaras may also react poorly to being questioned because they, like many of us, do not like to be questioned. When making a study of the different Tarahumara dialects, I found that answers given to a series of direct questions if answered at all, were highly suspect. Answers given to questions which were part of a natural conversation, however, were more reliable. (Burgess 1981:15)

I found this to be true. Papers and pens had little or no use in the daily lives of the people, and my use of them only served to separate me from the people. My cultural competency among the Raramuri required that I leave the notebook behind; and instead, by listening, observing, and joining in conversations when appropriate, almost everything I wanted to know about arose in natural discourse during the course of my stay in the Sierra. Of course I did ask questions, conduct interviews, take notes, and make tape recordings, but it was only after a year of living in Basigochi that I conducted a formal interview with my interview schedule. And then I found I already knew the answers to my questions. Like Burgess, I found the forced question and answer sessions to be awkward and suspect. In reviewing my notes and interviews in the process of remembering and writing about the field experience, I found the information I trust comes from natural conversation with the Raramuri, in both Spanish and Raramuri, which ebbed and flowed over the days, weeks and months I lived among them.
NOTES TO CHAPTER I

1 All non-English words are italicized and translations can be found in the glossary in the appendix. *Mestizo/a* is the term used in Chihuahua to refer to Mexicans as distinct from Indians.

2 Pitocin is the Brand name for oxytocin, a pharmaceutical which contracts the uterus and prevents bleeding when given after birth. It is usually given in 10 IU (international units) injected intramuscularly. It is available over the counter at most pharmacies in Chihuahua.

3 I use Rarámuri and Tarahumara interchangeably. Tarahumara (var. Tarahumare, Tarahumari) is the name used in the colonial period and continues in general use to date. However, in his book “Rarámuri Souls,” William Merrill advocated the use of Rarámuri, the indigenous term used by the Indians to refer to themselves. In recent years Rarámuri has been increasingly used by academics to refer to this group, although Tarahumara is still used and more generally known than Rarámuri.

4 Existing rates of both infant and maternal mortality among the Rarámuri are estimates and are exceedingly high: the infant mortality rate has been reported as high as fifty to eighty percent (meaning 5-8 out of every 10 children die). There is no maternal mortality ratio for the Rarámuri but in the *municipio* of Guachochi in Chihuahua, where I conducted research and where 61% of the population are Rarámuri, the ratio has been reported as high as 89 per 10,000. These rates are examined and discussed in detail in Chapter Seven.

5 The idea of the “postmodern” midwife has enjoyed recent popularity largely due to the efforts of anthropologist Robbie Davis-Floyd (2001) who, in conversation with midwives Elizabeth Davis and myself, developed the term to describe contemporary midwives who frequently negotiate the conflicting and juxtaposed ideologies, technologies, and practices of “traditional” and “modern” medicine.

6 Mead & Newton, in a review of the HRAF files, state, “Assistance before and after the baby is born is almost always in the hands of other women,” adding, “In primitive
cultures all over the world, the elderly woman, rather than the skilled man, is the predominant attendant at normal labor" (Mead & Newton 1967:192).

7 In their pivotal work, Childbirth in Crosscultural Perspective, Newton & Newton note “Unassisted birth does occur in many cultures, but it is a rare event to be gossiped about in the same manner as an American birth taking place in a taxi-cab” (Newton & Newton 1972:162). This attitude about birth without trained helpers prevails today but is certainly not the case among the Raramuri.

8 It is interesting to note that the aforementioned article, which argues for a biological imperative for birth assistants, mentions the Ju’hoan’si practice of solitary birth, but notes that women do not manage to do so until they have given birth several times with female helpers; thus affirming the idea that helpers are a necessary component of birth, even among people who hold solitary birth as a “cultural ideal” (Rosenberg & Trevathan 2001). Among the Raramuri, even the first baby a woman has is delivered alone or with her kin.

9 Ethnicity is not kept track of in health statistics in Mexico, since the nationalist ideology dictates that the country, as a mestizo nation, does not discriminate according to race or ethnicity.

10 Basigochi is a psuedonym, as are all names of individual Raramuri women and health care providers.
CHAPTER II:
ENVIRONMENT, HISTORY AND CULTURE CHANGE OF THE RARAMURI

Vignette: Lumholz and Zingg Birth Stories

When an addition is expected in the family the chief preparation of the woman is to get ready a quantity of beer, calling on her friends to help her, while the husband goes to look for the shaman. When she feels her time is approaching, she retires to some lonely spot, as she is too bashful to bear her child while others are about. She tightens her girdle around her waist, and bears her child sitting up, holding on to something above her, like the branch of a tree. After the little stranger has arrived the husband may bring her a jar with warm water form which she occasionally drinks. He also digs a hole, in which, after he has gone, she buries the placenta, placing stones on top of the place on account of the dogs. The umbilical cord is cut wit a sharp reed or a sharp-edged piece of obsidian, but never with a knife, for in that case the child would become a murderer and could never be a shaman. I once asked a Tarahumare where he was bom, expecting him to give me the name of some ranch; I was rather amused when he pointed to a big stone a little farther on along the slope. That was his birthplace.
Carl Lumholz, Unknown Mexico, Vol. I (Lumholz 1902: 271-2)

When the woman feels her labor approaching, she goes to a hidden spot, either alone or accompanied by her husband or a woman friend. There are no regular midwives. She bears her child in a standing position, holding on to a branch overhead. The child drops into a prepared nest of grass. She is given warm water from time to time. The placenta (called mutculigi kimala, “child’s blanket”) is buried. The navel cord is cut some 6 inches long, and buried so that the child will not be stupid. Lumholtz adds that it is never cut with steel, but with obsidian or bamboo. The newborn child is washed and wrapped in a blanket.
Wendell C. Bennett, The Tarahumara (Bennett & Zingg: 1935:234)
Figure 1: Map of the Sierra Tarahumara (Kennedy 1996, with permission)
1. Environment and Climate of the Sierra Madre

Today the Rarámuri occupy the southwestern region of the *Sierra Madre Occidental* in the state of Chihuahua in northern Mexico; an area frequently called “Copper Canyon” or the Sierra Tarahumara (See Figure 1). The region is characterized by a *barranca* system consisting of five canyons, each deeper than the Grand Canyon of Arizona. The Rarámuri retreated to this remote country in response to the Spanish conquest and ensuing occupation of their original territory in the foothills of the Sierra by Mexican settlers and other outsiders.

The climate depends upon the elevation and micro-region since the area is subject to extreme geophysical variation. The disparity between life in the canyon bottoms and the highlands led the original Spanish settlers to separate the area into two sections: *alta* and *baja* (high and low). According to the first Europeans to explore the area, Indians living in these regions were said to have different languages, religious practices, and lifestyles. Today this particular division has fallen into disuse through a recognition of greater linguistic variety as well as broader similarities among the Rarámuri, probably due to cultural assimilation of neighboring tribes during the colonial era. What is constant through time is the topographical distinction between canyon and highland areas, which does affect certain subsistence practices. The lowland canyon bottoms,
ranging from one to three thousand feet in elevation, are characterized by steep granite
canyon walls and rushing rivers. The area is semi-tropical, with cacti, papaya, mangoes,
and oranges growing in the rich riverine soils. In contrast, the upland plateau lies
between seven and nine thousand feet and consists of volcanic tufa covered with pine and
oak forest including madrone, manzanita, and juniper. The entire Sierra Tarahumara has
been recognized as one of the most biodiverse areas in Mexico (Burns ND).

The region’s weather consists of a monsoon season, typically beginning in June
and lasting through September, during which up to seventy-five percent of the annual
precipitation falls. In this season it may rain daily and heavily in the afternoon, turning
otherwise dry streambeds into impassable gushing waterways. The dry season lasts from
October through May, punctuated by infrequent snowfalls in the winter months of
January and February. Rainfall averages between fifteen and twenty inches per year,
and it is not unusual for precipitation to fall in one rancheria and miss another just a short
distance away. Because of the extremes in both climate and topography, Rarámuri living
close to canyon edges developed a pattern of transhumance, migrating to canyon bottoms
in the cool dry season and returning to the highlands in the warm wet season, following
the seasonal demands of both animals and crops. This mobility has been compromised in
recent decades because of the increasing settlement of the entire area by mestizos, who
will move in and occupy vacant land, settling permanently thereby prohibiting use of the land by migrating Rarámuri - who have no legal recourse to this usurpation of their land.\(^3\)

2. Historical perspectives

Campbell Pennington, who conducted a study of the material culture of the Rarámuri in 1955, noted:

…it is very clear that, although almost four centuries of contact among the Indians, Spaniards, and Mestizos have brought about changes, modifications, substitutions, and abandonment of certain aspects of the Tarahumar material culture, the basic pattern of settlement, population, and economy has remained essentially unaltered. (Pennington 1963:240)

I tend to agree, but it is important to note that what we consider “traditional” Rarámuri culture today is an adaptation to Spanish and Mexican colonizers, with changes occurring in several stages. This becomes evident through the following brief historical review.

2.1 Prehistory: Archaeological and Linguistic Records

An interesting but not atypical (for indigenous groups of North America) aspect of Rarámuri history is that we know little about them before their contact with the first Spanish explorers and missionaries in the last half of the 1500’s. The material record is scant, probably due to the fact that in addition to being a nomadic population, which has earned them the title of “mobile farmers” (Graham 1994), the Rarámuri seem to pay little attention to material culture. They live where they can find shelter, historically living in
caves and rock overhangs, and only more recently constructing permanent houses. There is little certain archeological information about the origins of the Rarámuri because of their lack of concern for highly elaborated material culture.

Carl Lumholz, a Norwegian who undertook extended journeys through the region in the late 1800’s, provides an extensive and detailed account of the Tarahumara he lived among for over a year. He records a creation myth that explains which direction they came from:

According to another tradition they descended from heaven with corn and potatoes in their ears, and were led by *Tata Dios* into these mountains, the middle of the world, having originally come from the north-east or east. (Lumholz 1987:297).

We do know that the Tarahumara are most likely not descendants of the cultural complex associated with Paquimé in north central Chihuahua (Lister 1958), and are probably not relatives of the Apaches either. This second assertion is based upon linguistic data which puts the Rarámuri language in the Tarahumaran group of the Southern Uto-Aztec Sonoran language family. Southern Uto-Aztecan also includes Aztec, Yaqui, Huichol and Pima languages (Grimes & Grimes 1996), and is a good argument for prehistoric Tarahumara association with Puebloan, rather than Athabaskan, peoples. Additionally, in Rarámuri language the cultivation vocabulary includes words
such as “sunú” (maize) which is identical to the Proto Uto-Azetcan word for the same thing, again indicating a strong link.4

Robert Zingg excavated burial caves in the northern Sierra in the thirties and found mummies. He associated these remains with the Basketmaker cultures of the Southwestern US and used his findings to promote an association between contemporary Tarahumaras and Indians living in the Southwestern United States (Zingg 1940). Further investigations provide some evidence that the Tarahumara may be descended from Mogollon culture (Lister & Lister 1966). Asher and Clune excavated a burial assumed to be Tarahumara at Waterfall Cave in northern Chihuahua in 1958. They used plant materials found there to date the site at 1000 AD, and discovered Mogollon pottery in the cave (Asher & Clune 1960). Working around the same time, Lister suggests evidence for Mogollon culture in caves and cliff dwellings in the northern Sierra (Lister 1953, 1955). Barney Burns, an archeologist working in the Tarahumara region for over thirty years with a focus on crafts and material culture, notes that contemporary Rarámuri pottery is almost identical to pottery samples from the Mogollon culture (Burns 2002). He also notes that both cultures were dependent upon similar habitats consisting of large stands of acorn producing oaks, which provide a rich and easily exploitable nutrient
source. Today the Sierra Tarahumara is home to over thirty different species of oak, yet to my knowledge there is no tradition of acorn use among the Tarahumara.

If we want to know more about the ancestral origins of the Raramuri than what the Raramuri tell us in their creation stories, the Sierra Tarahumara will have to be a focus of more archeological research. American archeologists working in the Sierra in the past few decades have used an ethnoarcheological perspective with an interest in documenting the unique pattern of mobile sedentism among the Raramuri (Graham 1994, Hard & Merrill 1992), while Mexican archaeologists tend to neglect the prehistory of the region - instead focusing their efforts on material culture of the historical periods and rock art (Viramontes Anzures & Crespo Olviedo 1999).

Despite the lack of archeological data on the pre-contact material culture of the Raramuri, there still exist rich sources on the first contacts between Jesuit missionaries and the Raramuri. These are reviewed in the next section.

2.2 Proto-historical period: Spanish Missionizing Activities 1607 – 1890

The historical record covering the origins and so called “traditional” customs of the Raramuri consists of accounts written by Jesuit missionaries engaged in an attempt to “reduce” the Indians, the Spanish term (reducir) used to describe the goal of bringing the Indians together into town centers so they could be civilized. Early records contain
narrative glimpses of life seen through the eyes, minds, and hearts of men who were committed to stopping or changing “pagan” ways. Indeed, in the introduction to his chronicle of contact between the Spanish and indigenous peoples of the New World, Edward Spicer notes “But for the most part there is really no history of the Indians, only the history of the Spaniards in their contacts with the Indians” (Spicer 1962:22). He goes on to emphasize that our knowledge and understanding of this era is distorted and biased and that we must acknowledge the distortion. Mexican anthropologist and historian Luis Gonzalez Rodriguez conducted a review of historical documents and academic research on the Tarahumara, and agrees there is prejudice but values existing materials as a fertile source of information due to the fact they provide personal observations (González Rodríguez 1993: 319). At the very least, although biased, these materials are better than nothing.

The prejudice is palpable as one reads about these most uncivilized Tarahumaras living in caves, participating in drunken orgies and using the power of sorcerers to bewitch outsiders and good Christian folk. Time and again the early descriptions mention the fact that the Tarahumara are drunkards, unconcerned with the simplest benefits civilization has to offer them - preferring instead their “primitive’ cave dwellings, open fires, remote homesteads, and drunken pagan ceremonies to the pueblo
centers and churches the missionaries established (González 1991). There are gruesome accounts of Tarahumara heads cut off by the Spanish Captain Retana who then posted them along roads to intimidate the Indians into submission (González 1991, Sheridan & Naylor 1979, Spicer 1962). One reads of nativistic ceremonies inciting the Rarámuri to rebel by instilling the belief that their leaders were immune to death by gunshot, and that those killed by guns would revive in three days (Sheridan & Naylor 1979:44). Other “superstitious” ideas ridiculed in Jesuit accounts include the idea that church bells spread measles and smallpox, even though both diseases were in fact introduced to the Indians by Spanish missionaries⁶. On one occasion, Father Neuman, a Jesuit who lived in Sisoguichi for almost thirty years and spent over fifty years in the Sierra, proudly relates how he dressed up in blankets to hide himself in a crowd of Indians participating in a drinking fiesta. He leaped out to smash the clay pots full of fermented brew (Spicer 1962:310). The fact that the padre would smash the clay ollas full of the fermented drink, batari, astonished and angered the Rarámuri, just as their drinking astonished and angered the padre who could not accept their explanations that God himself had taught them to make and drink it. Clearly the Spaniards and the Tarahumara were at odds and the efforts and actions of each group only furthered the cultural misunderstandings,
leading to an unstable and spotty missionizing period that colors interethnic relations between Rarámuri and outsiders even today.

Spicer states that the missionary objectives were not realized because the dispersed settlement pattern of the Rarámuri allowed them to retreat to regions outside of Spanish influence. This independent Rarámuri domain gave the Indians control over their exposure to external forces, a control which contributed to their 'cultural conservatism,' since they basically moved in and out of mission centers at will (Spicer 1962:39).

In 1767 the Jesuits were expelled from Mexico after one hundred and fifty troubled years of attempts to convert and civilize the Tarahumara. At this time there were twenty-nine Jesuit missions and fifty-five visitas left unattended, many of which fell into disuse and decay since the Franciscans, arriving after the Jesuit retreat with limited resources, were unable to keep them up (Pennington 1963:16). Many Tarahumara had not been successfully "reduced" and were left to integrate the missionary influence into their lives as they saw fit. Pennington notes that the period between the withdrawal of the Jesuits in 1767 and 1800 was a period of "rapid disintegration of the missions, apparently because of lack of personnel and arguments between civil and ecclesiastical authorities as to the status of the missions" (Pennington 1963:16). There is little
information about this period in the historical record and thus almost a hundred years of Rarámuri history is still unknown to outsiders.

The Indian Wars in the United States in the last half of the nineteenth century had an effect on the Rarámuri since the northern Sierra Tarahumara became a stronghold for renegade Apaches. Apache intrusions into Chihuahua not only disrupted the missionizing effort, but also discouraged settlers from entering the region; and, in some cases, led to the withdrawal of settlers from areas they had occupied (Alonso 1995: 2427, Nugent 1993:52-3). These Indian Wars in the southwest US directly contributed to the isolation of the Rarámuri, and also gave them a chance to receive benefits from the Mexican government by fighting Apaches (Alonso 1995:102).

Corroborating the Apache intrusion of Tarahumara lands are Rarámuri stories of contact with Apaches, the most common being the way in which Nararáchi got its name. I was told the story several times during my stay in the Sierra. In Rarámuri the name Nararáchi means "place where they cried" and refers to a time when Apaches hid in a cave only to be smoked out and killed by the Rarámuri (Batista 1999a & 1999b). Apache-Rarámuri relations were not always so unfriendly, however, and it is common knowledge in the Sierra that Apaches and Rarámuri intermarried (Goodwin 2000).
In Mexico, the nineteenth century was dominated by war and chaos. The fight for Mexican independence from Spain was won in 1821, but the newly independent country was at a loss when it came to knowing what to do with the Indian population. The new nation adopted an ideology and strategy of nation building through identity construction. In the developing Mexican state, all individuals became Mexican citizens with equal rights of citizenship, including Indians. However, the cost to the indigenous people was the loss of their identities as Indians. The northern states of Chihuahua and Sonora recognized all residents as Mexican citizens, but failed to mention Indians in their constitutions (Spicer 1962:334). The idea was to assimilate all people into an unified *mestizo* state.

The new government struggled on many levels, and its first fifty years were fraught with political upheavals. In Chihuahua, the resultant chaos not only successfully disrupted the missionary effort to the Tarahumaras and enabled Apache intrusion into the Sierra, but also provided the seeds for revolution as new laws impinged upon the autonomy of local residents (Katz 1998:17). Chihuahua, and more specifically the Sierra Tarahumara, became the “cradle” of the revolution as resistance to nationalizing forces fomented in the fiercely independent region. 7
The Mexican revolution as fought in the state of Chihuahua in Northern Mexico is still vivid in the minds of the Rarámuri with whom I lived and worked. Stories have been passed down from generation to generation; and it is not uncommon to hear people mention the revolution, with fathers or uncles or grandfathers having participated in some of the battles in these northern regions. Pancho Villa was quite active in Chihuahua, and at tesguinadas in the Sierra I often heard Rarámuri speak of him. Thus, by their own admission, Tarahumaras participated in the revolutionary effort, a fact that remains largely unexplored in the historical record. One source mentions Tarahumaras were said to be loyal to Villa, fighting with him in 1911, but goes no further in documenting their loyalty (McNeely 1984:19). Certainly the revolution interfered with the goals of the European missionaries, however, during this period we have little information about either their efforts or the Rarámuri. What is usually presented in histories of the era is an account of the Tarahumara as a “peaceful” group who employed a strategy of retreat when confronted by the State and Church. I believe they were not as peaceful as portrayed, and that they continued to pass in and out of Mexican society and the revolutionary battles as they pleased and needed, remaining a somewhat peripheral population in the minds of Mexico’s leaders.
2.3 Late Mission Period: 1900 to the Present

To sum up, the contact period between the Raramuri and outsiders was characterized by early rebellion against the missionaries, followed by gradual pacific acceptance and resistance via retreat (approximately 1607-1767). Next was a period of approximately one hundred years when the Raramuri were left on their own to appropriate and integrate Spanish customs as they saw fit (approx. 1767-1890), punctuated by the Mexican revolution.

A third phase of missionary influence, during which the missionaries renewed their efforts with increased vigor, began in the early twentieth century when the Jesuits returned to the Sierra and reestablished pueblo centers in the effort to convert the Raramuri. The effort continues to this day. The Jesuits were more successful this time, and currently the Catholic church is one of the strong champions of modernizing developments in the Sierra Tarahumara. In addition to strengthening their missionizing effort, including successful efforts to baptize the Raramuri (many Raramuri will tell you they are “católico”), the Jesuits provide education in Spanish and Raramuri language through private boarding schools. They have also established clinics and hospitals, recruiting private physicians and other health care workers to provide faith based health care services. Additionally, Jesuits financially back diverse development projects
ranging from the digging of wells, crafts production and marketing, music promotion and tourism, to the monitoring of human rights and sponsorship of workshops covering indigenous human rights and politics for their own staff as well as indigenous leaders (Kwira 2001).

In the last half of the twenty-first century, there was an increase in non Catholic evangelical missionary efforts among the Raramuri. Many Christian missionary groups, including Mormons, Baptists, Evangelical sects and the Summer Institute of Linguistics, were active in the Sierra and several have established missions. Samachique, the site of Bennett and Zingg's research, was noted for being “traditional” in the early 1930’s when they were there. It currently has over five different Christian churches engaged in the work of converting the natives to their particular faith. These evangelical interests bring medicines, western clothing, tools, technology, and foodstuffs along with their Christian message. They forbid tesguino production and consumption, and in some communities serious rifts are developing between these “cristianos’ and Raramuri who continue to adhere to their original ceremonies and religious practices. In Caborachi, east of Guachochi, community members held a special meeting in the spring of 2000 during which they voted to oust the Christian missionary couple who had been living in their midst for over ten years. The vote was twenty-seven to twenty-three and the community
remained divided a year later. The missionary couple moved their missionary efforts to another rancho.

Today, the Jesuits retain a strong hold on the lives and souls of the Raramuri. Their strategy of learning the Raramuri language and living in the pueblo centers has resulted in a large number of Tarahumaras defining themselves as “pagotame” or “bautizado,” meaning baptized. Ostensibly Catholic, the religious beliefs and lifestyles of these pagotame are syncretic as the Raramuri continue to adopt customs they find useful while ignoring everything else. The “cristiano” Tarahumara are growing in number, living an even more assimilated lifestyle than Catholic Raramuri, since the evangelicals prohibit attendance at tesguinadas, essentially blocking Christian Tarahumara from participation in all aspects of social, economic and political life (the Jesuits allow, but do not condone tesguino). The counter to the pagotame are the “gentiles” who have intentionally refused the advances of all missionaries, choosing to stay in their isolated rancherías.

2.4 Mining, Revolution and the Mexican Government

Three other historical influences during the two hundred years from eighteen hundred to the millennium (1800-2000) must be mentioned: the mines and miners, the Mexican Revolution, and of course, the Mexican government. Silver was discovered in
the southern and eastern regions of the Sierra Tarahumara as early as the seventeenth century and the ensuing influx of miners led to increasing encroachment on Tarahumara land. This contributed to the displacement of the Raramuri as they retreated further into remote areas of the canyons and highland country as greater areas of their land were usurped by mining activities. The mine owners recruited Raramuri to work in the mines in a manner which amounted to slavery, since most Indians worked long hours for weeks and even months without pay. Many Raramuri chose to run away, or worked only until they received payment, at which time they fled. This retreat left a negative imprint not only on the escaped workers, but on their descendants as well. The runaways chose to disengage completely with outsiders and became known as “gentiles” or “cimarrones” because of their desire to remain free and live outside the influences of the church, the state, and the market economy (Kennedy 1978, Levi 1993). The result of this refusal to continue to be exploited led to the Raramuri being characterized by the mine owners as “lazy” and “irresponsible” workers. The most important mines, however, remained at the periphery of the Tarahumara region, thus not all Raramuri were effected by the mining operations. However, the stereotype of Raramuri as lazy or irresponsible has become embedded in the minds of non-Indians living in the area.
The other effect of mining was the introduction of large numbers of outsiders into the heretofore unpopulated region. Mine operators recruited Indians from Sonora and Sinaloa to work in the mines. Americans established permanent residences in such remote areas as Batopilas, and Mexicans from all over Mexico arrived to take part in the rush for gold and silver (Shepherd 1938). Even Europeans arrived; and today, in some areas such as Batopilas, which was the center of one of the most successful silver operations, many native mestizos have blue or green eyes and will tell you about their French or Spanish ancestors.

The Mexican government passed a “Law of Colonization” in 1825 originally intended to provide free title to land for the Tarahumaras, but which actually resulted in opening up the land to Mexicans in the area. Enrique Creel, governor of the state of Chihuahua in 1906, passed a “Law for the Betterment and Culture of the Tarahumaras” in an attempt to civilize the Raramuri (Sariego 1998:7, Spicer 1962:41). He also passed a land reform law in 1905 that gave the state (and his governing body) power to claim land, thus removing land from Tarahumara and peasant villagers’ control (Katz 1998:28). Regarding the Tarahumara, Creel proposed committees, schools, and other development programs designed to assimilate them. He also had the idea of establishing Tarahumara “colonies,” with the first named after him and located adjacent to the railroad and nearby
Jesuit center of Sisoguichi (McNeely 1984:18). Most of Creel’s project failed because the Mexican revolution under Madero began drawing interest and resources away from the Sierra, partly in response to Creel’s policies. The “colony” he established grew as a mestizo settlement and is now the premiere tourist spot in the Sierra, complete with a KOA campground, internet cafes, mountain bike rentals and tours, an espresso shop, youth hostels and high end hotels including a Best Western motel and a luxury resort boasting a real tiger and helicopter tours of the canyon country. Land claims in the area are still disputed today, especially since the state government began developing the “master plan for tourism” in the Sierra.

The government laws initiated by Creel efficiently provided a route for mestizos to legally claim lands upon which the Tarahumara had resided for generations. The complexity and detail of this land struggle is beyond the scope of this discussion, but what is important to remember here is that most Raramuri to date do not hold legal title to the land they live on and cultivate. The agrarian land reform of the early twentieth century was designed to return lands to the citizens who were considered to be the rightful owners. However, in the Sierra it had the ultimate and enduring effect of enabling mestizos to take over Indian lands (Beltrán 1952, McNeely 1984).
In the *ejido* of Basigochi the *mestizo comisario ejidal* who left office in 2000 was, according to many Raramuri, a rich and corrupt man who did not even live in the *ejido* (he lived in that tourist town a three hour drive away). Weeks before he stepped down from his post, he filled the *ejidal* register with the names of his Mexican family and friends. Raramuri individuals with legal rights to land who applied for the status of *ejiditario* were informed that their land had already been registered to someone else. In this case, local residents of Basigochi had no legal recourse, nor did they have the ability to expose the covert actions of the *comisario ejidal*. This take over of land has been and still is common throughout the Sierra, especially in areas where Raramuri have less Spanish language ability and little exposure to Mexican custom and law.  

Another important government effort impacting the lives of the Raramuri was the establishment of a Coordinating Center of the National Indian Institute (INI) in Guachochi in 1952. The center promoted a policy of "*indigenismo*" which is a political agenda intended to bring the uncivilized Indians into step with Mexican society by providing them with education, community organization, health care, and economic development. The assimilationist policies of *indigenismo* were originally masked in language promoting the improvement of life for the destitute Indians. However, in a frank discussion of *indigenismo*, Chihuahua anthropologist Juan Sariego notes:
In this long period that begins with the liberal legislation of 1906, the appearance of the first Cultural Missions in the mid twenties, and lasts until the formation and consolidation of the National Indian Institute (INI) in Guachochi at the end of the fifties, a series of experiments about social change in the Indian domain were developed in the Sierra; almost all of these were focused on two axes - land and school. These agrarian and educational experiments constituted the origin and nucleus of indigenismo in Chihuahua. (Sariego 1998:12).

In the sixties two more elements were added: health and “proyectos productivos” (productive projects). In INI’s annual report on Health and Hygiene in 1961, the solution to the extreme problems of malnutrition, disease, and elevated levels of mortality were seen as having one basic solution: “raising the sanitary level via the introduction of modern methods of hygiene depends on a cultural and economic transition which focuses on the process of acculturation” (INI 1961:21). Writing in the early sixties, American researcher Spicer was loathe to point out the ultimate effect of these initiatives. However, Spanish born Mexican resident Sariego, writing thirty years after Spicer, and almost half a century after INI entered the Sierra, recognizes the colonial roots and paternalism of indigenismo, and states:

today it already seems evident that this old model of integration of the national ethnic groups has arrived at its historical end and it is urgent to find other schemes in which the State and national society recognize the right of the Indian pueblos to redefine pathways to their identities, development and self determination. (Sariego 1998:5)
In the 1990’s the National Indian Institute’s operating budget was severely reduced and many programs were discontinued or cut back, including the provision of health care.

Also during this era, wide scale logging operations in the Sierra were intensified and continue today. Raramuri are usually employed at the lower levels of the cutting and milling process, while the mestizo owners and the Mexican government make the bulk of the money through the sale of the timber (Weaver 1994). Most ejidos in the Sierra have some kind of logging operations, and in most the mestizos still receive the majority of the profits from the sale of the trees, although ostensibly all profits are equally distributed among ejiditarios. In Basigochi, the distribution of ejidal profits meant that each of the five hundred ejiditarios received 500 pesos (about 55$) in 2000, and two gunny sacks of corn in 2001 (approx. 220 pounds, sold for 10 cents a pound). These were distributed at ejido meetings held in town, and if the ejiditario was not present to receive his or her disbursement, it was nearly impossible to arrange to pick it up later.

3. Regional Historical Contexts Create Multiple And Specific Power Dynamics

The particular history of Spanish, Mexican, American, and European contact with the Rarámuri created a racial and ethnic power differential between Indians and others, which continues to this day. Although there is a history of cruel revolts against the
missionaries as described earlier, most contemporary accounts depict the Tarahumara as docile, noble, and gentle people. The Raramuri earned this reputation via their strategy of retreat in to their “region of refuge” (Beltrán 1979). After their defeat in the rebellions during the mid 1600’s, many Raramuri realized they were not going to overcome the intruders and retreated to inaccessible canyons and valleys in the Western Sierra Madre where they live today. Others resisted by adopting an attitude of silent acquiescence in their relations with the outside dominant society, one of the “weapons of the weak” (Levi 1999a, Scott 1985). This retreat and stoicism resulted in the characterization of the Tarahumara as noble and traditional, yet it also created a crucial ideological gulf mirroring the physical separation between Indians and Mexicans in contemporary Chihuahua. Typically the Indians live in more rural and remote areas, while mestizos live along the highways or in towns. In urban areas, Tarahumara live in their own settlements where few mestizos enter.

Today, the Tarahumara are widely regarded as the “most traditional” Indians in North America as evidenced in statements made by tour guides, anthropologists, environmentalists, and missionaries (Fisher 1999, Fundación Tarahumara 1994, Merrill 1996b, Sierra Madre Alliance 2000, Verplancken 1999). While this portrayal may be perceived to be quaint, the repercussions are not as benign as one may think. “Most
"traditional" is a polite way of noting that these people are "uneducated," "lazy," "dirty," "uncivilized" "stupid," "like animals," and "do not speak," or "do not know any better;" all of which are direct quotes referring to the Raramuri which I recorded from mestizos working with the Tarahumara during my fieldwork in 1999-2001.

The geographic separation is a physical divide which determines specific and particular histories, depending upon what region of the Sierra Tarahumara one is describing. Thus, the barranca or canyon region surrounding Batopilas has a history which includes a successful silver mining operation begun in the nineteenth century by Spanish interests and worked for thirty years beginning in 1880 by a prominent American family (Shepherd 1938). Besides the Americans and Spanish, Indians from other areas of Mexico, including Yaquis and Pimas, were imported to work in the mines. Raramuri in this area have over one hundred and fifty years of sustained contact with outsiders, can usually differentiate between Mexicans and Americans, and have refined their identities as Tarahumaras in relationship to these outsiders. Additionally, Batopilas has become an international tourist destination. Tourists of all nationalities arrive daily in buses, private sport utility vehicles, or four wheel drive Suburbans outfitted with chairs on top from which they can better enjoy the incredible views of the barranca country as they descend into the canyon. High end hotels costing over one hundred dollars a night provide guides
to remote Indian villages, a three hundred year old cathedral, the mines, and even promise tourists a taste of tesguino or participation in “authentic” Rarámuri ceremonies. Batopilas has become a mestizo town surrounded by Rarámuri rancherias, in some of which live the “pagan” gentiles. The Tarahumara here have learned to exploit the tourist market, some changing into their native zapete (loincloth), sipucha (wide skirts), and headbands before coming into town to sell their wares. They are also increasingly dependent upon mestizos for regular employment as they enter into the Mexican market economy, buying most household supplies and various commercial foodstuffs including sugar, coffee, white flour, salt, sardines, yeast for tepache, and the ubiquitous bottle of soda pop.

In some highland areas, such as Sisoguichi, Jesuit pueblos became important social and economic centers, first during the initial missionizing effort begun in 1607 by Padre Juan Fonte, and then later in the beginning of the 1900’s when the Jesuits returned to the area. The Rarámuri living in these pueblo centers, including but not limited to Norogachi, Tónachi, and Samachique, have been exposed to the sustained efforts of resident padres, nuns and outside visitors brought in by the Church. They have adopted Catholic and Mexican ways to a greater extent than Indians living farther away from these centers. Most are fluent in Spanish, have had at least primary education, and many
go on to study in high schools and even colleges in larger cities in Chihuahua including Chihuahua City and Juárez. Another characteristic of these “mission Indians” is that over the years many have been chosen to represent the Tarahumara at various conferences and workshops all over Mexico, precisely because of their ability to speak Spanish and their familiarity with Mexican culture. Others have been chosen as guides or “cultural consultants” in national and international research and development projects. This provides some Raramuri with money, experiences, and opportunities not available to those living outside of these pueblo centers, which all tend to be easily accessible by car. These experiences, in turn, effect the daily lives of all Raramuri in the community, as different outside resources, material items, and knowledge are brought in. In these areas it is not uncommon to see Raramuri with watches, boom boxes, multicolored plastic barrettes, or other random accoutrements of western industrial culture. You may even hear a Tarahumara tell you about his trip to Italy, California or Santa Fe, or how he ran in the Leadville marathon or danced matachine dances in Tucson, San Diego, El Paso, and Flagstaff.

In other highland areas, settlements such as Guachochi, San Juanito, or San Rafael, were influenced by intensive logging operations established by the Mexican government and private mestizo interests in the middle of the twentieth century, and have
basically become blue collar mestizo communities. Tourists do not stop to visit these
towns, or if they do, they quickly leave in search of more picturesque locales with
modernized amenities. As mentioned earlier, Creel had a different trajectory and is today
a mestizo community which caters to the tourist industry and is essentially a tourist
center. Rarámuri come to these commercial centers to work, go to school, sell crafts, or
buy household goods and food items. In the nineties, the exodus from the Sierra has also
increased the Indian population residing on the fringes of these communities. The
Rarámuri who live in and around Guachochi or San Juanito do not have the sociopolitical
savvy that those who live nearer to tourist centers such as Creel and Batopilas do. Thus
there is a visible difference between the residents of these communities, with the
Rarámuri who exploit the tourist market even appearing more “traditional” than those
who exploit the mestizo town centers: tourists want Indians to look like primitives, while
mestizos want them to look Western. Rarámuri may therefore, adapt their dress,
language, and lifestyle to accommodate the demands of the local commercial context
they depend upon.

3.1 Cultural Variation and Basígochi

While most Rarámuri tend to follow a similar lifestyle, the particularities of both
material and non-material culture do vary regionally. This regional variation can be
profound. Residents of different areas wear different clothes, hold different ceremonies (including the music played), utilize different planting cycles, engage in different modes of economic exchange, eat different foods, and sponsor different kinds of curing practices. Linguistically, over eight different "dialects" have been described, and it is not uncommon for residents from one part of the Sierra to misunderstand or be unable to speak to residents in another region. For example, where I lived the fermented corn drink was called batari while in other areas sugui is used. I discovered this regional variation in conversation with other anthropologists working in the Sierra, as well as through a review of published accounts describing Tarahumara culture. Because of such regional differences, in this dissertation I only describe Rarámuri life as I knew it in the Sierra in Basigochi, a pueblo located in a small valley at seven thousand feet in the highland region of the Batopilas drainage system. Bill Merrill noted this regional variation, stating:

Because the topics on which I focus have not been investigated in most other Rarámuri communities, the degree to which my account is applicable to the Rarámuri as a whole remains to be determined. (Merrill 1988:15)

Likewise with this account on Rarámuri birth and culture. I describe only a small portion of the Tarahumara population and I cannot claim my study as representative of all
Rarámuri. I have referenced research which corroborates my findings in other areas of the Sierra, but I have to emphasize that cultural variation among the Rarámuri prevents any assertion that my findings are typical of all Tarahumara.  

I also need to make a claim for Basigochi as an ordinary rancheria. In anthropology it is customary to explain why the community one chooses to work in is suited to the particular topic to be investigated. What usually ensues is a description of the unique attributes of the particular place in relationship to the particular subject matter. For instance, there are claims for Narrarárachi having the most powerful shamans and being the only place the peyote ceremony is still performed - thus researchers wanting to study curing have done their research there (Caro Sanchez 1997). An investigation into philosophy, cosmology, and reproduction of knowledge begins with an account demonstrating the research site as one of the last places to be exposed to Jesuit teachings, thus making it an ideal site in which to understand traditional Rarámuri thought and practice (Merrill 1988). Kennedy and Levi both claim their sojourns into gentile communities as ventures into places yet untouched by outsiders, thereby implying that their research provides a window into the uncontaminated, or “pure” Rarámuri (Kennedy 1978, Levi 1993). The biology student goes to one of the only remaining sections of uncut forest in the Sierra to document birds and traditional knowledge about animals.
The researcher interested in music visits the *pueblo* known for having the best violinists and violin makers, while the researcher interested in tourism goes to the tourist towns; and the one interested in crafts production goes to the place where women are known to make good baskets and woven belts. But where does one go to study birth in a culture where there are no indigenous midwives and every woman has babies? Does it matter?

I cannot and do not make any claims for Basigoichi being the site of some extraordinary or uncommon cultural feature. No famous potters, violinists or shamans resided in the area. No tourists arrived to see the ceremonies (other than the five friends for whom I was responsible). There were no resident American (or French or Austrian) expats; the place did not have an NGO championing it; nobody arrived in Basigoichi with truckloads of corn and beans; and no films have been made there. The place was pretty much forgotten by Jesuits and evangelicals. Of course there were shamans and potters and violinists, but they were not singled out in any way, and neither was the community. I think Basigoichi is like many communities in the Sierra that remain unmarked and do not appear on the maps, in the history books, journals, tour guides, videos, or even in the public discourse. However, it does have its own specific history of contact with outside researchers. An American anthropologist visited several times in the late fifties (Kennedy 1978), and in the nineties a few foreign researchers spent several weeks in the
community (Kantonen 1999, Stefani1993, Urteaga 1996). Because of this, Basigochi has ended up in the Tarahumara literature. Even so, I was the first outsider to live in the community for an extended period of time, and some people remarked that I was the first white woman they had seen. I think it was its very ordinariness that made Basigochi a perfect research site. I was able to enter a community that had little exposure and preconceived ideas about anthropologists or Americans and, for that matter, I think I was lucky.

Between 1999 and 2002 Basigochi had a population which varied between one hundred and one hundred and fifty people and consisted of between twenty and twenty-four households. The census conducted by the Mexican government in July 2000 lists twenty-two households and eighty residents (INEGI 2000). The discrepancy in numbers and approximations are easily explained by the mobile lifestyle of the Raramuri. I want to note that although the census takers did an admirable job, their results were hindered by their strategy. They were in Basigochi only for a few hours one day and were not able to count people who may have been out wood cutting, herding animals, or gathering plants for the day. Thus it is no surprise my numbers are higher than the census. This serves to emphasize the idea that all population figures for the Raramuri are probably underestimated, a detail that becomes important later on in my discussion.
3.2 Will the “Real” Rarámuri Please Stand Up?

In the midst of my fieldwork among the Rarámuri in different contexts I observed that footwear could mark degrees of acculturation. A woman’s place of residence, socioeconomic status or place of employment, education level, language, and the amount of exposure she has had to Mexican culture could be determined by what she had on her feet. In Table 1, my observations have been placed in a grid which serves as a tentative model of acculturation. My intent was to draw attention to the different “types” of Rarámuri, indexing the variety and consistency of certain features common to Rarámuri women’s lives. When I began my research in the urban asentimiento in Chihuahua City, Mexican anthropologists frequently asked when I was going to go to the Sierra and work with the “real” Tarahumara. At first I paid no attention to such comments, but I soon realized it was common for Mexicans to think the urban Rarámuri were less authentic, pure, or “real” than those in the Sierra. I asked myself why it was that a Tarahumara woman who lived in an urban asentimiento; spoke Rarámuri; wore hand sewn wide skirts, sandals and a headscarf; ate pinole, attended (urban) tesguinadas and Catholic masses; sat on street corners asking for kórima; raced in footraces; consulted an owirúame (curer) for illnesses; but had never been to the Sierra, or only went once a year,
Table 1: Footwear Acculturation Model

<table>
<thead>
<tr>
<th>Footwear</th>
<th>Language</th>
<th>Education</th>
<th>Residence</th>
<th>Job</th>
<th>Religion</th>
<th>Contact with Mestizos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barefoot</td>
<td>Rarámuri only</td>
<td>None</td>
<td><em>Barranca</em>, remote areas</td>
<td>Home, subsistence</td>
<td>Tarahumara attends and participates</td>
<td>None or infrequent (avoids)</td>
</tr>
<tr>
<td>Tire tread sandals</td>
<td>Rarámuri, a few Spanish words</td>
<td>None to a couple of years</td>
<td><em>Barranca</em>, highland <em>ranchos</em></td>
<td>Home, subsistence</td>
<td>Tarahumara or Catholic, attends most <em>fiestas</em></td>
<td>Infrequent Finds it unpleasant</td>
</tr>
<tr>
<td>Plastic “jellies”</td>
<td>Rarámuri and Spanish</td>
<td>Up to 6th grade</td>
<td><em>Rancheria</em> and towns</td>
<td>May work as domestic</td>
<td>Catholic, evangelical <em>fiestas</em></td>
<td>Common but by chance</td>
</tr>
<tr>
<td>Jellies with socks</td>
<td>Rarámuri and good Spanish</td>
<td>6th and middle school</td>
<td>Towns and <em>pueblo</em> centers</td>
<td>Domestic or cook</td>
<td>Catholic or Christian, attend major <em>fiestas</em> only</td>
<td>Regular, sustained and intentional</td>
</tr>
<tr>
<td>Tennis shoes</td>
<td>Spanish and possibly does not speak Rarámuri</td>
<td>Middle and High school completed</td>
<td>Towns</td>
<td>Bilingual teacher or shopkeeper</td>
<td>Catholic and Christian, rarely attends <em>fiestas</em></td>
<td>Daily interaction</td>
</tr>
<tr>
<td>Western footwear (use high heels)</td>
<td>Spanish only</td>
<td>Primary and High school education</td>
<td>Sierra towns and Urban areas</td>
<td>Domestic or service industry wage labor</td>
<td>Catholic or Christian church</td>
<td>More contact w/ mestizos than with other Indians</td>
</tr>
</tbody>
</table>
was not considered to be a "real" Tarahumara. I began paying more attention to the ideas being voiced about the Tarahumara in public discourse, and I also began collecting images representing Rarámuri people, land, and culture.

I realized that there was a very specific idea concerning what a "real" Tarahumara was, and furthermore, that this view was as likely to be found among those unfamiliar with the Rarámuri, as among those who had spent years working or living among the Rarámuri. This idealized and essentialized image of the "real" Tarahumara can be described according to clothing (including footwear!), place of residence, religion and language as well as contact with outsiders. The "most authentic" are barranca dwelling gentiles that "still" herd goats, are nomadic, only speak Rarámuri, hold curing ceremonies (especially the peyote ceremony), bury their dead in caves, smoke hand rolled native tobacco, wear zapetes and sipucha, go barefoot, live in caves or wooden homes, are good runners, and associate with outsiders as little as possible. This can also be defined by what they do not do, for example: "traditional" Rarámuri do not work for money (or rarely do), attend school, participate in Catholic fiestas, wear mestizo clothes, speak Spanish, live in towns, wear shoes, smoke cigarettes, use western medical facilities, bury their dead in cemeteries, and so on.
This way of representing and thinking about the Rarámuri was not consistent with my experience of the multiple modes of expression in which individual Rarámuris were engaged, and is very limited as it overdetermines the *gentile/pagotame* dichotomy. In the literature, *gentiles* are described as unacculturated, unbaptized, and "real" or "pure" Indians still practicing their "traditional" nomadic subsistence culture, and who remain untouched by outside influences (Kennedy 1978, Levi 1993 & 1999a, Merrill 1988). They passively resist outside influence via their strategy of retreat, carrying on in their lives as they have for the past two or three centuries. The *pagotame*, on the other hand, certainly are Tarahumara; but they have accepted the Catholic church, western clothes, western medicine, western education, Spanish language, commercial cigarettes, and alcohol, and participate regularly in the *mestizo* monetary exchange system.

This disparity is noted in an insightful article on acculturation among the Tarahumara by a team of medical researchers who were in the Sierra in the late sixties (Paredes, West & Snow 1970). They used the terms "acculturated Indian" for the *bautizado/pagotame* type of Tarahumaras and simply use "Tarahumara" for the people who have less contact with *Mestizo* culture. This is problematic because it again supposes a dichotomy and assumes linear acculturation. While the article addresses the changes in a positive way, it also falls into the trap of thinking Indians are either
acculturated or not. Sheridan & Naylor, writing in the late seventies, note that the ethnographies of Bennett & Zingg (1935), Kennedy (1978 & 1996) and Pennington (1963) do not address culture change and that further research is needed. Pastron (1977) links increased accusations of sorcery to acculturation stress. Merrill notes changes due to culture contact with mestizos but does not discuss the process in depth, however he does note there are similarities between gentiles and pagotame (Merrill 1988:49); although he goes on to explain that Raramuri in his area do actively distinguish between gentiles and pagotame (Merrill 1988:77).

My point here is that the commonly used distinction between gentiles and bautizados, simaroni, and pagotame, or unacculturated and acculturated Indians is a gross oversimplification of contemporary Rarámuri life and culture. While the simaroni/pagotame distinction may have been useful in the past to classify Rarámuri, it is less so today. Besides essentializing an image of the Tarahumara which is not entirely accurate, it contributes to the continued and increasing exploitation of the Indians by providing justification for the actions of “Others” who see themselves as superior and able to help the Tarahumara. Let me explain.

This normative image of Tarahumara culture is contingent upon participation in so called “traditional” Tarahumara cultural practices such as yumari or hikuri ceremonies,
nawésari, or tesguinadas. Things seen to be quintessentially Tarahumara are tesguino, yumari, matachines and violin music, curing with dreams, farming corn and herding goats, living in caves, burying dead in caves, zapetes, goatskin drums, and crafts such as beargrass and sotol baskets, wool blankets, violins, or clay ollas. Along with these practices and objects go the stereotypes: Tarahumara are dirty, do not speak, are promiscuous lazy drunkards and basically ignorant, filthy people who do not want to better themselves by participating in Mexican (or western) culture. A key feature of the negative stereotype focuses on their lack of dependence upon material culture - the Rarámuri just do not care about material goods to the extent that people in the industrialized world do.

From these images and stereotypes comes the idea that the Rarámuri need help to survive in the modern world, because they will not make it on their own. Without intervention they will die from drunken accidents or get sick due to their poor hygiene and alcoholism; their babies will die at birth, and they will live in poverty due to their lack of any work ethic. Their arts and crafts are seen as crude in comparison with other Indians, such as their southern neighbors the Huichol or their northern neighbors the Navajo, as is their mythology, philosophy, and ritual, which again are viewed as simple in comparison to other Indian groups. The Rarámuri are represented as primitives and
iconically valorized as innocent and noble savages - people caught in a time warp and stuck in the savage stage on the unilineal evolutionary scale.

This notion of the quintessential Tarahumara, with a double valence of both “pure,” (therefore good - and in some instances better than westerners because of their connection with the “natural” world), and “dirty,” (therefore bad - unclean, lazy, uncivilized, stupid, ignorant and lacking in whatever is thought to be necessary to westerners; is carefully constructed by a number of different groups working in the Sierra for the “betterment” of the Tarahumara. Many of these groups display a missionary zeal in their efforts to “save” or “help” the Raramuri. I include in this group missionaries such as Jesuits and Christian evangelicals, but also refer to environmentalists, political activists, tourists, tour guides, craft marketers, educators, community developers, social workers, human rights organizers, health care workers, government employees, international volunteers, and anthropologists. Individuals in each of these fields have a stake in representing the Raramuri as cave dwelling semi nomadic canyon running primitives who are still untouched by wicked industrial culture, remaining pure and innocent and noble. They have a stake in baptizing and saving the pagan Raramuri, as well as providing health care, medicine, and education to them, offering westerners a glimpse of them or an authentic ceremonial experience, and promoting agricultural and
economic development projects which need exploratory research in order to take place. Sustainable economic opportunities such as those provided by tourism, the sale of books, films and crafts, or performance activities are also key to the activities and identities of individuals in these diverse groups. The point is that the essentialized image of the pure and wild Raramuri is perpetuated by multiple interests for a variety of reasons, and in some locations, the Raramuri themselves become involved in this process of negotiating their images, and consequently, their daily worlds. The extent to which a Raramuri in any given area may or may not exploit these outside interests varies, as does the way Raramuri think about themselves and the worlds they inhabit.

Who are the “real” Raramuri? To say that the Tarahumara who wears pants or boots is “less” Tarahumara, or that urban Raramuri or those living near Creel or in Guachochi or Batopilas, or San Juanito are “less” Tarahumara than the barranca dwelling gentile is to miss something important about contemporary Raramuri life and culture. The Raramuri are notable for their cultural conservatism, which is based upon a pragmatic world view. They have been pushed into a marginal ecological niche and, as the population pressure upon this spare land base has increased over time, they have developed creative strategies to exploit existing resources, depending upon more than their ability to grow corn for their survival. That they have done so to date is remarkable,
and the extent to which they will be able to continue to do so as increasing outside interests encroach upon their daily existence remains to be seen.

The Rarámuri have been depicted as uncivilized or primitive for reasons that tend to justify activities intended to change and better them. I believe this portrayal, while understandable, does the Rarámuri a disservice. It is my hope that this dissertation elucidates some of the variety and cultural agility demonstrated by the Rarámuri, in an effort to expose their pragmatic and efficient ability to adapt and respond to the changes in their physical and cultural world wrought by increasing contact with non-Rarámuri. I wish to move beyond the simplistic emphasis of these people as primitive and focus on their intelligent responses to outside influences which highlight their creativity, adaptability and resiliency.

The individuals I spent time with, in the city as well as those in the “ordinary” village of Basigochi, considered themselves Rarámuri and this self identification did not depend upon what clothes they wore, but to a certain degree, it did depend upon the extent to which they associated with other Rarámuri, held yumari, participated in nawésari, drank batari, and consulted with owirüame. Rarámuri culture is based upon how people think, behave, and relate to each other, rather than upon physical elements.

The acculturation model above only serves to index the regional variation of social
practices and processes in which Rarámuri women participate and in no way should it be seen as representative of all Rarámuri. Local and regional variation among Rarámuri is central to who they are - to date the Rarámuri do not even consider themselves a “tribe,” although they are firmly committed to being Rarámuri, and do note differences between their thoughts and behavior and those of non-Rarámuri. There are similarities and differences in their ideas and practices regarding their reproductive lives, which in the course of this discussion will tell us more about what it means to be Rarámuri in this day and age of rapid change.
NOTES TO CHAPTER II

1 Lister and Lister note not only the disappearance of tribes as a result of the Spanish entrada, but also the tendency of the missionaries to originally describe Indians according to locale and custom, only to later find they all belonged to one "tribe" (Lister & Lister 1966:13). Spicer notes that assimilation and detribalization were typical responses to the Spanish, Mexican, and American colonial imperative (Spicer 1962:573).

2 In the late fifties Kennedy reports the rainfall in upland areas as between twenty four and thirty inches annually (Kennedy 1978: 38), Pennington reporting in the same time period agrees (Pennington 1963: 26). However, Sheridan and Naylor report an annual rainfall of between fifteen and twenty inches (Sheridan & Naylor 1979) and Hard and Merrill report an average of 18 inches for Rejogochi. While I did not engage in measuring the precipitation myself, I believe the lower rainfall averages are more accurate for the period between 1999 and 2001 when I was in the Sierra. It is common knowledge that it is drier now than before.

3 It is beyond the scope of this dissertation to detail the intricacies of land tenure battles between mestizos and Raramuri. However, readers should note that the privatization of ejidal lands has led to widespread disenfranchisement of indigenous people in Mexico as more and more land falls into the hands of mestizos, through legal and illegal means. In most cases, the Indians have no way to protest or fight this usurpation of their traditional territories. Jessen, in his dissertation conducts a more thorough examination of this process in a serrano community northwest of where I worked (Jessen 1996).

4 I thank Jane Hill for bringing this to my attention.

5 In this dissertation I rely primarily upon secondary sources since I spent time in the archives only in Chihuahua City. Besides Chihuahua City, archives used for this history are located in Parral, California, Texas, Mexico City and even Spain, and include private as well as public collections. Pennington (1963) has an excellent summary of the primary sources of archival material pertaining to the history of the Tarahumara, listing each collection and its location. A most excellent source of primary materials is Sheridan and Naylor's volume of selected documents from the Documentary Relations of the
Southwest project (Sheridan & Naylor 1979). I did peruse the DRSW in Tucson looking for information specific to Basigochi. Spicer (1962) provides an excellent synthetic review of the contact period and I have relied heavily upon his presentation. Luis González Rodríguez edited and published Neuman’s documents covering the rebellions from 1626 to 1724 (González Rodríguez 1991), and Deeds (1998) contributes a detailed examination of Tarahumara rebellions as well. Merrill (1981) gives an admirable historical review of Tarahumara history into the contemporary period in the region where he worked, some of which overlaps with the area I studied.

I provide here only an abbreviated history, for two reasons. First, written histories have been done well already by the authors mentioned above. Second, I do not want to bore or distract the reader from the topic at hand and wish to provide just enough historical accompaniment to render my discussion comprehensible.

There were both smallpox and measles epidemics in the late seventeenth century as evidenced in the population figures (see table) and as described by Neuman (In Sheridan & Naylor 1979:46) and Deeds (1998:16 & 20). It is not surprising then, that Raramuri associated the disease with Spanish newcomers.

As one enters the city of Guerrero, located in the fertile Papigochi river valley on the eastern edge of the Sierra Tarahumara, a sign proudly proclaims the municipio as the “cradle of the Mexican revolution.” For a comprehensive and detailed examination of the Mexican revolution, see Katz (1998). Nugent (1993) also provides an excellent local perspective from Namiquipa, another community on the eastern flanks of the Sierra Tarahumara which became a stronghold for Villa. Both of these communities were originally occupied by Tarahumara.

An interesting anecdote was told to me by Andy Miller, a biologist and graduate student working in the Rio Verde region in 2000. When talking to a group of Rarámuri who resided in this remote barranca, he mentioned “World War II”. The Tarahumaras wanted to know when this was, and why it was a world war. Andy replied that most of the powerful countries in the world were fighting, and it was about sixty years ago. The Tarahumara men then wanted to know if this was the war their grandfathers had fought in with Pancho Villa.
John Kennedy gives an ethnographic account of a *gentile* community which he visited repeatedly in the late 1950's (Kennedy 1978). Jerome Levi also conducted research among gentile communities downriver from Batopilas, in the late 1980's. His dissertation reviews the *gentile/pagotame* dichotomy adding the runaway slaves to this group and deconstructing the notion that the *gentiles* never had any contact with outsiders (Levi 1993).

American Grant Shepherd tells his personal story growing up in Batopilas living and working in his father's silver mine in *The Silver Magnet*. Another account is Villasenor's *Rain of Gold* in which he traces the activities of his Indian ancestors from the *barrancas* to California. I met an older woman living in Guachochi who had red hair and blue eyes. She said her father was French and had arrived in the early part of the twentieth century to try his luck in the mines. He married an Indian thus this woman has French and Tarahumara bloodlines.

There is a Non Governmental Organization (NGO) located in Chihuahua that has devoted years of time and thousands of dollars to help Raramuri in a remote region of the Sierra fight the illegal takeover of their lands. The NGO is the Sierra Madre Alliance, which, unfortunately, to date has not won the case.

June Nash, in her recent ethnography tracing the global and historical linkages between local contexts of Mayan lives in Chiapas and the emergence of the Zapatista movement into the international political domain, gives a thoughtful and accurate review of Mexico's indigenous policies in the twentieth century. She defines *indigenismo* as "a pro-Indian policy that is ultimately bent on eradicating cultural differences". (Nash 2001:14).

Where the original is in Spanish, the English translations are my own.

According to the Sierra Madre Alliance, over 90 percent of the old growth forest in the Sierra Tarahumara has been logged since the 1970's.

An exception to this is the *ejido* of Cusarare, where the Raramuri organized in a successful attempt to remove *Mestizos* from all *ejidal* concerns. Today, the residents of
Cusarare run a cooperative crafts market and promote ecotourism in their area, making the profits available to all community members via a fund which can be used for emergency health care or other needs.

\[16\] Merrill (1988:50) cites Lartigue's (1983) statements cautioning against placing too much emphasis on the isolation of the Rarámuri as a reason for their independence and autonomy; however, Merrill goes on to note the influence of this isolation upon the community in which he worked. I believe the isolation has perhaps not been as profound or sustained as some imagine, since the Rarámuri have typically enjoyed a mobile lifestyle which has brought them into contact with non-Rarámuri at rather regular if not infrequent intervals. I believe that independence and autonomy are fundamental characteristics of Rarámuri. Whether or not these characteristics are effects of the colonial encounter is impossible to document or prove since there is no ethnographic evidence for the Rarámuri before contact. I do agree with Merrill (1988:47) and Sheridan & Naylor (1979:4) who use Spicer's model and note Rarámuri culture change has been "incorporative" whereby they adopt aspects of non-Indian culture that promote and reinforce their own cultural values and reject the rest.

\[17\] Espino Loya (1987:44) notes that sugui is made of pure maize while batari has sugar from the stalks of the maize. This was not the case in Basigochi.

\[18\] Urteaga (1996) makes a distinction between three types of Rarámuri settlements. He notes a rancho as the smallest type of settlement, with up to four houses and most likely all one kin group or family. The rancheria has between five and twenty residences, while the pueblo has over twenty homes, a church, a boarding school, and in some cases an ejidal store, a clinic, and even a sawmill. He says these pueblos are usually inhabited by both Mestizos and Indians. Basigochi did not really fit into this categorization - there were twenty families, most were related, there was a church, however it never had a resident padre, was only visited by Jesuit nuns at most once a year, there was not a clinic or a sawmill, no Mestizos lived in the valley, and there was a boarding school. Politically speaking, it was considered a pueblo center, because the juntas were held at the church, as were most of the Catholic festivals including Easter and Christmas ceremonies.

Bennett notes that the pueblo center was defined by a government survey as an area covering a fifteen mile radius, and functioning as a kind of loosely knit community
center (Bennett & Zingg 1935: 183). Bennett’s description resembles what I observed happening in Basigochi more than Urteaga’s - indeed, Kennedy puts parentheses around *pueblo* when using the word to describe Basigochi (Kennedy 1978: 41).

For the purposes of this dissertation, I use *pueblo* in reference to Basigochi when referring specifically to the political functions of the community, but otherwise I use *rancho* or *rancheria*, in order to draw attention to the fact that Basigochi does differ markedly from the more typical *pueblo* centers such as Samachique, Sisoguichi or Norogachi, which do indeed adhere to Urteaga’s classifications.

19 This area was described in Kennedy’s ethnography of the *gentile* Tarahumara of Inapuchi, which is about a five hour walk from where I lived. Kennedy used the “*pueblo*” of Basigochi as a baseline *bautizado* community to which he compared the practices and behaviors of the *gentile* people he visited (Kennedy 1978). I found much of what Kennedy noted about Basigochi to be different when I resided there, and in an article not included in this dissertation I document the changes in Basigochi in the 45 years between Kennedy’s visit and my own.

20 Indeed, graduate student Felice Wyndham was living and working in Rejogochi in 2001, and upon hearing of my research noted that the residents of that community were not as antagonistic towards the clinic as the residents of the community I lived in. We surmised that this may be due to the fact that they attended a private Catholic clinic while residents of Basigochi attended a public government clinic. We plan to follow up on this in a research project comparing health care seeking behaviors of women in both communities.

21 A caveat is in order as regards my use of the term “acculturation.” I began to develop this model in jest, to ridicule with ironic play the notion of acculturation, since I do not agree that a linear acculturation model is reflective of or appropriate to the changes the Rarámuri in both Serrano and urban contexts are undergoing. The process of culture contact and change is complex and acutely dependent upon the specific historical, geographic, political and economic context in question. Because the Rarámuri inhabit so many different locales and physical spaces, their ideological spaces are likewise subject to extreme diversity and variety. To assert that the process of acculturation is predictable, following an established trajectory from “traditional” to “modern” (uncivilized to
civilized, primitive to cultured, ignorant to educated and so on) is to oversimplify. Thus, my use of the term acculturation is meant only to refer to the process of culture change and to acknowledge the fact that indeed, indigenous people in non-industrialized cultures do take on aspects of industrialized culture, but the extent to which they do so is of course contingent upon the idiosyncratic nature of the people in question. Even to assume that the primitive will want modernity is to overstate the case.
CHAPTER III: CULTURAL CONTEXT OF SERRANO RARÁMURI

Vignette: Jesusita’s Story

Jesusita Cruz was the oldest woman in Basigochi. She spoke no Spanish and had been widowed for five years when I met her. She lived with one of her seven sons, sharing the household with her son’s wife, their son and his wife. Next door lived another of her sons and she often spent time in that household as well. Nobody knew how old Jesusita was, and like other Rarámuri women I knew, age was not one of her concerns. Instead, she was quite worried about her ankles, which were swollen and ached. I met her for the first time when she came to ask the woman I lived with for a cure. The three of us sat together, drinking pinole, while Jesusita recounted her troubles. My hostess listened attentively, then reached into a crinkled paper bag and threw what appeared to be a few twigs into a pot of boiling water. In a few minutes a sweet aromatic smell filled the room and Jesusita was served a cup of tea. A while later, Jesusita grabbed the stick she used for a cane and hobbled home clutching a bag of herbs under her rebozo (shawl).

Jesusita’s sex life was the subject of much tesguino talk in Basigochi, and I was not sure why. In my attempt to determine Jesusita’s place in the network of kin relations of the community, I never failed to come up against what seemed to be one of those
group tricks where the whole community conspires to fool the anthropologist. Time and again, Jesúsita was said to be yet another person’s mother. “She is the mother of the whole community,” a Rarámuri man once told me, with a sly smile and a deep laugh. The problem was that the people Jesúsita was supposed to be the mother of were not related. Or at least they told me they were not.

Finally, the story emerged. Jesúsita married young and came to Basigochi with her first husband, Arnulfo, who was a widower with three sons. They settled on his family’s land and had five more children, three of whom were sons. When I asked her about her childbearing experiences, Jesúsita said she had all her children “en el monte” (in the wilderness), and that was all she wanted to say about the matter. Time went on and Jesúsita’s children grew up and married. One of the sons from Arnulfo’s first marriage, Severino, lost his wife during childbirth and had to raise his three children alone. Jesúsita helped him with the children, and somehow he fell in love with his step mother. Because of this, there was considerable tension between Severino and his father. It was no secret that Severino was in love with Jesúsita. Finally, when Severino’s children were grown and married, Jesúsita and Severino ran off together. They moved down canyon and lived in a cave about an hour and a half walk from Basigochi.
I only discovered the details of this story when walking down canyon with a woman friend to pick wild greens and *nopales* (prickly pear cactus). Upon arriving at the cave, we found a nice prickly pear and were gently tugging at the tender pads when my companion noted, “This is where Jesusita and Severino lived. Isn’t it sad?” I was not sure what she meant: was the place sad, was the story sad, were the *nopales* sad, or was the particular day we were walking sad? I inspected the cave. There was a wall made of peeled pine logs on the downhill side of the cave, which enclosed the shelter. A hand hewn pine ladder used to climb over the wall and into the living area was leaning up against the wall. You could see where there had been a fire pit, and there was still a *metate* inside. There was a pen where animals were kept, and the cave itself had a lovely view of the canyon both up and downstream. You could hear the gentle trickle of the permanent stream a few minutes walk below, and the soft breeze whispering through the pines and oak lent an aura of peace to the site. I thought it a lovely spot - why would it be sad? I ventured the question, and the ensuing story provided the missing details of Jesusita’s life and an end to my confusion.

According to my friend, the cave was sad, and it was sad that the couple had to run away and live alone, because living alone was sad, even if they were in love. “Why did they live here?” “They had to live here, away from everyone else, because Jesusita’s
husband Arnulfo was angry, and so was everyone else, so they had to leave Basigochi.”

“How long did they stay here?” “Oh, just a few years, because after a while people felt sorry for them living here all alone and wanted them to come back. After a few years nobody was angry anymore. They wanted them to come back, because it was so sad for them to live here alone.” “What about her first husband Arnulfo?” “He found another wife but he was very old and did not live long - they say he died of sadness. Then a few years ago Severino died and now Jesusita has to be alone. It is sad because now she is old and lonely, even though she had two husbands, they both died and left her alone.”

The elopement meant that Jesusita was “mother” to her step-grandchildren and her step-son, and this was why I was at first unable to trace her kin relationships. It was also why Jesusita was known as “everyone’s mother.” Including her marriage to her husband’s son, she had eleven living children, three of whom were her step children from her first marriage, and three of whom were her “step” grandchildren, although they called her their mother. When I lived in the valley, these children had all married and five of her own sons still lived in Basigochi, as well as three of the grandchildren; so that indeed, it appeared that she was everyone’s mother or grandmother, or aunt at least. The jokes about her sex life were not particularly different than any of the other bawdy jokes, however, in her case, there was much laughter and word play around the idea of mother
and son having sex. Raramuri use the Spanish word “trabajar” (to work) to refer to sexual relations. There was riotous laughter when someone mentioned that Jesusita and her sons worked well together. Of course, she did not engage in sexual relations with the sons to whom she had given birth, but this distinction was not made and everyone had a good laugh over the whole thing, including Jesusita, who was invited to all tesguinadas in the valley, attending a good many and drinking her share. She was well liked and respected in the community, and, besides literally being related to everyone, she enjoyed the friendship and goodwill of all her kin.

1. Material Culture and Subsistence Economics in Basigochi

The Raramuri are semi-nomadic horticulturists who also raise goats and cattle, introduced by the Spanish. Their main crop is maize, supplemented by beans, potatoes, squash, quelites (wild greens), and other wild foods such as yucca root or nopales. Attempts by Mexican development personnel to introduce garden crops by handing out lettuce, carrots, beets, cabbage, and pea seeds have largely been unsuccessful in Basigochi. The indigenous and endangered Mexican stoneroller fish, Campastoma ornatum, small creatures including mice, lizards, squirrels and chipmunks, and a variety of wild plants including mushrooms are utilized when in season, and some families raise chickens or pigs. Historically, larger animals such as deer were also valued as a rich
source of protein, but in recent times their numbers have decreased to such an extent that it is rare to see them. Commercial foodstuffs such as coffee, sugar, and white flour have also been added to the Raramuri diet in recent years; a direct result of their increasing participation in the cash economy combined with recurrent crop failures. Small government stores (CONASUPOS) are located in many pueblos and in Basigochi it was not unusual to see men from the barrancas arrive at ten in the morning after a four hour walk, buy or trade for supplies, and leave an hour or so later toting a fifty pound bag of flour on their backs.

Household objects are either hand made of wood, stone, fiber and clay from forest and animal resources, or plastic and manufactured goods traded, bought, or scavenged from the discards of mestizo culture. So-called “typical” Tarahumara sandals now have tire tread bottoms where they used to have leather and, before that, agave fiber soles. Plastic pop bottles and buckets are coveted and saved to be used as water containers; tin cans get nailed to walls where they serve to hold various items, or they end up on tables and window sills full of beans, silverware, matches, or nails. Sardine cans have tiny holes punched in one end and are fastened to flat sticks in order to be used as scoops to scrape popped corn used for pinole out of the sand in the bottom of the olla. The Tarahumara use what they find and only when they have money are they able to buy
items such as plastic buckets and shoes, calico cloth, or metal cookpots and axe handles.

In Basigochi, plows were still made out of oak (Pennnington 1963) although more men are attaching metal blades to the tip, using scavenged pieces of metal. Little is discarded save candy wrappers - even pop bottle tops are recycled and used to secure nails, and pieces of old tires become door hinges.

When I arrived in Basigochi in 1999 most homes were made of logs, with canoa (notched peeled logs) roofs, a practice described by Pennington and Kennedy as influenced by mestizos (Kennedy 1978:44, Pennington 1963: 227). There were stone dwellings also in use, and a few caves were used as temporary shelters. Houses were left vacant for a time or moved if a death occurred in the dwelling, a practice described by Kennedy (Kennedy 1978:45) as well as Merrill (Merrill 1996). The government provided building materials to some families. During my stay in Basigochi, ten families received assistance from the county government in the form of tin, cement, windows, woodstoves, and stovepipe. Some of these families built permanent adobe houses with tin roofs and cement floors adjacent to their log homes, while others moved their residences entirely. It is not uncommon for families to move their residences. My hostess showed me at least six different places she had lived during her thirty-five year tenure in the valley. At first glance no evidence of residency was evident at these sites
and I would not have known her family had lived in some of these places, now corn fields
or grazing pasture, if she had not told me.

In sum, the Rarámuri use many material items which they manufacture by hand
from existing resources. Tables, stools, axe handles, beds, shelves, spoons, bowls, ollas,
sandals, oil barrel stoves, clothing, violins, drums, plows, and blankets were produced in
the valley. Items discarded from industrialized culture, such as plastic bottles, tin cans,
old tires, scraps of metal and wire, were valued, with plastic and metal containers prized
for their versatility and durability.

Many things are also donated to the Rarámuri. There is a distinct relationship
between material culture and the economy of giving, whereby donations from outsiders
directly influence what kinds of things Rarámuri have. It is common for Christian
missionaries to donate clothes to the Rarámuri, with the result that Rarámuri women sport
Bart Simpson t-shirts and youth are attired in designer label jackets. Development
organizations hold giveaways in conjunct with meetings and workshops. For instance,
many families attended the first conference of indigenous women in Guachochi in the
summer of 1999 because they heard blankets were going to be given away. While some
women were inside listening to the governor of the state, more were outside in line
waiting for blankets to be distributed by the State Coordination for the Tarahumara.
When a International Revolutionary Party (PRI) political candidate visited Guachochi in the summer of 2001 just two weeks before the national presidential election, Rarámuri were trucked in to town with promises of blankets and food. Flatbed trucks, loaded with Tarahumara families, paraded through the town in a downpour, and in the same downpour people waited over half an hour in line for a bowl of meat stew and tortillas. Bumper stickers, ball caps, key chains and plastic cups were thrown to the crowd but much to the disappointment of attendees, no blankets were given out.

Random items such as plastic toys, cassette tapes, key chains, broken tools, and other items are often given to the Rarámuri as “charity.” I heard of one missionary group handing out portable cassette players including a tape in Rarámuri language about Christianity. In Basigochi in the spring of 2002 Jesuit missionaries from Chihuahua City arrived during Holy Week with two truckloads of food, clothing, blankets, and toys. I saw Rarámuri women receive white satin high heeled shoes and children grab purple plastic battery operated toy laser guns and Barbie dolls. Of course, the toys did not last long, and I doubt whether the high heels lasted long either.

The point here is that the Rarámuri are accustomed to being the recipients of various items donated by either religious, political or private organizations. They go out of their way to get these items, even if the objects are things they have never seen before
or do not know how to use. In my visits to the barranca region down river from Basigochi, where I stayed with gentile families, I noticed fewer manufactured goods and more hand made items. I believe this is primarily due to the fact that the people in these remote areas have less contact with outsiders and receive less donated material.

2. Social Organization in Basigochi

In Basigochi the husband/wife team is the basic unit of the social structure. Nuclear family units, including extended family consisting of both affinal and consanguinal relatives as well as fictive kin, were the main source of reciprocal economic support. The “tesguino complex,” first described and analyzed by Kennedy as “The most important and consistent Tarahumara pattern of interpersonal relationships beyond those taking place within the household” (Kennedy 1978:97), was definitely a prominent feature of social life and was usually kin based. I describe this in more detail in the next chapter.

Descent in Basigochi is reckoned bilaterally, with patrilocal residence most common after marriage in the region where I lived. There are, however, exceptions to these rules, as the Rarámuri are fundamentally pragmatic people subsisting in a rugged and difficult landscape. Sometimes newlyweds farm the husband’s land yet live near the wife’s family. Frequently land from both sides of the family is cultivated, with the
couple moving between the two locales according to weather and work needs. It was not uncommon for a young couple to share a house with the husband’s parents, building their own place nearby as resources became available. Women inherit and own their own land and animals, as do men, and both are free to designate their heirs, although in Basigochi the landholdings were primarily passed from father to son.

A monogamous and endogamous marriage pattern is the norm among the Tarahumara, with most of the population marrying in their mid teens. It is thought to be unhealthy for people to live alone, since solitude makes people sad, and sadness will result in illness or disease. Widows and widowers usually remarry as soon as they are finished grieving. In the literature one reads that a woman chooses her mate, sometimes by throwing small stones at him during a tesquinada (Bennett & Zingg 1935:228, Kennedy 1978:170, Lumholz 1987:267). It is an assertive and flirtatious act for a woman to have direct eye contact or be alone with a non-kin male. There is no courtship period and there is no word in Raramuri for “boyfriend” or “girlfriend” as these relationships do not exist. Unmarried children usually live with their natal family until marriage. Marriage is initiated by both men and women and was not arranged by parents. Only one marriage took place at the junta (weekly meeting) during the twenty months I lived in Basigochi. It included a nawesari (formal speech) given by the siriam (governor)
similar in content and tone to that described by Bennett in Samachique in 1931 (Bennett & Zingg 1935: 225). However, there was not a *tesguinada* (drinking party) for the wedding and the parents of the couple were not in attendance. It was more common for couples to simply start living together, usually after getting together at a *tesguinada*. Both of these circumstances are in stark contrast to Kennedy's depiction of formal marriage procedures involving the *mayoli* (government officials) in Basigochi in 1959-1960 (Kennedy 1978:174).

In Basigochi most young men chose to marry Rarámurí women, but a few younger women were looking for and finding *mestizo* mates. The women who chose to marry *mestizos* left the *rancho* behind and went to live in the larger sierra towns, adopting *mestizo* dress and custom. I asked several women why they preferred to marry *mestizos* and, in every case, it was because they perceived the *mestizo* men to have better access to economic resources than their Rarámurí counterparts. In essence, they were exchanging their cultural identity as Rarámurí for the economic security of the *mestizo* world. It was not hard for these young women to find mates, as it was common for young single *mestizo* males to attend *tesguinadas* in the *rancho*, often with the intent of finding a sexual partner for the evening, if not a mate. In my understanding, the young Rarámurí women believed a sexual encounter was equal to a marriage commitment, thus
misunderstandings between mestizo men and Raramuri women regarding the meaning of the sex act were commonly an occasion for interethnic conflict. These liaisons were frowned upon by the elders of the community as well as family members of the young woman, unless they did result in marriage.

From time to time children were born to unwed women in their mid-teens, usually a result of a tesguinada. One of my friends called her baby conceived in this manner a "tesguino baby" and would not admit who the father of the child was. I found this to be the case for all women who had tesguino babies, although in some instances everybody knew who the father was anyway. These women stayed with their natal family until they were married. There was no stigma associated with this situation, and these young women commonly found mates within a year of the birth of the first child, often conceiving in their first year of marriage. Fathers of tesguino babies were not held responsible for the care of the child and were praised if they did provide any support to the mother, which was rare.

I need to comment on extramarital activities among the Raramuri. In the existing literature it is common to see the Raramuri described as "promiscuous." Typically promiscuity is associated with drinking behavior, a time when Raramuri are described as losing inhibitions. Lumholz even goes as far as to say:
Incredible as it may sound, yet, after prolonged and careful research into this interesting psychological problem, I do not hesitate to state that in the ordinary course of his existence the uncivilized Tarahumare is too bashful and modest to enforce his matrimonial rights and privileges; and that by means of *tesvino* chiefly the race is kept alive and increasing. It is especially at the feasts connected with the agricultural work that sexual promiscuity takes place. (Lumholz 1987: 352)

Bennett and Zing agree that promiscuity abounds at *tesguinadas* (Bennett & Zing 1935: 230), as does Kennedy (Kennedy 1978: 117, 172). Kennedy and Bennett and Zing also note that the marriage bond is “tenuous,” and divorce common. Kennedy notes in his genealogies that seventeen of the individuals in thirty couples had been married two or more times (Kennedy 1978:175). Curiously, he does not indicate how often death was the primary reason for the multiple marriages. A perusal of the literature leaves one with the general impression that the Rarámuri frequently engage in extramarital sexual activity and do not respect the marriage bond.

I wholeheartedly disagree with this portrayal. In Basigochi the Rarámuri couples I came to know well sincerely trusted and loved one another. They shared the work of their households equally, and a mutual respect and affection between the conjugal pair was evident. While there was definitely jealousy among married men and women, this was limited to two or three couples, and was not the norm. Intermarital conflict was more apparent in interethnic marriages between Rarámuri women and *mestizo* men.
Frequently, Rarámuri women in these marriages would return to their natal *rancho* during times of marital stress. In these cases, either the husband would come out and persuade his wife to come back to town with him, or else he would use the opportunity to abandon her. Women who were abandoned once by a *mestizo* man generally looked to marry another *mestizo*. This is because they were thought undesirable by Rarámuri men by virtue of their contact with a *mestizo*, since there was substantial talk at *tesguinadas* about the dangers of sexual liaisons with outsiders (with both *chabochi* and whites). Mothers encouraged their daughters to stay away from *mestizos*, but did not neglect them if they did marry and move to town.

Sexual jealousy is commonly the reason for fights at *tesguinadas*, as well as the subject of much joking. However, the jealousy is more often associated with the threat of sexual activity, than the act itself\(^1\). During at least one hundred and fifty *tesguinadas* I attended in twenty months, I never observed any sexual activity firsthand, and only heard rumors of such liaisons a few times. Thus my understanding is that promiscuity among the Rarámuri is overstated. Two other reasons contribute to my thinking here. First, the sexual activities of the Rarámuri are private since they are modest individuals and sex is an intimate activity. Sexual relations took place in the home at night, or in the day when no one else was home, or in the *"monte"* and cornfields when the couple were working
together. (Indeed, the Spanish word used by the Raramuri to refer to the sex act is "trabajar," to work). Second, the stereotype of promiscuous Indians is propagated by a number of outsiders who work with the Raramuri, including missionaries, health care workers, and development organizations. These outsiders depict the natives as primitives in order to fulfill their goals of providing aid to the uneducated Indians who need to be saved, sobered up, domesticated, cured, and civilized. Promiscuity is associated with the state of being uncivilized and uncultured because it implies that the sexual urge cannot be controlled. This is another feature of the stereotyping discussed in Chapter Two, Section 3.2. Suffice it to say here, that according to my observations and interviews the Raramuri are not as casual about sex and marriage as we might believe from reading the existing literature. Indeed, the illicit sexual liaisons I heard of either involved mestizo men, or Raramuri men who have taken on mestizo ways, violating Raramuri girls, or mestiza women seducing Raramuri men. Either way, talk of promiscuous behavior in Basigochi and environs was a marker of interethnic relations. Promiscuity was discouraged and unwelcome by community members, although sexual desire was acknowledged as being a normal human condition. If illicit sexual liaisons did occur, they were not stigmatized as in American culture, but accepted with the pragmatic demeanor typical of the
Rarámuri. Clearly, sex out of marriage was not the ideal or norm in this Rarámuri rancho, although sex in general was the catalyst for a great deal of joking behavior.

3. Political Organization and Social Control in Basigochi

In Basigochi the political is comprised of elected leaders who operate in a cooperative and communal manner. They are responsible for maintaining order during larger get togethers and ceremonies, and oversee general community functions, including local social control and decision making. The *siriame* (governor) is elected by consensus, with the ability to speak in public and exemplify Rarámuri moral ideals being reason for election. The *siriame* holds his position for three years, with re-election possible. There has never been a female *siriame* in Basigochi, although there were female *siriame* in other areas. The *siriame* is responsible for conducting the semi-regular gatherings (*juntas*) in the church, usually held on Sunday. During these meetings *pueblo* business is carried out, the *nawesari* (formal public speech) is spoken, disputes are aired and adjudicated, and cooperative decisions made. Often these discussions are focused on how to respond to the Mexican government officials from INI, CET, the *presidencia municipal* (municipal president), and SEP (education secretary), who are sent to Basigochi to present issues to the community. According to Urteaga, a Peruvian political anthropologist working for the Mexican Institute of Anthropology and History who spent
a few months in Basigochi in the early nineties, the *siríame* is a mature person with the moral authority to direct the *pueblo*. He has to be a good drinker and be able to host many *tesguinadas* for his community throughout the year (Urteaga 1994:40). The *siríame* holds a *baston* (staff) as indicator of his status, as do his associates or *mayoli* (his appointees). Kennedy (1978:184) and Urteaga (1996:310) both describe in detail the political hierarchy in Basigochi, which was not entirely consistent with my findings. I believe this is because this domain is entirely dominated by men, thus I was not able to elicit detailed information about it. According to Kennedy and Urteaga, the *mayoli* (appointees) consist of an assistant governor (*teniente*), general (*jinerari*), a policing body consisting of captains (*mayoli*), soldiers (*sontásori*), religious functionaries such as *tenanches* (ceremonial sponsors), *chapeyokos* (chanters), and *chókéames* (betting supervisors). I leave my readers with further interest in this area to Urteaga and Kennedy. What is important, I think, is Kennedy’s observation that the *gentile* (unbaptized Tarahumara) communities which he visited did not have as elaborated or hierarchical system in place as did Basigochi.

During my tenure in Basigochi, it was common for *gentiles* to attend *pueblo* *juntas*, although not as many as in earlier times. One of my informants, whose husband had been *siríame* twenty years earlier, mentioned that there used to be almost three
hundred people in attendance at ceremonies and juntas. During my stay, however, it was
uncommon to have more than fifty men in attendance at the Sunday meetings and, at
times, especially if the siriame was unpopular, there were only fifteen to twenty men
attending. The people in Basigochi I talked to said this was because many ejiditarios
(landholders) in other ranchos in the ejido (Mexican political land unit) were crisitanos
(Christian) and did not participate in community politics or religion anymore.

Women did not participate in the juntas to the extent the men did, because they
felt this was the domain of the men. Women were vocal at tesguinadas, frequently
responding and contributing their opinion to the nawesari (formal public speeches)
recited in those circumstances, but I only saw women speak at juntas when standing trial
and asked by the siriame to give an opinion. Usually there were three or four times as
many men in attendance at the juntas as there were women. When I asked women if they
were going to attend, they declined, giving reasons such as tending goats or making
tortillas as excuses, and also implying that this work was more valuable than standing
around listening to news they would eventually hear from their husbands anyway. Only
when there was a petition for services or goods, or when goods were being distributed,
did larger numbers of women attend these juntas, primarily in order to put their
thumbprint on the papers and receive gifts.
Social control in Basigochi was achieved through informal means such as gossip, peer pressure, and sorcery, and formal means such as community trials at the junta where complaints were lodged and discussed, and punishment, if any, was agreed upon by consensus. Punishments consisted of fines or isolation in the “jail,” a small windowless room adjacent to the church. If the sontásori (soldiers) noted any misbehavior during a fiesta, they had the authority to bring the offender to trial. Anyone could complain about behavior to the vigilancia (local police consisting of the elected officials). In Basigochi there was a general attitude of fear and mistrust towards the Mexican political authorities, including soldiers, police and elected officials such as the comisario ejidal (elected administrator of the ejido) or president of the municipio (county). The members of the pueblo of Basigochi preferred to resort to their own judicial system rather than involve Mexican police in their affairs.

Indeed, during the Semana Santa festivities in 2001, a fight broke out between the fariseos and moros (Pharisees and moors, two competing subgroups in the Easter ceremonial (see Kennedy & Lopez 1978), during which several people were injured, including the siriane’s stepson. Because of the fight, the fariseos left without completing the ritual cycle and a strange mood fell upon the valley. Everyone in Basigochi was upset and their feelings turned to anger when they discovered the siriane,
 siding with the *fariseos*, took the issue to the Mexican police in Guachochi. On the Tuesday following Easter Sunday the Mexican police arrived in Basigochi at sunset to arrest the *tenanchés* (sponsors) of the *fiesta*. It was a dramatic entrance: two late model Dodge Ram pickups barreled into the valley, six men in knee high leather boots, black leather jackets, helmets, and assault rifles jumped out of each truck and began running towards several homes. Five of the most respected community members in Basigochi were taken to jail in Guachochi, where they were held without food for several days. Community members resented this outside interference, blaming the *siriame* for his inability to adjudicate the matter himself. Subsequently there was a move to oust the *siriame*, and attendance at the *juntas* dropped to perhaps fifteen or twenty men, all of whom supported the *siriame*. Everyone else became involved in discussions about how to remove the *siriame* from office before his term was up. Finally, since the *siriame* had only a year left in his tenure, community members of Basigochi and surrounding *ranchos* decided to let the matter drop, but attendance and participation in the political activities of the *pueblo* fell off markedly. The Mexican government released the men from Basigochi four days later, after securing a fine of 2000 *pesos* (200 dollars) which the accused men collected collaboratively. The following Sunday a representative from the State Coordinator of the Tarahumara was sent out to speak to the *pueblo* about the
negative consequences of improper behavior during fiestas, and women feared that no more ceremonies would be held in the community.

Factionalism between communities and kin groups, usually only expressed symbolically during the Easter festivities in the conflict over Judas between the moros and fariseos (who reside in different ranchos), increased after this incident and widespread resentment of the siriame's plea for help from the Mexican police led to his ultimate emasculation and ostracization in the community - precisely because of his dependence upon mestizo law enforcement. This siriame was already unpopular, having been accused of soliciting supplies for the community and dispersing them only to his relatives. He also lived in a rancho closer to town and was seen as “chabochado” which means taking on mestizo ways. When this siriame left office, he basically disappeared from public view, and attendance at the Sunday juntas increased once again. Community members to date remember this incident with remorse and anger, not only because of the police interference, but also because of their shame in being seen by the Mexican authorities as a violent community and in having had to endure a lecture as well as pay a substantial fine.

The next year a new siriame was elected, and he mandated that no mestizos could attend the ceremonies during Semana Santa. No fights broke out and community
members took pride in their ability to fulfill the ceremonial obligations without violence. The implication was that the previous siriame had become too involved with and dependent upon mestizos, which was the reason for the violence. Although the fariseos and moros are Raramuri, the violence that broke out included mestizo visitors who joined in the brawl. Mestizos are blamed for their negative influence at ceremonies, and the fact that the next year’s Easter ceremonies were held peacefully contributed to the local conception that mestizos, and association with mestizo ways, are responsible for violence. The new siriame specifically chose gentiles and community members with less outside contact to be his officials.

Besides the duties listed above, the siriame’s most important role for the community was as the representative of the people to the Mexican ejido organization. To be effective leaders, contemporary siriame need to be able speak Spanish fluently and have a fairly sophisticated understanding of Mexican bureaucracy. Such knowledge is not commonplace and some ejidos are mostly controlled by mestizos, as was the case in Basigochi. Individuals in other communities with longer exposure and easier access to mestizo communities have been able to learn Spanish and enough Mexican bureaucracy to establish themselves as responsible players in the ejido system - thus some ejidos, such as Cusárare, are entirely governed by Raramuri, who in addition to using their own form
of government, have taken over the roles of the Mexican government officials as well. In Basigochi there was a Rarámuri man who was trained by INI to be a bilingual educator, and he was able to hold the position of *comisario ejidal* (administrator of the *ejido*) for several terms. However, he was brutally murdered in the seventies and, to date, no other Rarámuri in Basigochi has taken on this role, although during my tenure a man from Basigochi served as *ejido* secretary and has ambitions for further political position in the Mexican governing system. Sierra wide the most common situation is that the *ejido* governing body (Mexican) consists of an ethnic mixture with *mestizos* dominating Rarámuri.

In his dealings with the Mexican government, the *siriame* is supposed to represent the wishes of his community, although at times these desires are ignored due to interethnic differences. The *siriame* walks a tricky path. He must present the wishes and beliefs of his community and negotiate with Mexican government officials who are in a position of power, since legally they have jurisdiction over the Rarámuri. ² Thus, in contemporary Tarahumara society, the duties of the role of *siriame* are changing, with the result that the people who aspire to such a position now have the added responsibility of knowledge of and experience with outsiders and their ways.
4. Religious Organization: Cosmology, Ceremonies, and “Beliefs”

Besides material culture, religion has been the focus of most ethnographies of the Raramuri. Ceremony, dance, sermon (*nawesari*), music, *matachines*, *tesguino*, curing, folklore, sorcery, philosophy, death, hallucinogenic plants, and shamans are all subjects previously investigated by anthropologists. Religion and cosmology affect most areas of Raramuri life. When in conversation with many Raramuri, whatever subject one begins with will end up with a discussion about what opinion “*Tata Dios*” (God) may have on the matter. For the Raramuri all life depends upon *Onorúame* (God) who wants the people to be happy and behave in a certain manner. If they do, the world will be harmonious and there will be plenty of rain and corn for everyone, including plenty of *batari* (fermented corn drink). If people fight, steal, and disrespect God, or each other, trouble will prevail. Ceremonies are held to please *Onorúame* and also in response to what the people feel he may want at the time. For example, the *yumari* ceremony involves petitions to *Onorúame* including food and *batari*, ceremonial rattling, singing, and dancing. In the area where I lived it was held to ask for rain, to bless the harvest, to cure people and animals, and to protect a village from lightning. It was also held as a death ceremony, to celebrate a child’s arrival, to bless the planting, to give thanks for blessings received, and was infrequently included in Catholic celebrations. In this section
I provide a cursory overview of religious organization among the Raramuri in Basigochi, with further points elaborated upon in the next chapter.

Previous ethnographies (Bennett & Zingg 1935, Kennedy 1978, Lumholtz 1902, Merrill 1988) frequently note that in earlier times the people believed that god was the sun and his wife was the moon. In Basigochi people said this was what their ancestors said, but they were not sure anymore. They primarily talked about Onorúame, or “Tata Dios.” Dios has a brother, the devil, who is the father of the chabochis (Mexicans). The story is that God and his brother were bored one afternoon and decided to play a game on which they could bet. They created figures of clay and animated them in order to hold a race. Whoever’s figure won the race would then have control of the world. God’s figure was made of brown mud and the devil chose white. The devil’s figure won, and the Raramuri say this is why the world is easy for the chabochis, because they get all the luxuries in life. Yet, in truth, God’s people, the Raramuri, are stronger and more honorable people precisely because they have to work hard for a living. I was told this story innumerable times, usually with much joking about how I was descended from the devil (since I was white). This story can also be found in the ethnographies of Merrill (1988), Kennedy (1978), Bennett & Zing (1935), as well as Lumholtz’s account (1902). According to the Raramuri with whom I spoke, the devil is not someone who will do evil
intentionally. Rather, evil emerges from the devil's ignorance and self absorption,
instead of his intent to hurt others. In this regard, he resembles the coyote character
common to Indians in the United States. Almost a fool, the devil is mainly ignored.

Sorcerers were at work in Basigochi and were feared to a much greater extent
than the devil. Several people had been witched, some going on to be cured and live a
normal life, while others suffered permanent repercussions from the episode. In the next
chapter, I describe in detail a case history which involves the interconnectedness of
sorcery with both healing and religion. I also elucidate other concepts related to religion
and curing, such as curing with dreams and curing ceremonies.

The other main feature of Tarahumara religion is its syncretic nature. Rarámuri
have adopted many features of Catholic ritual into their ceremonial cycle. In the *pueblo*
of Basigochi the Catholic holidays of Easter, Día de Guadalupe, Christmas, Epiphany,
and Candelaria were celebrated, along with saint’s days such as October 12 (St. Pilar) or
June 24 (St John). Other ceremonies held in similar fashion, with *matachine* dancers and
violins, were political and school holidays such as the first of November. The *matachine*
dances, including their history and symbolism have been widely researched by Lumholz
(1902), Velasco Rivero (1987), and Bonfiglioli (1998, 2001). There are also films and
audio recordings available. Religious symbolism lies beyond the scope of this
discussion. The Rarámuri in Basigochi considered themselves *pagotame* and were trying hard to maintain their traditions in spite of increasing pressure upon them to convert and give up *tesguino* from both Catholic and Evangelical missionaries. In the following chapter I discuss some of these traditions key to daily life in Basigochi.
NOTES TO CHAPTER III

1. There were two married men in Basigochi who were known for their extramarital sexual encounters. One was a young man, married to an older woman, and he frequently preyed upon adolescent girls. Mothers of pubescent daughters made sure to keep the girls away from this man and blocked any opportunities for their daughters to be alone with him. He was, however, the father of at least two of the "tesguino babies" that I knew of. The other man had a series of affairs with other married women in the community. The affairs tended to last a year or more, and his wife and the woman's husband usually knew about the liaisons. The man had a reputation as one who could not satisfy his wife and the illicit sexual activity resulted in both the man and his lover being judged as individuals who could not fulfill their marital obligations, a condition which resulted in them being thought less of in the community.

2. The Mexican government officially recognizes the Raramuri as one of the sixty Indian groups entitled to political autonomy in the The Universal Declaration of Rights of Indian People of 1994, however, in practice the Rarámuri have no special rights and their own judicial system is not recognized.

3. It is beyond the scope of this dissertation to explain in detail the ceremony. However, the yumari is one of the ceremonies practiced at the time of Spanish missionary contact with the Tarahumara and is not a syncretic ritual. It has changed relatively little over the years, although in some areas matachines are now dancing at yumari. For more information see Velasco Rivero 1987.
CHAPTER IV: RARÁMURI LIFEWORLDS

Vignette: Isabel’s Story

Isabel fell in love with her husband, Ramiro, who was from a neighboring rancho, because he was a good racer. She used to attend the footraces with her family and Ramiro was a frequent winner. He caught her eye and that was it— they both tell me this story one afternoon, giggling and smirking at each other. Today, Isabel and Ramiro live on land she inherited from her parents in Basigochi. They have seven children, ranging in age from twenty-four to seven years old. Only the three youngest, two boys and a girl, live with them now, as the others are either at school or off on their own. Ramiro proudly states that he is forty-three, but Isabel, with streaks of grey running through her long dark hair, says she is not sure how old she is. Isabel’s mother, Josefina, lives next door and has joined us, shrugging her shoulders and telling me she does not know either. Age is a relatively unimportant concept. What matters is whether or not you are still able to work. The softness of Isabel’s smile belies her strength and age, as she hefts two five gallon buckets full of water and heads inside the newly constructed adobe house.

Shortly after this conversation the three of us women go out to the goat pen to look at the baby goat born early that morning. Josefina, who must be in her late sixties or early seventies, climbs into the pen and tugs the baby into the shade so it lies next to its
mother. "The mother won't give that baby any milk," she says. "What a shame," notes Isabel, "this baby will not live. See, it's eyes are already clouding over." Josefina pushes the baby up against the mother's teat, but neither the baby nor the mother have any interest, as both lie panting in the heat. I am overwhelmed by sadness as I see the newborn struggle for its life, a battle even I can see the kid is losing. The other two women seem unconcerned. "This is the third baby she won't nurse," says Isabel. "I think she doesn't want to be a mother," agrees Josefina. We retreat into the shade of a nearby shed to shell corn. As we work, Isabel tells me about the births of her children.

"They were all born here, in the house." Josefina scowls, and says, "Yes, she couldn't go out to the monte' like I did- these younger women are too weak." Isabel smiles, "and now they go to the clinic, but I stayed here, with my husband." Ramiro has gone off with his burro to cut wood. I ask Isabel if Ramiro helped her with the babies. "Well, he wanted to, but sometimes he couldn't. The last one, the girl, she was born when Ramiro was out of the house." "Really? You were alone?" "Well, Ramiro was here, but the baby did not want to come when he was around." "Why not?" "I do not know, but as long as he was in the house, the baby did not want to come. Then, when he went out, the baby came right away. I think the baby was shy. She just did not want to come out if Ramiro was there." Isabel goes on to explain how Ramiro helped her labor.
He put a log from a small pine that he had peeled the bark off of, up in the corner of the house, so Isabel could hang on it. He also gave her a cup of warm water to drink. I ask if they used any herbs, but Isabel said she did not. “They say it is good to use herbs, but I do not know what to use. I don’t know the herbs.” When the labor pains got strong, she went over to the corner to pull on the log. Isabel tells me this helps, and that sometimes if her mother was there she would wrap a rebozo around her belly to help pull the baby down. She spent almost all of the labor with this last one walking around, stopping occasionally to hang and breathe with the contractions. When I asked her how long this last labor was, she told me “Well, it began in the night, and then, you see what time it is now, she was born about this time of the day.” I try to estimate and come up with perhaps eight hours of labor for her seventh and last child, and Isabel was maybe in her mid-thirties at the time of the birth. It’s all guess work and I realize my questions about time and length of labor are irrelevant to Isabel. I change to another line of questioning: “When the baby came out, what position were you in?” Isabel looks puzzled, but then tells me first she was standing up, near the bed, and then she kneeled down. “The baby came out fast. Ramiro went outside and then the baby came out. She slid down to the blanket, and cried right away.” Isabel tells me she leaned over to pick the newborn up, cutting the cord with a sharp knife. I ask her if she knows anything about metal being a
bad thing to use to cut the cord, since this has been reported by Lumholz (1902:272) and repeated by Zingg (1935:234). Josefina looks over at me, curious to know where I have heard this. “I read it in a book.” “Well, they say if you cut the cord with metal it will make the baby muy bravo,” says Josefina. Isabel agrees and continues: “But I had a knife, I had to use what was here. They say that, but I don’t know. I don’t know. Maybe the boys, they are bravo…” and her voice trails off. Her older sons have a reputation of being bravo and are frequently blamed for starting fights at drinking parties, and I speculate that she is wondering about the connection. I ask another question, about the “gema” or placenta. Isabel tells me Ramiro took the placenta out to the woods to bury it. He buried the placentas of all the children in the same place, perhaps a half hour walk away from the house. “Nobody knows where, just Ramiro and he won’t even tell me,” laughs Isabel. Later Ramiro tells me that this is so nobody can do any harm to the children.

We continue shelling corn as Isabel tells me about the births of her other children. They were all born in the same way, in the house, and usually they came in the night or the early morning. She stood for most of the deliveries, kneeling down at the end in order to grab the babies as they came out. Josefina came to cook and help out with the other children after each baby was born. The labors were fast and she had no problems.
One of her children died from a fever that would not go away, when he was maybe several months old, still quite young she says. “He couldn’t nurse, so he died. I couldn’t help him.” Isabel said she was very depressed after that happened, for a year. “I did not care about anything, I was too sad. I was sad for almost a year. I didn’t do anything to take care of the house or the animals or the children. My mother had to cook. I didn’t even eat. I was out of my mind because I was so sad. It is very hard. I can still see his eyes looking at me. He was so hot and I couldn’t help him. But I got pregnant again.” She laughs as she says this, then continues: “Sadness will make you sick. I was lucky that Ramiro took care of me. I didn’t eat. And I only had one that died. Other women have lost more. I do not know how they can bear it. I don’t know how. All my children are healthy. Well, Marcelina, the youngest, she can’t hear well, but she is smart.” The child she is talking about, Marcelina, has some hearing loss in both ears, although she attends school and it is not obvious that she suffers. She is a sweet, gentle and happy child, with big eyes that take everything in.

As the afternoon wanes, we finish shelling the corn and now Isabel must soak it to make *nixtamal* for *tortillas*. She empties a plastic bucket of soaked corn into a basket and places it by a *metate*. Then she pours the corn we have just shelled into the bucket and sloshes in some water. She does not want me to help her grind the corn. Josefina and I
stay sitting in the shade as Isabel leans over the metate and begins moving the mano back and forth, crushing the soaked kernels of corn. I try to see if Josefina will tell me about the births of her children. She smiles shyly, only saying, “Yes, they were born in the monte.” Isabel overhears my question and mentions that Josefina is very shy. I take the cue and leave the questions for some other time. Josefina and I get up and go over to the goat pen. The baby goat has died. Josefina clucks her tongue and pushes at the small limp body. “What a shame,” she says, before heading down the path to her house. As I walk up valley to my house I see Marcelina chasing the herd of goats away from the new mequasori (edible greens) sprouts, laughing as they bleat and run. Ramiro comes over the rise with a burro load of wood and waves at me. Smoke rises from Isabel’s fire, and as the sky turns from gold to red I wax philosophical, pondering life and death and why it could be that Marcelina wanted to wait until her father was out of the house to be born. And how Isabel knows.
Women’s Perspective Ignored

All of the ethnographies written about the Tarahumara so far have either focused on men and men’s activities, or topics pertinent to both sexes, such as ceremonies, ethnicity, or residence patterns. Several female researchers have lived and worked among the Rarámuri over the years, but the focus of their research has not specifically been upon women or women’s activities. Female researchers have studied identity (Heras Quezada 2000), urban Tarahumara (Mooser 1998, Ramos Escobar 1997), migration and work (Brouzes 1998), footracing (Kummels 2000), education (Paciotto 2001, Stefani 1992), baptism, ethnicity and religious symbolism (Slaney 1997), curing (Anzures y Bolaños 1978, Caro Sanchez 1997), indigenous leaders and indigenismo (Brouzes 1998, Kummels 1999), acculturation (Arrieta 1984), anthropometry (Stefani 1993), and ethnoarchaeology (Graham 1994). Yet in their studies none of these women researchers chose to focus specifically on women’s lives. Two women carrying out master’s research focused on women, although the subject of their research was mother-child interactions (Latorre 1976) and the role of village health workers (Hubbard 1990) in Norogachi.

This is really quite remarkable since Tarahumara society is commonly referred to as a sex segregated society in which women and men perform their activities in different
social spheres. The separation is not as ironclad as the gender division described by Ortner and Rosaldo (Ortner 1974, Rosaldo 1974) in their landmark essays. These anthropologists recognize and critique the standard assumption that women belong to the private realm of home and children and men to the public domain of politics, economics and religion. Among the Raramuri, such gender segregation seems obvious to anyone who has ever attended a Tarahumara fiesta. At these fiestas, whether they be Catholic holidays, Raramuri ceremonies, or work exchange tesguinadas, women occupy an area physically distinct from the men. The physical separation indexes a social code whereby it is highly discouraged for women to interact with men who are not kin, yet the roles do not necessarily adhere to the public/private dichotomy just mentioned. (This is discussed in more detail in the following two sections.)

Merrill notes that as a man he would not have had access to information gathered by his wife through her contacts with women in Rejogochi (Merrill 1988:199). Similarly, Kennedy explains that when he conducted his research in the late fifties it was not uncommon for him to be shunned by women, with elderly women even breaking into a run in order to avoid contact with him (Kennedy 1978:5). As mentioned earlier, both Bennett and Zingg (1935) and Lumholz (1902:271) do discuss birth, but they both base
their descriptions on information retrieved from male informants and did not elicit this
information from women.

I had the opposite "problem" during my fieldwork. My information comes from
women, as just like Rarámuri women, I was discouraged from conversing with men I was
not related to. In my case, I was able to converse freely with the males in my host family
but relations with other males were discouraged. Therefore, most of what I know about
the lives of the Rarámuri, in both the city and the sierra, comes from my association with
women. As noted in Chapter One, I found it unproductive to conduct formal interviews
and thus relied heavily upon participant observation. At the end of twenty-eight months
of fieldwork, I had copious notes on the day to day activities of women in the
communities I lived in and visited. I do not, however, have as much information from
men, since my interactions with them were limited to the social exigencies of Rarámuri
daily life.

I was accepted into the homes of all the women in Basigochi. Of course, I was
better friends with some women than others, but in general I was well received by all the
families in the ranchería. I tended to spend several hours at a time, or a whole day with a
family when I went visiting. This pattern was not what Rarámuri women did, as they
usually stayed home performing their household duties unless there was a special
occasion such as a *tesguinada* or *fiesta*. Women typically went with their husbands when the chore necessitated more than one person. It was not uncommon to see a couple or a whole family leaving before dawn, setting out to cut wood or work their fields in a neighboring *rancho*. Otherwise, women tended to visit each other infrequently, and most often with a specific mission - to invite neighbors to drink, to borrow or share some utensil, (for instance *seqori*), or to pay off a debt. I also conducted short visits, but most of my interviews took place over a series of days spent working with a particular woman. Sometimes we would herd animals together, shell corn, grind corn, strain *tesguino*, make *tortillas*, weed a garden, fetch water, harvest or plant, wash clothes, clean beans, or gather herbs. At first my presence was cumbersome and awkward, but after a few months in the community the women were used to my random arrivals at their homes. They always fussied, offered me *pinole*, and did not want me to help, but over the weeks and months they began to take advantage of another pair of hands and became adept at guiding me to chores I could perform to help out. I also became better able to perform the tasks correctly. It was during these times of working together that I was able to engage the women in conversations about their birth experiences and children.

In this chapter I begin by discussing in detail the kinds of work performed by the women I knew. I also mention the kinds of work women can and cannot do to cast light
on the sexual division of labor in Rarámuri society. I then move on to topics I consider characteristic of the Rarámuri world view. These include a discussion of relationships, shared values and beliefs about life, as well as an elaboration of the Rarámuri curing system, including sorcery. This information is provided not only to cast light on the quotidian practices of Rarámuri women, but also serves as a platform from which to view the subsequent chapters on birth as experienced by Rarámuri.

1.1. Women’s Work And Daily Rhythms Of Life

The Rarámuri do not always sleep all night long. The times I stayed with Rarámuri in their homes it was not uncommon for someone, or everyone, to wake in the night, chat, stir the fire, or even get up and perform a small chore, such as basket making. Babies were nursed, and individuals might go outside to relieve themselves and look around, especially if unusual noises were heard. Of course many Rarámuri do sleep all night, but it is also quite normal for people to sleep only four or five hours at a spell. Naps in the heat of the day are also a part of the rhythm and routine of life in the sierra. Even so, everyone is generally awake before dawn. The roosters crow an hour or so before it is light enough to see, and this is when people start stirring.

Women will chop wood and start the fires in the morning. In Basigochi almost everyone had stoves inside the house that served as a kitchen. The stoves were made out
of an oil barrel cut in half, with a door cut in one side and a hole cut on top for the stovepipe. Stoves were placed either directly on the dirt floor, or on a platform of rock or _adobe_. A few of the rock houses did not have stoves and in these homes a fire was built on the floor, against one of the stone walls. Most people also cooked on fires in front or to one side of their houses, in what has been called the "multiple purpose area" (Graham 1994). A fire pit is not built. Instead, pieces of wood are placed on the dirt in a spot the woman chooses. When the fire is out the ashes are swept up and tossed in the nearby field. These fires tended to be used primarily to cook _quelites_ (greens) or _nixtamal_, make _pinole_, or to cook _tônari_ (meat stew) during _fiestas_.

The first order of the day is _tortillas_. Usually there will be a pot of beans cooking. Sometimes women will set their daughters to grinding the _nixtamal_ for the _tortillas_ while they go on a short errand- out to the fields to pick _quelites_ or squash blossoms in the cool of the morning, or over to visit a neighbor. Men will hunt down their burros, go visiting to arrange their day's work, or start on whatever task is in season: planting, plowing, harvesting, or woodcutting.

_Tortillas_ are best eaten fresh and therefore are made daily, sometimes twice. On some occasions _tamales_ are made instead. They tend to keep a bit longer than _tortillas_ and are a bit more work. Making _tortillas_ might seem a simple endeavor, but let me draw
attention to the specialized and embodied knowledge necessary to make a good *tortilla*.

A woman must be an excellent judge of quantity of corn needed, she must know about the stove and the firewood, how to shape the cornmeal, and how not to burn herself. All this is done unconsciously, and at times many women work together, each one performing one of the steps and another taking over where that woman left off. What follows is a detailed description of the process of *tortilla* making.

The corn has to be shelled, mixed with lime, soaked, and cooked before it is ready to be ground. Women need to know the ratio of lime to corn. The amounts must be figured so that there will be enough *tortillas* to be eaten fresh, but not too many so that they will go bad, thus wasting a precious resource. The corn must not be boiled too long or it will ferment and the *tortillas* will be sour. The bucket of soaked corn must be set in a cool place, again to prevent it from souring overnight. The soaked corn is ground, usually on a *metate*, but sometimes in a metal hand grinder. The corn is ground twice. The second grind is always done with water on a *metate*, with just enough cornmeal for one *tortilla* being worked at a time. This wet, twice ground cornmeal is scooped up and gently patted and shaped into a perfect circle. *Tortillas* have to be of a certain thickness in order to cook well. If too thin they will burn and if too thick they will be raw inside. The women all use a similar technique, forming the *tortillas* between two hands by first
shaping the cornmeal into a ball. Then they firmly pat it between their palms. After it is squished, one hand gently stretches and shapes the outer edge while the other maintains the shape as the tortilla is gently twirled with both hands. Fingers pinch and pull the outer edge into a smooth, even edge. Women studiously examine their tortillas as they shape them. There is a rhythmic “pat pat pat” as the cornmeal is slapped, squeezed, and twirled into shape and then gently placed upon the stove.

The fire must be ready and has to be the correct temperature so that the tortillas will cook quickly, but not burn. Women prepare the oil barrel stove tops by cleaning them off with a little lime mixed in water to prevent the tortillas from sticking. Where there is not a stove, women will set a broken piece of an olla (clay pot) over the coals in a fire. The olla needs no preparation. Once placed upon the hot surface, the tortillas have to be flipped, a procedure the women accomplish by pressing their fingertips on the tortilla such that it adheres to the fingertips, enabling them to grab the whole tortilla by the edge in order to flip it over. The action is quick, deftly performed so the women do not burn their fingers. If the tortilla has not been on the stove long enough it will tear, and if left too long it burns. When the tortillas are cooked they are again flipped off the stove and into a wari (basket). Although this description may appear simple, it involves several areas of knowledge. The fire needs to be the right temperature. In order to do
this women need to know what wood to use, as each type of wood puts out a different heat and burns at a different pace. Pine burns hot and fast and thus fewer logs are needed, but the fire needs to be stoked more often. Oak burns slower than pine but it is harder to ignite and although it has a steadier flame, sometimes it is not hot enough. Madrone is also hot and fast. If the wood is green it will burn slower. The temperature of the fire is assessed just by placing a hand near the heat surface.

Women rarely talk about such practical knowledge, but they each monitor the fire, shape and cook the tortillas adeptly, while talking, looking after children, serving food or tesquino, and generally attending to all other household matters. This embodied knowledge is a form of cultural competency and tortilla making is just one example of how many types of knowledge come together in the performance of just one daily task. Raramuri women know how to shape a tortilla and the right temperature of the fire, although they may not be able to talk about it. When observing my unsuccessful attempts to shape a round tortilla, women did not tell me what to do. Instead they moved close to me and obviously exaggerated their movements as they shaped their own tortilla in front of me, where I could carefully watch exactly what their hands did. The point here is that Raramuri learn by doing- not by telling, and I assert most women's knowledge is embodied in this way.
TamaleS require a similar kind of embodied knowledge, as women shape the
ground cornmeal into small cylinders which will fit into cornhusks which have been
soaked for this purpose. The cornmeal is wrapped in the wet corn husk, which is folded
over and tied gently with a small strip of cornhusk. The wrapped and tied tamaleS are
then placed in an olla or bucket and set on the fire to steam. Again, women know how
much cornmeal to fit into a cornhusk, how to fold a cornhusk, how to tie a strip without
breaking it, all while tending the fire to make sure the tamaleS do not burn.

Pinole also requires hours to perfect. The maize is popped in an oval round
bottomed olla (clay pot) placed over the outside fire. In the bottom of the olla are a few
handfuls of fine grained sand. The maize to be popped sits in a wari (basket) on one side
of the woman who has perched herself near the olla. To her other side lies an empty
basket and two flat sticks, one with an oval sardine can attached. The sardine can has
small holes poked in one end. The woman waits for the olla to heat up then tosses a few
handfuls of shelled corn into the olla. She uses one of the flat sticks to rhythmically stir
the corn in the sand. In a short while a loud popping sound is heard, with occasional
pieces of popcorn flying out, only to be quickly scooped up by waiting children, chickens
or dogs. The woman then picks up the stick with the sardine can on the end and uses it as
a scoop to remove the popped maize before it burns. The popped corn is gently scraped
away from the sand and out of the *olla*. Un-popped kernels are also removed, with sand falling out of the sardine can through the holes in its end. When finished, the warmed sand is ready for another handful of raw *maize*, and the empty basket has begun to be filled by popcorn that is not sandy. This may seem a simple task, but again, besides the particular hand motions needed to stir and sift the *maize* and sand, the woman expertly assesses the temperature of her fire. Sometimes she removes a burning piece of wood, or takes the *olla* off the fire, in order to cool it off. When all the corn is popped, the woman takes the popped corn to her *metate*. A few handfuls may be given to children as a treat, but in general the Rarámuri do not eat popcorn alone as is done in the United States.

Instead, the popped corn and kernels are twice ground by hand on a *metate*. The first grind usually crunches the hard kernels, and the second grind results in a consistent fine powder. If too many un-popped kernels, or burned kernels are ground, the *pinole* will have a bad flavor. As with *tortillas* or *tesguino*, a woman is known for her ability to make good tasting *pinole*. Desirable good tasting *pinole* results from corn that has popped without burning, leaving few kernels. To drink *pinole* the powder is mixed with water, each person deciding their own preferred ratio of water to powder. *Pinole* is consumed with chiles, *mequasori* (greens), small fried fish, mushrooms (*sojachi*), or alone.
Most of the time, the process of making tortillas, tamales and pinole is shared by all female members of the household. It is common for one woman to be grinding nixtamal while another shapes tortillas. One woman may be popping corn, while others grind the pinole. At fiestas women work together. Several may be gathered around the fire or stove, chatting and laughing as their hands pat, shape and flip tortillas while others stir tónari, grind pinole or tesguino, or simply watch children and gossip.

Girls participate in all aspects of women's work, learning the tasks at a young age and perfecting their techniques as they grow up. In the household I was a part of, the four year old girl made miniature tortillas the size of her own hands and flipped them onto the stove herself. She was rewarded for her efforts by encouraging smiles from her family. In a similar manner young women learn which leaves of mequasori (greens) are best for harvesting, when to pick squash blossoms, how to make tónari (meat stew), the best technique for shelling dried corn without cutting your hands on the hard sharp cobs, how to prepare beargrass for basket weaving, how to spin wool with a spindle, or how to give birth.

Woman's work includes sewing clothes, herding animals, farming, gathering food, childrearing, washing, making pinole, making baskets, seqori and ollas, blankets, belts, batari, chopping wood, and managing the household resources. Women haul their
own water, easily carrying two five gallon buckets up a steep hill. They choose rocks for their metates and manos (grinding stones), carving and chipping the surface themselves so that a fine grind can be achieved. They make their own seqori (clay pots), scoops for pinole out of sardine cans and sticks, and help make adobe blocks or fence rails for animal pens and houses. Generally women help men with all the work necessary for subsistence, however there are a few important exceptions to this collaborative effort.

Women are responsible for making batari (fermented corn drink) and their own reputation as well as their husbands' is often dependent upon how good it is. It was common in Basigochi and surrounding ranchos for people to comment upon a woman's batari, even to the extent that some people did not drink in some houses because it was not good. Good tesguino has a mildly sweet flavor, pleasantly pungent and one begins to get mildly inebriated after drinking three to five huejas (gourds). Raramuri comment that the batari is good if they are happy when drinking, much joking takes place, and the work gets completed, the cure is successful, or the rain begins to fall. If the batari is bad, it may taste bitter, people will get full but not drunk, or they will get drunk and mean and fight. If people fight when drinking batari, it is usually attributed to both the tesguino and the woman who made it, as well as to the people who fought. Isabel's boys were known to be bravo as noted in the vignette at the beginning of this chapter, but she was
also said to make bad *tesguino*. There was a direct relationship between the quality of her *tesguino* and the fact her sons instigated fights. Good *tesguino* results not only from good corn and the proper procedure, but also from the attitude and actions of the women involved in making it. You are not supposed to be angry or violent, cuss, argue, or talk badly about people when making *tesguino* because the *batari* will absorb these qualities. It will also absorb physical characteristics, thus *batari* should not be stirred too quickly or splashed and sloshed about, or violence will ensue when people drink it.

The Raramuri I came to know conducted their days according to the demands of their fields, household needs, and children, with a flexible routine to their days. Men and women would usually work for an hour or two upon rising. As noted earlier, it was not uncommon for visitors to arrive at sunrise. After these informal visiting hours, men of the household began their daily activity while women prepared the morning meal. The morning meal was eaten around 9am, or approximately three hours after the family awakened. After the meal, household members went back to their chores until mid afternoon, at which time they gathered again for another meal. After this second meal there is another round of work until dark. Most families went to bed with the darkness, since few had candles or kerosene lanterns. This routine changes according to the season. In winter, morning chores might be held off until the day warmed up with the
sun. In summer the heavier work was accomplished in the cooler hours of the morning and evenings with people often resting during the heat of the day. Some tasks, such as planting, hoeing, weeding, and harvesting maize required all family members to work together for days until the work was done. I harvested corn with the family I lived with in the autumn of 1999 and 2000. Four adults and two children worked an average of eight hours a day for nine consecutive days. The men spent ten hours a day in the fields, and the children perhaps only four or five, depending upon their age. A similar work pattern existed when we planted, weeded, and prepared the fields for planting. I spent a week harvesting beans with a family in Agua Caliente, where the anthropologist John Kennedy lived in 1959. The work schedule and daily rhythm was similar to what I experienced in Basigochi, again with an average of eight to ten hours a day spent working.

Women and men share household work equally. Husbands and wives work as partners, ensuring that all necessary tasks are executed in a timely manner. Even so, certain kinds of work are primarily done by either men or women. Women do not cut wood, or if they do, they help their husbands. Women do not kill large animals, but they kill chickens. Goats and cattle used for ceremonies are killed by men who offer prayers
at the time of the sacrifice. When the men finish butchering the animals the women prepare the meat, either making tônari or drying it for later consumption.

Men do not make tesguino. They may help shell maize, and I observed boys helping their mothers grind the sprouted corn, but in general all facets of tesguino making are performed by women. As noted above, there are specific behaviors associated with making batari. Children are allowed to help, but are gently chastised for behaviors which may negatively affect the tesguino. In Basigochi I never heard of a man making batari, although in another area of the Sierra I did witness a man making tepache, which is a fermented beverage made from pinole, yeast, and sugar.

There are other activities generally carried out by men, but which women can do if the need arises. These include plowing, cutting off the tops of corn stalks (which are then hung on pine tree branches to dry and used for animal fodder), woodcutting, making adobe blocks, house building, and other kinds of heavier work. Similarly there are chores usually done by women, but which men can do if the need arises. These include food preparation, cooking, and washing. There is much good natured joking about the quality of meals or tortillas made by men. While it is considered necessary and positive for a man to make his own meals if need be, he may be playfully mocked because a man should have a woman to cook for him. The point here is that male-female roles are
flexible with the two exceptions of *tesguino* and butchering. I have purposely limited this discussion to household tasks, and do not include ceremonial or political roles, since they are subject to much variation and have also been discussed extensively in the literature.  

2. Kin Relations and Individuality

Interactions between men and women are primarily limited to kin. Women engage in close social relationships with men in their family group. Married women may also interact with unrelated men in their communities during *tesguinadas* by participating in the group conversations and joking that take place during these social gatherings. Other than this, women tend to socialize with female family members, and in any public gathering women sit close together, away from the men. This does not, however, index a subordinate status.

Male female relationships are egalitarian in nature. The basic social unit is the husband/wife pair which functions as the center of the nuclear family structure. Raramuri marry young, and generally pass most of their lives within a marital relationship. This is considered necessary, not only to complete the work demands of their subsistence horticulture and animal herding, but also because they believe this is what *Onoruame* or *Tata Dios* (God) wants. The world is said to be in balance when a man and a woman live together. Gay relationships are understood and accepted (Kennedy 1978:206) but are
rare. I was told that if two men or two women are together, the world is unbalanced. An imbalance may lead to crop failure, sickness, or other crises, and so are discouraged.

Women and men are interdependent. I observed a genuine acceptance of and respect for each other in the married couples I knew. Both men and women verbalized their dependence upon each other. It was not acceptable for individuals to live alone. Widows and widowers remarried as soon as they finished mourning. Bawdy jokes about who the widower would marry next were commonly a focus of the joking during death fiestas for the deceased spouse. In one instance a man and a woman who both lost their spouses to lightning bolts at the same time ended up marrying each other within several weeks of the deaths of their mates. People commented that this was perhaps a bit soon for them to marry, but also noted that it was good they were together since they could comfort each other. It was acknowledged that men and women need each other, and that life is more enjoyable if shared in this manner. In fact, husbands and wives were each other’s best friends.

Men and women acknowledge their dependence upon each other. A man needs a woman to make tesguino and his reputation in the community is partially dependent upon his wife’s ability to provide good tesguino. One man I knew complained that he was not going to be able to be siriname because his wife did not want to have to make tesguino all
the time. Other researchers have noted that a man’s qualifications for this post depend upon his ability to be a good leader, public speaker and tesguino drinker in addition to exemplifying moral qualities such as non violence, hard work, and generosity (Kennedy 1978:186). Just as important, however, is the fact that he also needs to be married and his wife has to be willing and able to make good tesguino. Husband-wife interdependence is practical given the lifeworld of the Rarámuri. It is also a value associated with Rarámuri respect for individuals. Individuality is highly valued in Tarahumara culture. People do not tell each other what to do, and do not ask personal questions. The assumption is that each individual is able to make his or her own decisions. “Mujé machi” or ‘you know” is a common reply or comment if people ask for advice. Individuals are allowed free will as long as their behavior corresponds to normative values. These have been described as doing well and thinking well by previous researchers (Heras Quezada 2000:91, Levi 1999b, Merrill 1988:63). Non violence, generosity, and respect for other people are components of thinking well. Advice about the proper way to behave is given to children in the course of their daily interactions with parents and family members, and is also the topic of nawésari. These nawésari, or public speeches performed at tesguinadas and Sunday meetings usually outline proper behavior as God’s desire for humanity. It is understood that all Rarámuri
know these shared community values, and thus, any actions they undertake are thought of as conscious choices to either go along with or ignore behavioral norms.

This idea of individuality is evident in the way parents teach their children. Parents are responsible for giving advice to children and teaching them the proper way to behave. However, responsibility for the child’s actions is considered the child’s alone. Children are believed to be able to make their own decisions and it is rare that a parent forces their child to do something. Children are thought to be capable of learning how to think well and behave well on their own by observing the proper behavior of their parents, listening to nawésari, and participating in community ceremonies. As a result of her observations of mother-child interactions in Tónachi over a one month period in 1974, Miriam Latorre notes “Learning of household tasks seemed to take place through parental modeling and child imitation of the desired behaviors,” (Latorre 1976:57). She also notes that “Harsh physical punishment was never observed,” (Latorre 1976:62). My findings are consistent with those of Latorre regarding Rarámuri attitudes of individuality, non violence, and ostracizing as a punishment strategy.

Respect for a child’s autonomy is evident in many aspects of Rarámuri life. Parents may encourage a child to go to school, but if the child does not go they do not force the issue, explaining that ‘the child knows.’ Similarly, children may leave their
household and stay with other family members, such as a sibling, a grandparent or an aunt or uncle. They are welcome in these homes, and if asked why a particular child has chosen to live in another household, parents will simply respond that it is because the child wanted to. The individual will of a child, no matter how young, is taken into consideration and respected. This is evident in Isabel’s explanation of her solitary birth via the assigning of agency to the unborn child who “did not want to come out when Ramiro was in the room.”

The importance of the individual is also evident in relationships between siblings. While it is true that most social interactions take place within a nexus of sanguinal and affinal kin relations, it is also true that a kin relation does not necessarily obligate a sustained relationship. Kennedy observed a strong bond between siblings, saying that these are the “strongest set of family ties among these Tarahumaras, especially those between siblings of the same sex,” (Kennedy 1978:168). I would agree that this is true when the children are young and reside in their parents’ home, but in Basigochi, forty years after Kennedy’s observations, this closeness was not apparent between adult siblings, same sex or not. There were several sibling pairs in Basigochi, and although they were a fundamental part of the *tesguino* network, a close relationship was not necessarily the case between any of these siblings.
A woman has her most intimate relationship with her husband. Thus, the
strongest familial bond is between husband and wife, with the next strongest family tie
between parents and children, including grandparents and grandchildren. Sibling
relationships were the next closest after these. These relationships formed the nexus of
the *tesguino* network in the area where I lived. Although “drinking networks” are usually
kin based, there is room for individual variation and flexibility. These networks are
discussed in the next section.

3. Shared Values, Moral Norms and the Subjective Nature of Analysis

Much has already been written about the *tesguino* network in Tarahumara life.
(Kennedy 1978, Merrill 1988). My observations are consistent with these researchers.

*Tesguinadas* (drinking parties) are an important arena in which Rarámuri social relations
and ideology are shared and reproduced. *Tesguinadas* are not simply social occasions.
These get togethers serve important educational, religious, political and economic
functions, as well as providing and opportunity for the release of social tensions and
individual inhibitions.

In *Rarámuri Souls*, William Merrill elaborates on the *nawésari* (public speech) as
an important instrument of knowledge reproduction. He carefully describes the way
knowledge is affirmed during the *nawésari* at weekly *juntas* (meetings), in which proper
behavior is encouraged and modeled by community leaders. "Thinking well" is an important feature of Tarahumara life (Merrill 1988:99). Heras Quezada examines the ideas of 'thinking well' and 'doing well,' noting that Raramuri identity is contingent upon thinking and acting according to shared values of acceptable behavior. She explains that the Raramuri define themselves according to these norms:

This principal of doing well and thinking well is converted into a paradigm of social norms and values which structure the manner of being Raramuri. (Heras Quezada 2000:91)

Merrill and Heras Quezada both focus on the discursive knowledge underlying Raramuri behavior, and they use their understanding of this knowledge to explain the particular features of identity, ceremony and reproduction of theoretical knowledge in Raramuri culture which are the foci of their research.

Making connections between discursive thought and nondiscursive practices is a subjective activity. In this dissertation I correlate Raramuri birthing practice with Raramuri normative values. I engage in the subjective act of asserting that such and such a practice is reflective of or manifests a particular Raramuri "belief" or normative value. The Raramuri women I spoke with never told me specifically "I gave birth outside because our culture values privacy and independence." Like other ethnographers of the Raramuri, I analyze specific cultural practices in light of my understanding of Raramuri
life; based upon my time spent with them as well as information gleaned from previous studies. By and large, my findings are consistent with other anthropologists who have worked with the Raramuri, and in this section I highlight some of these values. I acknowledge the subjective nature of elaborating "cultural norms," but do so nevertheless because they provide important insights into the behavior I focus on in this dissertation. I think the information on moral norms is essential for an understanding of the people whose behaviors I examine. In my presentation of values I assume a positive position with regard to the Raramuri, similar to that taken by John Kennedy in the introduction to his revised edition of his Tarahumara ethnography. I find his remarks about subjectivity to be honest and in keeping with my own:

"We must admit that the expression of value judgements is fraught with hazard and can easily lead to unexamined prejudice, self indulgence and arrogant ethnocentrism, but on the other hand, claims of complete impartiality are simply inane. To some degree value judgements cannot be avoided; true objectivity is beyond human reach. Yet, I believe that continuous striving for that elusive goal in a highly conscious, analytical and self critical way still promises the best results." (Kennedy 1996:xvii)

In this chapter I explain in brief the concepts of nawésari, körima, norawa, joking and work; topics elaborated on by other anthropologists as being central to Raramuri life. I then discuss the concepts of 'verguenza' or 'riwérari', nonviolence, and
multifunctionality or non-specialization, each pertinent to my discussion of solitary and kin assisted birth, but heretofore unexamined in previous ethnographies.

3.1 Nawésari

As noted earlier, a nawésari is a formal public speech in which Raramuri are reminded about the proper ways to behave or what Onoruame (God) has recommended. At juntas (meetings) before major fiestas (ceremonies), the siriame (governor) often reminds people not to fight, or to be generous with visitors during his nawésari. During tesguinadas in Basigochi and environs the nawésari often addressed matters at hand which had deviated from the norms expressed by Onoruame (God), and there was usually a call for a return to the moral code outlined by Onoruame. In the urban asentimientos (settlements) women complained that their children were learning chabochi (mestizo) ways because the siriame was not performing nawésari regularly.

Nawésari were given by the siriame of the asentimientos (each of the three larger asentimientos had their own siriame) during major fiestas, but during the eight months I attended Sunday masses at different asentimientos in Chihuahua City, I never once heard a nawésari. The urban Raramuri youth were not exposed to nawésari as frequently as were the youth in the Serrano community and the urban mothers (who most often grew up in the Sierra) attributed their children’s misbehavior to their lack of exposure to
nawésari, as well as to the ubiquitous influence of the Mexican culture within which they lived. What is important to note here is that nawésari are a fundamental part of Raramuri culture, essential to the transmission of values not only from one generation to the next, but across communities as well. Nawésari are one of the principal ways that Raramuri verbalize their commitment to and understanding of Tata Dios' desires. Popular notions of thinking well and behaving well are outlined in these formal speeches, providing each individual with direct information and examples of culturally sanctioned behaviors.

3.2 Kórima Networks: Reciprocity and Hard Work

Any discussion of Raramuri culture is incomplete without mention of kórima. Kórima is the verb meaning to ask for food, and kórima wenomi (give money) are the words used by Raramuri women and children on the street corners of the city when they hold out a hand asking for money. In Chihuahua City it was commonly translated as "mendigar" which means to beg or ask for charity. The problem with this translation is the negative connotation put upon the act of asking for food. In Raramuri culture it is customary to help out those in need, and there is no shame associated with asking relatives or neighbors to share their food. In fact, when one visits any Tarahumara home, the first interaction usually involves the hosts insisting that the guests eat and drink. It is the norm in Raramuri culture to share what you have with visitors and kin. It is also
acceptable for those whose crops fail or who otherwise come up short to ask those who are more well off for help. This act of giving is described in anthropology as generalized reciprocity in that it usually takes place between kin and does not imply an immediate equal return. What is understood is that when the person asking is able, they will provide something to the person who gave to them when they were in need. Usually people in need approach their relatives first, but there is no shame implied in approaching neighbors, although most Rarámuri I knew were loathe to ask strangers for food. The point here is that there is an active principle of giving to those in need at work in Rarámuri culture, where the asking implies no loss of status and the giving is expected of a person who “thinks well” and “acts well.” Merrill notes that it would be more accurate to describe Rarámuri culture as ‘obligation based” than as kin based (Merrill 1992:211), specifically because of this custom.

Many people upon hearing this, wonder why some people do not just go from house to house asking for food - implying that if this principle is at work in the culture then there is no motivation to provide for oneself. To the contrary, the Rarámuri also have a positive work ethic in that those who work hard are those who are respected in the community. Indeed, the definition of sickness hinges upon the ability to work. When I asked people what it meant to be healthy they unanimously replied it meant being able to
work. You were sick if you could not work. While there is no shame in asking for help if you need it, due to sickness or circumstances beyond your control, there is shame in being lazy. If a family loses their crop to the weather, there is no shame involved, as the loss was not the fault of the people. If a family loses their crop due to laziness, then there is a stigma associated with the situation.

In Basigochi there lived a couple who constantly fought. The husband was lazy, and frequently showed up at *tesguinadas* uninvited. He was known as a lazy, greedy person, and he and his family suffered from the ostracization that resulted. The second year I lived in Basigochi was a drought year and most families did not harvest enough corn to last them through the year. The couple in question let everyone know that they had only harvested one *wari* (basket) of *maize*, but instead of attributing their loss to the drought, which everyone had suffered, the community agreed that this family experienced hard times because they fought, because the man was lazy, and because they did not work hard and give back to their relatives and neighbors. (The family in question rarely held *tesguinadas* and were infrequently appointed as sponsors of *fiestas*). Instead of refusing to give food to this couple, I observed women hide when they noticed the man or woman approaching their homes. It was culturally unacceptable to not give to those in need, but in this case, instead of breaking the culturally expected norm of *körima*,
community members hid from the couple. It was a form of passive resistance, which angered the couple, but to which they could not respond. It was not uncommon to hear the women chattering about the couple in question, whispering about how they had hid when they saw the man arriving. The public discourse was certainly that they would have given the couple provisions but they were not home. Interestingly enough, if the woman went visiting she was usually given *pinole* and some beans or *quelites* (greens), and perhaps a bag of the *pinole* powder to take home with her. The stigma suffered by this couple increased their anxiety and irritability, they continued to fight, and that year the man eventually left the community in search of work. He stayed away for several months, leaving his wife alone with the children. Her family took her in and provided for her, but when he returned, they stopped. He returned without any money or food, because he had used his earnings to buy cheap cane liquor. Clearly, it is not desirable to earn a reputation as a lazy greedy person, because the couple and their children noticeably suffered, and while they were not left to starve, they were not welcomed by community members either. In this way, the cultural ideals of both *korima* and hard work were maintained.

Kennedy introduced the concept of "*tesguino* network" in his ethnography on the Tarahumara (Kennedy 1978:97). He based his analysis of this cultural practice on an
ecological model which related economic practices and subsistence strategies to environmental constraints on resources and relationships. He noted that *tesguinadas* serve as the primary social interaction among Raramuri, and his observations that not only social, but economic, educational, political, and religious functions were carried out during these gatherings is consistent with my findings in Basigochi.

I think it is also important to note the equal validity of the "*kórima* networks" in Raramuri communities. Similar to *tesguino* networks, these *kórima* networks do not solely follow lines of kin obligation. They are related to and include *tesguino* networks, but are somewhere in-between kin relationships and *tesguino* relationships in that they usually involve more sustained interaction than *tesguino* networks, but less frequent contact than kin relationships. A case study illustrates my meaning here.

Seledonio was an elderly man who worked as a woodcutter. I first met him when he showed up at my door leading a burro loaded with wood. He spoke only Raramuri and understood little Spanish, but I understood that he wanted to know if I needed any firewood. It was well known that I was an unmarried woman without a man to cut wood for me. I agreed to buy wood from him, for ten *pesos* a burro load, a price ridiculously low I thought (approximately one dollar). When I mentioned to my hostess that I had purchased the wood, she scolded me for paying so much and said she thought Seledonio
was taking advantage of me. I was willing, however, to pay the man since he had no
other way to earn pesos, and as the months went by, I often overpaid him five or ten
pesos on purpose, telling him it was OK to take the extra money. I soon noticed that he
came to our household complex more frequently than he did to other homes in the valley,
and both my hostess and I gave him pinole during these visits. Then I started hearing
stories about “poor Seledonio.” It turns out that his wife had died several years back, and
he had not remarried. In this situation it is common for an elderly parent to take up
residence with his children. Seledonio lived with one of his sons. However, this son had
a lazy wife, several small children, and usually did not have enough food to keep his
family satisfied. Seledonio had to provide for himself much of the time because there
was simply not enough to go around. Seledonio was a hard worker and deeply sensitive
to the moral norms of the community, thus he chose to cut wood as a way to help out his
family.

At one point, years earlier, my hostess had cured Seledonio of an illness (she was
known in the area as someone who knew a lot about herbs). Then, when Seledonio’s son
baptized one of his children, the mother had chosen my hostess to be the comadre (god
mother). Over the years, a relationship developed between these two families, whereby
my hostess became obligated to Seledonio and his grandson through his obligation to her
for the cure, and her obligation to them via the godparent relationship. He brought wood to our family when he needed money or food. Also, he showed up at my house, or hers, when he was hungry. I fed Seledonio quite a bit during my time in the valley, as did my hostess. Seledonio was not kin, therefore he was not involved in the day to day goings on at our household, but we also saw him much more than only at *tesguinadas*. Seledonio was not obligated to give back equally what he received, thus it was not a trade relationship as described in the next section. Instead, Seledonio arrived when he was hungry, received food, and when he was able to he arrived hoping to sell wood. In return, my hosts tapped Seledonio for wood when their supply was low, but in general, Seledonio was the recipient more often than he was the provider. There was no shame in his position. Instead, he was treated with utmost respect, and genuinely welcomed into the household.

In Mexican society this relationship could be called *compadrazgo*, referring to the obligations inherent in the godparent/godchild bond, whereby the godparent is expected to provide for the godchild in some material way on a regular basis. But in Raramuri society, this kind of mutual obligation of *kórima* is not dependent solely upon either kin relations or those established by selecting a godparent. Instead, my understanding is that the idea of *kórima* establishes flexible and sustained exchange relations which serve to
ensure that no one in the community starves to death. If kin do not have enough surplus to provide for family members in need, then the *korima* network, which usually involves unrelated neighbors, is tapped. The *korima* network indexes a layer of social relations wider than the family itself, and yet closer than the *tesguino* network. This "sharing network" reflects community relations that sustain and affirm cultural ideals of proper behavior, in that individual Rarámuri can demonstrate their moral standing through *korima*. My hostess was well respected in the community, and gained much of her prestige by her willingness to help others in time of need. She was "rich" because she received a monthly stipend from the government due to her husband's death (he had been a teacher for INI), as well as being a hard worker, thus she did usually have enough to give. Brouzes, who studied *korima* in a southern Tarahumara community in the late seventies, notes that the word *korima* has a
double movement which implies an active identification between giving and receiving. (Brouzes 1980:46)

She also notes there is a continuity implied in these exchanges. Heras Quezada also notes the reciprocity involved, stating that this social norm establishes strong ties of reciprocity (Heras Quezada 1995). I agree with both these authors about the reciprocal nature of *korima*, yet need to emphasize the sustained and collective nature of this practice.
Another continuous kind of exchange relation is expressed by the term *norawa*, which I discuss next.

3.3 *Norawa*: Trust and Trade

There is no word for “friend” in Raramuri. Instead, the term “*norawa*” is used, although it does not imply friendship in the way we perceive it in American culture. *Norawa* refers to a person whom you have a trading relationship with. It is a step up or away from the kind of relations implied by the *körima* network, meaning your *norawa* are those non-kin with whom you have exchanged goods. In my experience the term *norawa* was used infrequently with *chabochi* (*mestizos*). It was customarily applied to residents of nearby communities, and involved some kind of exchange of goods or material items—usually an equal exchange carried out within a relatively short time frame.

For example, there was a woman in a *rancho* one hour away from Basigochi who had a reputation as an excellent potter. Some of the women in Basigochi traded with her, giving herbs, beans, *pinole*, cloth, or other items in exchange for *ollas*. After this exchange, the two parties referred to each other as *norawa*. There is a familiarity and respect implied in the relationship, as well as trust and usually commitment. In this case it meant that once a woman in Basigochi had traded with the potter for an *olla*, she returned to her again when in need of another *olla*. Similarly, the woman who
manufactured *ollas* knew she could come to the women who possessed her *ollas* if she was in need of some material item. In Basigochi each family had their "*norawa*" networks, which extended beyond their kin group, and frequently (but not always) overlapped with their *tesguino* network.

When I began my interviews in Basigochi I gave the women I interviewed headscarves, cloth, batteries, or other usable items for the time they spent answering my questions. This generally made the women quite uncomfortable, because they had not solicited the gift. A few days or weeks later these women would show up at my door with *pinole*, beans, *mequasori* (wild greens), potatoes, or other goods in exchange for what I had given them. At first I protested (to no avail), until my hostess explained to me that they were obligated to give something to me since I had given them something. The idea of exchanging goods for interviews was incomprehensible. Unwittingly, by adhering to the norms of anthropological research which encourage some kind of exchange for information given, I had initiated economic exchange relationships conforming to the local balanced reciprocity model. After this I noticed that I was proudly referred to as "*norawa*" by more and more members of the community, and along with this, I began to receive requests for goods in exchange for services or food. What ensued was a continued and expanding network of relationships between myself
and valley residents, whereby I was provided with food and household items, and for which I reciprocated by providing services and goods they would not have had access to otherwise. I had not wanted to appear a "rich gringa" and so downplayed my material position by living as community members did as much as possible, but inevitably I did become an economic resource, welcomed as norawa by the community.

3.4 Joking as Play and Brief Mention of Racing

Rarámuri joking behavior has received some attention from anthropologists, including discussions and analyses of its content and structure and relationship to kinship. It is not my intention to discuss joking relationships in detail here, since this has been adequately discussed in previous research (Kennedy 1966, 1970). What I do want to draw attention to is the fact that joking is engaged in as a positive and highly valued form of "play" (re'ema) by the women in Basigochi. Rarámuri love to laugh, and almost any occasion could turn into an opportunity to make a joke. It was not uncommon to hear laughter echoing across the cornfields at evening, and almost all interactions involved some kind of joking. This is important for two reasons according to Rarámuri. First, Onoriame wants them to be happy. Second, sadness eventually causes illness. A perusal of the literature might lead one to believe that Rarámuri are a taciturn, sober people, only opening up and joking and laughing during tesquinadas. This is not at all the case. The
Rarámuri people I knew were indeed shy with strangers, but among themselves they
dearly loved to tease and laugh. Playing is not restricted to the young, and any occasion
is an opportunity to exercise one’s sharp wit. Previous researchers have already called
attention to the sexual overtones present in much joking behavior (Kennedy 1970). Jokes
tend to be based upon puns, with double and triple entendres being a particularly
respected skill. In fact, joking was one of the domains in which a person could
demonstrate their intelligence and earn respect for their clever and quick response in
joking repartees. An example is in order. At one tesguinada I noticed that the men were
laughing hilariously about having sex with their sisters-in-law, repeating the same phrase
over and over and wondering what kind of baby they would have, or even if they would
have a baby. One said it was too bad he did not have a sister-in-law to have sex with,
because his wife was infertile. The women were amused but embarrassed, laughing and
shrugging. I did not quite understand why it was so funny. Later on, while working on
my Rarámuri vocabulary I discovered the word for vagina was similar to the word for
brother or sister-in-law and little baby in one’s arms: the difference between muchimari,
muchi, muchi and m’uchi were lost on my ears at the tesguinada, but once I discovered
this I understood the pun immediately, and likewise knew why the men were so broken
up, and the women embarrassed.
Kennedy published an analysis of Tarahumara joking behavior (Kennedy 1974) arguing for joking as a kind of play, and noting that joking relationship theory at that time (which asserted that joking is a form of social control), did not apply to the behavior he witnessed among the Rarámuri. He observed that Tarahumara joking was institutionalized among siblings-in-law and took place exclusively at *tesguinadas*. He adds that the most intense joking behavior he witnessed was between brothers-in-law, with that between grandparents and grandchildren next in intensity. He also commented on the fact that joking took place between social equals, sometimes led to violence, and that funerary practices were one of the contexts for joking behavior. My observation that joking is play is consistent with Kennedy’s argument. I would add that joking seems to be a more consistent part of social interaction, taking place daily in a number of social contexts both public and private, and is considerably less structured than Kennedy’s analysis suggests. The assertion that joking is a form of entertainment and play that relieves the underlying tension of sustained social relations in small scale societies is an important consideration when trying to understand Tarahumara social interaction and day to day life.

If Tarahumara are known internationally, it is most certainly for their running ability. Their running prowess has received widespread attention from a variety of
authors and researchers in various disciplines including tourism, anthropology, sports, and medicine (Balke & Snow 1965, Clegg 1972, Elrick 1976, Groom 1971, Irigoyen & Batista 1994, Jenkinson 1972, Kennedy 1969, Kummels 2001, Léon Pacheco 1981, Norman 1976, Pennington 1970, Rodriguez Lopez 1999, Shrake 1967, Williams 1997). I only witnessed one race in the Sierra although I attended several in Chihuahua City where they were held weekly. Upon further questioning I discovered that racing in the ejido of Basigochi has fallen into decline because of the increase in numbers of Tarahumaras who have converted to Christianity as a result of heavy evangelical missionizing in the area. Christian converts, unlike Catholic Tarahumara, are strongly discouraged from participating in races. I began to notice that racing had declined in other areas where missionary activity was heavy as well. Races are associated with both gambling and sorcery, thus unpopular among missionaries. Although I did not conduct an exhaustive study of this phenomenon (which should be done), my observations were confirmed by a Tarahumara bilingual educator from Norogachi who is involved in cultural preservation activities sponsored by an international research team.

Races typically involve socioeconomic exchange relations between neighboring ranchos since gambling is a key part of the event (Kennedy 1969, Kummels 2001). Races also provide entertainment, demonstrations of physical endurance, and
opportunities for magic. Betting was a major feature of the races I attended in Chihuahua City, with attendees highly interested in examining the items placed in the betting piles. My knowledge of racing is limited, and I refer readers to the literature for detailed discussions of the practice. “Sports” such as racing are an illustration of a social activity other than drinking parties where the value of endurance is clearly expressed.

3.5 ‘We riwérame ju” : Modesty, Shame and Morality.

One of the first full sentences I learned to speak in Raramuri was “neje we riwérame ju” which means “I am very shy.” I used it in response to invitations, usually proffered by men, to participate in activities that I learned were not appropriate for a single woman, such as sitting with the men, or dancing, or talking to chabochis (mestizos). I also used it at tesguinadas as a negative response to some of the more suggestive sexual innuendoes and jokes that I was the brunt of (because I was an unmarried woman). In Basigochi riwérame was translated into Spanish as “verguenza” which literally means shame. Riwérari is the noun form of the verb riwera which means to be ashamed or embarrassed, while the form I used, riwérame, is the adjective descriptor.

I became aware of the term, and the moral ethic it indexes, through my interviews with women, who typically told me that they did not attend Mexican government
sponsored health clinics because they were very “shy.” Upon further discussion, they
told me that it was inappropriate and embarrassing for them to be examined, especially
by male *chabochi* physicians. As a rule Rarámuri women did not have one-on-one
contact with Mexican males, this kind of non-kin relationship, especially with *chabochis*,
being socioculturally discouraged. In clinic interactions women were left alone with
male physicians and submitted to examinations in which their clothing was removed, or
moved to expose their bodies. Mothers, sisters, children or husbands were asked to
remain on the other side of a curtain or screen so that everything said could be heard.
This created a space in which the public and private domains Rarámuri women were
accustomed to were bizarrely merged and to which they reacted with utmost
embarrassment, shame, and even guilt. Rarámuri women frequently commented that if
they would have known what was going to happen during these consultations they would
not have gone. Of course this was discussed among women, but many did not really
understand the extent of their physical and sociocultural vulnerability until they had
experienced it firsthand. Many women chose not to return to clinics or hospitals, instead
preferring public visits from the health team at the school, which was embarrassing
enough since men, women and children of the community listened and watched the
consultation. However, being clothed and in the company of other community members was preferable to being alone and undressed with a *chabochi* man.

Both men and women were modest yet there was no shame in the state of human nakedness, or with body functions as far as I could tell. Nevertheless, women kept their skirts on. Women had sex, gave birth, slept, and even bathed in their skirts. Some women had a special bathing skirt, and since women wore many skirts at once, they could be changed easily. It was acceptable to be seen bare breasted, and occasionally during *tesguinadas* various body parts would be exposed as a result of the dancing, drinking, or wrestling. Also at *tesguinadas* men would grab women's breasts, or conversely, women would reach under men's *zapetes* (loincloths) or pinch men's butts. Young children frequently went unclothed, or in various states of dress, and there was no shame in this.

Shame, shyness and modesty are cultural ideals among Raramuri women. Hard work and industry, good *tesguino*, *pinole* and *tortillas*, and a sense of propriety are other female gender specific traits respected by Raramuri. If a woman is not modest she will be the subject of much gossip, which serves as an effective mode of social control in small communities such as the *serrano rancherias* and urban communities. If the immodest behavior is especially severe, as is the case of having sexual relations with
"chabochis at tesguinadas," talking and flirting with unrelated males, or having sex with many Raramuri men other social sanctions come into play. In addition to being gossiped about, the woman may suffer being ostracized or the matter may be brought up to the siriame at the next junta, ensuring public shame.

Modesty is important and also involves more subtle behaviors, such as eye contact and body language, including volume of voice and quickness of movement. Women should not encourage eye contact with unrelated males. A married man in my extended family group attended a tesguinada without his wife and during the afternoon of drinking he noticed one of the younger unmarried women looking at him, and they actually made eye contact on several occasions. She was sitting next to me and I noticed her gazing at the men. Several others noticed the interaction as well and on the way home from the tesguinada our conversation focused upon his “new wife” with much joking and conjecture about his potential relationship with this young woman and the ribbing he would receive from his jealous wife. There were also a few comments about the immodest behavior of the young woman, who was seen as the instigator of the flirting. This was then used as a good reason for the man to stay away from the woman in question, who already had a young tesguinada baby. She would be trouble, the men
agreed, while teasing the married man that it would be best for him to stay with his proper wife.

Sharp quick movements are considered rude and aggressive; women should move with solid grace, purposeful in their actions. Similarly, loud speech is frowned upon. I observed Rarámuri women speaking in a barely audible voice and avoiding eye contact when being interviewed by chabochi social workers. Among themselves and during tesguinadas women do laugh raucously, wrestle, dance and even hoot at times under the influence of batari, but in day to day activities quiet speech is preferred. Women chastise their daughters for being too rowdy- loud and pushy behavior is not respected, since it is considered to be like chabochis. It also draws attention to the one making the noise, which is not recommended, because you never know who is listening.

Shyness and modesty consisting of dignified movement and calm speech is not in any way a sign of inequality. All Rarámuri are expected to be reserved with proper behavior outlined in nawésari and reinforced in daily interactions which include gossip as an effective method of shaming and humiliation. Kennedy describes the ‘Tarahumara personality structure’ in his ethnography as follows:

Along with shyness and inhibition of emotion go great patience, endurance, quietude, and passivity. There is a calmness and lack of excitability which is reflected in decorous and often deferring behavior, with a striking lack of gestures and a minimum of other body language.
while speaking. These traits all refer to a syndrome of introversion, passivity, inner containment, inward resources, and dignity. (Kennedy 1978: 218)

I agree with this general characterization but emphasize that Raramuri change their behavior depending upon the particular context. All interactions with outsiders tend to fit Kennedy’s portrait. Among themselves, however, Raramuri are neither passive nor introverted, although they do aspire to the ideal of strength expressed through self contained and modest behavior.

3.6 Non Violent Norms and Aggressive Realities

Non violent behavior is another cultural ideal, related to modesty since aggressive acts result in public shaming and/or community adjudication. Kennedy has stated:

One of the strongest value orientations of the Tarahumara is that of peacefulness, patience and non-violence. This value orientation is so strong that overt acts of aggression do not take place outside the *tesguinada*, where many of the norms of ordinary existence are temporarily suspended. (Kennedy 1974:48)

One morning I overheard two men yelling loudly by the small store in Basigochi. The women in my family all peered around the corner of the storage shed to see what was going on. Vicente, an older man from a neighboring *rancho*, was arguing with one of our neighbors, Alejandro. They pushed each other and were quite visibly angry, with our neighbor being so drunk he could barely stand upright. Indeed, he fell over several times
during the argument, each time getting up and cussing at the older man. Eventually, Alejandro wandered off and passed out in the shade of a tree and the older man returned home with his supplies. At the next *junta*, Vicente accused our neighbor of accosting him. The matter was heatedly discussed during the *junta* and the *siriame* finally decided in favor of Vicente. During the discussion a runner was sent to our house to question my hostess about what she had observed. She did not take sides, responding that she had only heard the men yelling and did not know what it was about. Evidently Vicente accused Alejandro of pulling a knife on him. Alejandro did not have a knife however, he had a lighter, and was deeply insulted by the accusation. He was doubly insulted when the ruling fell against him. He had to pay a fine of 100 *pesos* (about $10 at the time), which took him three days of work to pay off. (He cut wood in trade for the money). During the time he worked off his fine he stayed home and aloof from the rest of the *rancheria*. I spoke with him the day he paid his fine and he said he had been troubled by the whole affair. He said he was so depressed about it that he almost got sick by the bad thoughts he had, his heart was racing and he couldn't sleep. He did not want to see anyone, and he told me that he had prevented any illness through his hard work and fulfillment of his obligation. Now Alejandro wanted people to know he was an honorable person who did not own a knife, and he spent the next few days visiting around
the valley, proudly telling community members about how hard he had worked, how quickly he had paid his fine, and reiterating the fact that he did not own a knife. The “winner” Vicente had more political power than Alejandro, since he was an older respected member of the *pueblo* community who worked many fields in a nearby *rancho* and consistently harvested abundant amounts of corn. He hosted large *tesguinadas*, was one of the chanters during the abbreviated masses held on days there was a *junta*, and also played the violin during *matachine* dances on Catholic holidays. His community standing probably dictated the *siriamè’s* ruling, since Alejandro did not hold political office and was not as rich (he farmed marginal land belonging to his wife since he was an orphan and had not inherited land of his own.) The other piece of the story is that Vicente is vocally anti-*mestizo* and repeatedly mentioned the fact that two of Alejandro’s daughters had married *chabochis*. Although neither daughter lived in Basigochi, both frequently appeared in the *rancho* wearing pants, and were roundly criticized by men and women alike for adopting *mestizo* ways. The women’s gossip concluded that Alejandro was in error because he was drunk and did argue with Vicente, but it was also agreed that the ruling against him was unfair. Consensus among the women was that Alejandro had prevailed, since he demonstrated that the accusation was false through his subsequent behavior which epitomized the desired cultural values of hard work and fulfillment of
obligations. The women also noted that Alejandro could not be held responsible for the
behavior of his daughters, since it was well known that he gave his children good advice.
They agreed with Vicente that women should not marry mestizos or act like chabochi
women, but since these daughters did not live in the rancho they felt that it was unfair of
Vicente to hold this against Alejandro. The conclusion was that Vicente was “we
chokeame ju” (he is very black), because he was the one who had picked the fight with
Alejandro. In Basigochi black was often used to mean “ugly” and indexes bad thinking
and behavior, in this case the violent and aggressive acts. Vicente did not live in
Basigochi, thus, the women were siding with the man who resided in their own rancho.
There was also some concern expressed as to whether or not Vicente was a sukuriame
(sorcerer) because of his wealth and power, and the fact that he had gone around speaking
poorly of Alejandro, basically escalating a private five minute altercation into a
community event. The advice was that Alejandro should be careful. This incident
illustrates the ideals of hard work as well as non violence and also exemplifies how the
Raramuri justice system works to reinforce community moral norms. It also clarifies the
attitudinal shift in behavioral norms when applied to insiders and outsiders, a point which
is discussed in more detail in section 4.1.
Anthropologist Allen Pastron published the only article on violence among the Tarahumara (Pastron 1974). He discusses twenty-three episodes of violence that he observed in the thirteen months he resided in the community of Samachique. All of the violent episodes were carried out under the influence of *tesguino* (thus they are public acts) and two-thirds of the violent episodes were cases of wife beating. In his analysis of violent behavior among the Tarahumara, Pastron outlines three kinds of responses to violence by both the perpetrators and the community: denial, expression of remorse, and non-recognition of the violent act (it is not clear in his article exactly what the difference between denial and non-recognition is, except that denial takes place during the violent incident and non-recognition takes place after the episode has passed). He also observed that violence rarely takes place among children, parents never beat children, and that the most serious violent acts are those between men who do not have a joking relationship. He concludes that collective denial is the only avenue the Raramuri have to deal with the discrepancy between expected behavioral ideals and actual aggressive acts and feelings. He makes this conclusion via his examination of the justice sought and meted out for the violent acts he investigated.

The consistent and patterned repression of aggressive impulses and denial of hostile sentiments and actions can best be understood as a response to emotions that are felt to be anti-social: a defense mechanism that attempts to resolve the internal conflict and stress generated within the Tarahumara
personality by a deviation from expected standards of beliefs and actions. …Rather than confront the situation, the Tarahumara withdraws from it… By doing so, he is able to defend himself against the potential disapproval of the community as well as the personal loss of self-worth that would be concomitant with his flouting of society’s ideal behavioral standards. The periodic outbreaks of physical conflict among the Tarahumara are part of the price that must be paid for the successful maintenance of such defenses. (Pastron 1974:403)

Merrill does not examine violence in Raramuri culture, but briefly mentions aggressive conflicts in his discussion of good thinking. His assertion is that people are not held responsible because their souls have left their bodies (souls do not like tesguino) thus people are genuinely not responsible for violent acts under the influence of batari. In essence they are not present- they cannot think well when their souls are absent (Merrill 1988: 98-102). Kennedy has also examined violence in Tarahumara society. In his ethnography Tarahumara of the Sierra Madre, he includes several excerpts from field notes from 1959 which outline in detail violent and aggressive acts between adult men. He also has a section on non-violence in which he notes that Tarahumara prefer to withdraw rather than engage in aggressive confrontations (Kennedy 1978:195). In his first edition he determines drunkenness to be responsible for the violation of social norms, which he calls a failure, since cultural ideals are not upheld.

Such failures are not uncommon accidents, but frequent and expectable occurrences. They are structurally induced dysfunctions which add to the
uncertainties of life to which the Tarahumara are accustomed. (Kennedy 1978: 225).

In the second revised edition, published nineteen years later, he refines the analysis:

...strongly held feelings of propriety prevent the normal expressions of aggressive behavior or the assertion of power over others. These internalized restraints appear to create strong internal tensions which are repressed in the ordinary intercourse of daily life, but which are released in the special situation of the tesguinada, resulting in the overt expressions of sexual acts and hostility. This often takes the form of humorous insults and horseplay... but this joking occasionally flares into true conflict that results in verbal abuse, accusation and threats of sorcery, bloody fighting, and in one instance a violent murder. Tarahumara beliefs and attitudes externalize these acts of interpersonal violence- they lay the blame for antisocial behavior on beer. Thus it is possible for the Tarahumara to think of themselves both as equal and as gentle- and to be perceived as such by outsiders- because the antisocial acts are the result of something outside of human volition. (Kennedy 1996: 233).

My experience in Basigochi is in agreement with Pastron's findings, although my analysis adds another perspective to what has been published previously. In Basigochi there were frequent outbursts of aggression during tesguinadas similar to those reported by Pastron and Kennedy. Yet all but one of the aggressive acts were initiated by younger males who had spent time working in mestizo culture. It appears that they were taking on some of the machismo of the Mexican male. Yet, in true Raramuri fashion, they were incorporating this attitude into their pre-existing cultural ethic. A case study illustrates this point.
Manuelito was one of these younger males with a reputation as a womanizer. It was his custom to prey upon young Raramuri women returning from a *tesguinada*. Somehow, on three different occasions he had enticed three teenage girls into the cornfield, and they had each gotten pregnant as a result. Manuelito never took responsibility for any of these children, with the result that he was ill liked by several families in the valley. He also carried a knife, wore *mestizo* clothes, and carried a large boom box around with him from which emanated loud *narcocorridos*. He talked mean and became belligerent when drunk. Otherwise, he was polite, friendly, intelligent and personable, although he was lazy. If there was *batari*, he was sure to be present, invited or not. Women frequently hid from him, and although people were polite to his face, behind his back stories circulated as to his bad character. "*Echi rejoí we parúame ju. We chokeame ju.*" (This man is very mean and violent. He is very bad.) Women felt sorry for his mother, and sympathized with his wife, an older woman with children from a previous marriage. He did not work his fields, instead leaving them for his father and brother to plant and harvest while he went out drinking. At one *tesguinada* he made a lewd comment about a young woman, Luz Reyes, who was eighteen and yet unmarried. Luz defended herself and a wrestling match ensued, with most of the onlookers staying clear of the scuffle. Luz succeeded in getting herself away from Manuelito, and stayed in
the protective group of women the rest of the evening. A few weeks later, at a
tesquinada I sponsored, a fight broke out between Manuelito and Luz’s brother. This
time, Luz’s brother drew a knife and for several frightening minutes it seemed a full scale
brawl would break out as young men flocked to either Manuelito’s side or that of Luz’s
brother. The men continued to throw loud insults back and forth at each other, circling in
wrestling poses and then springing forth to attack. The Raramuri onlookers shrunk back
from the scene, but there were mestizo men present, who watched intently. When it
appeared that Luz’s brother was going to cut Manuelito, Manuelito’s mestizo friends
broke in, disrupted the fight, and then they and Manuelito quickly ran off. Luz’s brother
meanwhile, stayed put and stated loudly that he was going to seek revenge upon
Manuelito for violating his sister. Luz’s parents were both present and did nothing to
intervene. Manuelito’s parents were also present, and they quickly left as well. Someone
handed Luz’s brother some tesguino, and after a few moments he was laughing by the
fire with his friends, saying how he had scared Manuelito. From that point on, I noticed
overt hostility between the two families. Among the women, the story circulated that
Luz’s brother was only trying to protect his sister from the evil Manuelito. However,
Luz’s brother was also said to be “parúame” (mean and aggressive) and women
subsequently remained aloof from both Manuelito and Luz’s brother. Both these young
men had spent considerable time among mestizos, as they both left the valley every year to work for money in the apple orchards of Cuauhtémoc and the tomato fields of Sinaloa. No complaints were lodged with the siriame, and a general wariness prevailed when either one of these young men attended a tesquinada.

According to the cultural logic of the Raramuri, Luz’s brother was correct in trying to protect his sister, but he should not have pulled a knife. Also, Manuelito was at fault for trying to coerce Luz into his arms. Both young men were thought to be in error, with blame placed equally upon them. Both were subsequently ostracized, although Manuelito received more public shaming than did Luz’s brother. However, it was acknowledged that both were bravo (aggressively mean and violent) because of their contact with mestizos, and there was much condemnation of both of the men for their actions. Revenge and violent assault were acknowledged as chabochi (mestizo) influences as the community attempted to distance themselves from the behavior. Gossip also floated about regarding the problems in Luz’s family. Luz was thought to have encouraged Manuelito, since she too had taken on chabochi ways. She worked as a teacher in a nearby community, wore pants, and was known to have one on one contact with mestizo men. Some women supposed that Luz probably looked Manuelito in the eye, thus provoking his advances. In general this whole episode became a discourse used
to affirm the dangers of associating with *chabochis* and with participating in *chabochi* culture. Thus, an overt violent encounter was attributed to outside influence.

A second point I would like to make about violence in Tarahumara society addresses the behavior of the onlookers who choose to remain aloof from the altercation while it is going on. Pastron comments that this behavior is a form of denial. I do not think this is so. Once, a couple who fought frequently, were engaged in a particularly fierce round of wrestling during a *tesguinada* inside a home. As they tore and hit at each other, benches and people were knocked down, kids were stepped on, a stove was tipped over, and it appeared as if things were rapidly deteriorating. I saw the man pick up a stick and raise it in an attempt to hit his wife’s head. Several men reached over and grabbed the stick away from the man, but they did not otherwise make any move to stop the fight. We women quietly looked on, trying to shield ourselves from the careening people and objects. Suddenly the man began to strangle the woman, and appeared to be succeeding, as she gasped and choked for air. ‘This is too much,’ I thought, and since they were close to where I was sitting, I tried to stop the fighting. I was instantly pulled away by one of the women, who told me “No no, do not interfere because then it will get you too.” By ‘it’ the women meant the violence. Everyone just sat, trying to ignore the fight, which was impossible since it dominated the room, and one by one people did try
to split the two up whenever the fight seemed to become particularly threatening. Finally one of the members of the pueblo vigilancia (police) finally pulled the two apart. The woman began to cry and sat down by me. Her husband joined the men. They were both given huejas of batari (gourds of tesguino). A few minutes later the host of the tesguinada gave a nawésari, which reiterated the fact that Onorúame (God) had given the people batari so they would be happy and dance and so that there would be a good corn crop. He did not speak specifically about the fight, but clearly emphasized the normative behavioral values of non violence, good thinking, and hard work. Then, not five minutes later, another fight broke out between two older men. They argued and began to push and shove, and the result of this fight was that one man ran away as fast as he could, with the other chasing him. Everyone was quiet inside the house. In a few minutes the chaser came back, and began to argue with someone else. This man did not want to fight. There were heated words about jealousy and one man being richer than the other. “We are poor and have to help each other out, but he is rich and doesn’t invite any of us to drink with him,” complained the man who had chased the other man out, and returned to start another argument. The hosts urged everyone to drink and be happy, and in a few minutes this quarrel calmed down, but the atmosphere remained tense. Next, an argument broke out between a couple whom I had never seen fight, ever. The woman was crying and
yelling at her husband. An excerpt from my fieldnotes explains: “It was too much. It was like there was this whirlwind of negative energy circling around and you had to be careful so it would not get you.” That was why it was best to just sit still and not get involved. The idea communicated was similar to sympathetic magic: if I participated in the violence, even by trying to stop it, I would be at risk of becoming violent myself.

Thus, the unwillingness to acknowledge altercations during *tesguinadas* that Pastron noted is not necessarily a form of denial. Instead, it serves to keep the aggression from spreading. There are men elected to posts similar to police (*sontasi*) and these are the ones who should intervene, if intervention is necessary. To my understanding, this is a variation on the sadness-brings-sickness logic: violence is undesirable, thus one should have nothing to do with it. If one does, then danger, violence and even sickness or death will ensue. From the Rarámuri point of view, it is best to let the wrongdoers do themselves in, which they will, eventually. It is not necessarily denial at work here, but a refusal to participate in behavior that clearly runs contrary to the moral ideal.

3.7 Functional Diversity and Variety In Material Items and Social Roles

The last value I wish to highlight differs the most from western values. Rarámuri value the potential and possible function of objects and people in such a manner that specialization is seen to be negative and limiting while multifunctionality or plurality of
purpose is positive. This value is expressed in how objects are viewed and handled as well as manifested via the daily activities and expertise of individuals. Simply stated, things which have more than one purpose are valued more than things which have only one function. Similarly, people who accomplish more tasks (through hard work, non violence, proper behavior) and have more skills receive more respect than those who perform the minimum necessary for subsistence.

A plank serves as a clear example. Upon arrival in a Raramuri home most people used to western or industrial culture remark upon the lack of household objects such as chairs, beds, tables, or other furniture. Instead, one sees hand milled planks as wooden benches, clothes hung on ropes tied to roof beams, clay bowls stashed in a corner or set upon a hand-hewn table. A board is more valuable to a Raramuri in its original state than it is sawed and nailed into a chair. A strip of wood can be used as a bed, a table, a bench, a shelf, or a shelter and thus is more valuable as a board for its potential use, than as a chair that can only be used to sit upon. Likewise, the wide skirts women wear (made from five to eight meters of cloth) are used as pillows, shawls, towels, baby blankets, or padding upon which to sleep. Rebozos (chinki, shawls) carry babies, wood, potatoes, or beans, in addition to being used as a skirt, a towel, a dishrag, or to keep warm in. The items that the Raramuri consider essential are each put to use in many different ways.
In the same way, people perform many roles in the course of a day. Women of course harvest and prepare food, but in addition to being wives and mothers they are also carpenters, seamstresses, stonemasons, pediatricians, herbalists, teachers, potters, weavers, hikers, herders, veterinarians, nurses, and farmers. In industrial culture specialization is valued while the subsistence horticulture and transhumant pastoralist lifestyle of the Raramuri is egalitarian and necessitates diversity. Men as well as women are responsible for a variety of tasks requiring a wide range of skills. Some people have reputations for excelling in certain roles, but this does not give them unusual power or prestige in the community. In the region where I lived certain women were known as potters or basketmakers and were sought out for these items. Men gained renown as violin players or good farmers, or excellent speakers. Their skills might gain them increased invitations to tesguinadas, which in turn allowed them access to a wider reciprocity network bringing increased economic opportunities. Extended access to resources means that all members of the kin group and norawa network benefit, since Raramuri culture is cooperative and egalitarian in nature. Excess resources are shared instead of used for individual gain.

This is an important socioeconomic norm because it encompasses both material and non material culture. The Tarahumara do not have a highly elaborated material
culture, and early researchers correlated this with their apparent lack of mythology and theoretical knowledge (Kennedy 1978, Merrill 1988:3, Zing 1937, 1942). This latter point has been countered by Merrill’s investigation of knowledge transmission and reproduction in which he notes and agrees with Pastron’s assessment of knowledge about witchcraft (Pastron 1977), concluding that theoretical knowledge is more complex than originally believed but there remains quite a bit of individual variety regarding these issues (Merrill 1988: 5). The fact that Raramuri philosophy is more highly developed than previously thought, and also retains idiosyncratic characteristics, suggests that perhaps Raramuri have been more concerned with philosophical matters than with material culture. Paradoxically, the dearth of mythology has been attributed to their preoccupation with the material demands of their subsistence lifestyle in a harsh environment (Kennedy 1978, Bennett & Zingg 1935). Kennedy says “The Tarahumara of Inápuchi and Basigochi show no interest in questions of history, philosophy, or theology” (Kennedy 1978:196). One is left with an image of a people who have to expend so much energy meeting their daily needs that they have no time to develop sophisticated philosophy or refine their material objects. This stereotype persists, as noted in the discussion on Chapter II, section 3.2

14.
This characterization ignores the pragmatic virtue of multifunctionality or versatility, which Raramuri hold in high regard. Raramuri have not refined their material world because they do not need to. If a board is more useful than a chair, why build a chair? If a cave can be used as shelter, why build a house? If a fire can be built on the ground why use a stove? Why make or buy a candle or a lantern when a stick of pitch pine will serve to light a room just as well? Given their history of mobility, the versatility of physical stuff is adaptive. Similarly, given their dispersed settlement pattern, the rugged environment they live in, as well as their mobile lifestyle, role specialization is actually a maladaptive tactic. It makes more sense to be self sufficient than it does to depend upon specialists who may or may not be reachable when their particular skills are needed. It is a mistake to overlook this value or to attribute the lack of attention to refining both material objects and social roles as an uneducated, underdeveloped, unenlightened, ignorant, uncivilized, quaint, crude, simple, backward, lax or inattentive custom. Instead, the valorization of versatility in people and things is a positive adaptive feature of Raramuri life, reinforced in daily thought and practice. Tarahumara mythology is also malleable, fitting the needs of individuals and communities yet retaining core cultural features. Multipurpose objects which are flexible ensure that corporeal needs are met in the diverse highland, barranca and urban environments in which the Raramuri
live. This adaptability, which accepts and respects individual variation, is paradoxically one of the primary factors involved in the Rarámuri’s ability to successfully and consistently retain core cultural values over the centuries.

4. Rarámuri “Beliefs” About Life

Beginning with a fact rather than a belief-based premise in evaluating philosophy forces us to examine different levels of meaning in an attempt to make sense out of what is being said. Treating something as belief can result in a rather passive acceptance and recording of anything that is reported. Examining something as fact requires an active participation in understanding and discovering meaning. To reiterate a previous point: it treats knowledge as interactional rather than artifactual. (Farella 1984:9)

John Farella makes the case for active participation in the discovery of meaning, much in keeping with my own approach to understanding concepts central to the Rarámuri understanding of the world. In this section I consider the concepts of danger, vulnerability, life, and death and the way in which these relate to birth and health, from the vantage point of the Rarámuri. Two events remain particularly salient in drawing me into the Rarámuri lifeworld and reframing my thinking. The first was an instance of sorcery, discussed in the next section, and the second was a maternal death, discussed in Chapter VII. In the first case an illness was attributed to sorcery, and in the second a death was said to be caused by a nearby lightning strike. From a western perspective, both circumstances would have had different causalities - each physical in nature. What
the facts? In both cases, I think we do a disservice to the Raramuri by saying they
‘believed’ the death was caused by lightning, or the illness was ‘believed’ to be caused by
sorcery. This is a condescending and, as Farella notes above, passive stance, which
places the Raramuri’s conceptualization of the world beneath that of the western
scientific perspective. (We all know that illness is caused by biological agents, not
witchcraft do we not?) It is not my purpose or intent to argue for or against this
hierarchical classification of belief versus fact. Instead, as Farella suggests, I present
Raramuri ‘beliefs’ as social facts which enable Raramuri to assign meaning to the world,
subsequently allowing us to actively engage in discovering what this meaning may be.
This enables an appreciation of how Raramuri beliefs, while different from our own,
serve a common purpose in motivating and explaining culturally acceptable modes of
thought and behavior.

4.1 Danger, Secrecy and Outsiders

The Raramuri live in a dangerous world. There are dangers inherent in the
environment that are responsible for causing harm to individuals such as snakes,
lightning bolts, floodwaters, animals, or starvation and crop failure. There are also other
dangers not so easily classified. Although westerners would consider a rainbow a natural
phenomenon without its own volition, in Basigochi and other parts of the Sierra,
rainbows are said to be dangerous because they kidnap young women, forcing them to have sexual relations. In Basigochi there were several beings known to be active, especially at night, which could cause people harm. These were “animalitos” (little animals), rustware (witch birds), and also creatures like water snakes (sinowi), wolves, and bears. Exposure to or contact with these beings results in death or serious illness leading to death. Similarly, natural objects such as stones or even lighting bolts could be manipulated by sukuruame (sorcerers) in order to do harm to individuals. Garcia Manzanedo, who investigated the Raramuri curing system in 1954, classified illness etiologies as natural or supernatural, noting that illness is caused by these “supernatural” beings as well as by natural causes we would recognize in the western world (Garcia Manzanedo 1954). Merrill notes that Raramuri do not organize illnesses into such categories since they do not recognize any difference between natural and supernatural. My experience concurs with that of Merrill, who offers instead an emic categorization of illness etiologies, listing intentionality as the distinguishing factor (Merrill 1988: 128). In Merrill’s scheme, danger (in the form of illness and death) can be self induced, resulting from improper nutrition or behavior, such as eating too much green corn or staying in the sun too long, or coming into contact with objects known to be dangerous (Merrill 1988:128). It can also be intentionally caused by things and people.
In Basigochi, the greatest dangers were associated with improper behavior, the environment, sorcery and outsiders. Improper behavior generally meant that a person was responsible for difficulties in life through wrong choices as noted above. Choosing to bathe in the heat of the day, eat pork at night, associate with outsiders or to argue with neighbors will all create problems in life. A person is responsible for knowing what kind of conduct courts danger and should choose not to engage in such activities, instead individuals should think well and do well.

The environment is dangerous because it is unpredictable and cannot be controlled. However, people can learn how to anticipate problems, and thus exert a degree of control over the natural risks. One should not try to cross a flooded waterway; children are chastised for running too close to cliffs, people should not work or cook during lightning storms, and places where animals such as snakes or bears are known to live are avoided. You do not go out on dark nights. You do not move around in a lightning storm. These environmental dangers are thus possibly avoided through intelligent behavior, which is emphasized not only during nawésari but is the subject of much talk between parents and their children.

Other danger, mainly that of sorcery, is not so easily avoided. In Basigochi people professed not to know who the sorcerers were, although everyone knew exactly
what kind of trouble had been caused, when, where and by whom. The *sukuriame* (sorcerers) were always said to live somewhere else, in another *rancho*, and were never related to anyone in the valley. There is a relationship between danger and outsiders, secrecy and jealousy. Sorcery acts as a form of social control whereby people are encouraged to act morally and maintain harmonious relationships with their neighbors and kin for fear of being witched. Outsiders are dangerous because they are unknown and uncontrollable, and potentially dangerous because they may be sorcerers. Secrecy involves hiding detailed knowledge about material wealth and intimate relationships in order to guard against sorcery. One of the main motivations for sorcery is jealousy—either of material wealth (usually corn or animals) or sexual jealousy, which is a frequent cause of violence between men, or a reason for wife beating.

In Basigochi the oldest man in the valley was rarely referred to by his proper name, Bernabé Basigochi. Instead, he was called the “*sipame,*” which means peyote ‘rasper,’ or the shaman/sorcerer who conducts peyote ceremonies. He was well loved and warmly accepted into homes in the *rancho*. In fact, he was treated with the utmost respect, and it was considered an honor to have him attend *tesguinadas*. He played the violin well and was an excellent joker and orator. In the entire time I lived in Basigochi I never heard anyone say a bad word about him. In stark contrast to this, I occasioned to
mention the *sipaeame* while visiting a *rancho* in a region of the Sierra approximately two
days travel away from Basigochi. The conversation was about ceremonies and curing
and thus I brought up the fact that a *sipaeame* lived in Basigochi. My Raramuri listeners
were shocked that I would have a joking relationship with such a man. They asked me
why I did not fear him, and they clucked their tongues and said I should be careful not to
speak to such an evil man. Upon further questioning, I learned that they considered all
*sipaeame* to be evil, and most certainly *sukuríame*. They were certain the *sipaeame* was
malevolent and were concerned about my well being. When I protested, they just
laughed at my naïveté. In Basigochi, however, the *sipaeame* was well liked and trusted,
equal in prestige to the *siríame* (governor) who often came to him for advice, and the
*owiríame* (doctor), with whom he was also quite close. In response to my questioning as
to why the *sipaeame* was thus named, most people in Basigochi feigned ignorance. When
I asked if he was a *sukuríame*, they heartily denied this assertion. The *sipaeame* himself
only smiled and told me that the curers in Narraráchi (a place famous for its peyote
ceremonies), did not know anything. The point here is that danger does not come from
what is known, but from the unknown. In Basigochi where the *sipaeame* lived, including
nearby *rancherías*, he was not considered dangerous, but was treated with respect - just in
case he was. In the distant *rancho*, where he was unknown, he was unquestionably seen
as the epitome of danger and evil, such that I was in danger just by virtue of having
spoken to such a man. Insiders, those people who are known as neighbors or kin, are not
considered dangerous, but outsiders are.

In recent Tarahumara ethnography both Merrill (1992a) and Levi (1999a) have
discussed the topic of insiders and outsiders, noting that outsiders are dangerous. Both
note that the generalized distrust of outsiders (chabochi, as well as Raramuri from other
regions) is related to sorcery and economics. Their research, in concert with my own,
suggests that attributing danger associated with outsiders to sorcery establishes and
affirms the moral code. It also legitimates the cultural model of generalized reciprocity
or körima since powerful and rich individuals are usually the focal point for fears
regarding sorcery.

How does this relate to Raramuri birth practices? Birth in and of itself is not
considered to be dangerous. It is a normal bodily function and process which generally
results in a live infant. The dangers attributed to pregnancy and birth, thus, do not come
from the physical condition itself. A pregnant woman is just as likely to be exposed to
danger as is any other member of the community. If she engages in proper moral
conduct, then her risk of being exposed to danger will be reduced. The greatest danger
she suffers is that of sorcery, for someone may be jealous of her good fortune. One of the
ways in which she can protect herself, therefore, is to reduce her contact with outsiders, and to hide the evidence of her pregnancy. In Basigochi, as well as in the urban asentimientos, pregnant women did not announce their pregnancies. The puffy blouses and full skirts worn by Tarahumara women serve to hide their pregnancies for several months from all but the most discerning eye. In the asentimientos in Chihuahua City I heard the dueñas (Mexican managers) complain frequently that a woman had given birth and they had not even know she was pregnant. Similarly, in the sierra, sometimes even I, a trained midwife, did not realize a woman was pregnant until her sixth or seventh month.

Another strategy which serves to protect pregnant woman from harm is the practice of avoiding contact with outsiders. Although specific pregnancy taboos are rare, pregnant women choose to remove themselves from social occasions involving strangers. The pregnancies also go unremarked, for it is best not to draw attention to either the woman or her growing child. Women always lowered their voices when talking about a pregnant woman. Most women knew who was pregnant in their community, but they did not talk about it, even among themselves. For instance, my hostess’ youngest daughter, twenty year old Catalina arrived home from Chihuahua City one morning. She walked into the valley sobbing quietly and fearfully told her mother that her chabochi boyfriend
had kicked her out when he found out she was pregnant with his child. Catalina was afraid of her mother’s judgement, in addition to being heartbroken over losing her chabochi soldier. My hostess did not judge her daughter, but took her in as if she had never left, commenting only that, ‘what else could you expect from a chabochi?’ After that first morning nothing more was said in the household about Catalina’s pregnancy, until a month or so before her delivery. At times my hostess would draw me aside and whisper to me her concerns over Catalina’s health: Catalina was having abdominal pain and she was afraid that Catalina might be the victim of sorcery. Catalina took up her household chores, re-established ties with her girlfriends, and basically went on with her life as if nothing out of the ordinary had happened. One day, a few weeks after her arrival in the valley, one of Catalina’s friends asked me if it was true that Catalina was pregnant. I was surprised, as Catalina and this woman had spent quite a bit of time together - surely she should have known already about the pregnancy. Not wanting to betray Catalina, I mumbled something about how I suspected it, but was not sure. The woman gave me a knowing nod, saying yes, she had noticed Catalina’s face had changed. Yet since Catalina had not mentioned it to her, she did not want to say anything either. At a tesguinada a few weeks later, several women were whispering sincerely with my hostess about Catalina’s pregnancy. Catalina’s mother was confiding with her friends
and attributing blame to the irresponsible chabochi who had wrongly abandoned her daughter. Catalina was seen approaching and my hostess quickly closed the conversation by saying, “yes, that’s how those chabochis are.” When Catalina arrived nobody said anything at all to her about her pregnancy or her failed relationship with the chabochi soldier. Instead, Catalina was warmly accepted into the group of women, and jokes were tossed about between the groups of men and women as to who was an eligible man for Catalina to marry, with much laughter. In as much as an outsider had caused the problem, it was best not to talk about it so as to not draw attention to Catalina. Instead, tension associated with the breach in moral norms was relieved by public jest and supposition as to who could be a mate for her, since it was obvious she was single and of marrying age. Since it was known that Catalina had a preference for chabochis, much ribbing about the superiority of Raramuri men compared to mestizos ensued. Raramuri values legitimizing the insider/outsider distinction as well as ideas about danger and proper behavior were all upheld and reaffirmed via the actions of Catalina, her friend, her mother, and the community. The community of insiders consisting of Catalina’s kin and neighbors was engaged in establishing her safety and protection, as well as that of her child, by attributing blame to the outsider and through their attempt to keep her from re-experiencing that risk again by insisting she marry a Raramuri.
Danger comes from the outside, and from the unknown and uncontrollable. Danger also comes from the inside in the form of jealousy. These dynamics are separate but related by sorcery as well as economic considerations. Outsiders cannot be controlled, nor can the environment. Thus, one protects oneself from these dangers by removing oneself from circumstances where they might occur. Mothers admonish their children for speaking to chabochis, encouraging them to run away or hide rather than associate with them. Modesty and non-aggression are encouraged, as is avoidance of any outsider. Similarly, dangerous places in the environment, cliff edges, deep pools of water, rapid rivers, dark caves, lightning storms (and the rainbows that accompany them), and walking in a dark moonless or cloudy night are all avoided. Unspoken fears become embodied, with some making their way into folktales about animals and people in times past (see section 4.3). Jealousy, on the other hand, is much harder to control, and therefore is seen as a cause of and reason for sorcery.

4.2 Onorúame Wants The Rarámuri To Be Happy

Of course it is an oversimplification to explain Rarámuri spiritual belief by saying Onorúame (God) wants the Rarámuri to be happy, but it is not inaccurate. The moral imperative at work in all Rarámuri relationships is dictated by God’s insistence that his human children live a happy life. In fact, one researcher who has spent extensive time
among the Raramuri, focusing on the curing system, has called it the "culture of happiness" (Anzures y Bolaños 1993:11). Happiness is defined as harmonious relationships and hard work. Details of this moral ethic are outlined in nawésari, yumari ceremonies, and advice given by children to parents, and can be seen at work in all aspects of daily life. Hard work, nonviolence, modesty, generosity and sharing, as described earlier, are all in accord with God’s will. Happiness pleases God and when God is happy crops are bountiful. If there is imbalance, manifested by people fighting, hoarding, acting aggressively like chabochis, or other improper behavior, Onorúame will be upset and harvests will be meager. Success in life depends more upon proper comportment than it does on accumulation of material wealth or occupying positions of prestige. Health is contingent upon happiness, and bad luck is attributed to a failure to abide by cultural norms, which in turns means the individual has failed to please God.17

God is accessible to all Raramuri, including children, through dreams. Curers are said to have a special ability to dream and in this manner are apprised of God’s intentions, although everyone may receive a message from God. Those who hear from Onorúame in their dreams will freely talk about what God had to say, but no one can assume to know what God wants or will do.
The Raramuri language is full of conditional terms which index the uncertainty inherent in life. Almost every conversation involves a reference to the ambiguous nature of life, with conditionals like “ko,” “ma,” “mapu,” used frequently along with statements such as “they say,” or “you know.” What actually happens depends upon a combination of the will of God and the actions of humans. Goodness is attributed to God, and evil is attributed to human fallibility, which includes sorcery and the actions of dangerous beings, such as God’s brother the Devil, and various beings such as rainbows, water creatures, and a host of other beings discussed in the next section.

Levi and Merrill have both written about a Raramuri worldview which includes a three tiered universe, further divided into seven levels. God is above, humans are in the middle, and the devil lives below. The sky of one level is the bottom of the one above. The tiers are held together by columns which support the various surfaces (Merrill 1988:71). Levi says that the gentiles with whom he worked considered themselves to be the “pillars of the sky,” as they were responsible for holding up columns which support the earth and sky (Levi 1993). I heard none of this in Basigochi, but I did not specifically ask about cosmology. The daily conversations of the women with whom I spent time were focused on day to day activities and it was rare for women to talk philosophy at all.
Women did, however, acknowledge and speak readily about Onorúame and his desires for the Rarámuri.

God is also responsible for teaching Rarámuri how to make and use batari. According to the people in Basigochi, God did so in his attempt to help the Rarámuri enjoy life. Because people work hard and suffer, they also need to be comforted. Batari provides this pleasure and gives individuals an opportunity to demonstrate their adherence to community moral norms dictated by God. When people drink batari they play music and also dance. Dancing is an activity which God enjoys, as do the people doing the dancing. In Basigochi it was not uncommon for people to describe a tesguinada favorably by saying that people danced. If there was dancing the tesguino was good and the people were happy. If there was no music or dancing then the batari was not considered to be as good and the ceremony was “sad.” Dancing, in this context, is unlike either the matachine, pascol, yumari or tutúburi dances, which consist of proscribed formal steps performed during ceremonies at specific times and places. Of course, God likes these dances, but the tesguinada dancing I am referring to breaks out spontaneously, when a person cannot contain himself or herself any longer. Sometimes men would dance pascol but it was just as likely to be free form. Women occasionally danced alone, but more frequently they asked a female friend or relative to dance with
them. Usually these spontaneous dance performances were accompanied by applause or raucous laughter. Men commonly danced alone, less frequently with a male partner. It was rare for men and women to dance together as is done in American society. All the occasions when I did see this kind of partner dancing involved mestizos, thus I feel it safe to assume it is not customary for Raramuri to dance as couples. Even married couples danced individually. People I knew were usually proud of the fact that they had drunk enough batarí to dance. They felt it was their duty to make God happy, and it was common for people to mention that God should be very happy because of the dancing. This also applied to Raramuri ceremonial dances, such as the yumari and matachine dances. If there were lots of dancers and the dancing was rigorous and festive people commented that it was likely God was happy. Put simply, the more dancers and the more dancing there was, the happier were both Onoríame and the people.

Velasco Rivero has written extensively about the symbolism inherent in Raramuri religious practice (Velasco Rivero 1987), as have Slaney (1991, 1997), Merrill (1988, 1992a & 1983b) and Levi (1993). While these researchers generally agree on ritual practice, such as how and why the yumari ceremonies or matachine dances are held, they tend to disagree when it comes to religious symbolism. I believe this is because Raramuri themselves have different ideas about why they perform certain ceremonies or
ritual acts. Frequently when I asked people why certain practices were upheld, I was
simply told “because that is how our ancestors taught us.” On other occasions I would
receive two or three different explanations. Merrill notes the importance of public and
private contexts in his discussion of this phenomenon:

...certain elements of cosmological knowledge are widely shared because they are relevant to the performance of a diversity of practices and provide the ideological foundation for the authority of the pueblo officials, whose speeches ensure that this knowledge remains part of everyday life. In contrast, considerable variation is found in knowledge that tends to be transmitted only within households and to maintain few direct connections to public practices, for instance, in folktales. (Merrill 1988:195)

In sum, Raramuri symbolism is multivocal and embodied in the daily acts performed in
ritual and non ritual contexts, both of which remain under Onorúame’s watchful eye.

4.3 Giants, Bears and Little People

Opinions differ as to the complexity and sophistication of Raramuri philosophy.

French playwright and philosopher Antonin Artaud visited the Raramuri in the thirties
and upon his return described them as being “obsessed” with philosophy (Artaud 1976).
Following his visit to the Tarahumara, during which he attended peyote ceremonies, he
ended up in an asylum for the mentally insane where he died shortly thereafter, evidently
unable to integrate his experiences in the Sierra. To date, the account of his travels
among the Rarámuri has been characterized as the fantastic musings of a romantic artiste
looking for outside confirmation of his anti-civilization tendencies. Indeed, Artaud's narrative is filled with exaggerated descriptions of the land and people, sublimely poetic if not always ethnographically accurate. On one of my first visits to the Sierra, I happened to speak with the recently deceased Don Lupe Loya of Norogachi, who told me he had been Artaud’s guide. He said that Artaud had indeed attended several peyote ceremonies in the region of Narráraci, and that he had also taken ill and stayed for over a week in a cave, too sick to travel. It is easy to imagine Artaud’s book *Peyote Dance* as an extended fever dream, rife with bizarre visions and illusions most certainly triggered by the landscape and people he found himself surrounded by. To take his account at face value would surely be a mistake, just as it would be to completely ignore his views.

Conversely Robert Zing and John Kennedy determined the Rarámuri to have little sophistication in regard to either philosophy or mythology, with Zing going the farthest in his critique stating that “the Tarahumaras are content with the fantastic and meaningless” *matachine* dancers, which they only enjoy for the costume and “muscular activity.” He continues:

When one considers the spiritual and emotional values that a genuine culture has to offer in the arts, one sees how lacking Tarahumara culture is in some of the most genuine values that the human spirit can attain. They out-philistine the Philistines (Zing 1942:89).
Kennedy's comments seem mild by comparison, but are equally judgmental.

Referring to the folktales collected by himself, Merrill and Burgess he takes a position opposite Artaud:

These meager collections make it even more clear that the Tarahumara are ritualists, not theologians. They act out their religious conceptions through dance and ceremony, rather than concerning themselves very much with nuances of philosophic argumentation and distinctions of doctrine (Kennedy 1996:146).

I suggest that the Tarahumara act out their religious conceptions in every aspect of their daily lives, and I agree with Merrill who takes a middle position and says that although it is "extremely difficult" to assess the philosophical tendencies of individuals in any cultural community he allows that the Raramuri are not either as disinclined towards philosophy as Zing and Kennedy suggest or as obsessed with it as Artaud would have them be (Merrill 19988 5).

What do we have regarding Tarahumara folklore? Don Burgess, a missionary who spent over thirty years living in remote Raramuri ranchos in the Sierra, gives the most accurate account in an article published in 1981. He mentions that he collected over a hundred folktales, and "there seems to be no end to them" (Burgess 1981:12). Burgess compiled several of these stories into a published volume in both Raramuri and Spanish to facilitate language acquisition (Burgess 1971). Other collections of folktales used for
language training include another volume published by the Summer Institute of Linguistics (Hilton 1969), a collection by a bilingual educator (Muñoz 1965), and several published by development agencies such as the National Indigenous Institute or cultural organizations such as the Chihuahua Institute of Culture (Batista 1980, Batista 1999a & 1999b, Espino Loya 1987). Recently, under the direction of Enrique Servín, the Chihuahua Institute of Culture has begun to put out cassette tapes with the myths recounted in Rarámuri (Chihuahua Institute of Culture 1999a, 1999b, 1999c). There is even a Rarámuri text “Osili Ralalmuli Raichala (My Book of Tarahumara Legends), published by the state education agency (SEP ND). Most of these collections are stories Rarámuri informants said were told to them by their grandparents. Some are repeated, and Burgess has analyzed them.

In his analysis Burgess mentions that Tarahumara do not recount their folktales to outsiders, because they are afraid, and also that some of the stories do not translate into Spanish well. These are most certainly reasons previous researchers did not find much in the way of mythology. Another reason is that in general it was the men who told the stories, not women. My exposure to mythology, (besides in the literature), was thus limited to three kinds of occasions. First, at random moments during tesguinadas, juntas, or even just in the course of daily activities, elder men would relate one of the stories to
me. I think this is because I was an outsider and had expressed interest in Raramuri culture and knowledge and had shown myself to be able to learn how to behave properly. It was as if I was a child and they were giving me advice, or instructing me about the proper way to live. Second, some of the myths were regularly repeated during nawésari or at ceremonies. An example is the creation story given in Chapter II, Section 2.1

Third, women reluctantly acknowledged that they knew about a certain myth when I questioned them directly. Because of their reticence, I seldom used this strategy - I was with the Raramuri to collect birth stories, not cosmology, so I did not press the issue when it was obvious my questioning was making the person uncomfortable. I did notice, however, that some of the double entendres and jokes recounted during tesguinadas were dependent upon knowing a certain story, and when I let it be known that I understood both the joke and the story my Raramuri companions responded with glee. This, of course, made me the subject of more joking behavior, but it was a price I was willing to pay for the sense of inclusion, and I also noticed that the more I displayed an understanding of their thinking, the more they were willing to open up and share with me their thoughts.

Burgess classifies the folktales he collected into several categories. These include secrecy, lying, and other forms of deception between animals, animals and humans, and
humans, including mestizos and Tarahumara. Part of this tradition includes using different names for things. Burgess says that this is to protect people from harm from witchcraft and from mestizos. Some of the stories provide examples of situations where it is OK to lie to mestizos, illustrating the cultural principle that it is acceptable to lie to bad people (Burgess 1981).^22

One of the folktales that I heard several times was about a giant (gano). This giant was said to live on a hill in a cave, and he was very mean. In fact, he would frequently come out and scare the children. He kidnapped children and took them home to eat. The Tarahumaras who lived nearby were angry about this. They cooked up a plan (literally) to kill the giant. Here the story diverges. I heard three similar versions and I suspect there are more. In one, the Raramuri decide to be friendly to the giant, inviting him to dinner. But they have managed to put poisonous mushrooms (or plant) in his food. The giant is so happy to have people visit that he hungrily accepts the meal, and then with a full belly, drifts off to sleep. Of course, he never wakes up, and the Tarahumaras seal him in the cave, celebrating the fact that the giant no longer will steal and eat their children. In another version, they give him a gift of beans, only the beans have been mixed up so that there are poisonous ones in with the good ones. The giant eats the poison and dies (Burgess 1981). Another version mentions that the Tarahumara
gave the giant *tesguino* instead of food. However, they put a “bad herb” in the *tesguino* which also made him fall into a sleep that he never woke up from (Batista 199b). Once I was in another *pueblo* and mentioned that I lived in Basigochi. “Ah ha,” said my companion, “that is where the giant lives.” I had never heard this before, although I had heard the giant folktale many times. Upon returning to Basigochi I started asking about the *ganó*. The northern boundary of the valley in which Basigochi sits consists of a spectacular stone cliff, about four hundred feet high. In the middle of this cliff is a series of caves, and these are the caves where the *ganó* is said to have lived. Some people regard this valley with fear and awe, and it also has a reputation for having witches. In Basigochi, everyone knew the first version of the giant story, and they would point to the cave shyly. Only young boys climbed up to it. None of the women had ever gone, and most people said they were afraid to. An Anglo visitor made the trip, and told me upon his return that he was pretty certain he had seen human bones. It was customary for Rarámuri to bury their dead in caves. This is another example of how the folktales affirm core values— the cliff was a dangerous place, physically, and the stories of the giant kept the majority of the people from going to a place where they might fall and die, as well as keeping them away from an ancestral burial cave. Interestingly, I later discovered that several other *ranchos* had caves where the *ganó* was said to have lived.
It is also said that the stories are those told by the ancestors, about how the world was when they lived. There are stories of talking animals, which usually have a moral that explains why the animal does not talk anymore, or flies, or has white fur. Other stories warn about the dangers inherent in the world: the rainbow that violates young girls, the snake that pulls people into the water, the fighting bear. There are also stories about “little people” who some say are still alive. These are thought to be ancestors, but they are not ghosts. They are smaller versions of normal adults. They appear sometimes, to warn people and to give them advice. They live in another world, adjacent to the current one. When things are lost or misplaced, or when inexplicable things happen, some Rarámuri will say it is the little people who are responsible. Other times, witchcraft may be suspected.

5. Witchcraft, Dreams and Curing

One night about midnight there was a loud knock at my door. I woke and lay in the dark listening. I heard a man’s voice, but could not tell who it was or what they wanted, so I did not answer and soon enough the person went away and I fell back asleep. A while later I was again awakened by a loud knock at my door. This time there were two men, and one was a relative of my hostess- someone I could trust. “Please come help us with a sick person,” I heard him say. I came to the door, and opening it, found Felix
and Ramiro standing in the bright moonlight. “Francisco’ is sick,” they told me. “He is bleeding from his nose and now he is very weak. Please come and help stop the bleeding.” I threw on a sweater and grabbed my first aid kit and for the next ten minutes the three of us walked down valley in the cold bright night. I asked what had happened. “Day before yesterday Francisco had a nose bleed. Then yesterday he had two more, and last night three more, and now tonight he is very weak and the bleeding won’t stop.” I asked my messengers if they had sent anyone to the owirúame (cure). Yes, three young men had left an hour or so ago. The owirúame lives three hours from Basigochi, and he had to dream a cure. In the meantime someone had suggested seeing if I could help. I discovered that nobody would go to the clinic to ask for the ambulance because there was an “animalito” (animal spirit) on the trail, and it was bad to go there at night. Thus a call for the ambulance had to wait until daybreak. They reassured me that the sick man would not mind me coming to help him. As we walked I went over in my mind what the causes of repeated nosebleeds were, and what to do about them. Ice? Pressure? Uncertain of my ability to help, I nonetheless arrived. We walked into the room. A man was lying in front of the oil barrel stove, on the floor, covered in blankets. A couple of women and some children were sitting on a bed near one wall. The room was illuminated by the fire in the stove, casting a yellow flickering light upon the scene. Upon
my entrance one of the women, the sick man’s wife, held up a bowl filled with blood. As she did so one of the men who had summoned me explained that Francisco had lost this much blood. Francisco was lying on his back, and when I entered he began to speak. “I saw the bird, I know I did. It looked at me.” After this he took a knife, lying near his head, in his right hand and began slashing crosses above his head and repeating what sounded like a chant in Raramuri, although I could not decipher enough words to understand completely. At that moment I realized that he may be more ill than I had imagined, taking his talk about a bird as delirious speech. When Francisco finished his chant I took his pulse and blood pressure, which were both high. Then I sat down to wait for him to have another nosebleed, as I did not know what else to do. The women were the wives of the men who had fetched me, and they were the closest neighbors of the sick man. The small room was filled with three couples, three sleepy children, and myself. Near the opening of the stove lay some burned chicken feathers. Now and then the sick man moaned, and began slashing at the air above his head with the knife. His wife sat by his side. The two other couples engaged in quiet conversation, about witch birds. As I sat listening, I realized that the man had seen a witch bird in his dream, and was now ill because he was the victim of sorcery. The couples were trying to figure out who harbored ill will against their neighbor. The sick man and his wife listened, but did not
participate in this conversation. After a while, the man began to moan again, this time telling us that he felt pressure in his chest. "Now it has arrived in his heart," said one of the men. I had recently attended a CPR class in the United States where I had learned that nosebleeds could be a precursor to a stroke because the high blood pressure broke the delicate blood vessels in the nose. This seemed consistent with his high blood pressure and age. I was worried that I was witnessing a man in the process of having a stroke. He seemed to go in and out of consciousness, waking to moan and cut at the air above him.

Everyone else sat and watched. The wee hours of the night oozed by. I found out that there were two kinds of witch birds, so called because they were small birds sent by sorcerers to do harm to their victims. This one had to be a *rustware*, because it was small, bluish red surrounded by a yellow flame/tail, and because *rustware* make people bleed from their nose. After a while, the victim loses so much blood that they weaken and die. The other kind of bird they mentioned that night was an "*olemaka*" or "*kórimaka*." It is larger than the *rustware*, is blue, without any red or yellow. It also induces a different kind of sickness, so the consensus was that Francisco had indeed seen a *rustware*. Francisco had already lost a lot of blood, if his weak state was any indication. He began moaning about the pressure in his chest again. He began to cry,
and his wife took him in her arms, holding him like a baby. She too began to cry. The
rest of us sat in silence, waiting for what I was not sure.

Ever the skeptic, I tried to remember if I had every heard of anyone hemorrhaging
to death from a nosebleed. I leafed through the emergency first aid book that comes with
my first aid kit, and discovered that I could give aspirin, which might thin the blood and
prevent a stroke. It seemed an outside chance, but I roused and gave the sick man a
couple of aspirin anyway. He was still complaining of pain in his chest, and I had started
to fear that he was having a heart attack instead of a stroke. Either way, the aspirin could
help and would not hurt. The men seemed to think that it was much more serious now
that the sickness had reached his heart. They talked about which one of them could leave
to summon the ambulance, and when. They kept peeking out the door to see if it was
light enough to go yet. After I gave the aspirin, Francisco seemed to doze and the night
wore on. The children had fallen asleep, and the rest of us were sitting quietly, with the
Rarámuri women getting up now and then to stoke the fire. It felt like a death watch, and
I felt pretty powerless and also awed by the scene.

Soon we heard noises outside and the three men sent to speak to the owirúame
returned. They were loud and boisterous, recounting the details of their journey through
the night down the canyon and back. One had a rifle, and they laughed about a scare they
had when they thought a rock was an animal. The sick man's wife had started to make tortillas, and she put a pot of beans on the stove inviting the young men to eat. Soon dawn began to break, and with the arrival of the men and the smell of food, things seemed a bit more hopeful. Francisco had quit complaining of the pain in his chest. I was just glad that he had not had another nose bleed, a heart attack or stroke. We all ate and the conversation turned to the ambulance and the clinic. The owiriame was going to dream the cure, but meanwhile, Francisco felt that perhaps he should see if the doctors at the clinic could help him at all. Since it was dawn, a runner was sent to the clinic two hours away. It would be three or four hours before the ambulance could return, if it was even at the clinic. Another neighbor arrived to make a tea of orange blossoms from the canyon, which was supposed to help the heart. Just as Francisco finished the tea my hostess arrived bringing with her another mixture for Francisco to drink. When I passed her house on the way down valley in the middle of the night I had stopped to let her know I was going and the men had told her the problem. She decided Francisco had pulmonia (lung sickness) and had brought her cure. By this time, Francisco was more lively, making jokes about all the cures he was receiving. Surely something ought to work he laughed, why not drink another tea? It did seem as if he was better, although he still could not stand up or sit on his own. I honestly had no clue what was wrong with him, as
his symptoms and behavior did not fit any situation I could think of. I was just glad that he appeared better, and that his nose bleeds seemed to have stopped. His wife prepared their belongings, fetching his credentials, some pesos, *pinole* and blankets. Eventually we heard an engine and the “ambulance” arrived. It is a 1978 suburban, and I was appalled because nobody from the clinic had accompanied the driver, who had no medical training at all. I was still not certain that our victim would not keel over from a heart attack or stroke any minute, and was angry that the clinic personnel had not considered the situation serious enough to send someone with medical training out to attend the sick man. This meant that Francisco and his wife and child would spend another hour and a half riding in the back of the suburban on the bumpy dirt road before they would receive any professional medical attention. I feared for the man, but could do nothing, and also realized my fears could be based upon my ignorance of the medical situation. The men helped lift Francisco into the back of the suburban and his wife and daughter hopped in with him. “Tell the doctor your symptoms”, I urged Francisco. “Tell them how many nose bleeds you have had.” “OK, if I can remember,” he said, “but I can’t remember what happened.” At this they shut the suburban doors and I saw that the sick man’s wife had slipped the knife back into her husband’s hand. The small night
watch group surrounded the suburban, watching as it slowly moved out of sight. We slowly dispersed.

One of Francisco's neighbors went to see him in the clinic the next day. I had a trip to the hospital planned the day after that, and asked about him as well. We found out that at the clinic he had been given an IV and some pills (which I never was able to identify). Evidently he was OK - he had had only one more nosebleed and had not stroked out or had a heart attack. I was amazed. I scoured my medical textbooks and found nothing that corresponded to the symptoms this man experienced. I was stumped.

A week later, Francisco arrived back in the valley. He sent for me, and when I arrived, he was in bed, covered with blankets. "Those doctors do not know anything," he said. "They can't help me. It was the rustware so their medicine won't help me. All they do is charge me money for medicines that do not help me feel any better." At this he showed me what medicines he had received: iron pills and vitamin K shots (iron is used to treat anemia due to blood loss and Vitamin K helps coagulate blood). He wanted me to give him the injections, so for the next three days I visited regularly to chat and administer the shots. During these visits bits and pieces of the story emerged. Basically, Francisco thought he had been witched. He knew it because he had seen the bird in his dream and it had looked him in the eye. He did not know why any one would want to do him harm.
“I am a good worker,” he said, proudly. “I harvest lots of corn, and this is because I work hard. If anyone is jealous of me, they should realize I only do well because of hard work.” We talked a bit about witchcraft. He wanted to know if there were witches where I came from. I told him some people believed, but most did not. He said, “Well, then that means there are witches there.” I told him some of the Indian people I worked with did believe in witches. He wanted to know how they cured the sickness that comes from sorcery. I said it depends upon the cause of the sickness. I told him I had spent some time living with the Navajo and that they used a plant, osha, \((Ligusticum porteri)\) to keep evil and snakes away. This plant also grew in the sierra, where it is called \(wasi\). He said he knew the plant and I noticed the next time I visited after we had this discussion, there was some fresh osha root by his pillow. Also, there were freshly burned chicken feathers by the stove each day. It took Francisco several months to gain enough strength to sit up on his own, and at least eight months before he could walk any distance without tiring.

Meanwhile, this episode took place right before and during the \(fiesta\) of the \(Día de los Reyes\) (Epiphany). There was \(tesguino\) everywhere, and the news of Francisco’s nosebleed was whispered in circles all over the valley. Coincidentally (or not), the morning Francisco left in the ambulance, a boy killed an unusual bird nearby in the \(arroyo\) by one of the water holes. News of this bird traveled quickly around the \(rancho\),
because the boy’s description of the bird made it sound like the *rusware*. It was a blue bird with a long yellow tail and a red breast. The boy kept the bird, and it was displayed in one of the school buildings. When I told Francisco’s wife about this, she looked startled. I identified the bird as a Squirrel Cuckoo (*Piaya cayana*) and my identification was later verified by an ornithologist. What is remarkable is that nobody in the valley had ever seen this bird before, nor had I, and according to the book the bird’s habitat was lower in elevation with a notably different environment than that of Basigochi. People stopped by to look at the bird. “This bird is not from here, it was sent here,” said one man. “This is a working bird” said another, “*Es un mandado,*” (It has been sent).

Conversations ensued about who the bird belonged to, and how all we had to do was wait and see who came to collect it, since the owner of a *rusware* comes to get it when it dies. Nobody came to get the bird, and in a week or two it was largely forgotten.

Francisco never had a curing ceremony that I was aware of. Instead he chose to visit a *mestiza curandera* who lived in a town five hours drive from Basigochi. Later, I questioned him about this. He said that he believed she had cured him. He had heard of her because many people in the area had gone to her. He told me that going to see her was just like going to the doctor. He explained how she used an egg to clean the body, and then she cracked the egg in some water and examined it. “It is just like an x-ray”, he
said. "Is that what you call what they do in the hospital, an x-ray or an ultrasound? It is just like that- she can see where the problem is and how to cure it."

Later I asked the owirúame about the case. "Yes," he said, he knew about the rusíware. Yes, Francisco is being cured, he said, but did not elaborate. This episode happened in January. Francisco was not able to plant or work in his fields that year, as he could barely stand and walk. A year later he began to be able to attend tesguinadas.

When he came out dancing curing the Easter festivities a year after his illness the crowd cheered. A year and a half after this episode he was chosen to be siríame (governor) of the pueblo. He told me "I did not seek to be siríame, but the gente (people), they want me, and if they choose me, then I will accept." I believe Francisco's election to the post of siríame had to do with his overcoming being witched. The year after he had his nosebleeds, he planted his fields, insisting that I take a photos of him and his family in the healthy corn, so that he would have a memento for his family. He wanted a record of what a good worker he was. He was well respected in the community, and I only heard people say how they were happy he was siríame, because now things would be better. To date, I have not heard a specific person accused of being the sukuriúame (sorcerer) who had the rusíware that attacked Francisco, and I have asked many people. "Someone far away" said one person, "because the bird was not from here." "Maybe they were from
Samachique,” said someone else, “because there are lots of sukuriame there.” I also am not sure what part the owirúame played in the cure, but I am certain he participated in some way. I know it is dangerous to talk about these things, so when I saw that people did not want to talk about it, I let it drop. 24

To sum up, Francisco saw a rustware in his dream which caused him to suffer serious nosebleeds and extreme debilitation, to the extent that he could not work for over a year. He sought out cures from the owirúame, the gringa midwife, a mestiza curandera, the government health clinic, and a private Mexican physician. He said the clinic and doctor's services were useless. To me he attributes his cure to the curandera, yet he remains good friends with the owirúame, whom he invited for tesquino on several occasions after he had regained his strength. A short time after his cure, he was elected by consensus to the post of siricame, one of the most prestigious roles in the community.

I tell this story in detail, because it introduces and displays most of the ideas at work in Raramuri culture regarding curing, witchcraft and dreaming, including the social and political relations involved in sickness and curing, which are renegotiated and reaffirmed according to core cultural mores during illness episodes.

The Raramuri curing system is actually simple in structure: there is only one kind of healer- the owirúame. Mexicans in the region translate this as “medico” which means
doctor. Literally, "owá" is to cure, and "owi" is medicine with "ru" meaning to exist, and "ame" the suffix, added to verbs to indicate a noun, or the person doing the action. Thus, literally, an owirúame is one who cures. Curing also has the idea of getting up, or rising, as o'wi means to rise up. Similarly, "owisama" is to be healthy, and "owisárame" is to be happy and awake, intelligent. Thus, as mentioned earlier, to be healthy is to be happy, to be up and about, awake, all of which enables a person to work hard and participate in daily activities including attending tesquinadas. I had more than one person arrive at my door asking for pastillas (pills) because they were ill. Upon further questioning I discovered their only symptom was having low energy, being tired, and not being able to drink batari- thus they felt they needed some kind of cure.

The owirúame cures by dreaming. This works in a couple of ways. Either the owirúame will have a dream, unsolicited, in which he learns that someone he knows has been exposed to harm or soon will be; or he receives a specific request for a diagnosis as in the case of Francisco. In both of these situations, the owirúame will determine who or what, is responsible for the malady, and will outline steps to be taken to effect a cure.

Several cases recorded by anthropologists working with the Rarámuri demonstrate the consistency of this practice across time and space. Kennedy worked in an area approximately five hours walk from Basigochi in the late fifties. He discusses curing in
his section on the "supernatural" and provides case histories which include the dreams and cures of an *owirúame*, vividly portraying the process and ideals behind a cure. He notes that illness is caused by a person's soul leaving their body (Kennedy 1987:134).

The *owirúame* has the task of going in his dreams to retrieve the lost soul, in true shamanic fashion. In some instances, the *owirúame* will determine that the person needs to return to the site of the initial insult, and will arrange for a cure to take place at the place he saw in his dream. Some twenty years later in Rejogochi (approximately four hours drive or a two day walk from Basigochi) Merrill recorded practices similar to those described by Kennedy. In his ethnography, Merrill elaborated upon the Rarámiru idea of soul, or "*iwi*" (Kennedy 19778: ) and "*iwiga*" (Merrill 1988:87). He notes, as did Kennedy, that most sicknesses are caused by soul loss. In Basigochi, twenty years after Merrill, and forty after Kennedy, I found parallel ideas about illness and similar healing practices in place.

However, I did not come across detailed information about souls. My experience was limited to the women, and I did not engage in philosophical discussions with male curers as both Kennedy and Merrill were able to do. Instead, my knowledge of curing, *owirúame*, and ideas associated with health and illness arose from natural discourse and participation in the lives of women, as well as attendance at curing ceremonies and
discussions with owiriame. In my understanding, the primary cause of illness is sadness, and the main reason for sorcery is jealousy, either material or sexual.

I did not notice an obsession with fear, as noted by researchers who have written about sorcery and curing (Kennedy 1978 & 1996, Merrill 1985, Pastron 1977, and Passin 1942b & 1943). People were cautious in certain contexts, but did not seem overtly fearful. My hostess assisted the owiriame in ceremonial preparations, and told me that when she was younger she had the “gift” of being able to dream. However, her husband had removed this gift from her (he too was able to dream) because he did not like the fact that his wife had such power. In Basigochi, the notion was that you were born with the exceptional power to dream, and upon recognition of this gift the individual could choose whether or not to train with an owiriame. This corresponds with Kennedy, Merrill and Pastron’s account of sorcery (Kennedy 191978:136, Merrill 1988: 75, 1321 Pastron 1977). Women are able to be owiriame, but during my stay in the Sierra I only heard of two living female owiriame- both residing in communities distant from my own and I was unable to locate and interview them. Evidently, “antes” (before) there were more female curers. My hostess said her mother was a gifted healer, and this is where she had learned about herbs. Although my hostess had lost her gift, she did have extensive knowledge about plants and was frequently consulted by community members,
who arrived to tell her their physical troubles and left after having been given a special herbal drink.

After learning of the source of the illness, the owirúame determines whether or not he can achieve a cure in his dream or whether a ceremony has to take place. The owirúame is responsible for deciding the nature of the particular ceremony as well as directing and managing ceremonial preparations and procedures. The hosts, meaning the family of the stricken individual, are responsible for providing batari and tónari (stew) for the owirúame and guests. The reason for the ceremony generally dictates the number of people in attendance and who will be invited. I noticed that curing ceremonies were generally well attended because all individuals receive a cure by participating in the ceremony. It is not uncommon for the owirúame to cure everyone attending, or individuals may step up and personally ask for a cure.

Curing ceremonies have been described in detail in existing literature (Bennett & Zing 1935, Kennedy 1978, Levi 1999b, Lumholz 1902:339, Merrill 1988, Velasco Rivero 1987) and a detailed account of them are beyond the scope of this dissertation. I observed and participated in many of them during my stay in Basigochi. My experiences are similar to existing accounts, especially those of Merrill who notes that messages and acts performed during curing rites tend to be "ambiguous, leaving room for individual
interpretation and variation" (Merrill 1988:150). Levi has provided a far more elaborate symbolic interpretation of specific ritual acts. He states that the four pointed cross on the olla used during a ceremony is a direct representation of the four directions on earth (Kennedy 1999b). I am less comfortable with such assertions, since individuals are free to interpret specific rites in a number of ways, and I heard several different explanations for any number of practices.

The other practitioners mentioned in discussions of Raramuri curing practices and beliefs are sorcerers (sukurúame), sipáame (peyote raspers), chanters (sawécame), as well as mestizo practitioners including curanderas (herbal healers), espiritualistas (spiritualists) and midwives (parteras) (Anzures Y Bolaños 1999, 1997 & 1978, Cardenal 1993, García Manzanedo 1954 & 1963, Bennett & Zingg 1935, Lumholz 1902).

I found sawécames not to be responsible for curing. Instead they lead the chants during yumari and tutúburi dances. In Basigochi there were a few of the elder men tapped for this role, but none professed any special ability to cure, with their only ceremonial role being that of sawécame, although a few also played violin.

I also found that curanderas, espiritualistas and parteras, generally female, were all mestizo practitioners who occasionally attended Raramuri patients. These individuals tended to live in larger mestizo towns adjacent to Raramuri communities, and did not
usually participate in Rarámuri ceremony or daily activities. Because of this, they were infrequently consulted and all charged a monetary fee for their services. In the case of the curandera/espiritualista consulted by Francisco, the fee was a negotiable donation dependent upon ability to pay. Francisco paid twenty-five pesos (two US dollars at the time) for three consultations.

I found only two Rarámuri midwives in the course of my research. One was a male owirúame in Cerocahui who called himself a midwife because he had attended a training program for midwives put on by the Mexican social security health service, and received a credential as a Traditional Midwife as a result of his participation. He attended births infrequently, usually only called in to help at a birth by the mestizo midwife when there was a severe complication. The other was a regular attendee of the midwife meetings held at the hospital in Guachochi (see Chapter 8 for detailed discussion). She also had attended a government training program and irregularly assisted women in her community with deliveries. In fact, the Rarámuri have no word for midwife in their language. I remember clearly one of my first interviews with a Rarámuri women from Cusárare in 1997. I asked her about midwives, using the Spanish word partera, and received a blank stare, although she conversed in Spanish quite well. I used another Spanish word for midwife, comadrona, and received another blank look.
Finally I said, in Spanish, "the woman who helps you at birth". Another blank stare.

Trying another tactic, I asked her who had attended her at her birth. Nobody. A conversation then ensued about the births of her children. She had delivered all at home and only her husband had helped her. This was my introduction to solitary and kin assisted birth among the Raramuri. Later, in Chihuahua City, I occasioned to interview a Raramuri youth who was studying to be a Jesuit priest. He lived in Colonia Tarahumara (one of the urban Raramuri settlements) and was learning English. We met a few times for language and culture exchanges during which he practiced his English and explained a few things about Raramuri life to me in return for lessons on English pronunciation and basic information about my life in the United States, where he hoped to be able to attend school. I queried him about the word midwife. He confirmed that there was no role of midwife that he knew of, nor was there a word. His best suggestion was that "naweame" or 'person who helps the one arrive' could be used, stemming from the verb *naware*, to arrive. In subsequent interviews with Raramuri women I was also told that perhaps one could use the word "sawiamé," derived from *saˈwimea*, the verb most frequently used to mean gain one's health, be cured, and infrequently used to mean give birth. However, my research experience confirmed that these words were not used commonly, there was no traditional Raramuri role of midwife or female birth assistant, and my attempts to
explain the word and the role were usually met with consternation and surprise, generally
to the effect of “why would anyone want a stranger to help them give birth?”

_Sukuruame_, literally ‘one who causes harm,’ or ‘one who casts spells,’ or
sorcerers, were active in the city and the Sierra. Like Pastron, Passin and Merrill, I found
that people were generally unwilling to discuss such matters, professing ignorance. This
hesitation was due to the fact that if it became known that they were knowledgeable
about sorcery and sorcerers, they might be accused of suspected of being one. However,
I also discovered that after I had lived in the valley for over a year, people were more
likely to include me in discussions about sorcery, which I came to found out, were
frequent. Several people in Basigochi had been witched. Some suffered permanent
consequences, such as chronic illness, mental instability, or death, while others, like
Francisco, overcame the sorcery. Yet I never heard a direct accusation. _Sukuruame_ were
always said to live in other places, as close as the next _rancho_, and as far away as
Samachique (1 day away), Narraráchi, or Tatahuichi (both three to four days away). The
consistency was that everyone believed in their power, and correspondingly, people used
their fear to act according to cultural behavioral ideals, thus ensuring, as much as one
could, that they would not be subject to witchcraft. Any deviation from the norm was
reason to be suspected of being a sorcerer, or cause for attack, thus witchcraft served its
classic function of social control, although Pastron posits a direct correlation between witchcraft accusation and increased acculturation stress (Pastron 1977). He investigated witchcraft among the Raramuri in Samachique in the seventies and argues that an increase in witchcraft accusations and episodes is directly related to moments of social change and acculturation. He notes that there was a great preoccupation with witchcraft manifested by fear of *sukurúame*, gossip about witches and suspicion of witchcraft when animals were lost, harvests failed, or people became ill (Pastron 1977:182). Pastron notes:

Periods of acute acculturative crisis and stress, when people feel threatened and insecure, coincide with outbreaks of witchcraft. Conversely, cycles of relative stability, when the destructive encroachments of foreigners decrease in intensity and cause less anxiety, have been accompanied by phases of relative disinterest in witchcraft in the Samachique area. Similarly, among contemporary Tarahumara, the regionally differential manifestations of witchcraft can be explained, at least in part, with reference to acculturation. (Pastron 1977:184).

Francisco’s monologue about how his successful harvests were due to the fact that he worked hard and was a good community member demonstrate his desire to be seen as a Rarámuri who adheres to cultural ideals. The implication was that his hard work demonstrated the fact he was not a sorcerer. Another interesting fact is that sorcerers do not like chili (*kori*). Chili was eaten almost at every meal, either in the form of dried
chilepin, small round chiles brought up from the barranca, which were crumbled by hand over the food, or as a liquid made from roasted and ground red chili peppers (usually grown in the valley or traded from the barrancas) mixed with water. Families also bought canned jalapeños when they had money. Thus, anyone wanting to demonstrate the fact they were not sorcerers could make a point of eating chili in public.

Sexual jealousy and material gain (which incites jealousy in others not so fortunate) were the most frequent reasons for becoming victimized by sorcery. In Basigochi, two men who had been successful teachers for the National Indigenous Institute were both victims of sorcery that led to their inability to continue teaching. One met an untimely death, and the other had gone “crazy.” Another woman had been accused of having sexual relations outside of her marriage. She overcame her malady with no obvious repercussions of the episode. Another woman was a hard worker, strong and able, and her affliction caused one of her arms to become useless. A curandera told her that someone put “needles” in her arm and was able to extract them after several visit. These accusations are consistent with Kennedy’s reports about sorcery due to jealousy in Inápuchi, a community several hours walk away from Basigochi (Kennedy 1978:132).
Not surprisingly, sorcery accusations serve to modulate social inequalities, reestablishing a material and social egalitarianism whenever it becomes threatened by individual achievement or material advancement. It also reaffirms the sexual pair bond, which is necessary to maintain balance in the nuclear family, as well as in the korima, norawa and tesguino networks. Raramuri social life functions to maintain a balance between scarce resources and the population, as noted by Kennedy (1978). While this tenuous balance is increasingly threatened by expanding contact with mestizo economy and culture, sorcery still effects a balance by incorporating mestizos into the system. In fact, Pastron has argued that witchcraft in Samachique was increasing as community members experienced more contact with mestizos. His assertion is that for the Raramuri, culture contact increases stress and otherwise harmonious social relations become tense due to the ambiguity associated with culture change, real or imagined (Pastron 1977). Outsiders, including chabochis, can be accused of sorcery to relieve the stress. Hence Francisco’s curiosity about witchcraft in my culture, and his willingness to involve both me, and the wasi (osha root) into his cure. Western medicine is understood to be useless if the cause of the illness is sorcery, and in Tatahuichi I was told that residents use western medicine as a way to diagnose sorcery. If the pastillas (pills) do not work, then
they go to the *owiruame*, because they know for certain the illness has been sent by a

*sukuriame*.

The *sipaame* are thought to be the most powerful practitioners, but reserve their powers for the peyote rite, which is said to be decreasing. I did not witness a *jikuri* (peyote) ceremony, but heard about them from people who attended. I was aware that community members knew about *jikuri* and *bakanow* (a cacti) but again, they professed ignorance, and generally brought the subject up to see how I would respond. I was accused of being a *sukuriame* more than once and I think because although I participated in the daily life of the *rancho* and was accepted and generally trusted, I also broke the cultural rules, either by ignorance or necessity. I ate lots of chili but this did not seem to matter). One of the accusations, discussed in Chapter Seven, resulted from my agreement to photograph a couple. When the baby was stillborn, the fact that I had taken a photo of the woman while she was pregnant emerged as a possible cause of the death.

To conclude this discussion, then, I have to emphasize that the traditional healing system of the Raramuri in Basigochi was intact, although it was being eroded via the presence of both western medical services and practitioners, and Christian evangelicals, all of whom publicly and repeatedly denounced "primitive" and "pagan" beliefs. Yet, their influence has not eroded the belief or practice of sorcery in the area in which I
worked and lived. The connection between sorcery and birth practices will become apparent in Chapter Seven.

6. Rarámuri Conception of Time

When I first started working with the Tarahumara, I developed an interview schedule including all kinds of questions about reproduction and birth. I had not really noticed it, but many of these questions had to do with time. How old were you when you had your first period? First child? Menopause? How long did labor last? When was the baby born? How long was the pregnancy, how long did you nurse the baby? I was trying to replicate information about human reproduction according to the western medical model that I had learned midwifery in. Even though in the United States midwives are not considered to be a part of the western medical system, when I began talking with Rarámuri women I realized how western and linear my midwifery training and experience really was. I learned midwifery in a system where measurement and time were of utmost importance. In fact, biological norms, standards of practice, as well as ideas about risk are commonly determined by measuring time. We know that a woman is more likely to have a down syndrome child if she gives birth after age forty. We know that pregnancies that last longer than forty-two weeks are more likely to have problems such as hemorrhage. Teenagers are more likely to give birth to underweight children.
Underweight children are more likely to get sick. The allopathic medical definition of
what is normal is completely contingent upon linear measurement and time. I hold a
license to practice midwifery and state regulations tell me what I must do when the
pregnant woman is twenty-eight weeks pregnant, or when labor has gone on for twenty-
four hours, or if the pregnant woman is under eighteen or over forty. I tailored my
questions to Raramuri culture as much as possible beforehand by reading and learning
about Tarahumara birth practices in the literature and in exploratory trips to Chihuahua.
Thus I knew to ask whether the woman was alone or if her husband had helped her. I
knew to ask if she had given birth outside or in the house. Certainly these questions
would not be asked of an American woman. But I was completely off the mark when it
came to time. Again and again women told me they did not know how old they were
currently, when they had their first child, or when they had started to menstruate. They
had no idea how long their labors were. They knew their pregnancies were
approximately eight or nine months long, because they counted by the moon. But people
did not have clocks and watches, most older people did not have birth certificates, and the
Rarámuri most certainly did not share the obsession with time that dominates American
culture. This aroused my curiosity as I had to develop other ways to uncover the
information I wanted to know, and I had to completely give up on some of it. Instead, I became interested in Rarámuri conceptualization of time.

Rarámuri language has three tenses: past, present and future. John Kennedy has this to say about time and the Tarahumara:

Their ‘time orientation’ is definitely the present. This is borne out not only by a stated indifference concerning past events but by the absence of continuity in kinship groupings, the lack of family names, and the lack of any but the most rudimentary of origin myths. (Kennedy 1978:196)

I think the Rarámuri do have an idea of past and future, as evidenced by their use of the tenses when talking. Their orientation is on the present as Kennedy notes, in terms of tasks at hand, or just the necessities of daily life. However, they have a vivid understanding and conception of the past. It was common for people to talk about their ancestors, anayawari, or what their relatives had done before, “antes.” Upon several occasions both men and women sat me down and explained to me who their parents were, where they had lived, and what they had done. It seemed very important for them to have me understand who they were related to and what other ranchos or areas they had inhabited. Yet they did not count the passing of time in a linear fashion. There was not a narrative sense of time. I became aware of the fact that what was most important were relationships- this was why it was important for me to know who they were related to and where their parents and grandparents had lived. Also, this is borne out through the social
ethic of thinking well and behaving well. Harmonious relationships were of utmost importance. I note how relationships are related to time in the following excerpt from my fieldnotes:

20 Sept. 2000
Time as a function of memory and social relations, not measured according to counting days or years, they do not do that, but instead [time] is dependent upon the memory of shared social interactions. These become peak moments which record the flow of time. ‘The other day when we were together’- the other day could be a year ago or yesterday but what is important is the shared memory of the time when the two actors related.

This then becomes the way in which time is measured: through memory of shared interactions. A shared experience is used as a marker, such as when a lightning bolt hit, the size of the moon, the *tesguinada* during which a notable event took place, and so on. Thus, in response to my question “How long were you in labor?” I received the following answer: “Well, you see what time it is now? From this time yesterday to this time today.” Time was perceived as cyclical in nature, but was accessed through memory of social interactions. I was frequently surprised at how well people did remember specific dates. Someone might say “It was this day last year when we had the *yumari* for Bernabé,” or “this time last year remember we went to Basigochi to drink?” I would not recall the exact date, but sure enough, if I looked in my notes the speaker had been precisely correct. Calendars were given out for free in Guachochi, and interestingly
enough, almost every household had a calendar on the wall. Many of these would be years old, but people remembered the days. For example, they remembered that October twelfth was the saint’s day of Pilar, and that last year they had been drinking at Pilar’s house, and that was when Pilar had been crying because her son was gone to Cuauhtémoc to work. The memory was crystal clear and contingent upon the shared experience.

Much conversation between women was carried out in this manner. “Antes” or before, was used to talk about times past when grandparents and other ancestors had lived. Other than that, most conversations marking the passage of time began and ended with shared memories of social interaction.

Another indication of this point is the common Ráramuri greeting “Chi rikó mu naware?” which means ‘when did you arrive?’ After the formal greeting of “cuira,” this was the most common next statement in any conversation I had with my Ráramuri companions. If you met a tesguinada, or if someone stopped by to visit, or even just passing on the trail, this was always asked. “Naware”, arriving, marked the reference point for the conversation which followed. In my experience, conversations started from the point when you last saw the person, proceeding from the mutual memory of the event. Thus, when did you arrive marked the difference between when you had last seen each other and the present moment. Then each interlocutor was able to bring the conversation
up to the present time, beginning with the memory of the last interaction shared by the two. It was in this way that time became a consequence of the memory of shared social interaction, since otherwise there was no need to mark or measure it. Of course, certain points in the day were noted, such as “when the roosters crow” or “when the sun first comes up,” or “when the rain fell,” but again, these were reference points used to mark relationships. Activities happened when they were meant to happen or ready to happen.

There was an awareness of the cyclical nature or time, of course, because people oriented certain subsistence activities around environmental and seasonal changes. Most men in the valley could tell you where on the horizon the sun turned around and started going the other way. They planted by the moon, with a new moon being best to encourage the corn to sprout. They remembered, from year to year, when the first rains fell in June, and when in October they harvested. Comparisons were made from year to year, contingent upon the shared memory of what had happened the year before. Some men planted by a calendar date, while others used the environment. Thus Jaime was always the first to plant because he sowed his fields on the new moon, in May no matter what the weather was doing, while Juan Manuel always planted when the sun rose behind a certain tree on the horizon. Others knew that they always planted a few days or weeks after Jaime. Some years Jaime was the lucky one, because the rain came in time to help
his crop sprout, and other times he was unlucky because it rained too hard and flooded his fields and he had to replant. Each family had a strategy, and each was aware of who had done what when—but the awareness was not gained through counting and measuring the days. Instead, Raramuri observe seasonal cycles, correlating them to social acts.

Their system seemed pragmatic and functional especially adapted as it was to a life lived without the technology of clocks to mark out the linear progression of time.

I believe this to be an essential and important distinction between Raramuri and outsiders, because the different conceptualization and marking of time is responsible for some of the stereotypes and clashes between Raramuri and non-Raramuri. To not know what day it is, how old you are, or what time it is makes the Rarumuri appear ignorant and stupid, and they know this. They certainly are not stupid, but they live in a culture where the kind of knowledge valued by outsiders is primarily inconsequential to their daily lives. They become ashamed or embarrassed that they do not know the ways of the dominant society. Their “taciturn” or “aloof” nature is merely an adaptive response to an uncomfortable situation. It is difficult for any human to respond when immersed in a milieu that does not valorize or legitimize their way of understanding. This is what culture shock is all about. Yet it is surprising how many westerners do not question the
fact that time is linear. How time is perceived, whether or not it is measured, and how it is measured is always culturally determined.

I suggest that other negative stereotypical assumptions about Raramuri, such as the fact that they are thought to be “lazy,” are also related to this different appreciation of time. I observed Raramuri working eight to ten hours a day harvesting, plowing, weeding, planting, and woodcutting, for days on end. This is hard physical labor. Women grind corn by hand on a stone metate for two or three hours at a time without taking a break. They carry ten gallons of water in buckets up hills, or spend several hours beating and scrubbing clothes by hand in an arroyo. I walked six strenuous miles with an elderly couple who did not stop to rest once the entire morning. This is certainly not lazy behavior, yet most mestizos believe Raramuri are lazy and do not work hard. This is because the Raramuri work ethic does not fit the industrial ideal of an eight hour day, five days a week pattern. Raramuri work hard when there is a job to be done, and relax and enjoy themselves when their work is finished. Time is not necessarily related to work the way it is in industrialized culture. Raramuri are not lazy, it is just that in their cooperative and reciprocal economy they have not found the need to buy and sell labor in a way that necessitates the linear measurement of time.
To use such linear time standards as a mode of analysis will lead to some misunderstandings and misconceptions about Raramuri culture, as noted above. This is true of pregnancy and birth practices as well. The fact that women do not know how long they labor, or how old they were when they got pregnant for the first time does not necessarily place them at higher risk of obstetrical complications. Part of my task, therefore, in the field and in this dissertation, was to find a way to explain and discuss Raramuri birth practices without resorting to the western medical model which measures risk according to linear time. In some cases I could easily translate what Raramuri women told me into a western analytical framework- for example, if Jesusita told me she was in labor from this time today to this time tomorrow, I could approximate her length of labor as twenty-four hours. Other bits of information were impossible to obtain- for example, weights of newborns (since I was not present to weigh them), while other information could only be approximated, such as age.

The most important result of this temporal distinction as it relates to birth is the relationship between time and risk. In western medical culture, risk is commonly determined via linear measurements of time. As mentioned earlier, a labor is considered dysfunctional if it progresses beyond a certain time limit, calibrated upon how old the woman is and whether or not this is her first or a subsequent delivery. There is no way
this obstetrical standard can be adapted to Rarámuri women giving birth alone in their homes. Labor is functional if it ends with the birth of a live child, and dysfunctional if either the mother or the baby die or suffer other consequences which impair their health or ability to work. Risk etiologies among the Rarámuri obviously differ from those used in the allopathic medical system which is dependent upon epidemiological measurements of population based norms. In the following two chapters I provide data gathered on demographic, biological, and cultural aspects of birth among the Rarámuri in urban Chihuahua and in the Sierra. Chapters Seven and Eight place these customs in the context of Rarámuri cultural interpretations of vulnerability, risk and etiologies of danger, and death associated with birth.
NOTES TO CHAPTER IV

1 Rarámuri translate their word *gawi as monte*, Spanish for wilderness. This refers not only to the uninhabited areas around the *ranchos*, but also refers to the earth and the world. Also included in the concept is the notion of a “wild” world out of, and beyond human control. This is the space inhabited by nonhuman creatures and forces, including those of the natural world like wind or rain. There is a kind of power associated with the undomesticated world, indexing a greater potential and possibility. Can be likened to the difference in ideas of known (domesticated and controlled) and unknown (wild and unpredictable). See section 4.1 on danger below.

2 Merrill notes that this is because the souls leave the bodies of the people at night. (Merrill 1988:107)

3 In Basigochi most family “complexes” consisted of at least three separate buildings, each with only one room. It was most common for one of the buildings to be used as a kitchen, another for sleeping, and the third as a multipurpose room, used for drinking parties, making *tesguino*, or storage.

4 Wage labor opportunities in Basigochi were rare. During drought years when there was not enough corn to last the entire year, a few of the men would leave the valley to work in the apple orchards in Cuauhtémoc or the tomato fields of Sinaloa. The most men gone at one time when I lived in Basigochi was 5 men out of a total of 40. Sometimes there were opportunities to work at the school, or for the *ejido* improving the road. At these times usually all men in the community would work. The wages for these jobs were dismal- each person received 25 *pesos* (about $2.75) for 6 hours of hard physical labor. Frequently the men would have to wait several weeks to receive their wages.

5 Felice Wyndham has called this “creative collaboration.” (Wyndham 2002)

6 In this conversation I use *batari* and *tesguino* interchangeably to refer to the mildly alcoholic fermented corn drink. In Basigochi, both these terms were used with equal frequency, although *tesguino* is the Spanish word.
The strongest *tesguino* I ever drank resulted in an inebriated state after only two *huejas* (approx. 1 1/2 liters). Everyone present commented upon how strong the *batari* was, with some women mentioning that the hostess must have put "some herb" in it to make it stronger. Usually strong *tesguino* is preferred, but good *tesguino* also has to have a pleasant flavor and texture. Women will be critical of their neighbor's *tesguino* if it is not strained well, if it is raw (sweet, meaning not fermented), if it has been made in an *olla* with a bad flavor, if it boiled too quickly when cooking, if the corn did not sprout correctly, if the corn was bad to begin with, or if it has passed and separated, becoming like vinegar. As with *tortillas* and *pinole*, there are many steps involved in making *batari* and the knowledge is absorbed through experience not directly taught.


I have struggled to come up with a term that could be used handily as an opposite for "specialization." Most of the antonyms, however, have a negative connotation that is unacceptable for my argument. I plead the reader's indulgence for my use of these rather clumsy terms.

See Chapter Three in Merrill's *Rarámuri Souls* for several translations of *nawésari* delivered in his research area (Merrill 1988).

Historically, Rarámuri did not ask for money, since they operated outside of the Mexican monetary economy. In recent years it is common practice for Tarahumara women and children to ask for money in urban areas, and now in tourist areas such as Creel, Batopilas or Cusarare, Tarahumara women and children are increasingly asking for money. In fact, in Chihuahua City and Creel I often gave food to the children and women on the street and on more than one occasion my donation was unwelcome.

Sorcery has been associated with racing as well, with racers undergoing ceremonial preparation for races and witchcraft often a reason for losses. One man in Basigochi told me he was the fastest runner in the Sierra until he ran at Tónachi where he lost because he was bewitched and was never able to run again.
Interestingly, this is in direct opposition to Kennedy’s assertion that joking behavior between siblings in law frequently does lead to violence. See Kennedy, 1974, pages 47-50. Both researchers are discussing violence and joking between men, however, and to date no thorough ethnography or analysis of joking behavior or violence between women has been conducted.

There is a developing international market for Tarahumara crafts, including music and dance. However, these items are not valued for their sophistication or superiority, but instead for their simplicity and “primitive” quality. Unpainted crude ollas, hand-hewn wooden utensils, roughly woven blankets, and baskets and belts with imperfect designs are coveted as representative of the “authentic,” “aboriginal,” and “primitive.” Certainly the skill of the handmade object is appreciated, usually as an icon of the more simple and natural world these “pure” and “native” people live in.

Many older Raramuri do not have Spanish surnames and instead use as their last name the name of the rancho where they live or were born.

The dueñas complained, because if they did not know a woman was pregnant, they could not take her to the hospital for her delivery. They felt tricked by the Tarahumara women. The women, on the other hand, preferred to keep their pregnancies hidden in order to exert control over their births- preferring to stay home instead of being taken to a hospital.

Even in cases where sorcerers are at work the individual is held responsible for attracting the attention of the witch. Thus, both the sorcerer and his or her victim have failed to abide by normative cultural values. For more information on sorcery see Pastron 1977.

These words are difficult to translate. Each definition is over a page long in Brambila’s Rarámuri dictionary (Brambila 1976: 255, 286 & 299). Ma and mapu generally mean “that” or “which” but “ma” is also used as perhaps or maybe. “Ko,” and “ma” are also used as conjunctions which join phrases but add the sense of possibility or uncertainty. “Ko” draws attention to what has been said, as does “ma”, and are sometimes used for emphasis. Meaning is most certainly context specific, however generally each of these words index possibility, change, and/or the transient and ambiguous nature of things.
Brambila himself says there is no literal translation to these words, and in Basigochi they were used regularly.

19 In an article on Raramuri dreams, Merrill refers to a document by Jesuit Johannes Ratkay in which thirteen gods and demons are described as being part of the original religion of the Tarahumara. I have not seen the document in question, but in Basigochi it was common knowledge that there were beings capable of harming and helping humans, including plants, animals and natural occurrences (like lightning).

20 Jesuit Velasco Rivero titled his book on Tarahumara religion “To Dance or To Die” in acknowledgement of the central part dancing has in Raramuri religious practice (Velasco Rivero 1987).

21 In volume 24 of the American Ethnologist, published in 1997, Slaney puts forth an interpretation of Raramuri baptism. Her analysis is refuted by Merrill and Heras Q. in the same issue, and the public disagreement is strong. There have also been disagreements between Levi and Merrill regarding interpretation of Raramuri ritual practice.

22 Herbert Passin, an anthropologist investigating sorcery in the Sierra in the late thirties, discusses the issue of lying among the Tarahumara, noting that they lie about economic goods, sorcery, punishment of children and what he terms “prestige lies,” which serve to boost the reputation of the individual (Passin 1942a). Passin notes that lies can be used as field data since the things people lie about reveal culturally salient domains of life.

23 This witch bird is referred to as a rusw ware. It is a small bird, only seen flying at night, blue bodied with a red halo and long yellow tail, (in appearance somewhat akin to a flame). A person seeing the bird, looking into its eyes, will become sick and die. The bird is sent by sukuriame or other evil intentioned people, who keep them hidden in their homes. The birds are passed from person to person, through generations. Brambila says it is a stone that sings like a bird (Brambila 1976:500). García Manzanedo also says it is a stone in his field notes (García Manzanedo 1954) but says it is an illness resulting from a small frog, or a stone that looks like a toad in his later published article (García Manzanedo 1963). I use the term as it was used in Basigochi, where there was no mention of it being a stone. In an unpublished document relating interviews from Sojáwachi, Urteaga notes his informants saying it is either a stone or a bird. Another
"witch bird" is the korimaka, or olemaka (Garcia Manzanedo 1954, Urteaga 1998), also confirmed by informants in Basigochi. Espino Loya notes that it is a "microbio" or microbe that takes the form of a bird, and is sucked out by the owirúame as a worm (Espino Loya 1987:32). Pastron notes the existence of both types of witch birds in his dissertation on sorcery (Pastron 1977).

Interestingly enough, I heard rumors later that I was both an owirúame and a sukuriame. At one tesguinada later a man approached me and asked if it was true I could cure people from lightning so that they wouldn't get hit by it. See discussion in section 5.

Please forgive clumsy grammar - fieldnotes for me often tend to be a series of related concepts or statements jotted down without concern for proper sentence construction.
CHAPTER V: BIRTH AMONG THE RÁRAMURI OF CHIHUAHUA CITY

Vignette: Susana’s story

Susana is a small quiet woman. She lives in the oldest Tarahumara settlement, Colonia Oasis, on the western edge of Chihuahua City. The settlement sits next to an arroyo and a busy shopping center. Susana thinks she is about thirty years old, but she does not know for sure. She has lived in Oasis for over twenty years with her husband and six children in a two room cement block apartment. The bedroom boasts a queen sized mattress on a wooden plank platform, piled high with blankets. Clothes hang on a rope stretched across one corner of the room, and the cement floor is cool even on hot days. The other room is a kitchen, furnished with an electric stove, a table, one chair, and a bare light bulb hanging from a wire. Susana offers me the chair every time I visit, but after the first awkward meeting, I sit on the floor with her as she tells me she is originally from Narraráchi, a place in the Sierra famous for its powerful shamans and peyote ceremonies. She did not attend school, and earns a few dollars each month by hand sewing and embroidering cutesy Tarahumara figures on muslin for the tourist market in Chihuahua City. Her husband is a bricklayer. Her oldest child was born in a clinic in Chihuahua city sixteen years ago, because she says, she did not know any better. The
youngest child, a boy, was born at the largest hospital in the city, just six months ago.

She tells me that this baby “did not want to come” and after one whole day in labor,

... they forced me to go to the hospital. I did not want to go, but Chita [the Mexican caretaker] called the ambulance when they heard the baby had not been born yet. The baby was born as soon as I arrived. There were not any problems, but I was scared. I don't know why they made me go there.

Susana was hesitant to talk about her hospital experience, clearly expressing to me that it was a bad memory she would rather forget. Instead, we talked about her other births. Sonia, her first, was born in her aunt’s house in Chihuahua City, and Susana was alone with her aunt for that birth. Her next four sons were all born at home in Oasis. Susana’s husband helped at the last two births by bringing her warm water to drink and helping her cut the cord. He buried the placentas of all the home born children out back, on the hillside of the arroyo. For two of the births he was at work, so Susana gave birth alone. She does not like to let anyone know she is in labor because she does not like to draw attention to herself. But with her last baby the Mexican manager of the settlement (Chita) found out anyway, and took her to the hospital in a taxi.

Susana has given birth to seven children, five born at home, and for three of the home births she was alone. She tells me that when she was a girl her mother told her how to cut the umbilical cord, and how to kneel on the floor when the baby comes in order to
help it land on the blanket placed there to receive it. She tells me she cuts the cord with scissors and wraps the newborn in a blanket before she sits down to nurse it. She has never had any problems. There does not seem to be much to talk about, as I ask her questions about birthing alone. “Were you afraid?” I ask. “Of what?” “What if you needed help?” “My son was in the kitchen and he got me some water.” She does not seem to understand my concern or interest about birth. You know you are in labor when the pains start. The baby comes when it is ready - when God wills it. She never received any prenatal care because she was healthy and saw no need to visit a doctor or clinic.

Susana was one of my better friends in Oasis, and over the six months I knew her, she humored me with answers to my prying intimate questions, but her nonchalant attitude about birth never changed. Birth was no big deal, and her trip to the hospital upset her more than her home deliveries and solitary births. We talked matter of factly about her children and their health. One of her children died from a respiratory illness at six years old, and she was more concerned about her toddler’s cough or her six month old’s diarrhea than she was about birth. She had absorbed enough of the Mexican government’s public messages about health care to understand that pills were powerful, and she wanted to know what kind of medicines would make her kids healthy. She had her children immunized when the visiting medical teams came to Oasis, and took home
all the pills she received from them, later showing me the bottles and asking what they were for and how to take them. She also asked me about the birth control pill and family planning methods because while she was at the hospital they had told her she should use some method. She did not understand the concept of family planning and wanted to know if I thought she needed the pill. She said her husband wanted more children. When I asked her if she wanted more children, she replied “Si Dios la quiere,” which means ‘If God wishes.”

1. Urban Raramuri: Chihuahua City 1999

   It is only recently that Tarahumara migration to the urban areas of northern Mexico has come under investigation. The first mention of urban residents in the anthropological literature is by Jean Champion, who in the early 1950’s, observed Tarahumara in the cities of Parral and Chihuahua as part of his dissertation on culture persistence. He wanted to understand why Tarahumaras seem to retain their culture in spite of increasing contact with non-Tarahumaras. His description of some boys in Chihuahua in 1954 is almost exactly what I observed among young women in 1999:

   We saw four Tarahumara young men dressed in traditional Tarahumara garb on Calle Libertad. They were walking fast as if they knew where they were going. The seemed quite animated and talked a good deal among themselves. At one point they interrupted their march to stare at accordions and other instruments in the windows of a music store. Then they set out again, crossed the street at a run, one of them almost getting
hit by a car, and walked directly to the Teatro de los Heroes (a movie). There they fished into their bundles for money, bought tickets and went giggling and pointing, running up into the balcony. (Champion 1962:258)

If the attitudes and activities of youth have not changed in forty years, other things have. The number of Tarahumara who stay permanently in the urban areas has increased dramatically in the past ten years. (See Table 2 and Figure 2)

Table 2: Urban Rarámuri Population Growth - Chihuahua City

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>% of total Tarahumara</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1954</td>
<td>@350</td>
<td>7%</td>
<td>Champion</td>
</tr>
<tr>
<td>1985</td>
<td>510</td>
<td></td>
<td>Ramos Escobar</td>
</tr>
<tr>
<td>1995</td>
<td>1282</td>
<td></td>
<td>INEGI/INI</td>
</tr>
<tr>
<td>1997</td>
<td>1452</td>
<td></td>
<td>González Baeza</td>
</tr>
<tr>
<td>1997</td>
<td>2000</td>
<td>4%</td>
<td>CET/Fierro</td>
</tr>
<tr>
<td>999</td>
<td>4000</td>
<td>4.5%</td>
<td>CET/Miller</td>
</tr>
</tbody>
</table>

Brouzès, writing in the nineties, notes that Tarahumara have been coming to the cities since the beginning of the twentieth century, and cites several references to the practice in the literature, most published in the eighties, and noting that Tarahumara came to Chihuahua City to sell herbs and baskets. The increase in permanent residence beginning in the seventies and continuing into the nineties is noted and attributed to crop failure due to drought; logging which resulted in the erosion of arable land, and increasing activities of drug growers in the region (Brouzès 1998:496).
According to Ramos Escobar, a Mexican anthropologist who studied Tarahumara urban migration in Chihuahua in the early 1980's, there are three migration patterns (Ramos Escobar 1985:6, 99). First, some Tarahumara come to the city to sell herbs and baskets, something they have been doing since at least the turn of the century. Typically, these migrants only stay until their goods are sold and they have procured supplies with their earnings. They do not usually figure in any urban population counts, as their primary residence continues to be the Sierra.

The second pattern consists of "temporary" migrants who only reside in the city for two to three months each year. Ramos Escobar found twenty-four of her sample of fifty-six families (forty-three percent) fell into this category in 1985. The third and largest category of urban Raramuri are "permanent" residents, meaning they consider the city to be their primary place of residence. They generally return to the Sierra for fiestas or to visit family. According to Ramos Escobar, fifty-seven percent of all migrants follow this pattern. In the 1990's more and more Tarahumara were coming to the city to stay.

Chihuahua resident José González Baeza investigated migration among the urban Raramuri in the summer of 1997, noting that fifty-six percent of the respondents (sixty-
five individuals from Chihuahua City and twenty-eight from other cities in Chihuahua) came only once a year, with fifty-one percent staying between one and two months and twenty-three percent staying more than two months (González Baeza 1997). His data may differ from that of Ramos Escobar since his interviews were conducted exclusively.
with Raramuri on streetcorners and temporary housing, who tend to be a more mobile
group than the asentimiento residents Ramos Escobar interviewed.

Why do Tarahumara decide to migrate permanently to urban areas? The main
reason is employment, followed by food. Most Tarahumara men find employment in low
wage seasonal jobs, including ranch work on farms surrounding the city, stone masonry,
carpentry, with some working in the maquilas (factories). According to the census done
by the State Coordination of the Tarahumara (CET) in early 1999, approximately
seventy-five percent of the men living in Chihuahua City were employed. González
Baeza notes that sixty percent of his respondents came to the cities for work, and twenty
percent for food (González Baeza 1997). Women and children also work. Ramos
Escobar found a third of the women she interviewed had salaried jobs, usually as
domestic workers, and some in the maquilas. González Baeza found that sixteen percent
of his interviewees worked as maids and that twenty-five percent of the children worked.
The practice of “begging” on the street, popularly known as kórima¹ is quite popular
among women and children, and considered a job. González Baeza noted that thirty-six
percent of his respondents lived off of kórima alone, and thirty-eight percent received
food as a result of this activity. In the same survey he found that when money was given,
up to one third of it was spent on food. Women were found to earn up to six hundred
pesos or sixty dollars a day. I heard urban Rarámuri attribute their migration to the lack of food in the Sierra (due to crop failure from severe drought in recent years), and a desire to “pasear”- visit friends and family and see the city sights. My research, conducted in 1999, corroborates both González Baeza’s and Ramos Escobar’s findings and is consistent with a study done on the urban Tarahumara living in Ciudad Juárez as well (Mooser 1998:53). I would add, however, that while most of the women I interviewed brought their children with them to ask for korima on the streetcorners, they usually worked in groups for about four or five hours a day, and children were never sent out alone.

Once in the city, Tarahumara migrants often find themselves marginalized and live in conditions similar, or worse, to what they knew in the Sierra. It is common for several families to share one room, with no furnishings, electricity, water, or sanitary facilities. Many continue to cook and live outside in patios, vacant lots and yards “loaned” to them by city dwellers who may then take advantage of them, either financially, or even sexually. I visited families living in tarpaper and cardboard shacks with mattress springs for walls and rags and newspapers stuffed between the cracks to keep out the cold winter wind. (I visited in January and February when it is common for nighttime temperatures to reach below freezing). There were no stoves, often a sheet
served to divide the room into a sitting room/kitchen and a bedroom, and the floors were
dirt, swept clean. Others occupied empty rooms in buildings under construction or
abandoned. Some families camped by the Rio Chuviscar and others squatted on the steep
hillsides of the city, fashioning their homes out of scavenged material and handmade
adobe blocks. There were even a few families living at the city dump, making a living by
peddling gleanings from the refuse, and inhabiting a shelter made entirely from the
refuse.

In response to these conditions, urban Tarahumara in Chihuahua have found
themselves the subjects of various projects designed to “help” them. While some of these
are truly beneficial, others are motivated by political agendas. Services offered to the
Raramuri by these organizations range from economic development schemes to health
care delivery projects which focus on treatment for gonorrhea, syphilis, AIDS education,
and homeopathic consultations. The most useful projects have improved the living
conditions of urban migrants through the construction of several urban asentimientos
(settlements) over the years. In 1999 a program initiated by the State Coordinator of the
Tarahumara (CET) called “Project Raramuri” was designed by the doctor employed by
this organization. The effort began with a census of the urban Raramuri, which I
participated in. Photos were taken of the living conditions and residents of the
asentimientos, backyards, and construction zones and a brief demographic interview was conducted. I was appalled at the living conditions of some of these places I visited, but even more distressed by the disdain and disrespect shown the Tarahumara by the Mexican social workers I worked with. The upshot of the census was a proposal to centralize all the Raramuri into one large asentimiento controlled by the government. Undesirable behaviors such as drinking, prostitution, and begging, would be outlawed. Mandatory education of all children residing in the settlement would be required, as would be full time employment for adults. Spanish was to be taught in community centers, and access to health care services for residents would be facilitated. Failure to abide by these regulations would result in jail time and/or expulsion from the settlement. The project received widespread support from government agencies and citizens in Chihuahua City, who clearly saw the burgeoning urban Raramuri population as a problem. The Chihuahua daily newspapers regularly ran features about starving and destitute Raramuri, showing them begging on the streets. Human interest stories exposing the tragic poverty and violence of life in the asentimientos was common, as were photos depicting the Tarahumara enjoying the pleasures of urban living: pretty girls eating ice cream cones downtown was one of the favorites. Following the 1999 election
and subsequent party change, Project Raramuri lost momentum, and the idea has not been revived to date.

At the time of my research in 1999 there were over a hundred places where Tarahumara lived in Chihuahua City, including four larger settlements, each with its own particular history. Population in each of these settlements is growing exponentially. (See Table 3 and Figure 3). Colonia Tarahumara is on the north side of Chihuahua, and is also known as “la Ford” since it is close to the Ford plant and many of its residents hold jobs there. This asentimiento is unique as it came into existence as a result of a joint petition between urban Tarahumara and neighboring mestizo families. They asked for and were given land by the Dirección de Desarrollo Urbano (Urban Development Agency) of Chihuahua City in 1991. Ironically, at the time I conducted research this urban locale was the only place where Tarahumara could legally own land. In order to apply for a unit in Colonia Tarahumara, a married couple had to provide birth certificates ensuring they were Raramuri as well as proof of employment. Upon being awarded a lot, the owners then paid a monthly fee which covered electricity and water services and accrued toward the eventual purchase of the home. Houses were cement block with cement floors and chain link fenced dirt yards. There were three dusty streets and forty homes in this asentimiento. Since not all Raramuri could fulfill the requirements to purchase a house
(many do not have birth certificates), what tended to happen was that each unit filled up
with kin of the original owners. It was not uncommon for three or four nuclear families
to live in one residence. Frequently, occupation of the homes was passed from relative to
relative, as even “permanent” urban residents tended to be quite mobile. *Colonia*
Tarahumara enjoyed a political autonomy that the other settlements did not, due to its
unique origin. In no other *asentimiento* did Rarámuri own their own homes.

Oasis, on the west edge of town, is the oldest and largest *asentimiento*. Reverend
Ezequiel B. Vargas built it in 1957, on a spot where Rarámuri had been camping at least
since the early forties, according to neighborhood residents. It is near an *arroyo* with
water and is located on the highway to the Sierra, which made it a popular camping spot
in earlier times. As a part of his missionizing effort, Reverend Vargas originally
constructed twelve houses with his own funds, which he added to over the years until the
*asentimiento* reached its current size of over forty households. After his death in the
eighties the land was deeded to the State Coordinator for the Tarahumara, which
currently provides support to residents. This *asentimiento* is compact. Housing units are
joined in rows and are fabricated of cement block with poured cement floors and tin
roofs. Each dwelling has two rooms and electricity. Water is dispensed from a pipe
located near the center of the settlement. Outhouses are located on the edges of the
settlement. Oasis is close to a large shopping center and easily accessed via the Chihuahua bus system.

The third largest asentimiento is located south of Chihuahua and is known as Sierra Azul. It came into being in 1992 as a result of the efforts of Padre Diaz Infante, a Jesuit priest with over thirty years of experience among the serrano Tarahumara. When, in his eighties, he became too infirm for life in the Sierra, he moved to the urban Rarámuri parish where he worked until his death in 2001. He arranged for a church to be built, and later land was donated to the Rarámuri for the housing development. Here, as in the other two asentimientos, houses are set close together and made of cement block with cement or dirt floors. A pipe with cement washing bins is centrally located, as are outhouses. This settlement lies outside of the city and is often the site of footraces since it is situated in an area where residences are widely dispersed.

A small asentimiento lies in the center of the city and is privately run by a Mexican woman who rigorously screens all of the applicants. Only twelve families live here in Colonia Dale, but they have access to more privacy, indoor plumbing including a shower, as well as the support of Rosa, the dueña (owner) who often pays for food, clothing and health care services of her charges. In return, residents help with the upkeep and maintenance of the two story building as well as domestic chores such as laundry and
meal preparation. Rosa insists that all her residents attend Catholic mass and bathe regularly. Other than these conditions, the residents come and go as they please. When I interviewed these residents all of the men were employed and several single mothers resided here. Rosa was proud of herself and her charges, and I saw her often at mass surrounded by Rarámuri women and children.

Each of the urban asentimientos in Chihuahua, excluding Col. Dale, has a bilingual school, a church, and a basketball court. They each have community centers with kitchen facilities, and Sierra Azul and Oasis boast workshops where women operate sewing machines and fabricate “artesanias” for the tourist market. There are no health care practitioners residing in or near any of the asentimientos. The National Indigenous Institute (INI) operated a clinic in Col. Tarahumara at its inception, training and paying for a young Rarámuri woman to be a promotora de salud (health promoter). This program, also financed by the National Organization for Family and Infant Development (DIF) was cancelled in 1995. The promotora said she was not upset that her position had been cancelled because it was annoying to dispense medicines when people came knocking at her door at all hours of the day and night. She told me she thought it was just as easy for residents to catch a bus or taxi into town. When I mentioned that perhaps this would be difficult for a woman in labor, she just shrugged her shoulders.
Table 3: Population of Urban *Asentimientos* in Chihuahua

### I. Colonia Tarahumara

<table>
<thead>
<tr>
<th>Date</th>
<th># of families</th>
<th>Population</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>32</td>
<td>162</td>
<td>Fierro</td>
</tr>
<tr>
<td>1997</td>
<td>52</td>
<td>211</td>
<td>INI</td>
</tr>
<tr>
<td>1999</td>
<td>64</td>
<td>294</td>
<td>CET-JFM</td>
</tr>
</tbody>
</table>

### II. Oasis

<table>
<thead>
<tr>
<th>Date</th>
<th># of families</th>
<th>Population</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1957</td>
<td>3</td>
<td>6</td>
<td>Ramos-Escobar</td>
</tr>
<tr>
<td>1985</td>
<td>10</td>
<td>50</td>
<td>Ramos-Escobar</td>
</tr>
<tr>
<td>1995</td>
<td>48</td>
<td>194</td>
<td>INI/Promotora de Salud</td>
</tr>
<tr>
<td>1999</td>
<td>69</td>
<td>329</td>
<td>CET-JFM</td>
</tr>
</tbody>
</table>

### III. Sierra Azul

<table>
<thead>
<tr>
<th>Date</th>
<th># of families</th>
<th>Population</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>26</td>
<td>122</td>
<td>INI/IMSS/Promotora de Salud</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>191</td>
<td>CET-JFM</td>
</tr>
</tbody>
</table>
As mentioned above, residents of Col. Tarahumara pay their way, while in the other three asentimientos residences are “donated,” and families live free of charge. These asentimientos also have women functioning as caretakers, whom I call “dueñas” (owners). They are mestiza women dedicated to improving the lives of the urban Tarahumara. One receives a stipend from DIF (National Organization for Family and
Child Development), another is employed as a teacher in the bilingual school, and the third runs the asentimiento on her own, as a volunteer. They serve as major change agents, imposing their values upon the Raramuri residents, and demanding that the Raramuri behave as Mexicans. In my interviews with these women, I discovered notable consistencies in their beliefs regarding the urban Raramuri. First of all, it was common for these dueñas to call the Indians “mi Tarahumaritos” (my little Tarahumaras). They each wanted to stop the practice of kórima, all drinking (including tesguino at fiestas), and were adamant that all children should attend school regularly and learn Spanish.

Each of these women was an avid proponent of Project Raramuri mentioned above, and were also quick to mention the vices of their charges, seeing their roles as chaperones and guardians of the Raramuri, who they believed in need of protection and training. They also influenced the urban residents in the area of health care, chastising them for the use of herbs and traditional doctors, and encouraging them to use western medical services and medicines. The dueñas secured rides to the hospital in all of the cases where the women I interviewed had delivered babies there instead of at home. In a few cases Raramuri women told me they were taken to the hospital against their will. I am fairly certain they did not protest at the time they were taken, since they typically acquiesced to the dueñas’ demands. Only later, when alone with Raramuri women, did I hear opinions
voiced contrary to what I had been told by the *dueñas* or by Rarámuri women speaking in their presence. It appeared to me that the women I spoke with both feared and respected these *dueñas*, accepting them as one of the annoying circumstances of their lives in the *asentimientos*.

2. "*Se Alivian Solas, Como Las Chivas*" (They Give Birth Alone Like The Goats)

Before discussing the specifics of my findings on birth among urban Rarámuri, I provide a literature review of birth among the Tarahumara. The first published account is the vignette beginning Chapter Two. It comes from Carl Lumholz over a hundred years ago and has only been slightly elaborated upon to date. In their acclaimed ethnography on the Tarahumara, published in 1935, Bennett and Zingg devote two and a half pages out of four hundred to the subject, basically reiterating what Lumholz noted in his monograph forty years earlier (Bennett & Zingg 1935:233). They add a few details on beliefs about conception and sexual relations during pregnancy told them by their male informant. More recent ethnographies such as those by Merrill and Kennedy do not address the subject of birth, although Merrill does comment on Rarámuri ideas about conception (Merrill 1988:94).

One of the more informative recent descriptions of birth is found in Velasco Rivero's book on religion and resistance among the Tarahumara. He elicited an account
of Tarahumara birth from Lolita Batista of Ojachichi. She explains that when a woman is in labor the husband calls a neighboring woman to come help, continuing:

There are no specialized midwives, and in not a few cases the very husband is the one who helps with the birth, although there are “some who do not like to.” The birth takes place in the house, and if there are small children they are made to leave the room during the birth. The woman gives birth standing up, leaning on a stick, that has been placed against the wall. If the birth is difficult, the helper takes the waist of the birthing woman, from behind, and pressed down in order to help her. Besides this, during labor they give her warm water or an herbal infusion. Beneath the woman “they put some cloth for the baby to fall upon.” (Velasco Rivero 1987:69)

The cord is cut with a knife, with the cord on the baby’s side tied and left long, “until it dries and falls off.” The baby is bathed in warm water and placed by the mother. The mother has to rest for four days and cannot touch water, or she will get sick upon having the next child, although Velasco Rivero says he is not sure what is meant by this. Interestingly, Velasco Rivero notes that his informant denies two of the customs mentioned by Lumholz and Bennett and Zingg - that of the husband stopping work for three days after the birth and that of the children becoming murderers if the cord is cut with a knife (Velasco Rivero 1987:70).

The other notable work on birthing practices is that of Carmen Anzures y Bolaños and her husband, the late Luis Gonzalez Rodriguez, in a paper presented in Juárez (Anzures y Bolaños 1997). They lived and worked in the Sierra region for decades and
note that the Tarahumara women “measure” their pregnancies by season or fiestas instead of by days and months. Similarly, women calculate when they are due according to which season it was when they first noted the cessation of their menstrual periods. The Raramuri are described as being pragmatic and acute observers of nature and of their own bodies, thereby correlating the phases of pregnancy with the cycles of the year. This team also confirms that women birth alone, frequently outside, sometimes in caves, and rarely with the help of a husband. They say this is because the women are shy.

Interestingly, Anzures y Bolaños inform us that Tarahumara children believe their new sisters and brothers fall from the pine trees.

Other more obscure references to birth among the Tarahumara do exist, but usually add nothing new to what Lumholz described, and unfortunately, many of these descriptions contain obvious biases which either romanticize or criticize the practice of solitary birth. Espino Loya notes that the woman chooses her spot before she is in labor, and that it should be out of the wind. He goes on to say that:

in solitude, in the middle of her labor pains, without the help that the midwife or shaman can give her, without any other help than that of a branch of some nearby tree, the boy or girl is born. (Espino Loya 1987:13)

Fructuoso Irogoyen is a doctor who lived and practiced medicine in Cerocahui in the early 1970’s. Although he provided care to Raramuri men and women, when
discussing birth he only mentions mestizo midwives, and alludes to the fact that Tarahumara women choose to birth alone. He gives an ugly portrait of mestizo midwives in Urique, beginning his discussion by telling his readers:

    imagine a woman dirtier than you can even think, erase all intelligence from her, especially regarding hygiene and obstetrics, and then add mental lassitude and you will have a midwife. (Irogoyen Rascón 1979:84)

The only reference he makes to Tarahumara birth is that the mestizo midwives have copied a procedure from the Tarahumara, which he describes as “hanging.” The procedure involves wrapping a rebozo around a woman so that she is hanging, then “throwing” her woman into the air to shake the baby out. He says sometimes the rebozo is tied from the roof beams and the woman is hung this way. The first sign of life from the baby are the screams one hears as a result of it falling on the floor. He concludes by saying this is truly a sad way to be born, disparaging both mestizos and indians.

Similarly, Jonathon Cassel paints a desperate picture:

    Childbirth for the Tarahumara women is a terrible primitive, often tragic, experience. Sometime during her pregnancy, the woman, or girl, selects the site where the baby will be born. She finds a tree with a lower branch growing at such a height that she must stand on tiptoe to reach it. When it is time for delivery, the girl goes alone to the preselected tree. She makes a crude nest of leaves and grass on the ground, directly beneath the overhanging branch. Standing erect, and clutching the branch for support, she gives birth. The baby falls into the shallow nest at the mother’s feet. Using two rocks in a scissorlike action, the mother severs the umbilical cord. If, miraculously, the baby survives, and the mother does not die
from hemorrhage, she will take the infant home and almost immediately carry on with her normal activities. The Indian women use their respective "birth trees" for each successive birth. Most of the babies and many of the mothers, fail to survive the awful ordeal. It is interesting to note the father's reaction to a blessed event. He embarks on a three day *teshuino* drinking celebration. (Cassel 1969:110-111)

Cassel's book describes a two week sojourn in the sixties with his family among the Tarahumara. They spent their time in Tehuerichi, a *rancho* in the Conchos river valley, several days walk north of Basigoichi. Although his record contains some interesting ethnographic observations, in general the account is so rife with biases against the "primitive" living conditions of the Tarahumara that it cannot be taken literally, for the opinions are hard to sort out from the direct observations. However, in the account above Lumholz's observations are verified almost verbatim, almost seventy years after his initial observation. This in itself is useful information, unless Cassel used Lumholz as his source, which is impossible to tell. Mortality is discussed in detail in Chapter Seven, but the reader should not forget the implicit assumption that Rarámuri birth practices are associated with high mortality for both mother and infant.

Other brief references generally corroborate the practice of solitary or husband assisted birth. Latorre notes that her informant, Maria, gave birth to her daughter, Flora, in a cave with the help of her husband (Latorre 1976: 26). Chihuahua historian Ruben Osorio mentions solitary birth among the Tarahumara in a fictional account (Osorio
as does Limón in her novel ‘Day of the Moon’ which is set in Creel, but seems to confuse Tarahumara custom with that of central Mexico (Limon 1999). The quote used as a title for this section: “se alivian solas, como los chivas” comes from a mestiza woman living in Sisoguichi, with whom I spoke in 1996. She said her mother (who lived in a cave nearby), was mestizo and her father Raramuri. She was a single woman earning her living by operating a small store in the center of the pueblo of Sisoguichi, where she also prepared meals for tourists and sold tamales, chicharones (fried pigskins), and coffee to dancers during fiestas. She had little positive to say about Raramuri, yet her comment comparing Tarahumara women to goats was echoed by other mestizos whom I met in the Sierra, who also compared them to dogs. The fact that Raramuri women chose to give birth alone or with their husbands in attendance appeared to be common knowledge among the mestizos I spoke with who lived in serrano communities adjacent to Raramuri ranchos, as well as the larger towns in the Sierra.

The only study of Raramuri birthing custom was conducted in the early eighties by a husband and wife team; one a physician and the other a medical anthropologist. Their research resulted in a paper, ‘Tarahumara Obstetrics,’ presented at the eighty-third Annual Meetings of the American Anthropological Association, but it was never published (Mull & Mull 1984). The Mulls initially conducted a review of data on
Tarahumara morbidity and mortality, using records from the private Catholic Santa Teresita clinic in Creel. A finding which piqued their curiosity was the discovery that out of one thousand consultations for pregnancy and birth, only twenty-three were Rarámuri (Mull & Mull 1985). This led to their further investigation of Tarahumara birth practices, in which they conducted semi-structured interviews with an opportunistic sample of thirty-five Tarahumara women. The interviews took place in the summers of 1983 and 1984 in Norogachi and Creel.

The research findings of Dorothy and Dennis Mull generally corroborate the reports of other researchers in the twentieth century. Specifically, the Mulls found that thirty-two of thirty-five women gave birth at home. Seven of these women gave birth outside, and eight of the thirty-five women were unattended. Twenty-one were attended by their husbands, a female relative, or their mother in law; only one was attended by a midwife and another by an owirúame. The Mulls note that there were no Tarahumara “parteras” in the two villages. They emphasize that their use of the word “partera” is distinct from its customary association with female birth specialists. They describe Tarahumara midwives as older women who were knowledgeable about birth but did not specialize in the practice of attending women in labor and birth. The use of the word midwife was theirs, and not used by their informants. They noted that most Rarámuri
women gave birth in a kneeling position, and that some did indeed hang on to trees to help in the final stages of labor. What is striking about the Mulls’ research is how similar the practices they describe are to those described in the earlier accounts. Even though more women are staying home and finding attendants to help them, rather than birthing alone in the wilderness, birthing practices have remained fairly consistent for almost a century, in spite of increasing influence of Western culture and medicine. I next discuss birth among Rarámuri women living in the city of Chihuahua, where women are definitely exposed to non-Rarámuri influences on a daily basis.

3. Birth Among The Rarámuri In Chihuahua City

In Chihuahua city, Tarahumara have different options than in the Sierra. However, health care services are not as accessible to urban Rarámuri as one might think. In Mexico, reproductive health care services are primarily provided by the government, although private maternity clinics and private physicians are found in larger cities and towns. In Chihuahua City there are two major public hospitals, a children’s hospital, and numerous small neighborhood clinics, open only one day a week, or once a month. In some areas resident health promoters are responsible for health care referrals within a bounded neighborhood.
In the two newer asentimientos occupied by Raramuri, Colonia Tarahumara and Sierra Azul, health services were initially provided in clinics maintained by DIF and IMSS (Mexican social security), but are now shut down. The health promoter for Colonia Tarahumara (mentioned earlier), was a Raramuri woman in her early twenties. She told me she was glad her job stopped because she was not paid enough, the work was not fulfilling, (too many people needed too many things she could not provide), and the job was so time consuming that she could not take care of her own child and home. She did not know why the clinic was shut down, and seemed relatively unconcerned that there were no health services available to residents of the asentimiento. Women affiliated with DIF told me that they ran out of the funds needed to staff and provide medications for the clinics. The physician at the National Indigenous Institute told me the same thing. The other large asentimiento, Oasis, never had its own clinic, and currently the only health services provided to residents there consist of irregular visits by medical professionals, including homeopathic physicians, dentists, nurses, medical and nursing students, and doctors. These practitioners also visit the other asentimientos. During my stay in the city, Raramuri residents of each settlement could expect monthly consultations with a variety of providers, although frequently these visiting care givers failed to arrive. Thus, although the urban asentimientos are on the outskirts of town and quite far from medical
services, none of them have health providers in attendance on a regular basis. Residents must ride buses to the hospitals or the offices of the State Coordination for the Tarahumara in order to receive care, which often requires an hour-long trip one way.

The office of the State Coordination for the Tarahumara (CET) has a doctor on staff who screens patients. He treats some patients himself, gives out medicines, and refers others to hospitals. For most serious illnesses, urban Tarahumara have to go first to the CET office in downtown Chihuahua, where they get a "receta" (prescription) for an appointment with a doctor in one of the public hospitals. This process may take a few days, since the doctor at CET is frequently out of the office, and when he is present there is a waiting line. Laboring women are exempt from this process and can go straight to the hospital and be admitted. The National Indigenous Institute (INI) also has a physician on staff (who is a dentist), but he told me they do not have enough funds to provide medical care to urban Raramuri. Instead, they occasionally provide travel funds to and from the Sierra for Raramuri who may need to come to the city for medical services. He himself does not do any consultations, nor was he knowledgeable about birth among the urban Tarahumara population. In case of emergencies (such as a birth), residents of the asentimientos try to find rides, and this is one of the services the dueñas frequently provide by calling and paying for taxis.
I observed many *asentimiento* residents unwilling to go to either the CET or the hospitals. Either they self treated or waited until caregivers came to their *asentimiento*. A recent study done in *Colonia* Tarahumara (Fierro Rojas 1997) confirms my observations, noting that most residents were reluctant to use “western” medical services and relied upon traditional cures and herb teas whenever possible. Trips to the CET and to the hospitals are usually a last resort. Interestingly, although I met an *owirúame* (curer) who lived in *Colonia* Tarahumara and another in Oasis, their services were not used regularly for birth. Although the *owirúame* were present for some *fiestas*, they were both temporary residents of the *asentimientos*. Most of my informants said they were loathe to consult them. I believe this is because *owirúames* typically provide care to kin or members of *kórima*, *norawa* and *tesguino* networks, and each family has a preferred *owirúame*. In the city, people from different areas of the Sierra live together in the *asentimientos*, thus members from Carichi may not trust the *owirúame* from Norogachi. This is especially true since unfamiliar *owirúame* are often the ones suspected of being sorcerers, as mentioned in the previous chapter. In the city, the usual networks based upon *serrano* residence patterns are disrupted, thus it is not surprising that *asentimiento* residents would not trust an unknown *owirúame*. Fierro Rojas told me that some illnesses were not considered to be curable by the traditional doctor, noting that many
urban residents were going directly to pharmacies and purchasing medicines themselves, based upon recommendations from popular culture, friends and families. I also found this to be true, and it is consistent with my discovery that pharmaceutical medicines are used as a diagnostic for sorcery (Chapter Four, section 5).

3.1 Hospital Birth

By decree of president Echeverría in the seventies, government health care facilities must provide services free to indigenous people in Mexico. In Chihuahua City, this means that the Tarahumara can receive care at three hospitals: General, Central and Infantil (the children's hospital). As noted above, Rarámuri must obtain a prescription in order to access the public hospitals. Thus, in order to receive medical care urban Rarámuri need to travel by bus to the city center, where they usually wait several hours for an appointment with the doctor at the CET in order to either get treated or referred to a hospital. If they are referred to the hospital, they may be given a ride by CET staff, but usually have to find their own way, where they again wait to be treated.

During my observations at the downtown CET office I noted that the doctor typically took a blood pressure, inspected the tongue and ears, took a pulse, and then gave his patients a lecture and some medicines. Expired medicines and samples were donated to the CET office by local hospitals and pharmaceutical companies. In their spare time,
social workers and bilingual translators cut the dates off the expired medicines, which
were then handed out to Rarámuri patients. Tarahumara who have chronic conditions
may choose to wait until a health care provider visits the asentimiento. Indeed, many
residents chose this option since it was more convenient. However, this means that some
illness episodes remain untreated for long periods of time, as health care practitioners
visit irregularly, and additionally, their practices is generally limited to preventative care.  

The labor wards at both Hospital General and Central do accept laboring
Tarahumara women without a receta. Yet over and over again the women I interviewed
said they were afraid to go to the hospitals because they were not treated well. After
hearing this repeatedly, I decided to spend time observing births in the hospital. I spent
several shifts in the OB ward at Hospital General, the newest and largest hospital in
Chihuahua City, built in the mid 1980's. I was well received by hospital personnel, who
even asked if I wanted to deliver babies myself. (I declined.) I had a few insightful
conversations with hospital administrators in the process of securing permission to
observe Rarámuri women giving birth. I was told by the hospital director, several OB
physicians, as well as OB nurses, that now Tarahumara women were “civilized” because
they had learned to give birth lying down in the hospital beds. Dr. Ricardo Gonzalez
Chorro, head of obstetrics at Hospital General noted:
Sometimes the trouble with the Indian women is that they come down off the tables, they want to give birth on the floor and this causes trouble. The doctors have to explain to them to come back up on the table, but they do not understand and want to be on the floor.

This was confirmed by the Director of Health Services for IMSS, Dr. Juan Chavez, who told me that the women want to sleep on the floor. He said:

They come from inside the Sierra and keep their traditions, and they are accustomed to sleeping on the floor, so that even though they are now civilized, they know that when they arrive in the hospital the nurses will tell them what will happen.

Similarly, an OB nurse told me:

Now the Tarahumara women are civilized. At first they did not know what to do when they came here, they gave birth standing up or wanted to be on the floor. But now they know what to do.

Thus, learning to come to the hospital in order to give birth in a bed is considered learning how to be civilized. Birthing alone or at home, sleeping on the floor, or giving birth standing up are considered uncivilized practices.

What kind of women come from the Sierra to the city to have their babies?

Consider the case of Marisela Gonzalez, a 22 year old Tarahumara pregnant with her second child. Her first baby was a breech (feet first), and resulted in an emergency cesarean in a hospital in the Sierra after a transfer from an attempted home delivery. This time her baby was high, meaning it had not settled into the pelvic cavity as is usual at the
end of pregnancy. The physician in her local clinic determined her to be high risk, with a possible placenta previa, and she had been sent to the city for diagnostic testing, with the result that another cesarean was planned. She came from Sisoguichi and had been in the city staying with relatives waiting to go into labor. I was allowed to observe the operation, and saw mother and child safely delivered. Other Rarámuri women I observed from the Sierra came to the hospital for twins, high blood pressure, and previous cesarean. These women had received prenatal care in the Sierra and had been diagnosed with high risk pregnancies. Thus, the majority of women arriving from the Sierra to give birth in the city were those with high risk conditions needing hospitalization. These women also had resources to travel to and stay in the city, clearly not an option for most Rarámuri with limited money for travel and no relatives in the city. In rare cases, INI was able to pay for the return trip to the Sierra, but only after the family had spent countless hours waiting for their case to be presented to INI officials.

Sometimes pregnant Tarahumara women arrive at the hospital but leave the consulting room in labor to give birth elsewhere, even in the arroyo or vacant lot behind the hospital. Dr. Chorro noted “They leave because they do not understand. It’s a cultural shock for them and they do not understand what to do.” Usually, a laboring woman enters the hospital by way of the Emergency Room, open twenty-four hours.
Here she is examined by a nurse, who assesses her progress in labor. The hospital has two delivery rooms where births take place (including cesareans),\(^7\) with ten beds used for labor and postpartum recovery in a larger room adjacent to the delivery rooms. If the woman is in a well established labor pattern, with regular contractions, she will be admitted. She will spend her time laboring in the large room, in a bed which is partitioned off by curtains to allow for visual but not aural privacy. If the woman is in early labor she will be told to return when her contractions are stronger. Some Tarahumara women become frightened or confused when they are told to leave, and upon their departure find another place to give birth. Since they are culturally accustomed to giving birth outside, they find a quiet spot behind the hospital where they can hide. I was surprised to hear this, and went looking around the hospital grounds to see if a woman could really give birth there. Interestingly, the hospital is next to a freeway and a river, surrounded by a large vacant lot covered with trees and high grass and shrubs. It would be quite easy to find a spot to give birth unnoticed in this area. I was not able to talk with any women who had done this, but that women did so was confirmed by Rarámuri women in the *asentimientos* as well as hospital personnel.
Are women being treated poorly in the hospitals? It is likely that one reason Raramuri women complain about hospital personnel and procedures is because of communication problems. In my interview with Dr. Chorro, he observed:

When the hospital first opened, yes, perhaps there was some maltreatment of the indigenas, but not now. At first we did not know what to do with them. Now the only problem we have, really, is because the women do not know what to do - they do not speak Spanish, and nobody here speaks Raramuri. If women are saying they are treated badly it probably comes from the language problem, or from the fact that the women do not understand hospital procedures, so they get scared.

However, I did witness an excruciating case in which the Raramuri woman was treated poorly. The following lengthy excerpt from my field notes provides details.

The woman is Tarahumara, from Panalachi. She never had any prenatal care, turns out she has never had ANY gynecological care at all. Angelica Moreno, 22 years old. Her aunt brought her in. She shows up at the door at 7AM, shift change. The only doctors there are interns. She gets examined and admitted because she is complete, 10 cms. and ready to push. One of the interns does the delivery. It is his second or third birth, and he is relieved it is an Indian woman, saying this to his assistant as he preps for the delivery. He cuts an episiotomy at 9 o’clock, horrible, just awful. He clumsily delivers the baby, but he did not know there were twins. Delivered that baby 7:15 am and then I think the placenta. Then leaves to examine another patient. The nurses are telling him they think there is another baby in there, but he says no, it’s just her uterus contracting. The head OB nurse finally convinces the other intern to come look and meanwhile she calls for regular doctors to come. The second intern finds another baby upon examining the woman, and delivers the second twin at 7:30 - it practically slides out. Then the interns start repairing the episiotomy cut but neither one wants to do the suturing. It is
an endless tear, I have never seen anything so messy, and the woman is bleeding, bleeding. There is a very deep hole where he cut the muscle and also torn on the other side and into the rectum. It was botched, the worst I have ever seen. Dr. Garcia came in and quickly called for an anesthesiologist. They were appalled and took over. They put in a second IV and started oxytocin to contract the uterus. They also gave narcotics for pain, and another drug for sleep. At one time, the doctor stitching had his whole hand up inside the woman who responded with an uncanny moan. Scary. It took almost two hours to finish stitching her up. The babies stayed by themselves in the warmer for 6 hours.

Is this just an unfortunate circumstance in which it happens to be an Indian woman who receives incompetent treatment from inexperienced interns, who would have done a poor job no matter who the patient was? Perhaps. However, if we disregard the poor care this woman received by being placed in the hands of untrained interns who bungled her delivery, the attitudes these same interns had towards her were still offensive. They yelled at her in Spanish when she was drugged and recovering from the surgery, speaking louder and louder each time she was unable to respond through the narcotic haze. They assumed she did not have any education because she couldn’t speak Spanish, saying “Well, she is Indian so that means she hasn’t gone to school.” They handled her brusquely, insensitive to her feelings. There was clearly an arrogant attitude expressed on the part of these mestizo interns towards their Indian patient.

In subsequent observations I noticed a superior attitude expressed in various and subtle ways by other health care personnel. Indian women were thought to be stupid,
uneducated, and in need of more intervention, because it was assumed they were in poor
health which warranted high risk procedures. Women from the Sierra or the
_asesentimientos_ arrive at the hospital without records of prenatal care. This means that if
time allows, they are subjected to a variety of blood tests, or if time does not allow, they
are given medications as a precautionary measure, since it is assumed they will be
malnourished, anemic, and may possibly have an infectious disease or chronic health
condition such as TB, or intestinal parasites. Generally, these patients are not consulted
or advised about the procedures or medicines, with the result that they are confused about
what is happening to them and why. It is true that many Tarahumara suffer from poor
health, but many do speak and understand basic Spanish, and there is a bilingual
translator on staff at both CET and INI in Chihuahua. These translators frequently attend
scheduled consultations and surgeries, such as a planned cesarean, but in my experience
they were not called in during emergency births such as the one above, which are actually
more common than planned deliveries, since most Tarahumara women arrive in the
hospital ready to deliver. Even Dr. Chorro, the head of the OB unit, noted that nobody at
the hospital speaks Raramuri.

The actions of the interns described above were especially awful, yet I also
noticed a veiled racist attitude on the part of many other _mestizo_ health care practitioners.
Subtle actions, such as nurses rolling their eyes when a Raramuri woman rings the emergency room bell, or turning their heads away to make a face because of the smell when lifting the same woman's skirts were not uncommon. Staff used diminutives when speaking about Indian patients, talking about the "tarahumarita in bed two." Often, if a man and a woman arrived together, the nurse spoke to the woman's husband, never even looking the woman in the eye as she took blood pressure, listened to heart tones, and checked the pulse. This attitude did not prevail among higher ranked members of the OB staff. I observed Dr. Chorro and the Head OB nurse treat all patients equally and humanely.

I was not able to observe births at Hospital Central, but I received permission to review the records for May-August 1999, in order to discover how many Tarahumara were coming in for consults, and what kinds of health problems they were seen for. Three times as many women attended the hospital than men. Records were incomplete, with some only mentioning that the patient had been cured. Some of the consults were for respiratory infections such as sore throat, a few were for plastic surgery (!), and many were for diagnostic tests, the majority of which were prenatal ultrasounds. The information on births is listed in Table 4.
Table 4: Births of Tarahumara Women at Hospital Central  
Chihuahua City, May-August 1999

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual # of Births</th>
<th>Actual # of Cesareans</th>
<th>Ages of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>7</td>
<td>1 (15 year old)</td>
<td>16, 17, 18, 22, 22, 38</td>
</tr>
<tr>
<td>June</td>
<td>4</td>
<td>0</td>
<td>17, 18, 18, 22</td>
</tr>
<tr>
<td>July</td>
<td>5</td>
<td>0</td>
<td>17, 19, 20, 25, 25,</td>
</tr>
<tr>
<td>August</td>
<td>5</td>
<td>1</td>
<td>19, 20, 24, 25, 25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21</td>
<td>2 (9.5% of all births)</td>
<td>Average age is 21</td>
</tr>
</tbody>
</table>

Hospital Central did not perform surgeries as frequently as did Hospital General. It was an older institution, and there was only one OB on staff, with most of the deliveries attended by a general practitioner. I am not sure why Raramuri women chose (if they chose) one Hospital or the other, as none of them mentioned this during the interviews. Hospital General is larger, with more human and material resources, and also more well known in the city. Both are government hospitals, and both provide care free to Tarahumara. Personnel from CET refer people to Hospital General more frequently than to Hospital Central. I believe that Raramuri women went to the hospital that relatives had been to.

Hospital General, where I conducted my OB room observations, did not keep track of ethnicity in their records, though Dr. Chorro, the head of OB, told me he thought
perhaps an average of seven Indian women a month gave birth in his institution, which seems in accord with the figures from Hospital Central. From this we can extrapolate that in 1999, approximately twelve Rarámuri women a month were giving birth in the hospitals in Chihuahua City. The urban population of Chihuahua City at this time was 4000 people, but whether this is a high or low rate of hospital delivery for Tarahumara women living in the city is impossible to discern. 10

3.2 Birth In The Asentimientos

To date I have not discovered any midwives, Tarahumara or mestizo, who attend Rarámuri women in the asentimientos. This is confirmed by a recent study of midwives in Chihuahua City (Ortiz 1999b). Instead, women who stay home to give birth in these urban settlements usually do so alone or with the help of their husbands. The dueñas encourage the women to go to the hospitals, and as mentioned earlier, often transporting women to the hospital if they know they are in labor, even if the women do not really want to go. Because of this, some Rarámuri women try to hide their pregnancies, and are vague about when their babies are due. One dueña told me that new babies constantly surprise her on her frequent visits to households in “her” asentimiento. Another dueña told me that all the women went to the hospital and everyone was happy to do so, even though I heard otherwise from the women themselves living in that asentimiento 11.
Most of my interviews from women in Chihuahua City were stolen, however a few case histories from Oasis remain. I provide here five of these cases as representative examples of the choices urban Raramuri are making about their births.

Lucinda Maria Cruz

Lucinda was born in the Sierra and had only been in Chihuahua City for a year and a half at the time of our interview. She had grown up in Juárez, and thus was truly an “urban Raramuri,” since she had never lived in the Sierra. She was twenty-one and had three children, ages six, three and one year. She had been to one year of school, and currently sewed artesanías to make money. Her oldest child was born in the Sierra, where she had gone in order to be with her mother for the birth. This child was born outside, in a corral. She gave birth to the next two children in the city, one in Juárez and one in Chihuahua. Both of these children were born at home, alone, when her husband was at work. She was not upset to give birth alone, explaining that her mother had taught her what to do the first time.

Patricia Castillo

Patricia was young but did not know when she was born. My guess is that she was eighteen or nineteen. She had come from Carichi and had only been in the city for nine months. She lived with her husband and his family and had been to school in the Sierra, completing primary school. She spent her days on the street corners asking korima wertomi. She had two children, one a year old and the other a nursing infant. Both were born at home in Oasis, with the help of her husband’s grandmother. Her family remained in the Sierra, and she did not have the money to travel to her home to be with her mother for the births.

Maria Norma Palma

Maria came from Norogachi, was twenty-two, single, and had a job at the State Coordination for the Tarahumara (CET), where I met her. She had been to secondary school and worked as a bilingual translator. She had lived in the city with her family for eight years. She adopted
mestizo clothing and prided herself on being modern - she brought magazines to work, and frequently commented on how she wanted to look just like the models. She had a stylish haircut, wore make-up, and dated mestizo men, frequently coming to work with stories about dancing the previous evening. Looking at her you would not have known she was Raramuri. She became pregnant shortly after I met her and gave birth after I left the city. Her current mestizo boyfriend was the father of her baby, but they had no plans to marry. She chose to give birth in the hospital, because, she told me, she was afraid of pain. Her son was born by cesarean section in Hospital Central. I do not know why she had a cesarean, because she did not know why the surgery was done.

Felicia Morena Cruz

Felicia was twenty-eight years old and had lived in the city for seven years, originally from Norogachi. She attended a secondary boarding school in Guachochi for four years, and was the most educated Tarahumara woman I interviewed, having one more year of school than Maria Palma. She wore Raramuri clothing, as did her children. She had three children, all of whom were born by cesarean, two in Hospital Central. She had one child in Juárez, where she and her husband had lived for a year. She was adamant that women needed prenatal care, and thought it dangerous to give birth alone. Again, she could provide no details on the reasons she had to have the surgeries, but communicated that she was sure they were necessary or else why would they have done them?

Marcelina Dolores Garcia

Marcelina was thirty-six years old. She had spent a total of nine years living in the city, coming originally from Narraráchi. She had six living children, and all but her first were born at home with her husband in attendance. Three were born in Hermosillo, where she had gone with her husband to work. One of her children born there, a boy, died when it was two days old. She went on to have three more at home after this. Her first was born in the IMSS hospital, because she said she did not know any better. But it was so terrible that she told me she would never return to a hospital.
My understanding of Tarahumara birth in Chihuahua city, then, is that most women prefer to stay home alone to give birth, with their husbands or a female relative attending. This is true for several reasons. First, they are wary of the hospitals because they have heard stories like the twin birth described above from other women. Whether or not these stories are true is less important than the fact they are actively passed from woman to woman, contributing to a general distrust and fear of delivering in hospitals. In fact, listening to these stories gave me the impetus to observe hospital births myself—not originally a part of my research plan. Second, Raramuri customarily stay home alone to deliver, and women feel no need to change their ways simply because they now reside in the city. Third, they hesitate to use any kind of health care services because of the inconveniences associated with such services. And finally, this reluctance to utilize services prevails especially when it comes to reproductive and child health, since women are aware of their vulnerability, and do not want to expose themselves to the risks associated with intimate contact with mestizos males or strangers.

Despite this reluctance, Raramuri women end up in the hospital either for emergencies, or because they are forcibly sent there to deliver by the dueñas of the asentimientos. I heard more negative opinions about the hospital than I did positive. I need to emphasize that the negative opinions were about the hospital and not birth itself.
During one visit to a temporary Tarahumara residence in Chihuahua City, I spoke about birth with a young pregnant Tarahumara girl, who looked seventeen or eighteen. She was planning to stay home for her delivery. I asked her if she was afraid. “Afraid of what?” she replied. This exchange remains emblematic of the attitude towards birth that I found common to Rarámuri in both the city and the Sierra.

I found there to be no pregnancy taboos among Rarámuri women residing in Chihuahua City or in the Sierra. A few women mentioned that it was not good to work too hard when pregnant, and a few mentioned that you should not eat *sopa* (noodles) or *tortillas* after the birth. All the women who gave birth at home in Oasis said their placentas were buried. I asked where and they pointed to the *arroyo*. Oasis is located by the Chuviscar river, and there is a sloping area behind the settlement, between the houses and the river where husbands bury placentas. The most frequent position mentioned for birth was standing although many women said they kneeled or sat (See Figures 4-6). None said they were lying down on the bed. The women who gave birth alone said they cut the baby’s cord themselves with scissors or a knife. They said the baby came out and landed on a pile of blankets or clothes they had placed on the floor. Women drank warm water during labor, or less frequently, *espasote* tea (See Appendix A). One woman showed me where *espasote* was growing in front of the church in the *asentimiento*. None
of the women I interviewed experienced problems with hemorrhage or pre-eclampsia (the most common causes of maternal mortality, see Chapter Seven), and most had not received prenatal care. Women were generally reticent to talk about their visits to clinics or hospitals, although quite open when describing births that took place in their homes. I understood this to be a general demonstration of shyness associated with the cultural norm emphasizing modesty and privacy, as described in Chapter Four. Clinic and hospital interactions were moments of shame in their lives, which they would rather not remember or talk about, especially with a blonde American woman they barely knew. Births at home, however, were ordinary interactions shared by all women, regardless of our different languages and cultures. Once they understood that I had children of my own, and had given birth to them at home, women were usually quite candid about their birthing experiences.

Education rather than time spent in the city is an important factor in women’s decision making process regarding place of birth. Women with more education chose to access Mexican government health care services more frequently than women with less education. Time spent in the city, language ability, dress, religion and employment, typically used to define acculturated versus non acculturated Indians, are not correlated with whether or not a woman chose to stay home to deliver her child. I reiterate that the
evolutionary acculturation model of modernization, where Indians proceed towards modernity in predictable and similar phases that can be measured by external factors such as those mentioned above, is an erroneous concept which has questionable validity when applied to Rarámuri health care seeking behavior.
Besides education, the other important factor determining whether or not an urban Tarahumara woman delivered in the hospital or at home was contact with and influence of the mestiza dueñas. In Oasis and Sierra Azul both dueñas insisted that women go to the hospital for their births. One of the Tarahumara women in Sierra Azul helped out at births, but only in cases where the woman managed to keep her labor secret from
the dueña. This woman who helped at births was the síriame’s wife. She was nervous about talking with me and only did so because I promised I would not tell the dueña anything. I found that at both Oasis and Sierra Azul, women tried to hide their pregnancies from the dueñas. Yet Mexican social workers, students, and researchers working in these asentimientos^4^ were often quite proud of the fact that they had found a woman in labor and taken her to the hospital in time for her to deliver there. Clearly
different ideologies regarding birth were at work here, with Raramuri women negotiating their actions in a context which encouraged them to abide by their cultural ethic of modest behavior.

A different situation existed in Colonia Dale, where the dueña Rosa vociferously opposed the activities of the CET. She did not hesitate to criticize the medical services provided by the doctor there, and explained to me how she helped women:

I help the women, but I do not really like to do it, because I never learned how to help. Cutting the cord is all I can really do. If a woman needs help she will come in the night and knock on the door. I will cut the cord and maybe give them water. They are very healthy and the babies are fine as well. They do not take anything during pregnancy and do not need to. They are very healthy, very strong and very healthy. The only problem is that sometimes when they first arrive from the Sierra they need food.

Rosa proudly introduced me to one woman who had just given birth to twins, alone, with no problems, although Rosa had cut the cords when she was called in after the birth.

Women in Rosa’s asentimiento did not have to hide their pregnancies and none of the women I interviewed there had delivered in the hospital.

Finally, economics must be considered. Although births in the hospitals did not entail a fee for Raramuri women, clinic births and midwives usually did. In Chihuahua City there are several private maternity clinics. Although these clinics are popular with
mestiza women, Raramuri women rarely, if ever, use them. One woman who did give
birth in a clinic, explained:

[I gave birth] there in the clinic. We were working and they sent me to the
hospital, but the doctor, he had a friend in Juárez, we were in contact with
the doctor, and he sent me to his clinic there and they sent us there
fighting- we were struggling in order to pay the bill in order to leave the
clinic.

This woman had been working with her husband in the fields near Villa Ahumada, a
mestizo town about an hour south of Juárez. Although they were receiving regular wages
at the time, they did not want to spend all their earnings on a clinic birth, which they
perceived as an unnecessary expense.

In sum, perceived need, economics, moral identity, cultural norms, education, and
the influence of the dueñas all play into an urban Tarahumara woman’s decision where to
give birth. It is more consonant with most women’s socialization and cultural
background to give birth alone at home. Those women who have had more education,
however, are more willing to subject themselves to western medical health services that
run contrary to their cultural heritage. These women are more familiar with the norms of
Mexican culture, and go on to use these health services for other reproductive events.
They experience less embarrassment and are less fearful because they know more about
what to expect. They also have a better command of the Spanish language due to their
education and familiarity with Mexican culture. Interestingly, it is not time spent in the city that enables a woman to participate more comfortably in mestizo culture, but a combination of the number of years she has spent in school, her language ability, and individual desire to leave Rarámuri ways behind.

3.3 Public Representation Of Tarahumara Birth

It is remarkable that in the urban areas everyone seems to have an opinion about how Rarámuri give birth, while actual numbers and hard facts and figures remain unknown. None of the dueñas knew how many women birthed at home or how many went to the hospital, and Padre Infante, the Jesuit responsible for the construction of Sierra Azul told me that he thought about half of the women delivered at home and half went to the hospital. In my interviews, I found eighty percent of the women gave birth at home, although I do not have what could be considered a representative sample.

I found it curious that a wide variety of laypersons in Chihuahua City knew that Rarámuri women gave birth alone outside. College students, taxi drivers, bookstore clerks, and people in lines at grocery stores all told me about Tarahumara birth practices as soon as they learned that I was an anthropologist studying this group in their city. Why would an average citizen know anything about the birthing practices of the indigenous urban residents? I soon discovered it was because Rarámuri birth was
infrequently, but quite dramatically, reported in the newspapers. Two examples from the primary Chihuahua daily newspaper, the Diario, illustrate this. My literal translation of titles, with article summaries, are provided:

January 4, 1999 “The Drama of the Indians in the City. She was going to give birth in the arroyo; they rescued her.”

Maria Teresa Lopes, 35, was on the point of giving birth in full view in the arroyo Manteca, when she was discovered by neighbors who sent for the city police. Paramedics of the Red Cross transported the woman to Hospital General. They had to lift her off the ground, where she lay suffering from the strong labor pains. Maria Teresa knew she was going to give birth soon, but went about her daily activities as usual when she found herself unable to move because of the strong labor pains. She hid herself in the arroyo, accompanied by a friend.

Sept. 28, 1999 “Preventative help given to an indigenous woman giving birth”

Destiny caused a city policeman to help a pregnant Tarahumara woman, who had a baby in full public view last Sunday, because the paramedics could not arrive in time to help her. The woman had a baby boy in perfect health and the policeman was charged with cutting the cord and giving him the first traditional slap. The policeman was called to the site because neighbors had called to say that a Tarahumara woman was giving birth in the middle of the street. The policeman arrived to find the woman suffering labor contractions, lying on the sidewalk, and called the Red Cross for help. But since the Tarahumara woman was presenting signs of imminent delivery, the policeman could not do anything but put into practice his recently acquired knowledge of first aid.

I think it interesting that the story line of both articles focuses upon the valiant efforts of the Red Cross and city police, instead of the Tarahumara woman. Also, the articles emphasizes the “drama” of the lives of the Indians in the city. The unstated message
communicated is that these Tarahumara women are too dumb to know when their labor starts - why would they continue their normal activities instead of rushing to the hospital? They are foolish to give birth in arroyos and on the street, “in full view,” instead of calling for help. The phrase “in plain view” (en plena via pública, en plena arroyo) is repeated in both articles, although they are written by different authors. The fact that Tarahumara would rather give birth in public than in the hospital is used as evidence that they are uncivilized, and have no shame. Ironically, modesty is most likely the reason why these women ended up where they did, since they were too shy, ashamed, or unable to ask strangers for help. Birthing alone in what appeared to be a private spot was the most viable option they had. I tried unsuccessfully to find these women in order to interview them, to add their version of the stories. In the following chapter, birth among Raramuri living in the Sierra is discussed.
NOTES TO CHAPTER V

1 Discussed in Chapter IV, Section 3.2. Mexican social workers and citizenry of Chihuahua all used the word “mendigar” for “kórima”.

2 Ramos Escobar describes projects to provide chickens and rabbits to residents of Oasis. Both projects failed, because within months the animals had all been eaten. Other projects at Oasis include a carpentry shop and donated sewing machines for artesanías, but both have had limited success to date.

3 This practice of adding a diminutive reflects the patronizing and superior attitude held by many Mestizos in regard to the Rarámuri. The Indians are perceived as children who need to be taken care of.

4 Some of the most regular visitors to the asentimientos were medical students, for whom these visits were a required part of their training. Every year during spring semester third year medical students attending the medical school at the University of Chihuahua had to sign up for a practicum in the asentimientos. Thus, it was usually the first time they were engaged in providing care to patients.

5 This means that the placenta is located over the cervical opening, covering it partially or entirely. It is commonly the cause of a high lying fetus, and can only be positively diagnosed with ultrasound. Typically women with this condition have cesarean sections, since the placenta separates during labor, being dislodged in order for the baby to pass through the cervical opening. This premature separation of the placenta causes maternal hemorrhage and serious anoxia (oxygen deprivation) in the baby. If left untreated, a vaginal birth in a woman with a placenta previa always results in maternal hemorrhage and frequently the baby dies due to asphyxiation.

6 A one way bus ticket from Creel to Chihuahua City cost 200p (approx. 20$) in 2001, and from Guachochi to Chihuahua was 150p (15$). On top of this, women must find lodging. The women arriving in the city usually stayed with relatives.

7 At the time I conducted my observations in 1999 they were in the process of converting one of the rooms to a surgical unit, to be used for cesareans only. Thus there would be
two delivery rooms and one cesarean room. When I was there, however, cesareans were performed in the delivery rooms.

8 Episiotomies are usually cut down the midline, at 6 o'clock, so as to do the least damage to the underlying muscle structure of the perineal area, which runs longitudinally. There are fewer blood vessels here and less chance of cutting through the muscles, a condition which can lead to incontinence and disfigurement. The sides of the vaginal opening, where this episiotomy was cut, are more difficult to repair because there is an intricate network of blood vessels, as well as fat and muscle tissue in the vaginal walls. This woman will most likely suffer incontinence and may tear again at her next birth.

9 None of the government statistics in Mexico note ethnicity. All occasions where I elicited statistics for Raramuri women come from personal knowledge of the person recording the statistics, or my direct observations. Thus, for the births noted in Table 4, the social worker at Hospital Central looked at the names and was able to remember if that person had been a Tarahumara or not. This social worker was responsible for admitting the patients, and the time frame was recent, thus I felt able to trust the information she gave me. This is the reason, however, that relatively few accurate statistics about the Raramuri exist.

10 As noted in the previous footnote, statistics for Tarahumara are not kept by any agency. Fertility rate, birth rate, or even an accurate estimate of what proportion of the 4000 Tarahumaras in Chihuahua are females of childbearing age are not available. Because of this, in addition to the difficulties in discerning whether women giving birth were residents of the Sierra or permanent urban dwellers, I cannot say if twelve births a month is a high or low rate of hospital delivery. I can say that two out of ten women I interviewed gave birth in the hospital for their last birth.

11 This was in Sierra Azul. The dueña was hostile to me, and very protective of “her” Indians. She resented outsiders, and especially Americans. I never received her permission to work in this asentimiento, although she had no official power to provide or deny me permission. However, she did exert control over the lives of the women living in the asentimiento, thus many women here were hesitant to talk with me. I did establish contact with a few of the women via a Raramuri women friend, and was able to conduct some interviews, although not as many as I had hoped. The dueña remained unfriendly
the entire time I was visiting the asentimiento. I noticed most researchers, including Mexicans from development organizations and schools in Chihuahua, went to Oasis and Col. Tarahumara instead of Sierra Azul. Thus the dueña seems to be successful in her efforts to protect “her” Tarahumaritos.

At the end of April 1999 my computer, taped interviews, photos, and notebooks were stolen out of my locked apartment in Chihuahua City. Back up discs were in the backpack that the thieves grabbed to carry the computer, tape recorder, camera and other items out of the apartment. I lost three months of work, including the bulk of my interviews with Rarámuri women in the asentimientos, as well as fieldnotes and photos taken up to that time. I was not able to recoup the loss nor redo most of the interviews for a number of reasons, including the fact that some women had moved away from the asentimientos. I continued to have trouble with the dueñas, and political circumstances beyond my control (elections with a subsequent party change), resulted in my restricted access to the CET office as well as with INI, because some of my contacts had to resign.

At the time I did my research in Chihuahua City there was an artesania project going on in the asentimientos, sponsored by a well to do mestiza woman in Chihuahua. The mestiza provided the women with cloth, and the Rarámuri women hand sewed cutesy figures of Tarahumara men and women in indigenous costume on squares of muslin. These pieces of muslin were converted into quilts, hand towels, and other items which were then displayed and sold by the mestiza woman. The Rarámuri women received a small share of the earnings, which equaled perhaps 10% of the profit.

The urban asentimientos were used as popular training sites for students from schools all over Chihuahua City. Students in medicine, nursing, social work, anthropology, psychology, as well as various missionary groups, development organizations, and international researchers used the Rarámuri families living in the asentimientos as a convenient indigenous population on which they could perform their various projects. I believe the protective attitude evidenced by the dueñas was a result of these frequent forays into their territory by outside interests. The medical school in Chihuahua sent new students out to the asentimientos every semester, where they learned how to perform basic physical assessment.
CHAPTER VI: BIRTH AMONG THE RARÁMURI IN THE SIERRA

Ofelia’s story

Ofelia Batista is a tall thin woman of twenty-two. She is married to Sergio, a strong chunky man, who is one year older than she. They live and farm with Sergio’s parents, taking frequent trips to Ofelia’s family fields located an hour’s walk away. Their parents gave them each plots of their own to work in their natal communities, but Sergio and Ofelia chose to build their own home adjacent to Sergio’s parents’ houses. Ofelia got pregnant shortly after getting together with her husband, and gave birth to three children in three years. She is nursing her youngest, six month old Eugenio, who is fussy with a fever as she speaks of her other two children, both of whom died from illnesses. The first one to die was her firstborn son: “He had three years when he died. His name was Manuel Batista. He died of measles, whooping cough, and diabetes.” This is what they told her at the clinic where she took him before he died. I was surprised that her infant would have diabetes, and asked about it. “Yes, they said he had diabetes.” Her second child, a girl, died shortly after I first arrived in Basigochi in September 1999. Her desperate and inconsolable feeble wail was a constant sound feature of life my first weeks in the rancho, and then I did not hear her anymore. In whispers the news floated from family to family on the tongues of the women, who related what had happened with deep sighs, a roll of their eyes, and a cluck of the tongue. The family stayed home. Later, I was invited to the death fiesta, during which the owirúame cured the mother and father of the child, the grandparents, and anyone else who wanted curing. Ofelia continues: “She
sighs, a roll of their eyes, and a cluck of the tongue. The family stayed home. Later, I
was invited to the death fiesta, during which the owirúame cured the mother and father of
the child, the grandparents, and anyone else who wanted curing. Ofelia continues: “She
was nine months old I think. Her name was Floricela. She also died of measles. And
pimples on the tongue.”

Ofelia went to her mother’s house in a neighboring rancheria for the births of
each of her children. Her husband was away working in Cuauhtémoc when two of the
children were born, so it was just her mother who helped her. All her labors were fast
(three to six hours) and without problems. She drank epazote tea to help the baby come
down when she was in labor with Eugenio. Her mother pushed on her stomach to make
him come down as well. They used a rebozo wrapped around her belly to put pressure on
the uterus, pulling down to help the baby descend. When it was time to push the baby out
Ofelia sat on a chunk of wood carved smooth and used to sit on. Her mother was at her
side when baby arrived, landing on a blanket. “He cried,” she laughs, “he cried strong,
then my mother picked him up and wrapped him.” Her mother also cut the umbilical
cord with scissors, and when the placenta came she and her husband went outside to bury
it. Ofelia says “I had trouble with blood. I was weak and couldn’t walk and almost fell
down, yes I fainted.” She did not do anything about the blood loss, because, she says:
“Well, what can you do? After a couple of days it goes away.” Her mother gave her more epazote tea after the birth, and she nursed Eugenio right away.

Ofelia told me she went to the clinic, maybe two or three times during every pregnancy, but with a shrug she said, “Well, the doctors did not do anything, nothing. They just examined me and gave me medicine, vitamins of iron.” When she was in labor the last time, she went to the clinic when she was having contractions, a one hour walk away, because her mother told her to. At the clinic she was given naproxen, a mild analgesic. “But they did not tell me to stay, so I did not stay. I do not remember who was there, one of the doctors, but he did not tell me to stay, so we came back here, to Napuchi, to the house.” Her husband was with her for this birth, but he did not help, “because he was too drunk. No, he wasn’t afraid, he was just drunk, tumbado (passed out) so my mother helped me.”

1. Birth in the Sierra: Basigochi

I compiled reproductive histories for all the women living in Basigochi at the time of my stay (twenty-eight). In addition, I conducted interviews with women in towns in the Sierra, and also gathered information about birth when I attended tesguinadas in other ranchos. Sometimes I conducted formal interviews with women, taping the answers to questions, while at other times the information emerged piece by piece as a part of my
ongoing relations and discussions with women as we engaged in day to day activities of
life in the rancho. I discovered that most of the young women in Basigochi were more
than willing to talk with me about their gynecological problems, while older women
remained shy. I have a total of forty-one reproductive histories, for a total of 201 births.

In Basigochi, twenty-two of the twenty-eight women were married - three older
women were widows, and three mothers were under twenty and single. Figure 7 provides
summaries of a few important features of the reproductive lives of Tarahumara women,
Figures 10-12 provide summaries of the data. Ninety percent of all births took place at
home. Births taking place in the monte (wilderness) are listed in this category.

Interestingly, four out of the five women choosing to give birth in the clinic are young
women in their twenties. The other woman was encouraged to go to the clinic for her last
birth so that she could have a surgical sterilization procedure afterwards. Sixty-four
percent of the women use family planning, and thirty-six percent of all women have been
surgically sterilized. Of the thirty-six percent who do not use any birth control, all but
two are past reproductive age. What this means is that only two out of twenty women
(five percent) of reproductive age are not using any family planning method, as noted in
Figure 8. Repercussions of this are discussed in more detail in Chapter Eight.
Figure 7: Reproductive History Features of Women in Basigochi (N=28)
Family Planning Methods used by women in Basigochi
(N = 28)

- None (10) 36%
- OTB (10) 36%
- IUD (9) 30%

Forty-six percent of women in the rancho have sought the advice of an owiríaame during at least one of their pregnancies. (See Figure 9). However, seventy-five percent have held a thread burning ceremony for their child after the birth, referred to by Rarámuri women as ‘ripunaama,’ which is a verb meaning to cut. However, a fair
amount of families are not using an *owirúame*, nor are they holding the *ripunaama* ceremony. (These practices are discussed in section three of this chapter). Non-use of *owirúame* was not linked to clinic or hospital births, nor was failure to hold the *ripunaama*. One young woman married into a family in Basigochi, and chose to give birth to both of her children in the clinic, rather than stay at home with her husband and mother-in-law or return to her natal *rancho*. For the birth of her first child she waited in town by the clinic at the home of a relative, and had her paternal aunt stay with her. After the birth she returned to her natal *rancho*, where she made *tesguino* and held the *ripunaama* with the help of her mother. She did not invite anyone from her husband's *rancho* to attend the ceremony, and her failure to do so was seen as a slap in the face to her mother-in-law and others, including the aunt who had stayed in town with her. She was the object of much gossip, and the conclusion among the women, most likely fostered by her mother-in-law's hurt feelings, was that she was a sullen, lazy and uncooperative daughter-in-law. Women in the valley felt sorry for both the husband, who was seen to have made a bad choice for a wife, and for the mother-in-law, who could not depend upon her daughter-in-law for any help around the house. Nevertheless, once the woman returned to her husband, the grandchild was welcomed into the household, with all family members happily caring for the baby. It was not, however, an
Figure 9: Use of Owirúame and Ripunaama during Pregnancy

Use of Owirúame and Ripunaama during Pregnancy
Basigochi 1999-2001

Only elderly women mentioned that they had given birth in the monte (wilderness). Several of them confided that they perceived young women these days as weak, because they ran to the clinic at every chance. During tesguinadas it was not uncommon for one of the mature women in the valley to grab my arm and start off on a
long account about how she had taken care of her children all by herself, with no help from either her husband or anybody else. She never used medicines or the clinic. "Echi muki ke tasi machi." "These women do not know anything," I would hear time and again, in reference to the young women. Mature women told me how they had cured spider bites with juniper tea, coughs and fevers with yerbaniz, or digestive troubles with wasi, local plant medicines. If I questioned about their deliveries, I would get a similar monologue about how they had gone to the monte alone and everything had been fine. This was usually the extent of the story. I asked if they had been alone, and they answered "of course," but mentioned that perhaps one of their children came along to help. I asked about position, or other details and my questions were met with impatient exasperation, as if it was trying to have to talk about things that everybody knew. Of course you hang on a branch if you need to. Of course you lay out some skirts or a blanket for the baby to fall into. You stand up in labor and then sit down when the baby comes out. Didn’t I know this since I had given birth as well?

For purposes of describing birth practices, I divide the women into three age groups and provide a case history typical of each group since birth experiences are more similar within age sets than across generations. Most women I spoke with did not know how old they were, thus all ages except those of the young women are estimated. The
first group consists of young women, from teenagers having their first babies to women in their early twenties. Most of the teenage women do not use birth control, and these were the women getting pregnant when I lived in Basigochi. Rarámuri women commonly have their first child by the time they are sixteen or seventeen. The youngest I heard of was a woman who had her first child when she was twelve. It is unusual for a woman to reach twenty without having had at least one pregnancy. Many of these young women are married and live with their husbands, while others have “tesguinada” babies and remain single, living with their parents.

Luz Elena is typical of this group. She was eighteen when I met her, with a three month old son, Jaime. He was born at the clinic, and an intrauterine device (IUD) was put in at the delivery to ensure she did not get pregnant again soon. Jaime was a “tesguinada” baby, also called a child of the “borrachera” (drunkenness). When I met her she had just gotten together with a mestizo man and was happy to be moving to a small town on the highway. Luz Elena had stopped wearing the wide Rarámuri skirts, frequently sought out western medicines for her baby, and worked as a maid in one of the bigger towns in the Sierra before she got pregnant. She never told me who the father of her baby was, and rumors abounded as to his identity. I was never sure if everyone knew but me, or if we were all in the dark about his parentage, as other women in the valley
told me they did not know who the father was either. Her mestizo boyfriend happily announced that he was the father, although everyone knew this was not the case. He urged Luz Elena to get pregnant again, with him, so that her son could have a brother. However, Luz was hesitant to go to the clinic to have the IUD removed, because once when she did so, she was admonished for wanting another child so soon after her first. This did not dampen her reliance upon the clinic for medicines for her child, however. One day I saw her running after the health team’s truck, calling in the window to the driver to stop because her baby was sick. She frequently brought her child to see me, always asking for some kind of medicine. Usually I did not think the baby was sick, and soon came to realize that Luz Elena interpreted taking her child to the clinic, and giving him medicine as good mothering behavior. Asking me for medicines for her baby was another way for her to publicly demonstrate her willingness to be a good mother.

This attitude was common among many of the young mothers in the valley. While their own experiences being treated at the clinics and hospitals were mixed, as they described how ashamed and traumatized they had been during any kind of gynecological encounter, they understood that taking their babies to the clinic equaled being a good mother in the minds of the mestizo caregivers. They were thus eager to demonstrate their willingness to be conscientious mothers by attending the clinic and using pharmaceutical
medicines. It was as if the tiny medicine bottles were badges of good motherhood. One young mother collected these bottles whether or not her baby was sick, and I saw them lined up in a row on the windowsill by her bed.

Half of the women in this group (five) went to the clinic to deliver their first child. The other half stayed home, thus not all young mothers are choosing clinic births. The ones who stayed home tended to go to their mother’s rancho to give birth, and were attended by either their mother, their husband, or both. Three out of five of these young women consulted an owiriame, and all had the ripunaama ceremony for their babies.

The young women who stayed home for their births instead of attending the clinic tended not to seek out and participate in mestizo culture to the extent that the others did. In Basigochi, young women with more exposure to or desire for mestizo culture were the ones who gave birth in the clinic. These young women had generally spent time working as maids in bigger towns in the Sierra, had attended boarding school in Guachochi, or had gone to Sinaloa or Chihuahua to work. They all wore mestizo clothing, and Luz Elena even wore pants, a fact which was commented upon in the valley as being equivalent to having no shame.

It is interesting that in Basigochi just as many young women chose to limit their interactions with mestizo culture. These young women stayed in the rancho helping their
parents, married Rarámuri men, and usually had no experience working for money. One of these women even ran away from the health care workers when they came to Basigochi. Blanca was pregnant with her second child. She lost her first one at birth, and was a little nervous about this second pregnancy. One day when a health team visited the school, Blanca attended with her friend. One of the nurses noticed Blanca’s pregnancy and said out loud in front of the whole crowd that after their talk she wanted several people to stay for consults, naming Blanca in particular. Blanca was mortified to hear her name called, being extremely shy. Soon enough, her friend Marcelina came up to me and confided that Blanca was afraid, and did not want to stay. She said that Blanca was going to leave as soon as she could. Marcelina wanted me to know that she was only leaving because she wanted to accompany Blanca. (She was one of the young women who had given birth in the hospital, and felt that using medicines demonstrated good mothering, thus she wanted me to know she was not leaving of her own accord.) Blanca and Marcelina slipped out the door unnoticeable, until the nurse finished with a patient and called Blanca’s name. When there was no response, I mentioned that Blanca had been afraid to be examined and left. “What did she do that for?” replied the nurse angrily. “Now we can’t help her. Norma, go find Blanca and bring her back.” At this, the young health promoter Norma quickly ran out the door. I peeked out and saw Blanca running
down a path with Norma far behind. My friend Marcelina was with Blanca. Norma
stopped after a minute or two, and reluctantly turned back. Arriving back at the school
breathless, she mentioned that she had chased Blanca, who continued running. The nurse
was angry, and spoke loudly to the remaining people in the room, noting how stupid
Blanca was, and emphasizing that there was nothing to be afraid of. The remaining
Rarámuri women silently looked at the floor. The nurse gave me a chart telling me I was
to fill it out for Blanca. However, Blanca was afraid of me as well, and never did get a
prenatal exam. She subsequently delivered her second stillborn at home. She said it had
no mouth, could not nurse, and died within twenty-four hours. From her descriptions I
believe it had a serious cleft palate. 1 If Blanca had received prenatal care or given birth in
the clinic would her baby have died? If she had not been chased would she have been
more liable to come in for a prenatal exam some other day?

Young women in this first group who stay home generally deliver in the same
manner as the second group of women who are middle aged, from approximately thirty to
fifty years old. About half of the middle aged group of women were menopausal, all had
finished having children, yet most had small children in the house. They generally had
their babies at home, with either their husband or their mothers helping. It was common
for them to give birth standing up, although many also sat for the actual delivery. (See

Figure 10). Some used small benches, usually a wooden block or a simple stool, to sit on. Others sat on blankets on the floor. Some women had their husbands install a beam, made of a pine log with the bark peeled off, in a corner of the house, which the women could use to hang on. It is common for women to use their rebozos, wrapping them around their bellies, to help the babies come down. The helper pulls on the rebozo,

Figure 10: Position at Birth: Sierra

<table>
<thead>
<tr>
<th>Position at Birth</th>
<th>Sierra: 41 women, 153 home births</th>
<th>(some women reported 2 positions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kneeling</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>
which is wrapped around the woman’s abdomen, and the pressure is thought to help the baby come down and out. Women give birth clothed, lifting their skirts out of the way for the baby’s arrival. Often these skirts are used as baby blankets, towels, or to sit on. There is no fear of blood, or taboos about coming into contact with it. Women remarked that they simply take their skirts to the arroyo, pile rocks on, and let them soak overnight. In the morning they are ready to be washed. Older stained skirts are used as underskirts, finally ending up being used as diapers when they become torn and ragged.

The group of middle aged women had more exposure to the hospital and clinics than did the elderly women, but did not share the enthusiasm for western medical services of the younger women. Instead, they described their interactions with the mestizo health care professionals as difficult, shameful, and at times, traumatic. Veronica gave birth to eight children at home with no problems (Her first birth is described in the vignette for Chapter One). Then her husband died, she remarried, and became pregnant with her new husband. Ten years had gone by since her last birth, and at the clinic they advised her to come in to the hospital for this birth, since she was now older and high risk, because she was over forty. Her first husband had helped at the births of all her children, but her current husband professed not to know anything, and agreed that she should attend the hospital. He even arranged a ride for her. When talking about this las
birth, Veronica cast her eyes down upon the floor, and told me how ashamed she was. She said if she had known what they would do to her in the hospital, she would have never agreed to go. She mentioned with horror how they had removed her clothes and made her lie down on a table with her legs up in the air. This last son was born in the hospital with no problems, but Veronica was surgically sterilized after the birth, even though she had no intention of having more children. She only knew that they had operated on her, and she was not sure why until I discussed surgical sterilization with her, at which point she assumed that this is what they had done to her. She said she was scolded for not bathing, and was humiliated. Rarámuri women are not in the habit of bathing when they bleed, because they believe immersing oneself in water will cause the blood inside of them to coagulate, and cause infertility, pain, or both. My informant was embarrassed, and at fifty, said the birth in the hospital was the worst, most shameful experience of her life.

Similar versions of this story were told to me by other women in this age group. They clearly did not enjoy their experiences in the clinics and hospitals, and avoided these interactions at all costs, no matter what kind of illness they had. This group made up the bulk of the women in the valley, and out of eighteen of them, I only observed or heard of two going to the clinic during my stay in their rancho. Their main health care
interaction consisted of consults at the school when a visiting health team arrived to immunize the children. Several had been surgically sterilized, sometimes without their knowledge or consent, and not surprisingly this contributed to their reluctance to seek out western medical health care services.

The final age set consists of the elderly women, past fifty. Their children were now adults and they spent time tending grandchildren. These women tended to give birth alone, at home or in the monte. (See Figure 11 for place of birth). They usually had more children and more pregnancies than the younger women, and were loathe to talk about any of their babies dying. These are the women mentioned above who told stories about how younger women these days were weak. These women usually had an owirúame care for them during their pregnancy. They also were less liable to have used any kind of birth control, probably because they were past childbearing age by the time the national family planning program was implemented in the Sierra in the eighties.

Isabel is representative of this group. She lost her husband to tuberculosis when she was about forty. She did not know how old she was when I interviewed her, but guessed she was fifty, since it had been several years since she had quit having her menstrual cycle. She gave birth to four children, and was alone for each of these births. Two were in the monte, and two were in her home. She told me she had no problems,
and that she drank warm water during labor to help the babies come down. Her husband buried the placentas of the babies in a place where nobody could find them. She told me she had a great sadness because her daughter died. I thought she meant during the birth, but she went on to tell me how sad it was that she lost her daughter and her husband to tuberculosis. Her daughter died as a young adult and left behind a child, who was cared

Figure 11: Place of Birth

**Place of Birth**
Sierra: 41 women, 179 births

- Clinic: 6%
- Hospital: 6%
- Monte: 6%
- Home: 80%
for by the other daughter. Isabel’s youngest son was married to a young woman, Marcelina, who had given birth in the hospital. Isabel commented frequently about how weak she was, although in my observation Marcelina seemed to carry the largest share of household chores on her shoulders. Isabel was also critical of the medicines Marcelina gave to the baby, noting that the baby was sick because the mother did not dress her warmly enough, and medicines would not cure that. According to Isabel, medicines made the baby weaker, not stronger. Isabel thought hard work and overcoming illness without pills was what made people strong. She wondered what was going to become of the world because people now were not as strong as they used to be. She talked wistfully about her younger years, when she was more physically able to work hard. She said she was lonely, and she wished she had more children. Although her son, his wife, and their young child lived with her and she cared for the baby, she still spent much of her time alone tending sheep and goats, since she had not remarried after her husband’s death.

Thus, in Basigochi, younger women were starting to give birth in the clinic and hospital, which had not been an option for their grandmothers, who generally gave birth alone in the wilderness. None of these young women gave birth outside, nor were they alone. (See Figure 12). Instead, most women of childbearing age were staying home to give birth with their husbands or female relatives, and even if they received prenatal care
at the clinic during the pregnancy, they chose to deliver at home. Only younger women who had more contact with mestizos were choosing to give birth in the clinic. Changes over time can be ascertained by a comparison of my findings with those of the Mulls, who investigated Rarámuri obstetric practices in Creel and Norogachi fifteen years before I conducted my research.

Figure 12: Attendant at Homebirth: Sierra

![Pie chart showing attendants at homebirth in Sierra](image-url)
### 1.1 Birth in Basigochi Compared with Birth as Depicted by Mull & Mull

Tables 5 through 7 summarize place of birth, attendant, and birth position for my population. Data was presented visually in Figures 4-6 in the previous chapter for the urban population and in Figures 10 – 12 in this chapter for the *serrano* population.

#### Table 5: Place of Birth: Miller

<table>
<thead>
<tr>
<th>Place</th>
<th>Total (193)</th>
<th>Sierra (171 births)</th>
<th>City (22 births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monte</td>
<td>15</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Home</td>
<td>153</td>
<td>140</td>
<td>13</td>
</tr>
<tr>
<td>Clinic</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Hospital</td>
<td>12</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Table 6: Attendant at Home Birth: Miller

<table>
<thead>
<tr>
<th>Attendant</th>
<th>Total (168)</th>
<th>Sierra (152 births)</th>
<th>City (16 births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>32</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Husband</td>
<td>85</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Mother</td>
<td>17</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Husb. &amp; Mother</td>
<td>13</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Husb. &amp; Suegra</td>
<td>8</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Grandmother</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>10</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Table 7: Position at Home Birth: Miller

<table>
<thead>
<tr>
<th>Position</th>
<th>Total (168 births)</th>
<th>Sierra (152 births)</th>
<th>City (16 births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing</td>
<td>79</td>
<td>70</td>
<td>9</td>
</tr>
<tr>
<td>Sitting</td>
<td>77</td>
<td>72</td>
<td>7</td>
</tr>
<tr>
<td>Kneeling</td>
<td>12</td>
<td>12</td>
<td>-</td>
</tr>
</tbody>
</table>
The data from the Sierra presented in my analysis includes interviews conducted in one of the larger towns in the Sierra, in addition to the information gathered from women in Basigochi. I wanted to replicate the field study completed by the Mulls, and for that reason interviewed Raramuri women in Creel, as the Mulls had done almost twenty years earlier. I paid these informants a small sum of twenty pesos (approx. two dollars) for their time and trouble. Some women were on the street asking korima, and I knew they only consented to be interviewed because they needed money. In these cases I usually bought them food as well as paying them. More often than not women refused to be questioned. While I am certain about the accuracy of my data from Basigochi, I do not have the same confidence with the street interviews. In some cases the husband was present during the interviews, which took about half an hour, and in at least three of these cases the man contradicted his wife. Actually, because of this, in addition to the high number of refusals, I discontinued these interviews. Because there were so few of them (ten), I put all my data from the Sierra together for sake of comparison. See Tables 8-10.

There are several interesting differences between my findings and those of the Mulls. First, it is important to remember that the Mull interviews were conducted fifteen years before my own study took place. Some of the differences in our data may reflect changes in the birthing practices over time. The fact that my data show more births
Table 8: Place of Birth: Miller and Mull

<table>
<thead>
<tr>
<th>Place</th>
<th>Miller</th>
<th>Mull</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total s</td>
<td>46 women: 179 births</td>
<td>33 women: 33 births*</td>
</tr>
<tr>
<td>Monte</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Home</td>
<td>140</td>
<td>26</td>
</tr>
<tr>
<td>Clinic</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Hospital</td>
<td>9</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 9: Attendant at Home Birth: Miller and Mull

<table>
<thead>
<tr>
<th>Attendant</th>
<th>Miller</th>
<th>Mull</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>41 women: 153 births#</td>
<td>33 women: 33 births*</td>
</tr>
<tr>
<td>1. Alone</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>2. Husband</td>
<td>77</td>
<td>7</td>
</tr>
<tr>
<td>3. Mother</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>4. Husb. &amp; Mother</td>
<td>13$</td>
<td>7$</td>
</tr>
<tr>
<td>5. Husb. &amp; Suegra</td>
<td>8$</td>
<td>0$</td>
</tr>
<tr>
<td>6. Grandmother</td>
<td>1$</td>
<td>0$</td>
</tr>
<tr>
<td>7. Female relative or close friend</td>
<td>0$</td>
<td>7</td>
</tr>
<tr>
<td>8. Mother &amp; owiriname</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Husb. &amp; partera</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>10. Partera</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Unknown</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 10: Position at Home Birth: Miller and Mull

<table>
<thead>
<tr>
<th>Position</th>
<th>Miller</th>
<th>Mull</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>41 women: 153 births#</td>
<td>33 women: 33 births*</td>
</tr>
<tr>
<td>Standing</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>Squatting</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Lying on bed</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Sitting</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>Kneeling</td>
<td>12</td>
<td>21</td>
</tr>
</tbody>
</table>

+ This figure includes categories 4 & 5 of Miller's data. $ This figure included in category 7 of Mull's data. # Total home births  *Last home birth only
taking place in the hospital and clinics is definitely one of these changes. The hospital in Guachochi was built in 1982, only three years before the Mull study. The private Catholic hospital in Creel, where the Mulls worked, was in operation since the early sixties, but it had limited facilities, and focused its efforts on preventing infant and child deaths from malnutrition and dehydration, and births were not a part of the services offered until the late seventies. Many of the rural clinics were built in the early eighties, when the Mexican government began a concerted effort to provide medical services to the serrano population. The fifteen year interval between my study and that of the Mulls allowed for an increasing awareness of hospitals and clinics among Raramuri women, including the idea that they are options for delivery. Concerted efforts to educate Raramuri about the benefits of western medical services were initiated in the eighties and continue to date. The inclusion of clinic and hospital births in my data and not in that of the Mulls demonstrates an increased utilization of western medical services by Raramuri women over time. However, it would be inaccurate to believe that all differences are solely caused by the increased availability of western medical services, especially since my ethnographic data reflects hesitation to use these services on the part of many women. Increasing use of western medical services is discussed in further detail in Chapter Eight.
Interesting differences between my data and the Mull study exist in the category of attendant at home births. First, and perhaps most importantly, the practice of solitary birth is about the same in both studies. Twenty-three percent of the women in the Mull study gave birth alone, compared to eighteen percent of the women in my study. It appears that the tendency to give birth alone has been stable over the intervening years, in spite of the increased existence and use of medical services. I believe this is because solitary birth continues to be a culturally congruent behavior. The Mull study shows that deliveries were attended by husbands, husbands and mothers, and female relatives as frequently as women gave birth alone, with twenty percent of the women choosing each one of these categories. This is interesting because it shows no preponderance, instead showing that women were as likely to deliver alone as they were to choose husbands and female relatives to attend them. My data is quite different in this regard, as I show over half of the women choosing their husbands to assist them at birth. Mothers in my study assisted their daughters twenty percent of the time, and other female relatives were infrequently chosen as birth attendants. It is tricky to compare this data because the categories used do not match. Although I intended to use the same categories as the Mulls in order to facilitate comparison, I found the answers to questions given by my respondents did not always fit into the categories used by the Mulls. There are two major
discrepancies regarding female attendants. First, my interviewees specified the relationship of the female relative who assisted them. I think this reflects an important cultural distinction between kin relations. There is an important difference between mother and mother-in-law. In Basigochi, a patrilocal residence pattern prevailed, meaning if a woman stayed home, it was more likely for her mother-in-law to help her at birth than her mother. Yet, in my population, several women noted that they made special trips to their natal ranchos in order to give birth with their mothers. I observed tension between cross generational female in laws. Affinal relations are not as close as sanguinal relations, thus it was not uncommon for women to feel more secure giving birth with their mothers, even if they had to travel in order to do so. I think this indicates an important intimacy gradient in Raramuri kin relations, in which sanguinal relationships among women are closer than affinal ones. This is also consistent with reciprocal exchange relation networks discussed earlier in Chapter Four.

Another category in the Mull data and not in mine is that of “close friend.” As noted earlier, the Rarámuri do not have a word for friend in their language. I observed one close female friendship among two of the younger mothers in Basigochi, but other than that women did not appear to have friendships as we know them in the United States. As noted in Chapter Four, I observed a woman’s closest friend to be her husband.
Thus, in my experience, the category of close female friend was not culturally relevant, indicated by the fact that none of the women I interviewed had friends assist them at deliveries. This is reflected in my findings, where more deliveries are attended by husbands (sixty-eight percent, than in the Mull data (fifty-one percent).

There are attendants mentioned by the Mulls that I did not find attending births among my population: *parteras* and *owirúames*. The Mulls confirm that there are no midwives among the Tarahumara, but they use the word "*partera*" to describe an older woman knowledgeable about birth. I think *partera* was included in the Mull's data because there was a *partera* living and practicing in one of the *ranchos* outside of Creel, where the Mulls did most of their work. In Basigochi there were no midwives, and no women claimed expertise in attending births. It is also interesting that the Mulls note that some women were attended by an *owirúame*. Although many of the women in Basigochi consulted *owirúames* during their pregnancies, the *owirúames* I spoke with told me they did not attend births, and women told me this would only happen if there was a problem.

Finally, perhaps the most curious difference between the data obtained by the Mulls and my own is that of birth position. The women I spoke with consistently reported that they gave birth either standing up or sitting down, with these two positions being mentioned forty-five and forty-seven percent of the time respectively. In contrast,
sixty-four percent of the women interviewed by the Mulls stated they gave birth in the kneeling position. These women also gave birth in the vertical squat position, a position not mentioned by the women I interviewed. On the other hand, women I spoke with said they stood for delivery, while none of the women in Mull's population gave birth in this position. Finally, twelve percent of the women the Mulls interviewed gave birth lying down, which was not mentioned by any of the women I talked with.

To summarize, women interviewed by the Mulls gave birth in two positions not mentioned by my interviewees: lying down and squatting. Similarly, women in my population gave birth standing up, a position not reported in the Mull study. Women told me that they would stand for labor and sit down to deliver the child, making sure it would not fall on the ground, and I reported this in both categories. Additionally, the kneeling position was used by the majority of the women interviewed by the Mulls, and only by seven percent of the women I interviewed. What do these differences mean? I think it points to regional variation, and perhaps differences in interviewing techniques of the researchers involved. When I asked women what position they gave birth in, I did not prompt them by mentioning various possible positions. If I was unsure what the women meant, I asked them to demonstrate the position used; and it was in this manner that I distinguished between sitting and kneeling. I do not know how the Mulls carried out
their interviews. However, the differences in reported position are not physiologically significant as regards morbidity or mortality at birth, since all but the twelve percent lying down reported by the Mulls are vertical positions. Studies which analyze birth outcome and position in labor or birth distinguish between vertical and horizontal positions, with differences between vertical positions not thought to be critical, since the vertical position facilitates birth.

My interest in birth position is related to the practice of solitary delivery, as I was curious to discover how a woman could deliver her own child. The kneeling position is ideal for this, as the woman is in a stable position close to the ground, and can handily reach her child as it emerges. Yet women who gave birth standing up showed me how they too could easily sit down to catch, dry off, and wrap their babies. As mentioned above, many of the women in my study stood during labor and sat down as the baby came out. In the same way, women who sat during the birth could easily grasp their newborn as it arrived, since they were close to the ground on a small banquito (chunk of wood). I think the most important observation about position during birth in both the Mull study and my own is that almost all women customarily use a vertical position, which physiologically is the best position for birth (Klein 1995:184). Thus, Rarámuri
women are using the most physically efficacious position, as well as delivering in positions that facilitate their ability to catch and handle the newborn by themselves.

In spite of the lack of ability to measure time the way it is done in industrialized cultures, I was able to ascertain a general idea about length of labor from the way in which women talked about their births to each other, and the methods they used to explain to me how long labor had lasted. A typical response to my question “How long were you in labor?” was “Well, you see what time it is right now? Starting in the night the baby was born now.” Or similarly “From the night until the morning.” Also, when women explained why they had been transferred to the hospital or the clinic, the story would usually begin “I was in labor all day and all night and the baby did not come.” On one occasion I was called to assist a woman in labor at sunset, because “she has been in labor since morning and the baby still has not arrived.” Many women noted that it was a short time. Other mothers simply stated that they went to bed, woke up in labor, and the baby arrived before the sun rose. Putting these comments all together, a general idea about normal length of labor emerges. Women typically have their babies in about six to twelve hours. It is unusual, even for a primipara, for labor to last longer than twenty-four hours. If a labor did last one whole day and one whole night, women told me how much they had suffered and how unusual it was. The births I observed first hand or heard
about shortly after the delivery, were those of young women and rarely lasted longer than six hours. One woman noted she was in labor at sunrise. She sent a relative to secure a ride to the clinic, and in two hours arrived at the clinic where she delivered her baby half an hour later. Her labor lasted between three and four hours. She was twenty-one and it was her second baby. I think this labor not unusual.

The umbilical cord is cut with either a knife or scissors, depending upon what is available. There is no restriction against cutting the cord with metal, as Lumholz noted. Velasco Rivero’s informant Lolita Batista, mentioned in Chapter Five, also stated there were no restrictions against using metal to cut the cord. I believe the difference between Lumholz’s observations and the later information is due to the fact that metal is commonplace in the Sierra now, while at the time Lumholz traveled in the Sierra it may have been a fairly new introduction, and thus approached with some wariness. Older women I spoke with knew of the prohibition against cutting the cord with metal, but were not sure whether or not it really made children bravo (mean). The cord is cut after the placenta delivers. A piece of cord about an inch or more is left on the baby which women tie off. Usually they use a strip of cloth torn from a skirt. There is no special treatment of the cord, other than to keep it dry. Babies are wrapped in cloth, rebozos or skirts, and dressed in diapers made of rags, but frequently no diapers are used at all. In
this case, cloth used to wrap the baby is changed when soiled. I noticed that two of the younger women who delivered in the clinic occasionally bought plastic diapers when they had money. They were given these at the clinic, and knew that mestizas used them. Plastic diapers became a marker of prestige, association with mestizo culture, as well as economic resources available to purchase them. Because they are so costly, and most Rarámuri in the valley where I lived did not have any regular access to money, they were not at all the norm. Both young women using them had spent time living among mestizos, one in Chihuahua City and the other in Sinaloa, and both were members of the richest household in the community. One had married a mestizo and the other wanted to.

Women looked at me incredulously when I asked them how they knew their labor had begun. It is one of those questions that is silly for one mother to ask another, because the underlying assumption is that we all know how labor begins. I persisted however, and they humored me, informing me that labor begins when they start to have strong, regular uterine contractions. Rarely did a woman tell me labor begins with the bag of waters breaking. Instead, women told me this happened during labor, and not infrequently when the baby was about to arrive, all of which is consistent with western medical knowledge. Women said that it was best to keep on working when the contractions came, because this helped the baby come down. Most women said they did
nothing unusual during labor, again giving me those looks. I mention these “looks”
because it is a part of the interaction which helped me conclude that birth is thought to be
a normal physiological process. All women know details such as when labor begins,
what position you give birth in, and what you do when the baby is born. As a woman, it
was unusual for me to be asking questions about a physical process that I should
obviously know about, since I had given birth to children of my own. Knowledge about
birth among Raramuri women is tacit. Pregnancy and birth are unmarked processes, thus
my questions, and women’s reactions to them, clarified just how implicit the knowledge
really was. For a woman to ask questions about birth was just as absurd to them as it
might be for Americans to ask how one uses a toilet. I do not say this to be crude, but to
emphasize the embodied nature, dare I say “naturalness,” of the act of parturition among
the Raramuri.

2. Birth at the Clinics and Hospitals

Birth as practiced in clinics and hospitals in the Sierra is similar to birth in
Chihuahua City and American hospitals. However, in the Sierra, the technology is
generally not as new, and both material and human resources are in short supply. Male
obstetricians attend deliveries in delivery rooms, assisted by female nurses. There are no
private labor or postpartum rooms, similar to the situation described in Hospital General
in the previous chapter. Cesareans are performed routinely at hospitals in Guachochi and San Juanito, although there is only one anesthesiologist and one OB-GYN physician on staff in Guachochi. When the anesthesiologist is on vacation or off duty, no cesareans can take place, and when the OB-GYN is away, nurses or family practitioners attend deliveries. There are ultrasound fetal heart monitors, but other reproductive technologies are not available. Women have to leave the Sierra for amniocentesis or genetic testing, thus these procedures tend to be used less frequently than in the United States. In some cases diagnostic tests involving blood work or lab samples must be sent away, and there may be up to a six week or three month wait for results, making these procedures useless during labor. If there is time, premature deliveries are referred out, as there is no equipment to care for premature babies. Otherwise, preemies are taken care of in the nursery just like other newborns, which means placed in a warmer and monitored.

The closest hospital to Guachochi that has the more advanced (and expensive) services is in Parral, a four hour drive. There is no air service to this hospital and the trip is made in an ambulance. High risk births taking place in serrano clinics are transferred to the hospitals in Guachochi or San Juanito, depending upon the medical district the clinic is in. From there they may be transferred again. Medical districts do not correspond to municipios, thus some women residing in municipio of Guachochi are
referred to the hospital in San Juanito, which is in the municipio of Bocoyna.\(^5\) There may
be as much as a six to ten hour journey to the hospitals from outlying ranchos, yet in
other cases, women may live less than an hour away from a hospital.

Low risk births are performed in the clinics, which are usually staffed by a physician
and several “auxiliaries,” who are women with varying amounts of medical training\(^6\).

Although lodging for doctors is provided at the clinics, they do not stay at the clinics every
day of the week. It is quite common for the doctor to be away. In the clinic at Laguna
Aboreáchi, the physician was on premises perhaps thirty percent of the time. Doctors have
weekends off, as well as vacation days, but they also attend monthly and weekly training
sessions in the larger towns, sometimes going to Chihuahua City, and even Mexico City.

When the doctor is away, births are attended by nurse assistants, normally mestiza women
with various amounts of medical training, whom I call auxiliaries. (They do not have nursing
training or degrees). I visited government clinics in Rocheachi, Laguna Aboreáchi,
Bashihuare, Norogachi, Tatahuichi, Guachochi, Batopilas and Samachique, and private clinics
in Sisoguichi, Creel, Panalachi and Norogachi. The government clinics observe the following
schedule: Mondays the physician sees patients in the clinic. Tuesdays and Wednesdays the
health team visits outlying ranchos in their district, Thursdays the physicians sees patients,
and Friday through Sunday the auxiliaries, who usually lived close to the clinic, take call.
Obviously, labor and birth do not conform to clinic schedules, with the result that many clinic deliveries are attended by auxiliaries. In Laguna Aboreachi in 1999, ten out of twenty-one births were attended by a physician. Table 11 provides data for births at selected clinics in *municipio* Guachochi.

Table 11: Births in selected* clinics in *municipio* Guachochi 1999–July 2001

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Births in 1999 Rarámuri/Mestizo</th>
<th>Births in 2000 Rarámuri/Mestizo</th>
<th>Births 2001 (through July) Rarámuri/Mestizo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna</td>
<td>18/5</td>
<td>17/5</td>
<td>7/3</td>
</tr>
<tr>
<td>Samachique</td>
<td>4/0</td>
<td>2/1</td>
<td>0/0</td>
</tr>
<tr>
<td>Basihuare</td>
<td>2/1</td>
<td>3/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Tatahuichi</td>
<td>8/0</td>
<td>2/0</td>
<td>2/0</td>
</tr>
<tr>
<td>Rocheachi</td>
<td>9/7</td>
<td>7/4</td>
<td>3/4</td>
</tr>
</tbody>
</table>

* 5 out of 13 reported.

Services at government clinics are provided free of charge to Rarámuri, and there is no charge for medicines either. Private clinics and hospitals charge for services, sometimes with a sliding scale based on ability to pay, as is the case with the Jesuit hospital in Creel.7 Private physicians have offices in the larger *serrano* towns of San Juanito, Creel, Guachochi, San Rafael, Batopilas and Urique, and all charge for their services.

I was invited to attend deliveries in the clinic at Laguna Aboreachi. There was no way to ensure my attendance at a delivery other than for me to stay at the clinic or in the town, both of which were not options.8 Serendipitously I was able to observe a couple of deliveries,
which I provide as examples of clinic births, noting of course that these cannot be representative of all clinic deliveries, but which provide insight nonetheless. One of these deliveries was attended by the auxiliaries. The woman came in at nine in the morning and delivered two hours later. She labored alone, in a small multipurpose room with two beds. She was given an IV when she came in, the fetal heart tones were checked with a Pinard stethoscope®, and she was basically left alone. When it was time for her to push she was moved to the delivery table, located in a small room adjacent to the room where she had labored. Two mestiza auxiliaries attended her. The woman gave birth in her clothing, the baby was quickly examined and given to her to breastfeed, and she was returned to the room with the two beds. There was a sick child in the other bed. During the entire interaction the woman remained quiet and withdrawn. Her husband was allowed in to visit her after she was returned to the bed, but he only stayed a few minutes. There was no privacy. I asked the woman if she was happy, and she did not seem to understand what I meant, although she did smile wanly at her baby. She was in and out of the clinic in less than six hours. This was her fourth child, and her first clinic birth. She went to the clinic because her husband wanted her to be surgically sterilized after the birth (see Chapter Eight for her story.)

The other woman was transferred to the hospital in Guachochi after laboring in the clinic for over ten hours. It was her first baby, and she was eighteen years old. Her husband
waited outside. The physician seemed unconcerned about the woman, and indeed, he engaged in a conversation with me in which he stated that the Raramuri were lazy, uneducated, and had no desire to improve their lot in life. He was originally from Chiapas, and did not like working with indigenous people. He compared the Raramuri with Indians in his home state, whom he said were superior, calling the Raramuri stupid, dirty, lazy and uncooperative. This took place within earshot of the laboring woman, who had to have heard everything, but made no sign that she understood. When he tired of the conversation with me, he engaged in amorous advances towards one of the mestiza health promoters, a beautiful young woman about twenty years old.

This doctor told me that primiparas\textsuperscript{10} were problematic, and that this one should go to the hospital, since she was not making progress. She seemed to be making adequate progress, but when it approached the hour that he usually left the clinic, the doctor grew impatient, complaining about how many hours he had spent in the clinic. At this time, there was not a resident physician assigned to this clinic, and this doctor was from Guachochi. He appeared more interested in getting home than he did in assisting the woman in labor. After waiting an hour past quitting time, he ordered the auxiliaries to call the hospital and tell them the woman was coming in. He left for Guachochi in his own car, while the auxiliaries readied the ambulance. Nobody told the husband, waiting outside, what was happening, so I asked a male
Rarámuri friend who was in town visiting to let the man know that his wife was being transferred to the hospital. Upon hearing the news the husband began to cry. I gave him twenty pesos because he said he had no money. I watched as the woman was loaded into the suburban for the hour long trip to the hospital. The auxiliaries shrugged their shoulders, saying they thought her labor was normal, and that she would have delivered in another couple of hours, now that the clinic was quiet because it was after hours. However, they said, it did not matter, because they had to do what the doctor wanted, and if he said she had to go to the hospital, then she had to go. They did not seem to care one way or the other what happened to the woman. I left the clinic feeling rather depressed and dismayed by the experience.

There is no way to know if this interaction is typical of clinic births in the Sierra without having observed more, and it would be incorrect to assume that this is the norm. However, it reflects a distressing feature of medical care in the clinics in the Sierra, which is the short terms physicians spend in each location, as well as the lack of interest many of them have for their patients. Most physicians rotate to and from rural areas in order to fulfill their service obligation to the government, and many have had no prior experience with either indigenous populations or the Rarámuri. In the two years I lived in the Sierra, five different doctors worked at the clinic in Laguna Aboreáchi, and several months went by when there
was no doctor present at all. One doctor stayed one week. This was typical in other clinics I visited: Norogachi had three doctors in one year, several came and went in a period of months in Samachique, and three rotated through the clinic in Rocheachi. On the other hand, the auxiliaries live in the communities in which they work, and they are more familiar with the local population. Sometimes the auxiliaries even have more experience than the physicians because it is frequently the first time the doctors are seeing patients, while the auxiliaries have had sole responsibility for administering to patients for a number of years.

In this case, the auxiliary had lived and worked in the community for twenty years. She was certain this young woman would have a normal delivery if left alone a few more hours. During the day, the clinic was busy and people were running in and out of the room where the woman labored. If she wanted to use the bathroom she had to walk through a waiting room full of patients. Everything she said and did was heard by everyone else in the clinic, and vice versa. During the day she labored, several different patients occupied the other bed in the room she was laboring in. In ten hours, the only time I heard the laboring woman talk was to say either yes or no in response to questions asked her by the auxiliaries or physician, and once she asked me for a drink of water. It is not surprising that she made slow progress in this environment, nor is it unusual that her labor would pick up in intensity the longer she labored and the quieter the clinic became. However, none of this mattered to the
physician in charge, who had little experience with the Rarámuri, and admittedly did not care for either them or the birth process (he was studying to be a surgeon). His decision to transfer her to the hospital appeared to be based on his own desires, rather than concern for the laboring woman.

Overall, my experience in the clinics where I observed health care interactions, as well as the two labors above, confirms opinions expressed by the Rarámuri women, in that the experiences they have at the clinics are contrary to their cultural expectations about birth. In the clinics and hospitals, births are public affairs, and strangers attend the woman. This is the antithesis of what Rarámuri women want at birth.

I must add, however, that during my visits to clinics I encountered dedicated physicians who loved the Rarámuri, enjoyed living in the Sierra, and had been working in the region for many years. A husband and wife physician team had lived and worked in the Sierra for four years. The director of the hospital in Guachochi had been there for eight years and was devoted to his work. Thus, although most of the physicians come and go, there are a few who do stay, although in these cases they are usually rotated to clinics in different areas of the Sierra.
3. Birth customs: *Ripunaama* Ceremonies and Taboo

In many cultures pregnancy and birth are times marked by ideas of danger and vulnerability. In such contexts, ceremonies, taboos, and rituals for pregnant, laboring, and postpartum women are common methods of protecting mother and baby. This does not seem to be the case among the Raramuri. In the literature, Bennett and Zing report a pre-birth *fiesta* to "cure" the pregnant women (their quotation marks) (Bennett & Zingg 1935:233). When I asked about this, only a few women were familiar with the ritual, and no one I spoke with had one. Similarly, no pregnancy taboos were mentioned by my informants. Lumholz and Merrill mention amulets and necklaces of coral bean (*Erythrina falbelliformis*) used to protect babies and pregnant women (Lumholz 1902, Merrill 1988:138). I did not notice this, but upon careful observation one notices that Raramuri women frequently have safety pins attached to their blouses or sweaters. The pins do not appear to be holding anything together. Sometimes they even hang off the beaded necklaces worn by women. I was told that these "*seguros*" are to protect the person wearing them from witchcraft and sorcery. Interestingly, they were not worn by all pregnant women. Fear of witchcraft is prevalent but not limited to worry over the safety of the unborn child or pregnant mother as everyone in the society is perceived to be vulnerable.
There are no food prohibitions during pregnancy. When I asked this question, most women seemed surprised and said, no, food was not restricted because you should eat what you can since sometimes there is not enough food. On the other hand, women acknowledged that it was not good to eat too much, because it would be harder to deliver a large baby. Thus it is acknowledged that while one should eat enough to properly nourish both mother and child, excessive eating and laziness are discouraged.

_Tesguino_ is allowed during pregnancy, and women attend _tesguinadas_ when pregnant as frequently as they do when not pregnant. However, it is understood that pregnant women cannot drink very much, because they get full easily. I noticed that pregnant women were given _huejas_ upon their arrival at a _tesguinada_, and then after being served two or three times, they were left alone and not pressured to drink. Women told me _tesguino_ was good to drink during pregnancy, but that they could not drink much. The benefits of drinking and attending the ceremonial and social events were enjoyed but I never saw a pregnant woman drink enough _tesguino_ to get drunk. Overall, a pregnant woman’s average intake of _tesguino_ in the valley where I lived was at the very most three _huejas_ every two weeks. This is the equivalent of having at most half a beer a week, or one beer every two weeks. More common was perhaps one or two _huejas_ a month.
Basically a pregnant Tarahumara woman acts just as she would as if she were not pregnant. The only restriction on behavior mentioned by women was that they should not lift heavy objects. Everyone told me this. However, there is a difference between not working at all and not lifting heavy objects. If a pregnant woman ate a lot and did not work hard, it was thought that her delivery would be difficult since the baby would grow too large to come out. Thus, the ideal for pregnant women is that they work, eat normally, and refrain from heavy lifting.

Women calculate their due dates by the season and the moon. Most women know that they are pregnant when they fail to menstruate. They count nine months from this time, noting the phase of the moon. If a woman notices her period did not come in July, she looks at the phase of the moon, counts ahead nine months to come up with a due date of that moon phase in April. Women do not worry about whether their babies are early or late. They feel that the baby will arrive when it is ready, when Onoruáme wants it to. It is hard to know if Rarámuri women are having premature or postmature babies, since many do not know the exact date of their last menstrual period (LMP). The newborns I saw seemed to be of correct gestational age, but their mothers did not remember the day of conception or LMP.
There are no prohibitions or special ceremonial practices associated with birth itself, other than the notion of giving birth alone or in the company of trusted relations. Strangers are not welcome at birth. Most people, upon hearing about my research topic, ask me if I attended Raramuri births. After living in the valley over a year and a half, I was invited to the births of two women in my household, but the births took place after my field work was over. In this case I was invited in my role of female relative only, and I was not surprised that more invitations were not offered, since it is highly unusual for a Raramuri woman to want an outsider with her when she delivers. Considering that the norm is for women to give birth either alone, with their husbands, or with their mothers or mothers-in-law, it is not at all unusual that I was not invited to more births. Access to birth is restricted worldwide, with the Raramuri being no exception (Jordan 1983:43).

One important ceremony held for infants is the *ripunaama*, or thread cutting ceremony. (See Figures 7 and 9 and Table 12). It was mentioned frequently by my informants, and is noted in the literature (Bennett & Zingg 1935: 234, Kennedy 1978; Lumholz 1902: 272; Merrill 1988:129; Mull & Mull 1985). In Basigochi this ceremony takes place when a boy baby is three months old, and at four months of age for a girl. Children are born with invisible threads running from the tops of their heads to the sky, connecting them to the world of the ancestors (*anayáware*). Everyone has these threads,
and they grow throughout one’s life. It is beneficial to cut or burn them shortly after birth
so that the individual will stay in this world and not be distracted by dreams and the
world of the ancestors. However, the threads continue to grow and are cut and burned
during curing ceremonies throughout life.

This ceremony for babies is held at sunrise, and usually only the close family
members attend, although neighbors are invited for tesguino after the ceremony takes
place. A small altar is constructed, consisting only of a hand-hewn wooden cross placed
in the patio of the home. The owiruame invites the mother of the baby to come to the
altar and then takes a dried corn cob or a smoking branch of juniper, and makes a cross in
the air over the baby’s head. This is done four times, once facing each direction, starting
in the east. The baby is also held by the owiruame and passed through the juniper smoke
in a circular motion above the smoking juniper branch. The owiruame then gives a short
nawesari and the ceremony is concluded. Sometimes an olla is placed by the cross, and
the owiruame opens it with a prayer to each direction, then gives tesguino to the parents
of the child. The child may also be touched with batari or even given some to drink. At
this point friends and neighbors begin to arrive, and the tesguino is enjoyed by all. In
Basigochi, fewer younger women were holding this ceremony for their babies. The
women in the oldest age group told me they held this ceremony for all of their children.
Table 12: Use of Owiríame and Ripunaama in Basigochi, N = 25

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripunaama only</td>
<td>7</td>
</tr>
<tr>
<td>Owiríame only</td>
<td>1</td>
</tr>
<tr>
<td>Both</td>
<td>12</td>
</tr>
<tr>
<td>Neither</td>
<td>5</td>
</tr>
</tbody>
</table>

The placenta is buried outside, as shortly after the birth as possible. In a couple of cases, when there was a stillborn, the placenta was buried in the house. There are no taboos associated with the placenta, nor any pattern to its burial. Usually the husband buries it, although in a few cases when a woman gave birth outside on her own, she told me she buried the placenta herself. In some cases all the placentas of children born to one mother were buried in one place, while in other cases a new spot was found for each placenta. Most women told me they did not know where the placentas were buried. Placentas of male and female children can be buried together. There is no special word for placenta, instead, it is referred to as gemá, which means blanket, meaning the baby’s blanket. These practices were the same in the city and the sierra.

After birth a few foods are restricted. Women told me they could not eat potatoes or nopalitos (prickly pear cactus pads) after delivery. Some women said it was good to wait a few days before eating beans. Also, one should wait at least a month to go to a tesguinada after giving birth. Women stay at home for three or four days after giving
birth, but there is no uniform number regarding days of seclusion, as in the forty day
*cuarentena* popular with *mestizas*. Indeed, only a few Raramuri women I spoke with
even knew of the *cuarentena*. The newborn is rinsed off after the birth, but women
themselves do not bathe until they have finished bleeding, which may be a week or two.
The purpose of staying home is to care for the baby and recuperate from the birth. Other
women in the household take on the bulk of the household chores, letting the parturient
woman rest and care for her newborn. Relatives and neighbors know about the birth but
tend to curtail visits until they see the woman resume her household chores.

I found no evidence of the humoral system at work among the Raramuri with
whom I worked and lived. The idea of hot/cold did not apply to their conceptualization
of health and illness. Women refrain from bathing after birth because the shock of
entering the water causes their blood to congeal inside of them, not because the water is
cold (they usually bathe in the arroyos). Don Burgess and his wife observed that in their
area Raramuri women did not give their babies colostrum, which is the first milk a
woman has. Upon questioning the women they discovered that women were reluctant
to give the first milk to the baby, because they believed it would coagulate in the baby's
stomach. Further discussion revealed that women had observed and used the first milk of
a goat to coagulate milk to make cheese. Because of this, they believed mother's first
milk would similarly make the contents of the baby's stomach coagulate. (Burgess 1998 a & b). In the area I worked women did give colostrum to the baby, beginning to nurse their babies soon after birth. However, people were not in the habit of milking goats or drinking milk, and did not make cheese.

My point here is that the notion of liquids coagulating inside the body is the way Rarámuri think. This idea is primary in their minds, not whether or not something is hot or cold. When animals are butchered for ceremonial use, the blood is drained and left to congeal. The coagulated blood is heated slowly and eaten. Perhaps observing animal blood coagulate has led Rarámuri to believe their own blood coagulates as well. Women believe that infertility is caused by congealed blood inside of them, as is abdominal pain and pain during sex. Interestingly, the idea of empacho, a Mexican folk illness, was one of the few mestizo illness concepts accepted by Rarámuri. It has to do with food congealing inside of people's stomachs, causing digestive problems and even death.

3.1 Role of the Owirúame

Most women I knew in Basigochi notified an owirúame of their pregnancies, as seen in Figures 7 and 9 and Table 12. They said they do this so that the curer will look after their babies during pregnancy and make sure the delivery is fine. Women told me that if there was a problem the owirúame would know about it and inform her. If a
sukurúame (sorcerer) had bad intentions toward a mother or her unborn child, the
owirúame will know. The owirúame prevents problems through his dreams, and can tell
a woman what precautions she needs to take, such as using certain herbs, or giving birth
in a certain location, if he sees any problems developing.

I spoke with one owirúame in Cerocahui who had taken a training course in
midwifery sponsored by the Mexican Social Security System (IMSS). He said that
because of this he attended deliveries, and was called if there was a problem. As far as I
know, he is the only owirúame to have taken this course. He showed me his license,
which had been expired for ten years at the time he showed it to me. The mestizo
midwife in this area said she had only called him once in five years. Another owirúame
who worked in the area where I lived said he helps women at birth by dreaming, but that
he only does so if the woman comes to him during her pregnancy. He said he only helps
people who ask for his help, he does not force his services on anyone. He said that he did
not attend births, since most women went to the clinic if there was a problem. He clearly
does not see attending births as a part of his job of curing.

In the area where I worked, owirúames care for pregnant women, but do not
prescribe herbs or hold ceremonies to cure pregnancy. They are consulted by pregnant
women as a precaution against harm at birth via their role of curing through dreams, but
they are not consulted on a regular basis. Generally a woman notifies the owirúame when she first discovers she is pregnant. Either she makes a special trip to his house, or more commonly tells him during a ceremony they both attend. If her pregnancy and birth proceed without problems, the next time she consults the owirúame is to arrange for a curing ceremony for her newborn. The work of caring for pregnant woman is a part of the owirúame's role as curer, but duties typically associated with midwives, such as prenatal care including massage, gynecological exams, and attending births are clearly not a part of their job. Thus, no specialized role of birth attendant exists in Rarámuri culture.

4. How Women Learn About Birth

Women I spoke with learned what to do during birth in two ways, by observing and talking about birth. They may have accompanied or assisted their mother when she gave birth. This was more typical when women gave birth in the monte, as the laboring woman frequently had one of her children come with her. Women giving birth at home told me they chased the children out of the house, but in this case young girls are acutely aware of what takes place when their mothers deliver. In this way, girls observe the behavior of their mothers and then imitate it when their time comes.
Women also learn about birth in conversation with female relatives, or at *tesguinadas*. Many women told me that they heard what to do from older sisters who had given birth before they did. During her first pregnancy a woman’s sister might tell her what to expect and what to do when the baby comes. Other women told me that their mothers told them what to do. Directions received are simple, such as “my mother told me to cut the cord with scissors and to wrap the baby in a clean cloth,” or “my mother told me to drink warm water and how to cut the cord.” Infrequently, women talk about birth in natural conversation at *tesguinadas*. I noticed that this usually happens when there is a pregnant woman in attendance or when a woman has just given birth. I observed and participated in these conversations, and specifics were not discussed, only basic knowledge about birth.

In one case, a heated argument arose between two women, which then generated a passionate discussion about length and duration of pregnancy. In this case, a young woman had recently married, become pregnant, and was soon due to give birth. She was not present at the moment, and there was some controversy over who the father of the baby might be, since the woman became pregnant almost at the same time she got together with her husband, Antonio. One of the woman challenged the mother of Antonio, noting that most likely he was not the father, since the pregnancy had
progressed so quickly. This young woman had spent time in Sinaloa working, was from another rancho, and was not well liked in the community (she was the same one who did not invite her mother in law to the ripunaama, mentioned in section one of this chapter).

The woman challenging the husband’s mother said the woman probably got pregnant with a mestizo in Sinaloa, and got married quickly to hide this fact. The other insinuation was that Antonio was infertile, and therefore he could not have impregnated this young woman. Thus two accusations were leveled against Antonio’s mother - first that her son was infertile (he had been married twice before but still had no children), and second that the daughter in law was a “loose” woman. The woman defended herself by mentioning how long pregnancy was. She argued that her son had to be the father of the baby because of the timing. The subject of length of pregnancy was hotly debated, with most of the women joining in to voice an opinion. Most women said a pregnancy lasts nine or ten months, and they talked about how to count from when the woman’s period stopped. The woman making the accusations insisted that she had heard of a pregnancy that lasted fourteen months, and she said this was the case in this situation. Nobody wanted to believe her, but Antonio’s possible infertile status and the questionable reputation of the pregnant woman had to be acknowledged in some way. There was no resolution at that time, other than the women generally agreeing that no one could be pregnant for fourteen
months. They did agree however, that women could be pregnant for ten months. Therefore, the question remained open, because if pregnancy lasted nine months, Antonio was certainly the father, but if it lasted ten months the accusations of infertility on the man’s part and sexual promiscuity on the pregnant woman’s part would both be confirmed. When the young woman gave birth exactly nine months after she got together with the man, skepticism about the child’s true parentage remained, most likely due to the young mother’s behavior. This young woman was aloof, arrogant and not well liked in the community. It was not until the young woman in question got pregnant for the second time with Antonio, that his infertility and her faithfulness were reluctantly acknowledged.

This case exemplifies the fact that most public conversations regarding pregnancy and birth are forums in which women debate the questionable behavior of community members, emphasizing and affirming moral norms. There is quite a bit of conjecture about tesquinada babies, passionate talk about the horrors of clinic and hospital births, and virtually nothing mentioned about married women giving birth at home without problems. Again, birth is unmarked, and only becomes visible when it is associated with deviations from community moral norms. For example, there was quite a bit of talk about a sixteen year old woman from a neighboring rancho who married a mestizo, but
the unusual situation here was that the mestizo chose to live in the rancho with his wife’s family. He spoke Raramuri and farmed the family’s fields, as well as maintaining property in town and participating in ejidal politics. Although the women were shocked that this young woman chose a chabochi, they also commented on how it was better that he lived in the rancho, because then she could have a man at home as well as access to the economic opportunities he could bring.

This, in the birth talk among Raramuri women, normative behaviors are rarely mentioned. Things only become worthy of talk when they deviate from expected behavior. Indeed, talk among women at tesguinadas is used as one of the ways to voice and resolve social tensions. In this way, women learn what is expected by what is not said. Women’s gossip at social gatherings is an effective method of education and social control, since women do not want to be the subject of this gossip. Raramuri women generally do not learn what to do during pregnancy at birth through discursive methods, instead acquiring knowledge about birth through observing women in the community, especially their mothers, sisters and aunts. Birth stories are exchanged regularly, but the stories are emblematic of what not to do. In this manner, young women learn how to avoid being shamed. They find out the public humiliation suffered when one becomes the object of gossip by engaging in behavior which is socioculturally unacceptable.
What one does at birth is frequently learned by doing it the first time. Many women said they just did what seemed right, when I asked them about what position they gave birth in, or how they knew when to cut the cord. Young women pregnant for the first time are told a few necessary things, such as what to use to cut the cord, but as women mature they discover how to give birth by doing it themselves a number of times, as well as by assisting their mothers or daughters. The first birth is a proving ground, where women meet themselves and surrender to the physiological process. They have been prepared to trust their bodies by a cultural upbringing that emphasizes birth as a bodily function which all women are capable of performing without specialized assistance and technology. They give birth in a context made secure by the presence of their most trusted relatives and by the familiar surroundings of their homes, or in the past, by the privacy of the monte.

Men also know quite a bit about birth, with their knowledge acquired from parents and wives. Some men boasted that they knew how to help their wives in labor, telling me how they provided warm water, cut cords, and buried placentas. A few men told me it was their fathers who had explained how to help their wives at birth with them. Other men said they learned from their wives. Although young boys and girls tend to play separately, knowledge about birth is common in children of both sexes. I attended a
few sessions of the sixth grade in Basigochi, talking about birth and eliciting drawings from the children. The children were between twelve and sixteen were all aware of sex and birth. This is not unusual, since many Raramuri marry shortly after completing sixth grade. When I asked them how they had learned about birth, they said from their parents as well as older sisters and brothers. Their drawings suggested that the women they knew gave birth at home or in the clinics.

I believe information on these subjects is shared freely within households. I had several opportunities to spend time overnight with a few different families during my fieldwork, as well as participating in the daily life of one extended family. There is a sweet quiet time after dark when all members of the household are in bed, but not yet asleep. Usually all family members sleep close together in the same room, engaging in conversations before they fall asleep and upon waking. It is during these intimate moments that dreams are shared, personal concerns are voiced, and children may ask about sex, birth, violence, illness or things they may be afraid of. This is the time when female family members share their experiences with birth. These private moments are not usually witnessed by outsiders, and I felt privileged to be included. These experiences provided insight on the intimacy that exists among Rarámuri family members.
One of the topics I was interested in was fear, as in the United States, and perhaps all industrialized cultures, fear seems to be a normal part of the birth experience. Rarámuri women did not understand my question. When I asked if they were afraid at birth, they did not know what I was asking or how to respond. A typical response was “afraid of what?” If I responded by asking if they were afraid of dying or afraid of something bad happening to their babies, again they would ask “why?” It was one of those exasperating moments when you realize how far apart you are from the people you are “studying,” in spite of the fact you have lived and worked with them for months and even years.

Rarámuri women do not fear pregnancy and birth. There is not a fear of death for either themselves or their babies. Certainly they suffer and feel great sadness when a baby dies. And it is a terrible tragedy when a mother dies during labor or at birth. But Onoruame and sukuriame are thought to be responsible for these occurrences. Individual agency is not abdicated, but interpreted in a different manner than in the United States. Thus, a pregnant Rarámuri woman does not say her baby died at birth because she did not eat enough, or should have visited the clinic. Instead, she says, “the baby was born bad.” Ideas about death, including details on infant and maternal mortality are discussed in the next chapter.
NOTES FOR CHAPTER VI

1 During their review of records at the Jesuit clinic in Creel, Dennis and Dorothy Mull noted a lower than normal incidence of cleft palate among Raramuri. This, couple with other information, let them to surmise that infanticide was being practiced among the Tarahumara. I found no evidence of infanticide during my research.

2 Here I count the clinic labors as well as the births of the women in my household.

3 One common cause of infant death is neonatal tetanus, often due to unsanitary methods of treating the umbilical cord. Women who gave birth in clinics received a tetanus immunization as did the infants. There is no data available on incidence or prevalence of neonatal tetanus among the Rarámuri. Lumholz mentions that the owirúame cures the umbilical cord at the ripunaama ceremony (Lumholz 1902:272).

4 The hospital in Guachochi served the communities where I resided and worked.

5 I only mention this because it affects statistics. Birth statistics for Rarámuri women residing in Municipio Guachochi were impossible to ascertain, primarily because of this situation. Medical and political districts overlap and women move between them frequently. Thus Rarámuri living in Mpo. Guachochi delivered in Mpo. Bocoyna, Chihuahua City and even other states if they gave birth while away working.

6 In an interview with the Director of Health Services in Chihuahua City, I was told that clinics in the Sierra were staffed by a physician, a nurse, and several assistants. During my stay in the Sierra, I only saw nurses in private hospitals. In public health clinics the assistants were usually mestiza women who had been trained by their employers (IMSS holds regular training sessions for their employees), whom I call auxiliaries. Their experience varied from three to twenty years.

7 A private hospital financed and operated by Christian missionaries opened in Samachique the second year I was in the Sierra. Although ostensibly providing “free” services, pressure to attend Christian church services was exerted in exchange for health care provided. One day a bright blue bus with a loudspeaker announcing that medicines and a physician were aboard drove through the valley, crushing cornfields in its path.
Most people looked at it curiously and went on with their work. I approached the bus after it stopped at the school, and found a few curious Raramuri watching with interest as an American man examined a young child. I was told by this physician that if anyone in the community wanted medicines they could attend church and receive medicines for free after the service.

Although one of the physicians invited me to assist at births, I was not offered any place to reside. Births only happened once or twice a month, thus the only way to really attend a birth was to come in with a laboring woman or be there when a laboring woman came in.

This is a metal fetal stethoscope which looks like a horn. It is used by midwives in the US and in Europe, but its use was discontinued in US hospitals years ago. It is quite effective, but in the US was outmoded with the introduction of fetoscopes and electronic fetal monitoring systems. There were no fetal monitors in any of the clinics I visited in the Sierra, with the use of the Pinard to obtain fetal heart tones standard.

A primipara is a woman who is laboring and giving birth for the first time.

It is widely accepted knowledge that women exposed to disrupting influences during their labors may have longer more protracted labors than women left to labor without interruption.

*Seguro* in Spanish not only translates as safety pin, but also refers to safety and security. It is also the word for insurance.

Frequency of *tesguinadas*, size of *huejas* (drinking gourds), and alcoholic content of *batari* vary greatly, but pregnant Raramuri women do not drink much alcohol at all, and are certainly not alcoholics.

The Raramuri believe that all of a person's body parts, including hair and fingernails, must go with the person to the afterworld when they die. The practice of burying the placentas of stillborn babies in the house is related to this belief.
Colostrum is higher in protein and lower in fat than regular milk. It nourishes the baby, but does not provide a sensation of being “full,” thus stimulating the baby to nurse more. It acts as a diuretic to clear the baby’s intestines of meconium, a sticky black substance coating the intestinal lining. The protein contained in colostrum and mother’s milk is used to develop the baby’s immune system and brain.

Jessen (1996:69) calls these men “indianized mestizos.” There were not many in the area where I worked but they did exist.
CHAPTER VII: DEATH AND BIRTH

Maria’s Story

Maria had three children and was expecting her fourth in the summer of 2001. She lived in La Laja with her husband Santiago, but they also farmed fields given to her by her parents, in the rancheria of Ricubichi. It was about a three hour walk between these two places, and the family had homes in each, since they spent equal amounts of time in both ranchos. La Laja was adjacent to the highway, and thus closer to the clinic than Ricubichi, which was approximately four hours walk away from the nearest road.

Maria visited the clinic during her pregnancy several times, at first because her husband wanted her to, and subsequently because the auxiliaries were worried about her blood pressure (BP), which was running high. Because of this worry, they convinced her and her husband that she should wait for labor to begin in the clinic’s albergue, a small building adjacent to the clinic with two rooms, a kitchenette, and bathroom facilities. Convalescing Raramuri stay here when they are still too weak to return to their ranchos, but well enough not to be hospitalized. Maria and her husband Santiago agreed, and stayed in town for two weeks in early July when Maria was due. But as the days passed and she did not go into labor, Maria and her husband became anxious. They had left their three children with Maria’s parents, and nobody was tending their fields. It was a rainy summer, meaning the cornfields needed frequent weeding so that the weeds would not choke out the nascent corn. Santiago left several times for a day or two during this period to tend the rancho in La Laja, but nobody was taking care of their crops in Ricubichi.

They also missed their children and grew tired of staying in town, where they had nothing
summer, meaning the cornfields needed frequent weeding so that the weeds would not
choke out the nascent corn. Santiago left several times for a day or two during this period
to tend the rancho in La Laja, but nobody was taking care of their crops in Ricubichi.
They also missed their children and grew tired of staying in town, where they had nothing
to do but wait. Maria had her BP checked several times during this two week period, and
it was normal each time. Finally, one morning at dawn, she and her husband left the
albergue without telling the auxiliaries. The auxiliaries were upset that she returned to
her rancho, but then again, they understood that Maria and her husband were more
comfortable in the rancho than in town, and besides, her BP was normal and Maria had
no other risk factors other than the usual ones of being Raramuri and a multipara\(^1\). What
could they do?

Maria and Santiago stopped in at La Laja to check on their animals and corn, and
then proceeded on to Ricubichi, where their children were. They were happy to be home,
and even more so to receive invitations to drink batari at the home of one of Santiago’s
brothers. Unfortunately, during the tesguinada, tragedy struck in the form of a lightning
bolt, which landed in the center of the patio, killing one man and knocking over several
others. Maria was close to where the lightning bolt hit, and she received a burn on the
right side of her body. During this season afternoon storms are a daily occurrence, and
lightning bolts are common. People scurry about their afternoon chores with an anxious
look towards the sky. When it rains heavily people huddle inside their houses or under
rock overhangs, and children are scolded to come in so they will not be hit by lightning.
Yet this particular lightning strike was unusual, in that it killed one man and injured
several others. There was much talk about witchcraft, because powerful *sukuruame*
(sorcerers) are said to be able to control lightning. In this case, the man who died was
thought to be having sexual relations with a woman in another nearby *rancho*. People
said his wife had gone to a *sukuruame*, who had contrived to kill the man by sending the
lightning bolt.

There was a death *fiesta* for the man killed by lightning, but it took place quietly,
because most people were wary of lightning or afraid of *sukuruame*. In quiet
conversations, people wondered why *Onoruame* had sent such powerful storms. The
storms increased in intensity, flooding fields and causing streams to run dangerously fast.
Rarámuri who had waited anxiously through a dry spring, wondering if their corn would
sprout, now watched it turn yellow under the grey skies and torrents of rain. People were
tense.

One day, about a week after the ill fated *tesguinada*, a Rarámuri man came to my
house asking me to come to help a woman in labor. Maria had gone into labor in
Ricubichi that morning, but by late afternoon she was “very sick” and the baby had still not arrived. They knew that I had something to do with the clinics, or medicines, and wanted me to come over to a nearby rancho to wait for Maria, who was being brought up the trail in a wheelbarrow. If I was there with my truck they thought we could get her to the clinic faster. I agreed and set off to the rancho with a young Mexican student, Estela, who was visiting me that week to learn more about the Raramuri in preparation for her fieldwork. An excerpt from my fieldnotes continues the story:

6pm. Everyone said it would take 2 hours to get from Ricubichi to Basigochito, and I was notified at 5pm, so we were thinking that sometime soon they would come. I worried about my ability to help, wondering what I could really do here on the trail if labor was protracted. And would I know what was wrong and how to help? I was thinking of the woman in labor, who was now being wheeled up the trail in the rain, because she could not walk.

8pm. It got real cold. Colder and colder and colder. We put on one layer of coats, then another, then another. Then we got in the truck to stay warm, then we shut the doors of the truck. It was amazing how fast it got cold, too cold for July. Heavy fog rolled in down canyon where the trail toward Ricubichi was, and where we kept looking for any sign of people coming. Nothing, nobody. Now and then Estela or I said something about the cold, but mostly we just waited in silence. It was growing dark.

8:15pm, cold and grey, damp with fog roiling in over the canyon, thick and grey and ominous looking. We shivered. I decided that the best I could do when the woman arrived was to get her vital signs, listen to the heart tones and check her dilation, and then decide from there. I got my BP cuff, a glove, and the doptone (fetal heart monitor) ready so I could check vitals fast - because of the cold and the oncoming dark. All of a sudden a younger man comes out of the fog telling us that they will be
here soon. "How are they carrying the woman I ask?" "En lomo, como muerto, casi es muerto, yo no se". (On their backs like dead are carried, she is almost dead, I don’t know). This really concerned me and put me in a whole other mind set. It is way more serious than I thought, out of my control. “Can the woman talk?” I am trying to find out if she is conscious. “No, no habla,” (no, no she doesn’t speak) and she’s choking, basquiando, kind of spitting up, vomiting. We wait silently another 15 or 20 minutes or so and he says, “There they are.”

Out of the darkness, materializing out of the fog, Santiago appears. I don’t even recognize him because of the tortured expression on his face, and upon seeing me he says, “Ya se pasó.” (She already passed.) I am not sure what he means, thinking they already passed by us in the dark, so I say “Donde?” (where), and he motions over to a group of people who are walking: 3 women and 5 men. They have tied blankets on a pole and Maria is in the blankets. “Ya se pasó.” They say it again, “Just now, just a few minutes ago.” They bring her up to where I am standing, Estela is in the truck, and I finally understand that it means Maria just died, just barely before they arrived, and Antonio tells me two times how she choked, how she was vomiting, and then she choked, and then she passed, and this just happened. I ask if I can check her, and they stand around, “ayena, ayena,” looking at each other, and I reach in to find her arm, a wrist, unwrapping the blanket tentatively, not sure what I should or should not do. But if she is dead, she is dead, and I find her arm. It is warm. I feel her wrist; no pulse, but her body is warm. I am disturbed by the contrast between the cold night and the warm body. What to do? I stand up and everyone looks at me. Someone says again, “it just happened.” I have this terrible thought: what if the baby is still alive? I ask if I can listen to the baby’s heartbeat to see if the baby is still alive, and they all give me permission, all her relatives, nodding their heads and standing solemnly around the blanket and the pole, looking at me, and watching my every move. Maria’s head is covered, and Santiago, the father, desesperado (desperate) just wringing his hands literally and so grief stricken he can barely comprehend the situation. The others are calmer, silent, wary. I get the doptone, turn it on, and search for the heart tones, with everyone continuing to watch me intently. But no familiar rhythm comes, the doptone is silent, and part of me is glad, because, what would I do if the
baby was alive? I don’t think I have the guts to cut the baby out. It was so sad and intense, but I don’t get any heart tones. So tragic to feel her warm belly, and think of the hearts that just stopped beating. I cover Maria’s belly back up, and I tell the relatives that the baby has also died. This seems to be a relief to them, her aunts and brothers and sisters and husband. “Ayena,” they say. Her brother continues, “Yes, we know, that is probably why she died. She was hit by lightning and the lightning probably killed the baby and that’s why she died, that’s why the baby wouldn’t come. A week ago when the man was killed by lightning, she too was right by him, so we think that the lightning also did her some damage.” The words spill out into the cold bleak night.

Maria was buried the next day, without ceremony. A handful of family members gathered to perform the rituals associated with death. In this case the preparations for burial were attenuated, since no one had stayed with her during the night. Women bathed Maria at sunrise, peeking and then wincing at the bruised and burned skin on her right leg, abdomen and neck. Her hands were joined together and a small wooden cross placed in them. The men built a simple coffin, and when they had placed Maria’s body inside it, the small group stood quietly around while one of the sontasi (soldiers) gave a nawesari (public speech), admonishing Maria to stay away from her relatives and leave her husband and children in peace. After this brief ceremony or velación, the body was taken to the graveyard, where other male relatives had already dug the grave. Only men are allowed to participate in burials, and in this case, her husband was so distraught he
did not attend, instead returning to La Laja with his children as soon as the *nawesari* was completed.

Maria’s death was attributed to the lightning bolt. Her husband wandered around grief stricken for a few days in a state of shock. When you looked into his eyes it was as if he did not hear or see you. He weeded his fields and attended *tesguinadas*, but clearly he was in an altered state. The children returned to Ricubichi to stay with Maria’s mother. There was some conjecture about how close Maria had been to the man who died, and whether or not the lightning bolt had really killed her. At the *velación*, some of the women had moved Maria’s clothing to see if her body had really been burned. There was a purple bruise on the right side of her neck and shoulder, and a dark patch on her leg. General consensus was that the lightning bolt had killed the baby, which is why it would not come out, and this was why Maria died.

Notably, Maria’s death was not recorded in any clinic records. The auxiliaries at the clinic had heard about Maria’s death, and I queried them as to whether or not they thought she had died from eclampsia. This was my best assessment, since it appeared she had mini seizures before her death. The auxiliaries really did not know, since Maria’s BP had been normal in the last weeks of her pregnancy, during her stay at the clinic.

Eclampsia is associated with abnormally high blood pressure at the end of pregnancy,
which causes seizures that often kill both mother and child if left untreated. Normal
treatment is bed rest and medication. Maria had not received this treatment regimen,
since her BP had been normal for those two weeks she was at the clinic, and nobody
knows what her BP was once she left for Ricubichi. One auxiliary voiced the opinion
that she would not have died if she would have only stayed at the clinic where they could
have monitored her. I mentioned the *tesguinada* and the lightning bolt, and one of the
auxiliaries, upon hearing this, looked at me and stated gravely, “Well, yes, then I believe
the lightning killed her. Who knows, it could be true.”

1. Raramuri Ideas About Death and Birth

Raramuri women I spoke with did not fear birth. They regarded it as a natural
body process, fraught with the same kind of risk and uncertainty that any other physical
condition might be. Pregnancy is not considered to be an illness, and although people
recognize that babies die, and less frequently, women themselves; death during
pregnancy or birth is not particularly feared. Raramuri do not speak of death directly.
Instead they say that a person’s life “went out,” or “stopped.” The verb *suwimea* means
to go out or stop, and is used in reference to one’s life, as well as to other things, like
money or clothing (Brambila 1976:543). Another word, *mukumea*, is also used, but when
Raramuri in Basigochi translated either word they used the Spanish *acabar*, which means
to stop. The sense is that one’s souls go out of the body, and when they go out, the life in the body stops. Souls come and go from one’s body in life, usually when sick or drunk (Merrill 1988:88), but when they go out and cannot be coerced to return (usually by an owiríame), then the person dies. Death, of course, comes from illness, but can also come from shock or fright, thus the idea that one can be killed by a lightning bolt incorporates not only the physical danger of electrocution, but the danger of being so frightened that one’s souls cannot be retrieved. This idea of fright or shock chasing and scaring the souls out of the body is similar to the Mexican notion of susto, but Ráramuri do not use this term.

Ráramuri do not fear death. Instead, because it is something they come into contact with frequently in life, they understand it as an inevitable part of life and sometimes it is even desired (Merrill 1988:160). They experience sadness and grief from the loss of a loved one, but their expression of these emotions is different than western practice, in that they believe it is not healthy to remain sad for long periods of time. They try not to dwell on the strong negative feelings they have, so as not to draw sickness to themselves, or make the dead person feel bad. Thus, death fiestas warrant drinking, jokes, dancing, and demonstration of happiness just as any other occasion would. The dead are said to be lonely and want to return to the living. For this reason it is the
responsibility of the living to make sure the dead do not return. This is accomplished by death fiestas, which are held three times for a man and four for a woman. During these fiestas people talk to the dead, an altar is made with the dead person’s possessions, and food and tesguino are offered. Usually the home where the dead person lived is abandoned or destroyed, so the dead person will not return. In Basigochi homes were moved, abandoned, or reconstructed when a loved one died (excluding babies and children). The fiestas have the purpose of reassuring the dead that their relatives are happy, and also that the dead should leave them alone. Sadness may cause a dead person to return, since the dead will want to return to comfort their loved ones. Thus Raramuri valiantly attempt to overcome their grief and enjoy life.

There are many ideas about where the dead go and their relationship with the living. Dead can turn into animals and ghosts if the fiestas are not carried out properly. They can also be kidnapped by the Devil, or by sorcerers. The living, therefore, try to make sure to do nothing to attract the dead once they are gone. This means that one does not speak about the dead too much, nor associate with the dead’s belongings. Additionally, one should not visit burial caves or disturb human bones if found. Several anthropologists have investigated death practices of the Raramuri, and the reader is referred to their ethnographies for further details, as funerary practices in Basigochi were

Fear of witchcraft was pervasive among the Raramuri with whom I lived and worked. Fear of death involves known circumstances, as one dies from illness, old age, or accident. In some cases these situations are avoidable (accidents,) while others are inevitable (old age). Death is interpreted as a reasonable outcome of certain behaviors (See Chapter Four, sections Four and Five). The cold wind in winter may make one ill, while working hard makes backs and arms ache. Witchcraft and sorcery are feared because they are unpredictable occurrences, effecting intended, as well as unintended, victims. Sukurúame strike in unexpected and unforeseen ways, reminding individuals of the latent danger and uncertain quality of life. One may venture out in the night and see a rustware (witch bird), thus adults hesitate to go out in the dark, and transmit their fears to their children. A lightning bolt kills one’s wife, a young man inexplicably sickens and dies (Merrill 1988: 121). Life is uncertain. Pregnancy and birth are no different.

Among the women of Basigochi, as well as those women I spoke with in Chihuahua City, there is little fear of dying from natural causes during pregnancy or birth. Instead, women fear witchcraft and contact or exposure to mestizo culture during these vulnerable moments. Typically, a pregnant Tarahumara woman will protect herself
against witchcraft by only interacting with known individuals she trusts are not sorcerers, or who do not harbor ill will toward her. She also makes sure her behavior conforms with moral norms so as not to incite jealousy or wrath, which may lead to someone sending a *sukurúame* after her. She may further ensure the safety of her child and herself by letting the *owirúame* know of her condition, thus soliciting his power and protection against potential *sukurúame*.

Following Pastron, who argued that increased witchcraft accusations are linked with acculturation (Chapter Four, section five), I assert that fear of witchcraft among pregnant Tarahumara women escalates with increased contact and exposure to *mestizo* culture, especially in the arena of reproductive health care interactions. Women are encouraged to utilize western medical health services by *mestizos*, and indeed, admonished for not using these services more often upon arrival. However, the use of such facilities exposes the women to situations which generally increase their levels of stress, anxiety, and fear, as the clinic and hospital environments are unfamiliar and unknown. In these environments women are exposed to strangers and outsiders, as well as to patients from other communities, with whom they may have to share rooms. This exposure to strangers during moments of vulnerability is considered dangerous and a source of great risk. Tarahumara women often blame outsiders, who may either be
sorcerers or subject to manipulation by sorcerers, if and when things go wrong. In Samachique, Pastron notes that the outside (non-Raramuri) world was feared, and those who represented or associated with it were subject to witchcraft accusations (Pastron 1977:177). Similarly, Merrill observed that outsiders may be considered sorcerers (Merrill 1988:75). The attribution of risk and danger with the unknown or outsiders, as discussed in Chapter Four, is well established among Raramuri women. Outsiders associated with clinics and hospitals no exception.

A case in point is the young woman Blanca, mentioned in the previous chapter. She was extremely afraid of contact with outsiders, even shunning the kind of health care interaction that most women in Basigochi preferred, this being health consultations in the local school by a visiting health team. After her newborn died, I heard that the death had been blamed on me. During her pregnancy Blanca had asked me to take a photograph of her. Generally I only took photos when they were solicited, as in this case, and then I always gave people copies of their photos, which they appeared to enjoy immensely. At the time, Blanca and her husband seemed happy with their photographs. I heard nothing else about the matter until after Blanca’s baby was stillborn. A rumor circulated in the valley to the effect that I had caused the baby to die by taking a picture of Blanca when she was pregnant. Of course I felt awful, even though many assured me (and each other),
that having one's photo taken could not result in death of the individual or the unborn baby. This point was hotly debated. There was also some suspicion as to whether or not I was a *sukuriame*. To reduce such fears I made sure to eat lots of *kori* (chili), salted all my meat in public, and did not make any inquiries about sorcerers or witches. Even so, one day a man appeared at my door asking me if I was able to keep lightning from striking. I honestly and earnestly professed ignorance of the ability. My status as an outsider, and as a female who did not conform to Raramuri moral norms, was enough to make me a suspect. 5

This incident illustrates the tendency to associate unexpected trauma with outsiders or events associated with *mestizos*. Natural phenomena such as lightning, rainbows, or water holes are a consistent feature of Raramuri life and the danger inherent in them is addressed through strict adherence to a moral code which diminishes exposure to and contact with these dangers. Similarly, dangers inherent in social relations stem from unresolved tensions (primarily jealousy), and are less predictable and more difficult to control. Again, strict adherence to normative behavioral codes will preserve social harmony, thereby lessening the risk associated with sorcery. Yet unexpected disasters happen even when individuals abide by community norms. In these situations, blame is placed upon the most likely subject: outsiders and *sukuriame*, who do not conform to
moral norms. In Maria’s case, death was attributed to lightning and attributed to sexual jealousy and sorcery. When mestizos or other outsiders are involved, they arouse a different level of suspicion. Community members must determine whether the outsider is a sorcerer, or whether the sukurúame has been able to manipulate the unwitting outsider. Sukurúame are thought to have the capacity to transform into various creatures, as well as rob people’s souls, thereby controlling their behavior. Because, as an outsider, I frequently failed to abide by Raramuri cultural norms, I was vulnerable to having my souls stolen by a sukurúame, which is also the case for mestizos. Also, because I did not suffer undue hardship or illness as a result of my failure to abide by Raramuri moral norms, I was suspected of being a sorcerer myself. In the case of Blanca, the only risky behavior she had engaged in during her pregnancy was to have me take her picture. According to the Raramuri, it was reasonable to think that I caused the death, since either I had been manipulated by a sorcerer, or was one myself. Since neither Blanca nor her husband had engaged in any behavior that would arouse the attention of a Raramuri sukurúame, I became the object of suspicion.

In sum, Raramuri do not fear death itself, since it is a natural occurrence and cannot be predicted. Pregnant women do not see themselves as any more vulnerable to death than when they are not pregnant. Instead, pregnant women’s fears focus on
witchcraft and *sukurúame*. This is an important reason why a woman must demonstrate the ideal behaviors of thinking well and behaving well. By doing so, she will not draw attention to herself, or her condition, since it is aberrant behavior that may attract the attention of a potential sorcerer. She further protects herself by engaging an *owirúame* to watch over her pregnancy in his dreams. As noted earlier, the *owirúame* will be able to determine if a *sukurúame* intends the pregnant woman harm, and will be able to inform the woman of any precautionary measures she needs to take, or whether or not a curing ceremony is necessary.

However, these measures do not protect her from the dangers inherent in contact with *mestizo* health care providers, or other clinic patients, all of whom may be unknown outsiders carrying a very real threat of exposing her to danger. Fear of witchcraft is one reason women fear clinics and hospitals, and indeed, any kind of western medical care carries this threat, since it involves contact with *mestizos*. Women with more knowledge and exposure to *mestizos* have less fear of the clinics and hospitals, although they too make sure to protect themselves by accessing *owirúame* and participating in curing ceremonies. I discuss the relationship between sorcery, contact with *mestizo* culture, and Rarámuri reproductive health seeking behavior further in the next chapter.
2. Infant Mortality

The infant mortality rate (IMR) of the Rarámuri is widely acknowledged to be incredibly high. Even researchers with no interest in health issues have made reference to the high infant mortality (Champion 1962, Kennedy 1978:164, Merrill 1988:160, Slaney 1991:65). Reported rates of children dying ranged between 33%-80%7 over the last eighty years. See Table 13 and Figure 13 for summaries of the findings.

Table 13: Reported Infant Mortality Among Serrano Tarahumara, 1926-2001

<table>
<thead>
<tr>
<th>Year of study</th>
<th>Infant Mortality Rate</th>
<th>N =</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>80%</td>
<td>?a</td>
<td>Basauri: La Resistencia de los Tarahumaras</td>
</tr>
<tr>
<td>1952</td>
<td>67%</td>
<td>?a</td>
<td>Gadjusek: Pediatric medical studies (Champion)</td>
</tr>
<tr>
<td>1950's</td>
<td>80%</td>
<td>?a</td>
<td>Padre Verplancken: Personal communication 1996</td>
</tr>
<tr>
<td>1962</td>
<td>33%</td>
<td>26b</td>
<td>Champion: Field data</td>
</tr>
<tr>
<td>1962</td>
<td>40%</td>
<td>?a</td>
<td>Champion: Dept. of Asuntos Indígenas</td>
</tr>
<tr>
<td>1978</td>
<td>&gt;50%</td>
<td></td>
<td>Kennedy: Genealogies</td>
</tr>
<tr>
<td>1985</td>
<td>41%</td>
<td>35c</td>
<td>Mull &amp; Mull: Field data (*women over 40 only)</td>
</tr>
<tr>
<td>1991</td>
<td>50%</td>
<td>?a</td>
<td>Slaney: From local doctors</td>
</tr>
<tr>
<td>1995</td>
<td>79/1000</td>
<td>?a</td>
<td>CONAPO: Speakers of Tarahumara language</td>
</tr>
<tr>
<td>2000</td>
<td>19/1000</td>
<td>8</td>
<td>Miller: Estimated from INEGI Census (Guachochi)</td>
</tr>
<tr>
<td>2001</td>
<td>17/1000</td>
<td>43c</td>
<td>Miller: Field data</td>
</tr>
</tbody>
</table>

a. No sample size give in original source  b. Families  c. Women

Usually the explanation for the high infant mortality is that babies die from malnutrition, accidents (usually at tesguinadas), or because of the harsh living conditions
they are exposed to. To date no rigorous epidemiological study of infant mortality among the Tarahumara has been conducted, and the quality of existing data irregular, a condition which I now discuss.

The standard definition of reported infant mortality is "The quotient between the number of deaths among children under 1 year of age in a given year and the number of live births in that year, for a given country, territory, or geographic area" (PAHO Figure 13: Infant Mortality)

![Infant Mortality Among the Tarahumara](image_url)
None of the figures listed for the Tarahumara were computed in this manner, including my own. Most were taken from genealogies (some retrospective), span more than one year, and look at a bounded population group. For instance, my figures are a result of compiling reproductive histories of forty-three women, and span a period of the reproductive years of these women. Thus, this rate is only suggestive of infant mortality for the group of women I interviewed, and is not an annual rate. The Mulls arrived at their figure of 40.9% by determining the number of live births for fifteen women over forty (8.8 per woman), and dividing this by the number of children who died before age five (3.6 per woman) (Mull & Mull 1984:4). Hence, their figure similarly suggests infant mortality for this group of women over their entire reproductive lives, and includes children aged one to five (IMR usually only includes children who died between birth and 1 year of age). Kennedy computed his figure of 50% from genealogies he collected, and provides no numbers of women, families, births, or children who died. Champion’s field data was also gathered from genealogies, although he provides figures: noting that out of ninety-four children born in twenty-six families, only sixty-three survived. However, he makes no mention of what age the children died.

While infant mortality rates deduced from field genealogies collected by anthropologists necessarily involve smaller numbers, they are the most accurate and
comprehensive assessments available to date. They identify and situate actual cases of children of Raramuri mothers who died. However, they are limited in important ways. First, mortality data span a number of years, thus we still do not have an accurate annual infant mortality rate for the Raramuri. Second, given that all data is retrospective, and that Raramuri do not think of age in terms of months or years, infant mortality may be confused with child mortality. Since no distinction is made for children who died at or just after one year of age. Child mortality, or under five mortality, measures the number of children who died between birth and five years of age. In most of the genealogical data, the IMR and child mortality rate are confounded.

For the purposes of discussing the circumstances of infant mortality among the Raramuri, it is important to look at other features of the infant mortality rate. The IMR consists of all deaths of children who died in their first year, and includes neonatal, perinatal and postneonatal mortality rates. Perinatal mortality enumerates babies who die during pregnancy, labor, and at birth, and includes neonatal mortality. Neonatal mortality counts all babies born alive who die before twenty-eight days. Postneonatal mortality consists of the deaths of those infants who died between twenty-eight days and one year. None of these rates take account of stillborns, which by definition are babies who are born dead. The number of 17/1000 I present for IMR among the Raramuri includes
stillborn babies as those who died at birth. They may or may not have been born alive, but in any case, their mothers told me they died at birth. These deaths are usually categorized as perinatal mortality, however in my figures they are included in the neonatal mortality rate, as well as in the infant mortality rate, since there is no way to tell whether or not they were alive at birth and then died shortly after, or died during labor and were born dead. Most of the mothers simply stated they died at birth. I separate this category out because I think it is important to distinguish between a baby born dead, and one that lives a few days before dying, since the etiologies associated with these deaths may differ in important ways. For example, a baby born dead may have a congenital defect, while one dying at two or three days may die of infectious disease such as neonatal tetanus, birth trauma, or neglect, in addition to congenital defects. In any case, the figures reported for infant and child death among the Raramuri do not fit standard definitions. Further explanation of these statistics is given in health analysis definitions of the Pan American Health Organization:

In general terms, the infant mortality rate reported by the national health authority, including its neonatal and postneonatal components, is an averaged national estimate based on vital statistics registries and/or surveys. The methodology can vary from country to country and from period to period and is not primarily intended for comparisons (PAHO 2001).
It should be obvious that statistics for the Raramuri do not meet the PAHO standard.

Also of note is the fact that no data on Raramuri infant mortality is available from the national health authorities. It is also worth noting that field data based on genealogies generally provides figures much lower than data estimated from existing population and health statistics, which is how such figures are computed.

Why aren't infant mortality rates for the Raramuri calculated annually from health records kept by the Mexican government? Two reasons stand out. First, ethnicity is not recorded in any Mexican health statistics. Thus, no records of any health statistics for the Raramuri exist. All available figures are estimates based on percentage of language speakers over five years of age reported, which is a questionable and imprecise measure of ethnicity. I calculated the IMR this way for the county of Guachochi with a resulting figure of nineteen deaths per thousand births (Table 13), which is much lower than the other estimates. However, this calculation is problematic since there is no accurate population data available for the Raramuri, thus no way to determine how many Raramuri women get pregnant or give birth. Of equal concern is the fact that it only takes into account Raramuri who access health care services.

Second, under reporting is a very real hindrance when attempting to calculate health statistics representative of the population. Any calculated rates will be faulty
because Tarahumara do not always interface with the Mexican health care system. It is not uncommon for stillborn babies to be buried soon after their birth. These babies will never be included in any statistical report, nor will the infant who died at eight months due to an illness for which the parents did not seek out western medical services.\(^9\) Thus, even if estimates are calculated from existing health service data, it is probable they are inaccurate due to underreporting. This explains why my figure of nineteen per thousand is much lower than other estimates based on case histories. However, 190/100,000 is still a high infant mortality rate, as evident in Table 14.

Table 14: Selected Infant, Neonatal and Child Mortality Rates

<table>
<thead>
<tr>
<th>Place/Source/Year</th>
<th>IMR(^a)</th>
<th>Neonatal(^a)</th>
<th>Postneonatal(^a)</th>
<th>Perinatal(^a)</th>
<th>Under 5(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rarámuri/Miller/2001</td>
<td>17.4</td>
<td>11</td>
<td>6.4</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>2 Tarahumara/PAHO 1995</td>
<td>79</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4 Mexico/Indigenous 1995/PAHO</td>
<td>54</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5 Central America/1995-2000/Castillo-Salgado</td>
<td>35(^b)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>6 Latin America/2000 Castillo-Salgado</td>
<td>20(^b)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>7 US/NCHS/1999</td>
<td>7</td>
<td>4.7</td>
<td>2.3</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8 US/Mexican 1999/CDC: Mathews</td>
<td>5.5</td>
<td>3.7</td>
<td>1.8</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>9 US/American Indians 1999/CDC: Mathews</td>
<td>9.3</td>
<td>5</td>
<td>4.3</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

a: reported here per 1000 live births  \(b\): listed as median for years 1995-2000
Infant mortality is one of the primary health indicators used worldwide to assess the health status of a particular region or population, with low infant mortality reflecting higher health status, often translated into more services and money allocated per capita. Conversely, high rates of infant mortality are indicative of regions with lower health status, frequently meaning people have little or no access to health services, or else the health services are inadequate in terms of staff or resources such as medical technology or medicines provided. High infant mortality rates in the US are associated with congenital anomalies, low birthweight and premature birth (Mathews et al 2002). Infant mortality is also used as an index to prove the “success” of a particular birth practice, such as home birth, cesarean birth, or unassisted birth. High infant and maternal mortality rates are almost always explained directly by unassisted birth (Family Care International 2002), or indirectly through assumption that lack of prenatal care includes lack of skilled care at birth (Mathews et al 2002).

What else contributes to infant mortality? Infant and maternal mortality rates index far more than medical services. They also reflect nutritional status (including malnutrition and anemia), and low birth weight, which may be influenced by maternal stress, infectious disease, or congenital defects. There is a direct link between health status of the mother and health status of the infant, whereby sick and undernourished
mothers produce sick and undernourished babies (Dettwyler 1994). The IMR is related not only to biological conditions, but also to social, political, and cultural factors, including poverty, racism, and gender inequities. In Peru, for example, it was found that the IMR decreased substantially as access to drinking water increased (Castillo-Salgado, Loyola & Roca 2001). However, the use of aggregate data as health indicators, such as the infant mortality figures reported in Table 14 (except my data), neglects these important inter-ethnic and regional differences. This is why it is especially important to collect good data on minority groups, such as the Raramuri, since the specific context which gives meaning to the numbers may be overlooked without case studies or ethnographic detail.

While high infant mortality rates have been consistently reported for the Rarámuri, almost all reports are based upon either small and statistically unrepresentative samples. Based upon my field experience and reproductive history data, I believe the Rarámuri do have a high infant mortality rate, but not nearly as high has been reported. The reason this is important is because grossly inflated numbers make it appear as if the Rarámuri culture, specifically the practice of kin assisted and solitary birth, is primarily at fault. Yet the Rarámuri live in conditions of acute poverty and have limited access to things like clean water, adequate protein, and medicines to treat infectious disease. The
inflation of infant mortality rates deflects attention away from the underlying social and political features that dictate what choices Raramuri women have regarding their own health and the health of their children. Such victim blaming takes the focus off the structural violence inherent in the social system responsible for these conditions, and instead places the blame upon the women themselves.  

If the infant mortality rate was actually eighty percent, meaning only two out of ten children born survive to adulthood, then despite the high fertility rate of the Raramuri (estimated at around 5 children per woman), the population would not be growing as quickly as it is. Hence, reported high infant mortality rates are inconsistent with population growth. Another concern is that reported infant mortality rates generalize the infant deaths to all women, and may not reflect the pattern of death clustering. Death clustering, as described by Das Gupta, refers to the “strong tendency for child deaths to cluster within families.” Das Gupta found that a small proportion of families were responsible for the majority of child deaths in the Punjab community where she worked. (Das Gupta 1989). In my sample of twenty-eight women in Basigochi, twenty-six of them lost one or two children over the course of their reproductive years. However there were two women in the valley who had lost over five infants and children each. Neighbors reported that these women neglected their children by withholding food or
ignoring them. Death clustering among the Rarámuri is also suggested by Merrill, who noted that several women in the area he worked lost six or more children (Merrill 1988:160). It is possible that the high estimates from the genealogy data reported for the Rarámuri reflect households with the most visible mortality, and it is erroneous to assume that all mothers experience equal loss, especially with data collected by male researchers who may have not been privy to all the details of women’s reproductive lives.

Finally, closer examination of infant mortality data may reveal that it is not the mother’s birthing practice which leads to high IMR, as much as it is that the high rates of infant and child death are due to diarrhea and acute respiratory infections (ARI). These diseases reflect the nutritional status of the infant and mother, access to clean water, and also relate to the household production of health, including women’s time spent in subsistence activities which impact health. Many Rarámuri children are not dying at birth, but in the first year, especially between the first and third year when weaning takes place. Most infant mortality at these ages worldwide is due to respiratory infections as well as diarrheal disease and the Rarámuri are no exception. These illness are a result of sub standard living conditions, which are in turn due to the marginalization and poverty experienced by the Rarámuri. The structural conditions shaped by local, state, and national political economic policies dictate the living conditions of the Indians, and limit
the agency Raramuri have. Access to medical services is certainly one of the causes of the high infant mortality rates, but it is not the only one. Women’s choices are often based on contingencies related to the living conditions and logistical circumstances they must negotiate. Women have to make difficult decisions when resources are scarce, and taking a feverish or listless infant to a clinic two hours walk away, where there may or may not be medicine or a physician present, may be less of a priority than harvesting potatoes or corn for the entire family’s evening meal.

There are no statistics regarding incidence or prevalence of diarrheal or respiratory disease among the Raramuri, many children do not receive immunizations, and malnutrition is common although how many suffer remains unknown. Thus, to attribute high infant mortality to either the practice of unassisted birth, or neglect on the part of the mother due to her participation in tesguinadas (common in ethnographic accounts), is to misunderstand the complex forces leading to a child’s untimely death.

High infant mortality is associated with high maternal mortality. Were eight out of ten infants are dying between birth and one year, one would expect very high maternal mortality rates. The Raramuri maternal mortality rates are reported to be high, but not sufficiently high to correspond to the high IMR reported by some researchers. In the next section I address maternal mortality among the Raramuri.
3. Maternal Mortality

Maternal mortality is defined in the 9th and 10th revisions of the International Classification of Diseases as the death of a woman while pregnant or within 42 days of terminations of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (Ghosh 2001:429).

As with infant mortality, there are many acknowledged factors contributing to maternal mortality, including access to health care facilities and quality of health care services received, socioeconomic conditions influencing the nutritional and health status of women, use of family planning services, fertility rate, and health seeking behaviors including cultural and political factors (Ghosh 2001, Janes 2001, Royston & Armstrong 1989). Unassisted births have been identified as one of the primary causes of maternal mortality (Abou Zhar & Wardlaw 2001:563, Family Care International 2002). Causes of maternal mortality may be categorized as either direct, indirect, or coincidental. Direct causes are those that occur only during pregnancy, indirect causes refer to underlying diseases complicated by pregnancy, such as diabetes or tuberculosis, and coincidental causes of deaths have nothing to do with the pregnancy, such as car accidents. Sociocultural influences leading women to hesitate seeking medical care are listed as indirect causes, while postpartum hemorrhage is a direct cause. The number one cause of
maternal mortality globally is hemorrhage, which accounts for twenty-five percent of all maternal deaths, followed by infection and eclampsia. Unsafe abortion is estimated to account for thirteen percent of deaths. All indirect causes are listed together and account for twenty percent of maternal deaths worldwide (Ghosh 2001:430, Langer et al 1994, Family Care International 2002). In Mexico, the medical causes of maternal mortality are the same as elsewhere (Lozano et al 1994). Women die from hemorrhage, seizures, and infection no matter where they live, or what their ethnic heritage may be. Notably, the indirect causes of status of women and quality of services have been singled out, in addition to direct causes, as the three essential factors contributing to high levels of maternal mortality and morbidity in Mexico (Langer et al 1994). Medical causes of maternal mortality, which account for fifty percent of maternal deaths, are thought to be preventable, since hemorrhage can be medically or surgically stopped, infection is treated with antibiotics, and eclampsia, if discovered prenatally, can usually be avoided with medications and/or cesarean section. Given these circumstances, the key to lower maternal mortality is thought to be increased access to medical services.

The maternal mortality rate in developing countries is much higher than industrialized nations (See Table 15). The risk of dying from pregnancy and childbirth is as much as seventy-five times greater in developing nations. This is usually because
women in developed countries have better access to medical technology, which includes surgical procedures and medications used to alleviate medical causes of death at birth.

The maternal mortality ratio\(^\text{12}\) in Mexico is 50.6 (PAHO 2001), while in the US it is twelve (Ghosh 2001), meaning that in Mexico a woman is four times more likely to die during pregnancy or childbirth than in the US.\(^\text{13}\) According to the Safe Motherhood Factsheet, the lifetime risk of maternal death is one in two hundred twenty in Mexico, one in one hundred thirty in Latin America, one in forty-eight in all developing nations, and one in three thousand seven hundred in the US (Family Care International 2002). Yet in 2001 the US, which spend more money and uses more technology at birth than any other country, ranked behind twenty other countries, most located in northern Europe.

<table>
<thead>
<tr>
<th>Region</th>
<th>Risk of dying</th>
<th>Maternal Mortality Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Guachochi, MX</td>
<td>N/A</td>
<td>83.4/100,000 (1999) (Zazueta 2000)</td>
</tr>
<tr>
<td>State of Chihuahua, MX</td>
<td>N/A</td>
<td>59.5/100,000 (INEGI 2000)</td>
</tr>
<tr>
<td>States of Oaxaca, Guerrero &amp; Chiapas (S. Mexico)</td>
<td>N/A</td>
<td>85/100,000 (Cardenas &amp; Garza 1994)</td>
</tr>
<tr>
<td>Mexico</td>
<td>1 in 220</td>
<td>6.1/100,000 (1990) (Lozano 1994)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50.6/100,000 (1998) (CLAP 2001)</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>1 in 130</td>
<td>190/100,000 (1990) (Ghosh 2001)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>87/100,000 (CLAP 2001)</td>
</tr>
<tr>
<td>All developing countries</td>
<td>1 in 48</td>
<td>N/A</td>
</tr>
<tr>
<td>US</td>
<td>1 in 3700</td>
<td>12/100,000 (Ghosh 2001)</td>
</tr>
<tr>
<td>Industrialized countries</td>
<td>1 in 8000</td>
<td>17/100,000 (Ghosh 2001)</td>
</tr>
</tbody>
</table>
all of which had lower rates of maternal mortality (Ghosh 2001). This data illustrates that technology and money spent on health care are not entirely responsible for low maternal mortality rates, and is evidence of the importance of indirect causes.

Indirect causes account for one quarter of maternal deaths and include conditions influencing a woman’s ability to access services. Mexico is a case in point. Although Mexico’s maternal mortality dropped from 530 to 60 per 100,000 between 1940 and 1990, the ratio remains high in rural areas, so that a woman living in a community with less than 2,500 residents has double the risk or dying during childbirth than does a woman residing in an urban area (Lozano et al. 1994). Women who live in marginalized households without electricity or running water, who have less education, and who are Indian are all at higher risk of dying in childbirth. There is also a geographical distribution, in which northern Mexican states report lower rates of maternal mortality than do southern states (Lozano et al. 1994). While this is true using aggregate data, it has led to a situation in which, according to Dr. Pérez, director of the IMSS hospital in Guachochi, attention in Mexico is focused on improving conditions in the south, while the northern regions, such as the Sierra Tarahumara, are ignored.

The maternal mortality ratio for the state of Chihuahua is 59.5, higher than the national average. Similarly, the maternal mortality ratio in the municipio of Guachochi
fluctuated between 13 and 89 between 1992 and 2000, with an average of 53 for the nine year period. (See Table 16 and Figure 15). In Mexico's southern states of Oaxaca, Guerrero, Chiapas, a maternal mortality rate of 85/100,000 has been reported (Cadenas & Garza 1994). Consequently, the county which includes the highest indigenous population in the state of Chihuahua has a maternal mortality ratio similar to those of the southern states, which also have high numbers of Indians.

Table 16: Maternal Mortality, Municipio Guachochi 1992-2000

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ACTUAL #</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>2</td>
<td>34.66</td>
</tr>
<tr>
<td>1993</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>1994</td>
<td>3</td>
<td>43.66</td>
</tr>
<tr>
<td>1995</td>
<td>1</td>
<td>13.38</td>
</tr>
<tr>
<td>1996</td>
<td>6</td>
<td>86.83</td>
</tr>
<tr>
<td>1997</td>
<td>3</td>
<td>40.26</td>
</tr>
<tr>
<td>1998</td>
<td>7</td>
<td>89.17</td>
</tr>
<tr>
<td>1999</td>
<td>7</td>
<td>83.43</td>
</tr>
<tr>
<td>2000*</td>
<td>2</td>
<td>68.25</td>
</tr>
</tbody>
</table>

* through May

Source: Secretary of Health, Dept. of Reproductive Health, Guachochi, Chihuahua.
According to health care administrators in Guachochi (Dra. Judith Zazueta, Director of Reproductive Health for the Secretary of Health Services, Dr. Pérez, the Director of the IMSS hospital, and Dr. Roque of the National Indigenous Institute), Guachochi has the highest maternal mortality of any municipio in the country of Mexico because the Rarámuri give birth alone. The municipio of Guachochi has the largest Indian population in the state of Chihuahua, with seventy percent of the residents over five speaking an Indian language, which is how this statistic is calculated. It is safe to assume that most of these people speaking an Indian language in Guachochi are
Tarahumara. Typically, high rates of maternal mortality in Guachochi are explained by the fact that indigenous women do not use clinic facilities during pregnancy or labor. I was told this by all of the administrators above, in addition to Dra. Veronica Villegas, the subdirector of reproductive health for the state of Chihuahua. What is curious, however, is that the maternal mortality data for Guachochi is clinic and hospital based, with information collected from government and private health care facilities. As mentioned earlier, Raramuri women hesitate to access these facilities, thus it is safe to assume that this data is not generalizeable to the entire Raramuri population since it includes mestizos as well. As noted above, population statistics, including the actual rates of fertility, pregnancy, live birth, as well as infant and maternal mortality among the Raramuri are estimates.

It is not surprising that health care administrators blame the practice of unassisted birth among the Raramuri for the elevated maternal mortality rates in Guachochi. Medical causes of maternal mortality are thought to be preventable, and since “the single most important way to reduce maternal deaths is to ensure that a skilled health professional is present at every birth,” (Family Care International 2002), and “There is a clear clinical justification for the presence of a skilled attendant at delivery, as this may reduce both the incidence of complications and case fatality” (AbouZhar & Wardlaw
unassisted births bear the brunt of the blame for maternal mortality worldwide. Unassisted births have even been touted as “process indicators,” which can be used to measure maternal mortality (AbouZhar & Wardlaw 2001:563).

In the fall of 2000 a meeting of health care professionals and development organization administrators was held to address the problem of maternal mortality in Guachochi. One of the results of this meeting was the planned adoption of a program called “Hogar Materno,” (birth home or maternity waiting home in English). Use of birth homes reduced maternal and infant mortality in Cuba, where they were developed, as well as in other soviet bloc countries that adopted the homes, such as Mongolia, (Janes 2001, Rosenfield 1989). The homes are presented as a cost effective solution to reducing maternal mortality in areas where indirect causes such as poverty, ethnicity, scarce medical resources, and low social status of women contributed to maternal mortality.

There are three ways believed to improve access to medical services at birth. First, bring the services to the women in need, second, bring women to the services, and third, decentralize care so that obstetric facilities are close enough to every community to help prevent maternal deaths. Maternity waiting homes were developed as a way to bring the women to the services. They are located near hospitals, and are places where pregnant women identified as high risk stay from the time they are recognized to be high risk to
the time they go into labor. They are then transported to the hospital for delivery. During their stay in the birth homes women are monitored, fed, given medications and treatment for their condition if necessary, and generally taken care of in order to minimize their risk of delivering a compromised baby, or becoming compromised themselves. The subdirector of reproductive health services for the state of Chihuahua, Dr. Veronica Villegas, learned of the *Hogar Materno* at a conference on reproductive health in Mexico City. Although she had no experience with the Rarámuri, she felt the birth homes would be an excellent solution to the maternal mortality problem in Guachochi and plans to construct a *Hogar Materno* in Guachochi were initiated. A year later I learned plans for the *Hogar Materno* had stalled because there was no way to secure funding to feed the women once the building was built. However, in a discussion with Dr. Pérez, a surgeon who had been director at the hospital in Guachochi for eight years, he acknowledged that the *Hogar Materno* plan would most likely not work with the Rarámuri. I was in complete agreement with him for the following reasons.

A closer examination of maternal mortality in Guachochi reveals that it is not necessarily Rarámuri women’s hesitance to utilize health care facilities during pregnancy and birth that is responsible for the high ratios. Verbal autopsies have been used as a method to clarify whether or not a death is indeed pregnancy related, and consist of
interviews with family and community members, combined with a review of medical records. Although their utility has been questioned since they are not reliable sources of medical information (Sloan et al 2001) they provide insight into the social, cultural, and economic conditions in which the deceased mother lived, and may shed light on specific indirect causes contributing to maternal mortality. Specifically, a review of verbal autopsies for five of the seven women who died in municipio in Guachochi in 1999 casts light on this issue of whether or not maternal mortality is due to the practice of unassisted births among the Raramuri. As seen in Table 17, three of these women were listed as illiterate, the other two had attended primary school but level of school completed nor language spoken was included in the information. All women were married, all had only had one sexual partner, none had any sexual diseases or other complications of pregnancy, other than lack of prenatal care in three cases. All these factors are associated

Table 17, Verbal Autopsy Data for Women Dying at Birth in Guachochi in 1999

<table>
<thead>
<tr>
<th>Age</th>
<th>Ethnicity</th>
<th>Pregnancy</th>
<th>Prenatal Care</th>
<th>Nutrition</th>
<th>Risk factors</th>
<th>Site of death</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Indian</td>
<td>2nd</td>
<td>None</td>
<td>Deficient</td>
<td>Alcoholism</td>
<td>Home</td>
<td>Hem</td>
</tr>
<tr>
<td>28</td>
<td>Indian</td>
<td>4th</td>
<td>3 visits</td>
<td>Deficient</td>
<td>Alcoholism</td>
<td>Hosp.</td>
<td>Eclampsia</td>
</tr>
<tr>
<td>28</td>
<td>Indian</td>
<td>3rd</td>
<td>2 visits</td>
<td>Deficient</td>
<td>Alcoholism</td>
<td>Hosp.</td>
<td>Embolism</td>
</tr>
<tr>
<td>34</td>
<td>Indian</td>
<td>7th</td>
<td>None</td>
<td>Deficient</td>
<td>Alcoholism</td>
<td>Home</td>
<td>Hem PP</td>
</tr>
<tr>
<td>35</td>
<td>Indian</td>
<td>7th</td>
<td>None</td>
<td>Deficient</td>
<td>Alcoholism</td>
<td>Hosp.</td>
<td>TB</td>
</tr>
</tbody>
</table>

Source: Secretary of Health, Dept. of Reproductive Health, Guachochi, Chihuahua.
with low risk pregnancy and birth. What is interesting to note is that all women are listed as being alcoholic and nutritionally deficient. I was told by health care administrators and caregivers that all Raramuri women are alcoholics because they drink *tesguino* during pregnancy, thus considered substance abusers. During my observations of prenatal visits at clinics and hospitals in the Sierra, on numerous occasions I watched health care personnel fill in this blank on prenatal charts without even asking the woman if she drank, since the assumption is that all Tarahumara women drink. Sometimes the question “Do you drink *tesguino*?” was asked, and if the woman answered “Yes,” the alcoholism box was checked with no further questioning as to how much or how often she drank. Also, all Raramuri are listed as nutritionally deficient based upon their ethnic status as no dietary assessment or anthropometric measurements are done. Many Raramuri women are anemic and do suffer nutritional deficiencies, although the extent to which they do so depends upon place of residence as well as other factors based upon exposure and acceptance of non-traditional foods (Monárez-Espino et al 2001, Monárrez & Greiner 2000). Thus, the fact that all Raramuri women are labeled as alcoholics and malnourished automatically puts them into the high risk category.

Two of the women who died in the *municipio* of Guachochi in 1999 were Indian women who bled to death at home without any medical attention. Whether or not anyone
was sent to seek medical care remains unknown. Perhaps these two deaths could have been prevented if oxytocin had been administered\textsuperscript{15}, but that too remains unknowable. Thus, these two women certainly do fit the stereotypical assumption that it is illiterate Indian women giving birth at home without medical care who die during childbirth. Yet the other three women do not fit this classification at all. They died at the hospital, and the two dying of direct medical causes both received prenatal care. Furthermore, one of the deaths was due to an amniotic embolism, which is medically acknowledged to be neither predictable nor treatable- it is extremely rare and virtually all women experiencing it die no matter where they are or who is attending them. Finally, the woman who died from eclampsia had been seen at the clinic three times during pregnancy- so if eclampsia is preventable it is curious as to why this woman was not diagnosed or treated for the condition. Without more information we cannot know whether or not she received adequate medical attention, and unfortunately, there is no other information about the case available.

Two other cases of maternal mortality which I documented are worth presenting.

Isabel was a 27 year old mestiza pregnant with her third child. She was married and had received regular prenatal care at the hospital in Guachochi during her pregnancy. She lived in town fifteen minutes from the hospital. She developed high blood pressure at the end of her pregnancy and was being monitored, yet was not taking any medications nor was she on bed rest, both typical treatments for pre-eclampsia. It is
unknown as to whether or not she had been diagnosed with pre-eclampsia. She went into labor on the Saturday before Easter, 2000. In Mexico, Easter is the biggest holiday of the year, similar to Christmas in the US. Most businesses are closed and many people are on vacation. In Guachochi, all the doctors were on vacation, including the anesthesiologist and obstetrician-gynecologist. When Isabel showed up in labor, the staff on duty could not find her records. Her vitals were taken and her blood pressure was high. Since no one at the hospital had the skills or experience to deliver babies, she was sent to Parral, a four hour drive away. Upon arriving at the hospital in Parral she was examined and a decision was made to perform a cesarean section. When her abdomen was opened she bled to death, but her infant was saved. I was not allowed to examine her charts but learned of the case from two doctors at the hospital in Guachochi, the woman's aunt and cousin, as well as midwives in Guachochi who knew Isabel. All versions of the story were the same, with the exception of one doctor in Guachochi who clarified that she bled out quickly because her BP had been so high and that the death was due to the incompetence of the people in Parral. Her death was listed as amniotic embolism.

Juana was pregnant with twins. She was Rarámuri and lived in a rancho outside Tónachi, about half an hour walk from the clinic. She had small children at home, but I am not sure how many times she had been pregnant. She went into labor and progressed slowly, with much pain. Because of the pain and the excessive time it seemed to be taking her to give birth, Juana asked her husband to take her to the clinic. She arrived at the clinic in the evening, around sunset. No doctor was present and the two auxiliaries told her to go back home since they could not help her. Juana and her husband returned to her home where she continued laboring to no avail. Sometime in the wee hours of the night she died. Her husband frantically brought her back to the clinic, arriving just in time for the physician to pronounce her dead before he opened the clinic. This story was also confirmed by the physician at the clinic, whom I interviewed, as well as by midwives who knew the auxiliaries. Evidently the auxiliaries were in danger of losing their jobs because of their failure
to admit the laboring woman. This death was listed as obstructed labor, yet clearly the treatment Juana received (or did not receive) could be a contributing factor to her death. However, mestizo health care providers in the area used this case as an example of how Raramuri women do not come to the clinics until it is too late.

Including Maria, the Raramuri woman whose case opens this chapter, I reviewed eight cases of maternal deaths where sociocultural information was available. Seven of these women were Raramuri, and four of them did die at home. Yet of those four, two had received prenatal care and one tried to seek care during labor. All of the others did receive medical care. Thus six maternal deaths happened to women who accessed the existing health care system, while only one death out of eight fit the stereotypical image of an Indian woman who failed to seek care and died at home unattended.

According to Janes, "Maternal mortality is a very sensitive indicator of the social and economic conditions in which a woman lives" (Janes 2001). Blaming maternal mortality on women's failure to utilize existing services disregards these social and economic conditions contributing to elevated rates of death among childbearing women living in Guachochi. It also frames the problem in such a way that a program such as the Hogar Materno appears warranted. Dr. Pérez and I both thought the Hogar Materno would be unsuccessful for at least two very important reasons. First, Raramuri women participate as equals in subsistence farming and herding and their absence at the rancho
means that much of the work involved in growing, processing, storing, and preparing food supplies would go undone, or would have to be done by others. The absence of women from a family unit is a hardship for all other members of the kin group and would most likely result in a compromised food supply. An excerpt from fieldnotes from an interview with Teresa of Muyéachi gives details.

Teresa has three kids, all born at home with only her husband attending, right there in the house where we were. There were no problems with anyone. She is now 27. Then the last, the toddler Perfecto, was a lot of trouble. “Sufrí mucho. He sufrido mucho con esto.” (I suffered a lot. I have suffered very much with this one.) She went to the clinic in Rocheachi and they found out her BP was high, so they sent her to Guachochi where she stayed in the hospital for a month, until she was delivered by Cesarean. She was given “suero” or IV medications and she had to be in bed for a whole month she said. Her husband went with her to Guachochi, her mother took care of the other three kids, and she said it was awful. They didn’t give her good food, only soup, and potatoes, no beans or tortillas. It was bad she said, awful to stay there a whole month, and then they did the Cesarean. Her husband said it was hard on him, to stay in Guachochi with her for the whole month and see her suffer, and hard on everyone, the kids and her mother too. They all suffered and they lost some of their harvest because they were in town.

As originally envisioned, the Materno Hogar plan would identify women at risk using Western medical standards. According to these standards, all pregnant women under the age of nineteen are high risk, as are substance abusers, women who have had more than five pregnancies or previous pregnancy loss, previous cesarean, or no prenatal care. Poor nutrition and anemia warrant high risk classification, especially because
anemia is a contributing factor in morbidity associated with normal blood loss and mortality due to hemorrhage. In a survey of 481 women in the municipio of Guachochi done in the summer of 1998, Raramuri women were shown to have a prevalence of anemia slightly higher than the Mexican national average. Seventeen percent of pregnant women had mild anemia, and eight percent had moderate anemia. What is more disturbing is that over half of all women had depleted iron stores, and childbearing women aged twenty through thirty-nine had the most severe anemia (Monárrez Espino et al 2001). Also of note is the fact that women using intrauterine devices (IUD) had the most severe anemia, which is not surprising since IUD use is associated with heavier menstrual blood loss.

While it is important to identify women at risk due to anemia, such identification is blurred when all women are labeled at risk, which is what happens when Western medical standards and systems of risk classification system are applied to Raramuri women. Tarahumara women get pregnant at fifteen or sixteen, they are likely to be undernourished and anemic, they drink tesguino during pregnancy, they may have more than five pregnancies in their childbearing years, they rarely seek prenatal care, and they tend to deliver without skilled medical assistance. And, as noted above, all Raramuri are classified as alcohol abusers, which again places them in the high risk category. If
medical conditions such as elevated blood pressure, previous cesarean section, or previous pregnancy loss are factored in, then not one Tarahumara pregnant woman would be low risk. This means that if the Hogar Materno was instituted all pregnant Rarámuri women would have to spend time waiting in the birth homes. Clearly this is an impractical solution, which was why Dr. Pérez and I were in agreement about the futility of implementing a Hogar Materno in Guachochi. Although it could help mestiza women residing in town close to the birth home, the Hogar Materno would actually have little impact on the population it was ostensibly designed to help, since it is highly unlikely that Rarámuri women would participate. Even more important, the program itself may have had the potential to prohibit even more women from utilizing government health care services, since women would stay away if they knew going to the clinic meant being transferred to a maternity waiting home. Clearly, given the cultural predilections and geographic isolation of many Rarámuri, access to health care services is a valid concern. Yet both infant and maternal mortality among the Rarámuri have their roots not only in the cultural values influencing their decisions about where they give birth and when they choose to seek medical care, but also in the inadequacy of the services provided. Dr. Pérez notes:

When you have high maternal and perinatal mortality they are only symptoms of something. What? First, of the poor state of health of
pregnant women, and second, lack of resources to provide health services to pregnant women.

He noted that in spite of the fact that his area consistently reported the highest maternal mortality rates in the country for the past five years (1995-2000), health administrators in Mexico City and Chihuahua City were reluctant to allocate more resources to a sparsely populated county where over three quarters of the population were Indian. And, sadly, when resources were distributed they often came in the form of plans such as those for the Hogar Materno, a program which Dr. Pérez knew would not address the problem of unassisted birth among the Raramuri, nor meet the real needs of pregnant women, and could even exacerbate the problem. This is a perfect example of how structural violence works.

In conclusion then, high infant and maternal mortality rates reported for the Raramuri are not only over inflated, but are utilized by health care providers in ways which may in fact contribute to keeping the rates elevated. A detailed analysis of government health services provided to Raramuri, focusing on reproductive health and including the support and training of midwives in the Sierra, as well as an examination of patient-provider relations, is provided in the following chapter.
NOTES TO CHAPTER VII

1 Most Raramuri women are considered high risk by medical personnel for two reasons. First they are considered alcoholics since they drink batari, which means they are viewed as substance abusers. Second, they are all considered to be malnourished because their diet does not conform to western nutritional standards. Added to this are the common occurrences of teenage pregnancy and multiparity (a woman who has had four or more pregnancies), also considered high risk by western medical standards. The construction of risk is discussed in detail in Chapter Eight.

2 Generally the relatives of the dead person stay up the night before the burial, burning candles or keeping a fire going to scare away any ghosts or other spirits associated with sorcery who may be attracted to the body, trying to steal the souls. In Maria’s case, nobody volunteered to do this. The relatives who had traveled up with Maria in labor and who had witnessed her death quickly disappeared back into the fog. Her brother in law had converted to Christianity and suggested we take the body back to the rancho where I lived. Upon arrival in Basigochi, he and his wife, Maria’s sister, also quickly disappeared, noting they would be back at sunrise. This left Estela and me alone with the body. I notified my hostess who later told me that ever since that night she has not felt safe, since the body had not been guarded in the night.

3 Kennedy notes that Raramuri do fear death, but in my experience they fear illness and witchcraft much more than death. Also, in my opinion, they fear death much less than individuals in the United States.

4 The exception is the work of Slaney who worked in Panalachi (Slaney 1991). She notes that the dead are categorized as ‘others’ and thought of as being similar to chabochis. She said the word nahitame is used to refer to a state of being when the dead inhabit a netherworld in between the world Raramuri live in and the world of the dead. The purpose of the death fiestas is to ensure individuals make the journey to the world of the dead and do not get stuck being a nahitame, who are responsible for troubling the living. I did not hear the world nahitame nor did Raramuri in Basigochi consider the dead like chabochi. However, there is much regional variation in the Sierra, and the geographical difference as well as differing historical process of missionizing and contact with outsiders may explain these variations in death practice and belief.
According to Raramuri, witches do not eat chili (*kori*). Also, if a person is in possession of *bakánawi* they cannot eat salted meat. *Bakánawi* is a plant that can harm or hurt people, but which is kept by people in order to augment their power, commonly used by runners to help them win races, or also by people studying to be *owirúame*, or also, by *sukurúame*. See Merrill 1988: 75 & 131. Finally, *sipacame*, or peyote specialists, are thought to be able to control lighting. Obviously, and honestly, I negated any association with sorcery.

In this dissertation I use the terms witchcraft and sorcery interchangeably. The word *sukurúame* has most frequently been translated in previous Tarahumara ethnography literature as sorcerer, even though as noted in Chapter IV it literally means ‘one who places the stone.’ Similarly, the actions attributed to *sukurúame* have been referred to as witchcraft - thus for my purposes witch and sorcerer and witchcraft and sorcery are used to refer to *sukurúame* and their activities.

Typically infant mortality rates are reported as a specific number per 1000 births, and not as percentages as presented here. However, in all the literature on the Tarahumara, infant mortality has been reported as a percentage, which is why I reproduce these numbers here. 80% means 8 out of 10 babies died, with a survival rate of only two living children for each ten births. The high figures need to be questioned, because if the infant survival rate was actually this low, then it is doubtful the population would be shown to be growing at the rate it is (from Translated into per 1000 births and 80% rate would mean 800/1000 which is highly unlikely.

All statistics reported for the Ráamuri are estimates computed by dividing the statistics for the entire population by the percentage of Ráamuri speakers in that particular area. Thus, according to the INEGI census 2000, 61.4% of the population over 5 years old in the county of Guachochi speaks an indigenous language. This is the highest percentage of indigenous speakers in the state of Chihuahua. In 2000 in Guachochi, 7981 children were born alive and died. This means 4716 (61.4% of 7981 = 4716) of them are estimated to be born from speakers on an indigenous language. Divide this by the estimated number of live births born to indigenous speakers 24,580 (61.4% of 40,033 = 24,580) and the estimated IMR for indigenous speakers living in the county of Guachochi is 19/1000 (INEGI 2002).
Blanca’s stillborn babies (described in Chapter Six) were buried shortly after the birth and she never contacted a clinic during her pregnancy or birth. On a visit to the Sierra in 1996 I witnessed a newborn die on the train. The mother was taking the three day old child to the clinic because it would not nurse, and it died en route. At the next stop after the baby died, the couple got off the train in order to return home to bury the baby, since there was no reason to continue on to the clinic now the baby had died.

Farmer uses case studies to address the very real threat to the world’s poor in a recent book on the ways in which structural violence works to perpetuate suffering by victim blaming, such as that experienced by the Rarámuri (Farmer 2003).

Felice Wyndham, an anthropology grad student at the University of Georgia, conducted research in Rejogochi where Merrill also worked. She told me in a phone call in August 2002 that in the year she resided in Rejogochi (2000-2001) there were 20 births, and only one of these infants died, because it was born prematurely. She corroborated the fact that in Rejogochi certain mothers had many children die while others only lost one or two.

Maternal mortality is expressed as a ratio of women per 100,000 births, which means for Mexico, out of one hundred thousand babies born, fifty of their mothers die. There are problems in underreporting and measuring so that these figures need to be understood as marking trends, rather than providing actual numbers (AbouZhar & Wardlaw 2001, Rosenfield 1989).

This may be misleading however, as national data aggregate differences in ethnic and socioeconomic status. For instance, Ghosh reports the maternal mortality ratio for Hispanic women in the US as 10.3, and up to 25.1 for black women (Ghosh 2001:431). In contrast, the highest maternal mortality ratio reported for white women in the US is 9.2. Similarly, in Mexico the ratio varies depending on factors such as urbanity, number of years of education, size of town the woman resides in, and living conditions, such as whether or not the household has running water or electricity. Predictably, women with less education residing in smaller rural locations without services suffer the highest risk of maternal death in pregnancy (Lozano, Hernandez & Langer 1994).
In Guachochi in 1999 there were seven deaths. The other two women who died were *mestizas* and I am not sure why the Director of Reproductive Health did not include their data along with the verbal autopsies of the Rarámuri women, for a complete picture. This information, gained from verbal autopsies, was presented at the meeting on maternal mortality in Guachochi in the fall of 2001. The doctor said the *mestizas* were not included because the purpose of the presentation was to show the circumstances of the Indian women’s deaths. However, this in itself is indicative of the subtle ways in which mortality data are used to promote the idea that maternal deaths only happen among Indian women who do not utilize health care facilities.

15 Also called pitocin or syntocinon (in Mexico), this is a pharmaceutical, usually administered in doses of 10 IU IM, ten international units intramuscularly. It acts to contract the uterus, thus preventing hemorrhage. It is relatively safe to administer in emergency situations, and in some areas of Mexico midwives use it, although there has been trouble with improper use, as to do so became emblematic for being a “modern” midwife and it was reported misused. None of the midwives in Guachochi used it.
CHAPTER VIII: BIRTH AND THE STATE

Sofia's Story

When I met Sofia her twelve year old son was about to leave for Sinaloa to work in the tomato fields there. A few weeks later he did go, and to date has never returned. This makes Sofia very sad, and also makes her want to have another child. She is in her late twenties, and has had three pregnancies, but has not been able to conceive since she delivered her last child ten years ago. Sofia had heard that I had something to do with women and health and asked me if I could help her get pregnant. I discovered that Sofia's first pregnancy resulted in a miscarriage, at home. Her second pregnancy was that of her son, and her third and last was traumatic. With this last child, Sofia went into labor but after a day of contractions, the baby had still not arrived. The baby was in a transverse lie, which means that it lies sideways inside the mother's womb, instead of in the usual head down position. Usually a baby lying in the transverse position will be delivered by cesarean, unless the practitioner can dislodge the baby and move it into a vertical position, preferably head down, before the labor begins. Sofia, however, had started contractions with the baby positioned sideways, and thus the child would not come down and out. Instead, her bag of waters ruptured, and a small hand appeared. Contractions continued to no avail, and Sofia demonstrated what happened with her hand...
as she told the story. First the baby’s hand was relaxed, she said, showing me her open palm, then it went like this, and she slowly made a fist with her hand, commenting that when this happened she knew the baby was no longer alive. After a few more days (she says she doesn’t know how long, but her husband says it was a week), they made the arduous journey to the clinic, catching a ride in a pick up truck with some visiting mestizos. Sofia told me she was about to die with shame, because she did not want to ride with strangers in her condition, nor did she want to go to the clinic, although she understood it was necessary. At the clinic she was examined, scolded for waiting so long to come in, and sent to the hospital another hour away for a cesarean. Sofia did not want to talk about what happened in the hospital. “Me operaron.” (They operated on me.) She said she cannot remember, but she had to stay in the hospital a few days. She was scared, hungry, in pain and terribly shy. She speaks Spanish well, but said that she didn’t know what was happening because they did not speak to her in Rarámuri. Her husband waited for her, visiting when he could, but was not allowed to stay with her in the hospital, instead lodging with friends in town. He speaks excellent Spanish and would have been able to translate for her if he had been allowed to be present. Instead, Sofia recalls being left alone, frightened in an alien environment, and all she wanted to do was get away to her home. This was finally accomplished, but she remained weak after the
operation, gained weight, and to date has never conceived. Once, when he was drunk, her husband questioned me: "Para que sirve una mujer si no puede tener hijos y esta gorda?" (What good is a woman if she can’t have children and is fat?). Sofia was in earshot when he asked this, looking ashamed and angry. "Well," I began, "your wife is a very hard worker, and she makes very good tesguino." In fact, as well as being an accomplished seamstress and a good cook, Sofia was known to make some of the best tesguino in the valley, establishing an excellent reputation for herself and her husband.

"Gara ju ko," (It is good) replied her husband.

However, Sofia’s husband had political aspirations, and was upset because he had only one son, who left to work in Sinaloa but never came back. Now and then the couple would receive word of his whereabouts and well being, which both reassured them that their son was OK, but saddened them because they lived alone. "It is sad to live alone," Sofia told us one day. She then explained the danger of being alone. Once, when her husband had been out drinking, a stranger entered the room where she was sleeping and tried to molest her. She did not recognize the intruder, chasing him away in the dark, but remained afraid when her husband’s political activities took him away from home. The two desperately wanted more children; he in order to demonstrate his ability to give good advice to his children, thus advancing his political career, and she so that she would have
help around the house and would not suffer from being alone. They urged me to investigate Sofia’s case.

I worked at both the clinic and hospital where Sofia had been treated. I asked for her records in both places, noting that the couple could not conceive and wanted to know if she had a tubal ligation when the cesarean was performed. Neither Sofia nor her husband knew if this had happened, they only knew that she had been operated upon in order to deliver the dead baby. At the clinic I was told the records were in the hospital. At the hospital I was told the records were in the clinic. Exasperated by the runaround, I was finally allowed to search the clinic records myself. Indeed, no records existed, but I was told that if Sofia came in to the clinic she could be examined and they would be able to tell if she had the tubal. When I related this to Sofia, she became distant, and looking away mentioned that she did not want to return to the clinic because she was shy.

Instead, she said that she thinks she cannot conceive again because she has a “bola,” which is a hard round tumor like swelling in her uterus. This came because they gave her a bath at the hospital after the stillbirth. Because of this, she has gotten fat and cannot conceive. When I asked her how to remove the bola, she said she did not know, but said perhaps the owirúame could help her. She confirmed that she will not return to the clinic. Interestingly, her husband visits the clinic frequently for high blood pressure, and
whenever he is in town for other business. He comes home with analgesics, which he gives to Sofia, and which she takes for the pain in her back caused by the bola.

Among the Raramuri it sometimes happens that people give children to others to raise. When Catalina came home pregnant from the mestizo soldier, she was unsure about the pregnancy and said she did not want to keep the child. Sofia is related to her, and they discussed the possibility of Catalina giving her child to Sofia. The suggestion was well received, and both parties were excited about the arrangement. As Catalina’s pregnancy wore on, the discussion focused upon whether her child would be a boy or a girl. Sofia confided to Catalina that she would take the child if it was a girl, but not if it was a boy. Catalina agreed with this, since she already had a girl herself. Sofia wanted a girl because she already had a son. To the dismay of both families, Catalina’s child was a boy, and therefore remained with Catalina. Sofia’s hopes were dashed and she again became quite sad.

1. Mexican Government Health Service And Policy

In Mexico, health expenditures in 1998 were 5.3% of the GDP (Gross Domestic Product), with 48% spent on public health, amounting to 112$ per person (WHO 2002). In Chihuahua at this same time, 51% of the state population received social security, 5% used private health services, and 43% accessed public health facilities (Chihuahua State
In 1998 the World Bank approved two loans worth 725 million US dollars to improve the financial management of the National Social Security Institute (IMSS), with a focus on providing services to the poorest localities and to enable decentralization of health care delivery (World Bank 2002). The State Development Plan for Chihuahua, created and implemented through the governor’s office in Chihuahua, also promotes decentralization of health services as a priority, along with a focus on modernizing existing facilities and broadening the scope of the Wide Coverage Plan (PAC) mobile units, especially in the Sierra (Chihuahua State Government 1999).

Health services provided by the government in the municipio of Guachochi include one National Social Security Institute (IMSS) hospital in the town of Guachochi, and thirteen rural clinics as well as a Social Security for State Workers (ISSTE) clinic in the town of Guachochi. Public health services include a clinic operated by the Secretary of Health for Chihuahua in the town of Guachochi, and fifteen mobile health units (PAC) sponsored by the Social Security Solidarity program, (IMSS Solidaridad), which also co-sponsors the rural clinics. Other public health services are provided through the federal PROGRESA program (Program for Education and Health) which sends teams of development workers and health auxiliaries out to rural communities in the Sierra, although individuals must register for this program in order to receive benefits. In 2000
in municipio Guachochi 9% of the population were eligible to receive social security services, and there were only 49 medical personnel employed in the public institutions, including general practitioners, specialists, paramedics, nurses, dentists, and auxiliaries (INEGI 2000). This means there was one health care provider for every eight hundred and twenty-six people, including the mobile health units, with the ratio of population per physician unknown but even higher. The remaining 91% of the population, most of whom are Tarahumara Indians with no health insurance, either use the few existing private medical facilities, or more commonly use public facilities including the IMSS hospital and state clinic in Guachochi as well as the rural clinics.

A few Tarahumara ranchos not included in the areas served by the rural clinics in the Sierra receive monthly visits from the state sponsored mobile units. Each mobile unit consists of a four wheel drive Dodge Ram truck loaded with medical equipment including medicines, and is staffed by one physician, a nurse and an auxiliary, although sometimes two auxiliaries accompany the physician. Other ranchos fall under the jurisdiction of the rural clinic, and most rancherias have no services specifically allocated to their residents. For instance, the clinic of Laguna Aboreáchi was the closest clinic to Basigochi, located a two and a half hour walk away. However, Basigochi was not under the jurisdiction of the clinic - in fact it was not under the jurisdiction of any
clinic. Yet the mobile health teams did not visit Basigochi either, since it was not perceived to be remote enough to warrant a visit, and also because the school had an agreement with the clinic whereby health workers from the clinic provided health services to school children. Since the children were covered, receiving immunizations, worm medications, and vitamins from the clinic team, health administrators determined it unnecessary for the mobile units to visit Basigochi. This meant that adults in Basigochi were not specifically covered by any government health services, although they could and did receive care at the clinic in Laguna Aboreáchí. Clearly there is a lack of adequate health care services in the municipio, worse for those Rarámuiri in remote areas, but poor even for those residing in towns and holding social security insurance.

Although in Mexico there is a distinct policy of providing and improving health services among the underserved rural and Indian populations, in truth most resources of this kind are directed towards states in the central and south of Mexico. Chihuahua is the second richest state in the country and is not perceived to need support. What support does come to Chihuahua from federal and international funds is frequently earmarked for the border regions, including the high need area of Juárez. The World Bank targets Mexico’s poorest southern states and provides no support to Chihuahua (World Bank 2002).
The situation is worse in the reproductive health care arena, with most services directed at family planning or sexually transmitted disease. USAID provides funds for family planning and HIV programs in Mexico - the family planning programs are focused on rural poor in Mexico City and the HIV programs target migrants, youth in the country’s poorest states, and only supports Indians in Mexico through non governmental agencies (NGOs) (AID 2002). There are no NGOs currently promoting health services for the Tarahumara, although there is a Jesuit sponsored human rights organization which infrequently provides health related support such as powdered milk. The UN Population Fund has provided consistent support to Mexico since 1972, however again, assistance is directed to Mexico’s poorest states, including Chiapas, Oaxaca, and Guerrero, all of which have large indigenous populations (UNPF 2002). Chihuahua, with the country’s largest resident Indian population, remains ignored.¹

Put together, what all this means is that there are few national or international assistance programs for the Tarahumara, leaving the bulk of the responsibility on the state, which shares the burden of administering public health services with IMSS-Solidaridad, federally funded and administered in conjunction with state public health services. In Guachochi the result is that the IMSS hospital and rural clinics remain understaffed and frequently run out of medications. The state clinic is not as
compromised, but only provides limited services, located in the town of Guachochi and
open only five days a week. There is intersectoral competition for resources, and a
hierarchy in which the State Secretary of Health has more power to obtain funds and
affect local policy, than do federally funded IMSS and IMSS-Solidaridad who serve
Rarámuri. Dr. Pérez, who has directed the IMSS hospital in Guachochi for eight years
told me that he has to follow the recommendations put forth by those in the State
Secretary of Health clinic, because they are “higher up” than he is, and he has “to go
along with them. I have to fit in with them.” Dr. Pérez was a surgeon with extensive
experience providing health care in the Sierra - the one that knew the Hogar Materno
program described in the previous chapter would not be a practical solution to the high
maternal mortality in his region. Yet he had to acquiesce to the desires of the health
administrator from Chihuahua City who knew nothing about the Sierra, but who had
more power and authority to affect policy than he did.

2. Rarámuri Health Care Seeking Behavior

The adult Rarámuri of Basigochi had several options from which to choose when
seeking health care services, as noted in Table 18. First, they could self treat with herbs
or western medications they bought from various pharmacies, or received from neighbors
Table 18: Health Care Seeking Behavior Options, Basigochi, 2000

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Provider</th>
<th>Medications</th>
<th>Cost</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self treatment</td>
<td>Self</td>
<td>Herbs, pills</td>
<td>None, cash</td>
<td>Indigenous/western</td>
</tr>
<tr>
<td>Household</td>
<td>Self, kin</td>
<td>Herbs, pills</td>
<td>None, cash</td>
<td>Indigenous/western</td>
</tr>
<tr>
<td>Owirúame</td>
<td>Owirúame</td>
<td>Herbs, tesguino</td>
<td>Tesguino</td>
<td>Indigenous</td>
</tr>
<tr>
<td>Curandera</td>
<td>Curandero</td>
<td>Herbs</td>
<td>Cash, trade</td>
<td>Mestizo, “folk”</td>
</tr>
<tr>
<td>PROGRESA</td>
<td>Health team</td>
<td>Pills</td>
<td>None</td>
<td>Western, federal Gov.</td>
</tr>
<tr>
<td>Health team</td>
<td>Health team</td>
<td>Pills</td>
<td>None</td>
<td>Western, federal Gov.</td>
</tr>
<tr>
<td>Clinic</td>
<td>Health team</td>
<td>Pills, surgery</td>
<td>None</td>
<td>Western, federal Gov.</td>
</tr>
<tr>
<td>Hospital</td>
<td>MD, RN</td>
<td>Pills, surgery</td>
<td>None</td>
<td>Western, Fed &amp; State</td>
</tr>
<tr>
<td>Religious</td>
<td>MD, RN</td>
<td>Pills, surgery</td>
<td>Cash, free</td>
<td>Western, church</td>
</tr>
<tr>
<td>Private</td>
<td>MD, RN</td>
<td>Pills, surgery</td>
<td>Cash</td>
<td>Western, private</td>
</tr>
</tbody>
</table>

and friends. At times this self care took place at the household level, for instance a husband might ask his wife to help him with a stomach complaint, or a mother would treat a feverish child. Residents of Basigochi could also engage the services of an owirúame who treated ailments in dreams, with herbs, or during a curing ceremony. Sometimes a cure would involve all three kinds of activities, with the owirúame dreaming the cause and the cure, and then performing a ceremony according to what he had learned in his dreams. During the ceremony herbs are given to the patient, sprinkled on the ground, or placed upon the altar, and tesguino is always offered to the patient, the owirúame, and the guests at the ceremony. Thus, the “cost” of such a curing ceremony includes the resources needed to provide tesguino and food for the owirúame and guests,
which at times is substantial, involving as much as two gunny sacks full of corn (for *tesguino* and *tortillas*), and either a goat or several chickens. (I never saw a cow offered for a curing ceremony).

For some people, sponsoring a curing ceremony is a hardship, and thus they find it easier to utilize western health care services first. The simplest way to receive these services was to wait until a visiting health team (PROGRESA or the clinic team from Laguna) arrived, at which point residents could walk to the school to receive pills for their maladies. Indeed, this was the option preferred by most of the women in Basigochi. However, health team visits were irregular, with at least a month and frequently six to eight weeks between visits. Even though the health team was only supposed to provide services to schoolchildren, when they were finished immunizing the children, they would give consultations to adults. These consultations were done in public, in one of the classrooms at the school. While the auxiliaries examined the patient, asking all questions in Spanish, individuals waiting for a consultation would sit quietly observing the interaction, thus there was no privacy. Community members waiting for treatment would alternate between intense observation of the interactions, sometimes helping to translate for those receiving care, and quiet conversation among themselves. Generally the complaints were minor, including requests for analgesic medicines for sore
muscles and aching backs, legs and shoulders, or else complaints about respiratory or
diarrhea and stomach problems. Auxiliaries handed out antibiotics, anti diarrheals, anti-
fungal creams and cough syrups, sometimes telling the patient that they needed to come
to the clinic for follow up care. Prenatal care done at these visits included blood pressure
examinations and measurement of the uterus, as well as a reproductive history. Physical
exams were cursory, and no gynecological exams took place.

If a person suffered an acute illness episode, they would usually make a trip to the
clinic in Laguna Aboreáchi, and depending upon the outcome of this visit, another trip to
the hospital in Guachochi, to a private physician, or a curandero/a might be in order. In
rare circumstances, such as in the witchcraft episode described in Chapter Four, the
ambulance was sent for - in twenty-two months of residence in the community I only saw
this happen that one time, although in two other situations the victim of an assault was
taken to the clinic in a vehicle, and twice women in labor sought rides to the clinic.
Generally people using the clinic made the journey on foot or horseback. A few case
histories provide examples of the typical health care seeking behavior in the valley.
Following are the health care interactions observed for one year for each family.

Bulmaro's family. The household consists of an older husband and wife who look after
two grandchildren, age 12 and 16, and their son and his wife who have a toddler.
1. Bulmaro’s son strikes him with a hatchet, cutting deeply into his upper arm, to the
bone. Bulmaro and son are given a ride to the clinic the morning after this happens, and
Bulmaro is transferred to the hospital in Guachochi, and then Parral, where he stays for two months.

2. Bulmaro’s daughter returns to give birth in their home, assisted by her mother.

3. The grandchildren attend all the health team’s visits (8 visits in 1 year) and receive immunizations and worm medicines.

4. Bulmaro’s wife attends the health team visit three times and receives analgesics for back pain each time.

5. Bulmaro’s daughter in law attends a health team visit and requests medicine for her toddler who has a fever and a skin rash. The skin rash does not go away so she goes to the clinic for treatment, but they are out of medicine. She continues to attend the health team visits, asking for medicines for her son each time.

6. Bulmaro’s son sponsors a curing ceremony for his wife who has lost two children. The owirúame cures everyone in the family.

7. Bulmaro’s daughter holds a ripunaama for her newborn.

8. Bulmaro and his wife hold a death fiesta for their grandchild.

9. Bulmaro’s son and his wife take their son to the clinic with a fever and receive antibiotics and analgesics.

**Alejandro’s family.** The household consists of Alejandro, his wife, and their three youngest children, ages 7, 10, and 12. One of Alejandro’s daughters stays in the household off and on throughout the year with her nursing toddler and her husband.

1. Alejandro’s school age children attend the health team visits at the school and receive immunizations and worm medicines. They miss several visits because they do not attend school regularly.

2. Alejandro’s wife and daughter go to the owirúame for a ripunaama for the grandchild.

3. Alejandro’s daughter takes her nursing baby to see the health team every time they come to the valley (8 times in 1 year). She receives baby food, analgesics for fever, and antibiotics for the child.

**Juanito’s family.** The household consists of Juanito, his wife, and their three youngest children, ages 9, 11, and 13. Two older sons visit infrequently, and one teenage daughter stays at home when not attending school in Guachochi.

1. Juanito is afraid he has been witched because he is having nosebleeds similar to those of his neighbor Francisco. He stops drinking pisto and consults the owirúame. His wife makes him herbal tea. He comes to ask me for aspirin.
2. The three children in school attend the health team visits and are immunized and receive worm medicine.

3. Juanito's wife is weak. Juanito takes her to a curandera where they both receive limpias. She uses herbal remedies and regains her strength.

4. Juanito's teenage daughter gets pregnant. She visits the clinic for prenatal care a few times during the pregnancy. She delivers in the clinic.

Sergio's family. The household consists of Sergio and his wife. They are in their early thirties.

1. Sergio attends all the health team visits, gets his blood pressure taken and requests medicine but is not given any.

2. Sergio visits a woman in the valley who is known for her ability to heal with herbs. She diagnoses him with latido and gives him an herbal mixture to drink.

3. Sergio visits the clinic frequently. He usually gets his blood pressure taken and rarely receives any medicines.

What becomes clear is that the Rarámuri of Basigochi access all the health care resources available to them. Their choices depend upon the nature of their illness, their household resources, as well as the availability of health care services. Most of the adults in Basigochi attend the visits of the PROGRESA team as well as the visits of the health team, since these visiting teams also give talks, and sometimes hand out seeds or baby food. Yet although valley residents had learned to attend in order to receive handouts, they did not all stay for consultations. In fact, many of the adults in Basigochi did not seek outside care at all for their ailments, instead choosing to self treat with herbs or medicines they had acquired in some way. One woman had a friend who worked in the hospital pharmacy in Guachochi. She visited Guachochi regularly and always stopped in
to see if her friend could give her any medicines. In this manner she received analgesics and antibiotics, which she then distributed to relatives and friends in times of need.

One time the social worker with the visiting PROGRESA team heard the complaint that the clinic rarely had medicines. A person would make the two hour journey only to be told to return when there was medicine. She told the adult community members that she would leave medicines with someone in the community if they could decide on someone. After a short discussion, during which a father suggested his adult daughter Becca, the group chose her. Becca was married to a mestizo, had three children, and frequently stayed in Guachochi. She also had a reputation as being very brava (aggressive). The social worker gave Becca a pile of medicines, including the much sought after analgesics as well as antibiotics and anti-diarrheal medicines including Flagyl. To my knowledge, no one ever went to Becca to ask for medicines. She was not well liked in the community and many people were afraid of her. She slowly distributed the medicines to her extended family, including her mestizo husband’s relatives in Guachochi. While the social worker had good intentions, she did not understand the social relations of the community, thus her efforts were misguided, with the result that only one family benefited from the medicines, much to the discomfiture of the community. Becca’s father was feared, and in the public meeting no one had dared stand
up to him, thus the supposed “election” of Becca was not really a community decision at all as the social worker had believed.

Many residents in Basigochi asked me for medicine. I usually had an ample supply of aspirin and ibuprofen on hand and gave these out when I was certain the person was only suffering from the aches and pains acquired as a result of the manual labor associated with their subsistence lifestyle. I spent hours in the fields weeding and harvesting, or grinding corn, and knew how these activities could result in stiff muscle pain. I only mention this because during my stay in Basigochi more and more families began to come to me asking for medicines in between health team visits, instead of making the longer journey to the clinic. It was common to find people at my door asking for pills for foot pain, urinary problems, sick babies, stomach troubles, eye problems and so on. Although I told them I was not a nurse it did not seem to matter - what was important was that I had pills and gave them out for free. I never gave out antibiotics or other potent medicines, limiting my treatments to minor ailments, for which I often as not recommended an herb tea along with an aspirin. I was uncomfortable in the role, yet also knew I could save the family or individual a trip to the clinic, which may not have what they needed anyway. Thus I became a medicine dispensary, adding to the options the Raramuri in that area could utilize for health problems.
Missionaries in the region also provided health care services, although these were not used by anyone in Basigochi, since they were not Christian. The missionary services were similar to my own, in that lay people were handing out medicines, although now and again a physician or nurse would come on a two week sojourn to the area. Once a team of these missionaries visited Basigochi and I used the occasion to discover more about their practices. They received donations of medicines from supporters in the United States, bringing them down to Mexico in suitcases and boxes. Although they handed out medicines for free, they usually solicited some kind of commitment to attend church services. The missionaries seemed to have little impact on the health care seeking behavior of the residents in Basigochi, but Sierra wide, and in the urban asentimientos they are having a larger effect. One of the things that Raramuri know about the "cristianos," (as they call the missionaries) is that they will give you medicines. However, most missionaries also require their followers to quit drinking tesguino, thus many Raramuri are unwilling to sacrifice tesguino for pills they can get elsewhere without having to give up tesguino. So far, the missionaries are primarily treating Tarahumaras who have already converted to their particular brand of Christianity, although how long this continues remains to be seen. In 2000 a Christian hospital opened in Samachique and it may have an influence on services provided because these
physician services will be closer than either San Juanito or Guachochi for many residents.

At the time I left the Sierra it was still primarily serving church members only.

As an example of reproductive health care seeking behavior, I provide the following case history of a woman in Basigochi who was fifty four years old at the time.

Veronica's problem: Abnormal uterine bleeding

March 2, 2000:

Veronica gets her period after nine months with no bleeding. She knew she was menopausal and thought that her period had stopped for good when she starts to bleed heavily and continues for five days. She tells me that a doctor told her she has fibroids. She knows she should go get a pap test. She suffers back pain and cramping with the heavy blood loss.

April 28, 2000:

Veronica and I go to the IMSS hospital in Guachochi together, because the MD in charge of midwives has said he will personally care for clients the midwives bring in. I decide to see if Veronica can get a pap test and an ultrasound. After a half hour wait the doctor sees Veronica and tells her she has two options. First, she has to go back to the clinic in Laguna to get a “pass” which recommends the pap and ultrasound. She is chastised for coming to the hospital instead of the clinic. When she mentions that the doctor isn’t at the clinic in Laguna, and it is hard for her to arrange transportation, she is told to be persistent. Her other option is to wait three days when the gynecologist, who is on vacation, will return and if she comes back he will refer her to him. Neither option is desirable for Veronica, who, upon leaving, mentions she will try to go to the ISSTE clinic, which she can attend because her husband was a teacher.

April 29, 2000:

Veronica consults with psychic healers who have arrived from Chihuahua. She waits in line for 4 hours for her consultation, which costs her 150 pesos ($15). The psychic healer tells her she has a “very old” illness which she got because her husband ran around with other women, and also because she suffered in childhood. She is given something to drink and shortly after vomits something yellow and bitter and is told that
this is the “evil” that was inside her. She is told to come back the next day so the healer can remove the rest of the evil inside her. It will cost her 7000 pesos ($700).

April 30, 2000:
Veronica returns to the psychic healer. This time she is told that she only has to pay 500p ($50) and the healer will “write,” so the evil that he removed yesterday will not come back. She borrows the money from me and gets the “writing” which takes about five minutes.

Oct. 4, 2000:
Veronica has suffered irregular periods since April, including depression, uterine pain and cramping, and heavy bleeding. She is worried, and finally gets a pap test done at the ISSTE clinic. She is told that her cervix is inflamed. She will not get the results of the pap test for several months.

Nov. 14, 2000:
Veronica goes to visit a curandera, and receives an herbal mixture and a limpia. The curandera confirms that her problem is old and from her husband, but that now it will not return.

Dec. 16, 2000:
She is drinking a tea that is recommended by the curandera for her bleeding and cramping when it comes, but she has only had one more period since October.

March 2001:
Veronica’s period has stopped. She never received the results of her pap test. She resigns herself to living with the problem, which seems to be resolving since her period has not returned for 5 months. She says she believes the psychic healers were frauds. She thinks her dead husband is responsible for her troubles but what can she do about it now? She thinks the curandera is powerful and has perhaps helped her.

Veronica never went to the clinic in Laguna Aboreáchi for her trouble, nor did she get a consultation from the health team when they visited Basigochi. She thought that they could not help her for two reasons: first because her problem was very old and
second because she needed a specialist. She was also reluctant to have a gynecological exam, since her childbirth experience in the hospital and the pap test were such unpleasant experiences. She visited the psychic healer because she believed the problem may have been due to witchcraft. After that experience she realized they could not help her either, so she went to visit the curandera, whom she knew. The curandera knew Veronica’s husband and the two of them spent over an hour talking during the limpia. Veronica eventually resigned herself to the fact that she was just going to have to suffer, and since the problem seemed to be resolving itself with her herbal beverages, she decided it was not worth the trouble to continue seeking care at the clinics and hospitals, where she had received no help and only suffered shame and humiliation.

Veronica’s health care seeking behavior is unusual in that she consulted the psychic healers, but other than that it is fairly typical of the manner in which Raramuri women utilize health care services for reproductive health problems. Three common themes are illustrated in her case. First, she hesitates to use the local clinic due to the fact that the doctor is not there regularly and she believes her problem cannot be treated by an auxiliary. She also is reluctant to submit herself to a gynecological exam because of her memory of how shameful it was. Second, she believes her problem is caused by witchcraft, or the bad behaviors and intentions of her husband. She mentioned that she
thought he wanted to make her suffer so she would stay at home. Reproductive problems are commonly thought to be related to sexual jealousy, thus her desire to seek cures from the psychic healer and curandera. Finally, she attributes her cure to someone she knows. The curandera, although not a member of her kin group or community, is still within her norawa network, and Veronica believes she has more power to cure than strangers.

Veronica mentioned that she did not talk to the owirúame about her problem for two reasons. First, and most importantly, she was shy, afraid to admit the problem to him. Veronica was a proud woman and did not want everyone to know about her troubles. The fact that her problem could be related to her husband’s sexual infidelities gave her much shame, and she did not want this to be common knowledge. Second, she did not have the resources for a curing ceremony. It was easier for her to bring a lime, an egg, and a few pesos to the curandera than it was for her to sponsor a ceremony, which would also make her malady public. For Veronica, the option of seeking a cure from the mestiza curandera offered her the privacy she needed, as well as being an economically viable option. It also preserved her dignity. The government health services were inconvenient, uncomfortable and ineffective, although she accessed them because she thought they might help, and by seeking care in Guachochi she also maintained her privacy. The fact that they provided no relief affirmed her belief that her troubles were
not physical. The *owirucame* was too expensive and public and she did not even consider asking him for help. She combined existing services in a way that offered her treatment and cure that corresponded to her beliefs about the illness as well as her personal need for private treatment, and in the end attributed her cure to the one person who knew and accepted her, treating her with compassion and respect.

3. Midwives Role In Health Care Service Delivery In The Sierra

In Guachochi, IMSS sponsors a midwife program, as does the State Secretary of Health. Both programs provide training to *mestizo* midwives, who generally work alone, acting in some cases as intermediaries between the community and the medical system, and as patient advocates. The State Secretary of Health provides an annual training session to about fifteen *mestizo* midwives who live in the environs of Guachochi. IMSS provides monthly meetings as well as an annual week long training session to thirteen midwives, meaning there are almost thirty *mestizo* midwives living in and around the town of Guachochi. I attended the monthly meetings of the IMSS midwives in 2000 and 2001, including the annual training session. All of the midwives I met were older women and all but one were illiterate. The following brief portraits of the midwives I worked with provide details on the characteristics of these women.
1. Tomasa.
Sixty years old. Married for 47 years but widowed for ten. Born at home and gave birth to twelve children of her own at home. Catholic. *Mestizo* identity although her father was an Indian. She is originally from Batopilas but lived in Tónachi for thirty years. Has been a midwife for eighteen years, receiving all her training from IMSS.

2. Clara.
Eighty years old. Widowed, married for forty years, has five grown children. Catholic. Father was Tepehuan and mother was Tarahumara, but she identifies as *mestiza*. Learned midwifery in her old age, received all her training from IMSS.

3. Guadalupe.
Seventy years old. Married for fifty years, has nine children. Her father was a Tepehuan Indian. She was young when she began learning midwifery, helping a midwife attend births at home. She began attending the IMSS training sessions when they started in Guachochi in 1982.

4. Maria Jesus.
Fifty eight years old. Married for forty years, has nine children, all born at home with her husband helping her. Her mother was a *curandera* and a midwife, part Tepehuan and part Tarahumara. She is "cruzada" because her father is also a mix, *mestizo* and Tepehuan, so she has Tarahumara, Tepehuan and *mestizo* blood. She began curing when she was nine years old. Catholic. Has been a midwife for thirty-two years, eighteen of those with IMSS.

5. Josefa.
Seventy two years old. Married for sixty years and widowed for ten years. Has nine children, all born at home in Guachochi with a midwife. Has been a midwife for thirty years, started with IMSS eighteen years ago when it began. Has lived in Guachochi for forty two years. Catholic. *Mestizo* parents.

6. Hermina.
Seventy two years old. Married when she was twenty and had twenty five years of marriage but has been a widow just as long. She has five children, all born at home with a midwife helping her. Her mother was a famous *curandera* in the Sierra, as well as a *partera*. She learned by watching her mother work. She also practices as a *curandera*,
doing limpias and doling out teas to nearby residents. She has been attending births for twenty-two years, and has attended the IMSS meetings from when they began in 1982. She is Catholic. Lives in a pueblo an hour away from Guachochi.

7. Maria Refugio.
   She is sixty-two years old. Married young, when she was sixteen, and has five children, all born at home with a midwife. Catholic. She began to attend births when she was twenty-three years old. She took two courses in Chihuahua and then began attending the IMSS meetings when they began. She has lived in Guachochi for 9 years.

8. Rosa.
   She is eighty. Was married for two years but didn’t have children, so her husband left her. She never remarried. Mestiza. Has lived in Guachochi all her life. Started out as a health promotora in 1974, and then began attending the midwife training sessions. She has been a midwife for twenty years.

9. Hilda.
   Sixty-two years old. Married for twenty-two years. Has seven children, all born at home with a midwife. Is from Barbecitos. She began attending births when she was thirteen, by helping a woman give birth. Her first training program was with IMSS. Catholic.

    Eighty years old? Is Tepehuan from Baborigame. Her mother was a midwife. She has three children from her first husband, who was killed after they had been married for seven years. She remarried and had two children with her next husband, who also died. Then she married again, and had six more children. All her children were born at home, with her mother helping her. She learned to be a midwife from her mother.

11. Antonia.
    Fifty-five years old. Tarahumara married to mestizo. Has seven children, all born at home with her husband and mother in law helping her. Has been married twice. Her first husband committed suicide. Her sister in law is a midwife, and taught her how to do it. She has been a midwife for eight years, starting with IMSS.
All of these women lived in the Sierra for their entire lives. All but Antonia identified themselves as *mestizas*, and although many had been to school, most of them could not read, and signed all forms with a thumbprint. All had stories of attending Rarámuri women at birth, and more than a few were stories in which the Rarámuri woman had given birth in a cornfield and the midwife had run out to help her. Others told how they answered a knock on their door to find an *indigena* woman in labor about to deliver. Most had small practices, only delivering one or two babies a month. All worked in and around Guachochi, and none charged for their services, although they accepted donations and received a small remuneration (10$ a month) for their attendance at the IMSS training sessions. All the women were knowledgeable about herbs and generally agreed on the uses of plants for pregnancy and birth. Most of their knowledge would be considered traditional "folk" medicine of Mexico, as the herbs they use are popular home remedies, many of which are plants of European origin. They also knew about the humoral system and used plants accordingly, to treat either hot or cold conditions. The women with Tepehuan and Tarahumara heritage were not as versatile with the humoral way of thinking and tended to rely on the same herbs I found Rarámuri women using (See Appendix A). Most of these women considered themselves superior to the *indígenas*, who they described as dirty and uneducated, but very strong and able to
endure much suffering. “Pobrecitos, sufren mucho pero aguantan,” (Poor things, they suffer a lot but they bear it) was a common response to my questions about Rarámuri women they had attended.

The training sessions began at 11AM on the fourth Monday of every month and were held at the IMSS hospital in Guachochi. These sessions lasted about two hours. A lecture or educational presentation took up the first hour, and during the second hour the midwives turned in their numbers to the doctor in charge, received medicines and supplies, and chatted among each other. Several of the midwives wore the pale green tunics they had been given as uniforms, while most of the others wore their own clothing. The meetings were social gatherings as much as they were educational forums, since this was usually the only time many of the women saw each other. Birth stories were exchanged and questions about hospital policy and obstetric medicine were asked.

I gained permission to attend these meetings from the doctor in charge of the midwives. One doctor was responsible for preparing the educational lectures for the midwives and for collecting their statistics. I attended fifteen of these meetings, and the majority of the lectures were about family planning. I was invited to give a workshop during the annual week long training session in August 2000, and my presentation was one of three out of ten not focused upon family planning methods. The monthly sessions
included lectures on each family planning method, including tubal ligation (surgical sterilization), hormonal treatments including injections, implants and the pill, IUDs, condoms, and natural family planning. Several of the sessions were repeated, so that in one year there were two sessions each on tubal ligation and IUDs. There was a session on sexually transmitted diseases, and one entire session was spent focusing on how important it was to keep good records about the numbers and kinds of family planning methods the midwives were providing to their clients. Other sessions covered uterine and breast cancer, the importance of immunizations, and one session explained the PROGRESA program. Midwives were given birth control pills to hand out to their clients each month, with some women receiving as many as thirty or fifty boxes a month. Condoms were handed out as well, and once an IUD was given out even though the midwives admitted they were not authorized or trained to insert them. The medicines they received included analgesics, Flagyl, antibiotics, cough syrups and sleep inducers. Other supplies they received included alcohol, cotton, gloves and gauze squares.

When I queried the physicians in charge of the program as to why the midwives did not receive any training on attending birth at home or handling emergencies, I was told that it was IMSS policy not to give them any instructions about birth, but instead to teach them how to refer patients to the hospitals and clinics. The director of reproductive
health at the State clinic confirmed this policy, as did the director of the IMSS hospital.

The reasoning is that if they are trained and encouraged to refer their patients to the formal government health services, they will not perform births that should be delivered in the hospital. Therefore, midwives were not given any training on how to handle obstetric emergencies contributing to maternal mortality, such as hemorrhage or eclamptic seizures. Neither were they instructed in neonatal resuscitation techniques designed to treat at risk newborns. I never saw any evidence of education about prevention of either infant or maternal mortality, nor were there any sessions on how to recognize a sick newborn in need of hospital care.

Yet at almost each meeting the midwives complained that when they brought patients in, the patients were not seen. They told stories regularly about the women they brought in being ignored, or told to go away. Some received treatment similar to Veronica's experience on April 28. Frequently, laboring women were refused at the clinic or hospital and ended up returning home to deliver.

Table 19 provides annual totals of selected categories on midwife activities. The categories are taken directly from the IMSS statistic form, filled out by the physician who supervises the midwives. It may be noted that while numbers of pill users seem to be stable, first time users, initial IUD insertions and referrals for surgical sterilization each
Table 19: Activities of Rural Midwives, IMSS, Guachochi, 1999-2001

<table>
<thead>
<tr>
<th>Activity</th>
<th>1999</th>
<th>2000</th>
<th>2001*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancies under control</td>
<td>208</td>
<td>284</td>
<td>76</td>
</tr>
<tr>
<td>Pregnancies sent to medical facility</td>
<td>148</td>
<td>172</td>
<td>76</td>
</tr>
<tr>
<td>Births attended</td>
<td>55</td>
<td>67</td>
<td>35</td>
</tr>
<tr>
<td>Births sent to medical facility</td>
<td>104</td>
<td>119</td>
<td>11</td>
</tr>
<tr>
<td>Live births</td>
<td>54</td>
<td>69</td>
<td>19</td>
</tr>
<tr>
<td>Born dead</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Visits to the women after the birth</td>
<td>310</td>
<td>356</td>
<td>69</td>
</tr>
<tr>
<td>Postpartum complications</td>
<td>10</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>Postpartum comp. sent to medical facility</td>
<td>10</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Women who accepted pills for 1st time</td>
<td>174</td>
<td>148</td>
<td>43</td>
</tr>
<tr>
<td>Women who accepted injections for 1st time</td>
<td>3</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Women who continued to receive pills#</td>
<td>264</td>
<td>215</td>
<td>215</td>
</tr>
<tr>
<td>Women who continued to receive injections</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>IUD’s inserted for 1st time</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Follow up examinations for IUD</td>
<td>20</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Women sent in to medical facility for IUD</td>
<td>114</td>
<td>80</td>
<td>3</td>
</tr>
<tr>
<td>Women sent in to hospital for surgical sterilization</td>
<td>51</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>Women who had surgical sterilization</td>
<td>48</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

* January through June only
# This is a monthly average.

dropped from year to year (even if totals for 2001 are doubled the estimates are still lower than preceding years.) At the September 2000 meeting the midwives were informed that the family planning coverage for Guachochi was 86% and that 14% of the women out there still needed family planning. They were chastised for not referring enough women in to the hospital for sterilization and IUD insertions, and also they were questioned as to why their numbers of first time pill users were dropping. Exasperated, one midwife said
"The women don’t want pills anymore." Another said “There are no more women out there. They are all already sterilized or else they have IUD’s. We can’t do anymore.”

The director of the IMSS hospital in Guachochi congratulated the midwives on their good work during their week long training in 2000. He said that in 1996, eight hundred women delivered in the hospital. He said this is a good increase, as in 1992 there were only four hundred, and only one hundred a year from the hospital’s inception in 1982 through 1991. He said that the midwives see approximately two hundred pregnant women a year, and that more and more of these women are being referred to the hospital, thanks to the midwives’ participation. He also noted that they had made good progress with family planning and again congratulated them. He mentioned, in closing, that now their work was even more important because the maternal mortality was still at a high lever, and that their increased vigilance of pregnant women and referrals would help the situation. He reminded them how important it was that they identify high risk pregnant women and send them to the hospital.

In sum, mestiza midwives working in Guachochi only receive training on family planning, and there is a policy mandating they not receive any education about birth from their sponsoring government health agencies. Their role is to implement national family planning policy and provide referrals to the government medical facilities, rather than to
attend births. Because of their unique experience and social status they could play an
important role in the provision of skilled assistance at birth to women unwilling or unable
to access the clinics or hospitals, but they are not encouraged to do so. Current medical
policy (international as well as national), notes that midwives are a detriment to safe
birth practices and therefore their role as birth assistants is curtailed, since they are not
perceived as “skilled attendants.” Instead, they are increasingly groomed as
intermediaries between the women they serve and the medical profession, acting, if you
will, as handmaidens of the state.

4. Family Planning Among The Rarámuri

At the International Conference on Population and Development in Cairo in 1994,
reproductive rights were recognized as one of the fundamental human rights.

Specifically it was recognized that:

...each couple and individual has the basic right to decide freely and
responsibly the number of children, the spacing of births, and the interval
between children as well as having access to information and methods to
achieve this, including the right to reach the highest level possible of
sexual and reproductive health (Family Care International 1994, my
translation.)

Family planning has been touted as one of the more effective strategies leading to an
increase in economic and educational opportunities for women, by releasing them from
the burden of bearing and caring for large numbers of children. Additionally, family
planning is seen as one of the ways to reduce maternal mortality, since by preventing pregnancies, the numbers of women who die during pregnancy and childbirth are reduced. According to the UN Population Fund, “Mexico is in an advanced stage of demographic transition,” with an estimated fertility rate of 2.34 children per woman in 2001 (UNPF 2002). However, among indigenous women in Mexico, fertility rates remain high, as do rates of unassisted birth and maternal mortality. In the state of Chihuahua, the fertility rate was 2.83 for the period between 1992-97, and in Guachochi a rough estimate for fertility among the Raramuri is 4.2 for 1999 (INEGI 2000).

Ethnographic data suggests Raramuri women have between three and seven children each. In Basigochi over half of the women were using family planning.

In Basigochi, only the very young women and elderly women do not have some kind of family planning method. Yet it is not the case that women have chosen to use family planning methods. Five of the young women in Basigochi who gave birth in the clinic all had IUD’s inserted at the time of the birth, and one who gave birth at home also had an IUD put in. All these women are married. Their stories follow (age is in parentheses):

Catalina (22):

She did not know if an IUD had been put in or not. Her mother accompanied her to the clinic for the birth and said she did not know if an IUD was put in because she was behind the curtain and could not see. Catalina bled heavily after the birth and had uterine
cramps and a backache that would not go away. She felt weak and it took her a couple of months to recover. She felt something was wrong because with her first baby, born at home, she returned to her chores within a week. Although she had been told to return to the clinic for a checkup a week after the birth, she did not do so. Her mother assumed that an IUD had been put in because why would they want her to come back in a week? Six weeks after the birth Catalina, still suffering from a backache and general weakness, went back to the clinic. She was told that an IUD was put in but they would not remove it, because she had two children and was not married.

Refugio (21):
She did not know if she had an IUD put in. She suffered heavy bleeding and backaches and frequently asked me for analgesics for her backache. After about six months of asking me for pain pills for her backache, she finally mentioned that she was afraid that she had an IUD, because when her period came she bled for 6 days and her uterus cramped and she was in terrible pain. She went to the clinic and was told that she did have an IUD put in, but that they could not remove it because they could not find it. She was told to come back in a month. She returned to me for pain pills, expressing her distress about the fact that the IUD had disappeared inside of her.

Marcelina (21):
She knew she had an IUD put in, even though no one had told her, because she now had cramps, a backache, and heavy bleeding, none of which had happened with her periods before. She wanted to get pregnant again, because her first child was a tesguinada baby and now she was married and the couple wanted a child of their own. She went to the clinic three or four times and was told each time that the IUD would not be taken out because her baby was only a year old.

Carolina (20):
She had a three year old child and could not get pregnant again. She was worried that she may be infertile. She did not know if she had an IUD put in or not because nobody had told her. She suffered backaches with her period but thought this was normal. She attended the health team visits at the school where she was encouraged to go to the clinic for a gynecological exam. She was afraid to go to the clinic because she did not like the people there. She continued to suffer backaches.
Ines (19):

She knew she had an IUD put in, and did not suffer too much with her periods. However, she wanted to get pregnant again, since her first child had been a *tesguinada* baby and now she was married. Her husband wanted her to get pregnant, so she went to the clinic to ask for the IUD to be removed. She was told that her baby (1 year old) was too young, and that she should wait another year or two before getting pregnant, therefore they would not take the IUD out.

Leonarda (23): She gave birth to three children at home and two died in the first year, so she only had one child. She had an IUD put in against her will. She says she attended one of the health team’s visits “and then they told several of us that we had to go to the clinic, and I did not know why. We had to get in the ambulance and they took us to the clinic, never saying what we were going for. We were all scared, there were about five of us. When I got there they put in the IUD against my will. I did not want it but there was nothing I could do. Afterwards they took us back to Basigochi.” At the time I knew her she suffered from heavy bleeding, backache, and cramping during her periods. She wanted the IUD removed because she and her husband wanted to have more children. She went to the clinic and the doctor told her she could not find the IUD. Leonarda did not believe this. “I think she just does not want to take it out. Because why else would I bleed so much and have my back hurt so much?”

In Basigochi, six women in the middle aged group had surgical sterilizations.

Three other women in this group had only 1 child after giving birth in the clinic or hospital and did not know if they had an IUD or an operation. Of the six who had been operated on, four told me that the operation was “*afuerzas*” (forced). They went on to explain how they had suffered, not knowing what was happening to them. They were not aware that they gave consent for the operation. One woman explained that they told her husband they were going to operate on her but she did not know. Another woman is Sofia, whose story opens this chapter.
During my stay in Basigochi I had the opportunity to witness the consent process which took place during one of the visits by the PROGRESA team. Gloria is twenty-three, married, and arrived for a prenatal checkup. She is pregnant with her fourth child.

The following is an excerpt from field notes, 9 July 2001. During this entire interaction, which took place in one of the classrooms at the school, there are approximately fifteen people watching, in addition to the health team which includes a nurse, two assistants and a male social worker. Some men and women sit waiting for their consultations, other children come and go, as do several of the men. Maria is the auxiliary at the clinic in Laguna.

Gloria has had prenatal care before. In Laguna she was given iron and folic acid. They do her BP. The nurse tells her not to eat lots of salt, gives her iron pills and tells her to take her supplements because if she does not her birth will be bad. Takes pulse. Also asks her when her due date is. When Gloria does not know she scolds her in front of everyone while she reaches over to feel her stomach and tells her she will have her baby soon. Asks if she eats well. Yes. Does the baby move? Yes. Weighs her. Gloria is really shy and embarrassed at getting her uterus felt. Does she have the flu? No. The nurse tells her that if she has the flu she has to come in to get checked right away because the medicines will hurt her baby, so she can not take any medicines, because “this is the risk that pregnant women have.” Where are you going to give birth? Gloria remains silent. The nurse asks again. Silence. Third time. “Quien sabe.” “Don’t you want an IUD?” Silence. Again, “Who are you going to give birth with?” The answer is whispered: “In the clinic with Maria.” “Are they going to put in an IUD?” Before Gloria can answer, the nurse’s assistant says, “Better that they operate because she already has four children.” The nurse asks Gloria “How many children do you have?”
"Four with this one."

"Better that they operate on you."

Gloria says "I think they are going to operate on me."

"Where?"

"In Laguna."

Then Gloria's husband Patrocinio is called. Because this time, three times she is asked if she knows what the operation is and if she wants it and she does not answer at all. So the nurse calls her husband. Meanwhile they are telling her it is best to get an operation. "Look, you already have four. It is hard to feed so many. *Maseca* is expensive."

Then Patrocinio comes and they ask him if Maria [from the clinic] told him and his wife about the operation and he says yes. Does he want it? Yes. The nurse continues: "Because it is hard to work so much to feed so many children?" Yes. Lots of laughter from everyone in the room. Then the nurse asks if his wife knows. He says yes she knows, and yes she wants one. Meanwhile the schoolteachers, Florencia and Elvira say to me "She probably does not know and they are just going to operate on her anyway because that is how they do it around here. Lots get operated on without knowing."

But in this case the nurse is persistent, and she says to Gloria "So did Maria explain it to you?" Yes says Patrocinio, although Gloria remains silent. The nurse says "I am going to get the paper, a piece of paper and you are going to sign it now." "Or later?" asks one of the teachers. "Now is better," the nurse replies. She gets the paper, which is attached to Gloria's chart. She says "You will sign this piece of paper which I will read to you." Meanwhile Gloria is sitting looking kind of embarrassed and confused. The nurse says to her "OK, so you know what the operation is?" Patrocinio replies "She knows." "You know that after the operation you won't have anymore children?" No answer but the nurse is talking right to Gloria. "You know that with the operation you'll only have this one more, four, and then no more?" And again, silence. Then, looking down, Gloria whispers a barely audible "sí" The nurse says to Patrocinio "You know that with this you won't have anymore children?" Yes. "You don't want anymore?" No. "Maria explained it to you?" Yes. "And your wife understands?" Yes. "And you have talked to her about it and she wants it?" Yes. Then he says something to Gloria in Raramuri, basically telling her to respond. The nurse says "You want the operation?" to Gloria who responds more forcefully "Yes". "Ok, then you can sign the paper here," and to Patrocinio, "Does she know how to
write?” She knows. And so the nurse gives Gloria the paper and a pen and shows her where to sign. She signs. The paper was never read to her in full. Gloria seemed uncertain - like she was not sure either of the operation or the language. Patrocinio seemed to be in control: He understood and he wanted his wife to have it. Then Patrocinio asks if they will do the operation in Laguna at the clinic. “No, they take you to the hospital for the operation,” the nurse replies. The rest of the interactions revolves around plans to get Gloria to the hospital in Guachochi, with the nurse suggesting that Gloria stay in town.

My understanding at the time was that Gloria was uncomfortable and acquiesced just so the whole interaction would be over. Was this “a fuerzas”? The consent form was not read, but it was signed by the woman receiving the sterilization, who admitted that she knew what was going to happen to her. What is clear is that her husband answered for her, and he appeared to know what was going to happen. Yet it is curious that he did not know the operation would not take place in the clinic, especially since he said he had been informed about the process. If he had been informed, why did he ask where the operation would take place and show surprise upon discovering it was in the hospital in Guachochi instead of the clinic?

What is certain is that some women in Basigochi are not choosing the IUD’s and surgical sterilization they receive. The IUD insertions and operations are traumatic experiences for them. Their human rights are being violated, either by their husbands, as may be the case of Gloria, or by clinic personnel, as in the case of the IUD insertions
performed on the young women. How widespread is this? The indigenous governor in Norogachi was hesitant to give me permission to interview women in his community because he thought I wanted to convince women to use birth control. He told me in no uncertain terms that too many women had been sterilized or given IUDs against their will, and he was not in agreement with this. He said that women had their own methods of spacing children, and they did not like outsiders coming in to tell them how many children they could or could not have. While his opinion cannot be verified, numbers of women receiving IUDs and surgical sterilizations are recorded. The midwife statistics above demonstrate that women regularly receive both IUDs and surgical sterilization; to such an extent that the exasperated midwives claim it is only pubescent women who are not using any family planning methods (which was the case in Basigochi).

In 1999, eighteen Rarámuri women gave birth in the clinic in Laguna Aboreáchi. Of those eighteen women, sixteen had IUD’s inserted at the time of the birth (before they left the clinic), one was referred for a surgical sterilization, and there is no data for the

Table 20: Family planning methods inserted in Rarámuri women at birth, Laguna Aboreáchi Clinic, 1999 and 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of births</th>
<th>IUDs inserted</th>
<th>Surgical sterilization referrals</th>
<th>No Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>18</td>
<td>16</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2000</td>
<td>17</td>
<td>12</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
remaining woman. In 2000, seventeen Rarámuri women gave birth in the clinic, with twelve of them receiving IUD's, and three referred for surgical sterilization. The IUDs were inserted by an auxiliary who was not a nurse, but who received training from IMSS. The average age of the women giving birth in the clinic in 1999 was 20 years old, with three sixteen year olds delivering their first child, and the oldest twenty-seven. In 2000 the average age of the Rarámuri women delivering in the clinic was 25, with the youngest sixteen and the oldest thirty-eight. The sixteen year olds received and IUD, while the older women were referred for surgical sterilization. The auxiliary, Maria, a mestiza who had been working at the clinic for twenty years since it began in 1980, proudly explained:

Here in the clinic we attend more births and put in more IUDs than all of the clinics in [municipio] Guachochi and Morelos. We are the ones who have the best statistics and we also succeed in operating on more women. This year, for the ones that don't want to be operated on, the young women, we put in IUDs. After two or three years we take them out and give them the opportunity to have more children. There are many uterine infections, many genital warts, and many cases of syphilis - there are eight cases in Samachique, and we have five cases of genital warts here. Yes, there are many uterine infections, and more than anything, they are in young women, those are the ones who go to the harvests, they have sexual relations, they are raped. We don't have many positive pap smears here, only one so far this year.

The clinic data I collected reflects the truth of her statements, as most of the other clinics I visited were only doing about five births a year. Maria noted that when they opened the clinic in 1980 they didn't do many births either, "because that first year the people did
not trust us.” She said little by little they succeeded in winning the confidence of the women. When I asked her if she had any tips for working with the Rarámuri, she said:

I adapt myself to the people. I respect them and I do not contradict them. I explain things to them from their point of view. For example, when the women are afraid, I treat them as an equal, like a woman. I used to speak Raramuri better, because I lived among them, at the sawmill. I love the Indian people very much. I respect their customs, their traditions, their gods, and I do not say they are crazy.

Yet in the next breath she went on to explain that now the people are losing their customs, and actually:

What we have seen is that the ones who change their religion improve their conditions. Really, the Christians are healthier, and they understand better that we are trying to help them.

I include Maria’s comments in order to emphasize that the people encouraging the sterilizations and inserting the IUDs are doing so in the belief that they are helping the women. Maria’s attitude is typical of many of the local auxiliaries and health care workers I observed working with the Rarámuri. At the same time they state their love and respect for the Indians, they claim a superiority, based on ethnic heritage, religion and economics. Maria does not at all view the fact that she inserts IUD’s in young women without telling them as a violation of the woman’s human rights. She sees no connection between IUD use and uterine infections, anemia, or maternal mortality due to hemorrhage. Instead, she feels that she has superior knowledge and experience, and thus
she knows what is better for the women better than they do. In her mind, she “gives them the opportunity” to have healthy children, something they can not do on their own. She works hard at her job, is cordial with most Rarámuri women, and sincerely believes that she is bettering their lives. The nurse who made sure Gloria signed the consent form for surgical sterilization was also certain that Gloria’s life would be better with only four children. These health care providers are not intentionally violating the human rights of the women they treat, and they certainly do work hard to improve health conditions in the Sierra, with many positive results. However, the health care system in which they work promotes an ideology which ignores the cultural values of the people it treats, and in so doing violates the human rights of the people it serves in the name of preserving those same rights. The *mestiza* auxiliaries do not see the paradox, because as providers they are members of the dominant elite, thus the ideology is consistent with their own worldview. They know that it is better for women to only have two children. Although the family planning language states that every woman, man and couple has the right to decide how many children they want and when they want them, the reality is the *mestizo* health care workers feel the Rarámuri have too many children because they are ignorant and fornicate. Every health care worker will tell you how randy the Rarámuri are, especially when they drink *tesguino*. Their sexual promiscuity is almost legendary, as
mentioned in Chapter Four. Therefore, it is up to the health care workers to save the
Indians from themselves. There is no doubt in their minds that they are helping the
Tarahumara. This is why structural violence is so difficult to unveil – it lurks beneath the
well meaning intentions of many kind and intelligent people.

The violation of indigenous women’s rights through the implementation of family
planning programs has also been documented in southern Mexico; in Oaxaca, Chiapas,
and Guerrero where almost the exact same kind of situations as those I describe have
been reported (Cadenas & Garza 1994:128). In Mexico nationally, statistics show that
poor uneducated women in rural areas “choose” IUD’s and surgical sterilization more
than educated women living in urban areas do (Cadenas & Garza 1994).

To insert IUDs without the patients knowledge or consent, and to coerce women
to have surgical sterilization is damaging enough, but these situations have serious health
repercussions for Raramuri women as well. The majority of Raramuri women who have
IUDs in place complain of pain and heavy bleeding. Heavy bleeding and uterine
infection leading to infertility are risk factors of IUDs (Cunningham et al 1993, Hatcher
et al 1999, Torres & Salazar 1994). In fact, in the US, IUDs are no longer inserted in
women of childbearing age due to increased risk of uterine infection and sterility
associated with their use. Heavy menstrual blood loss can lead to chronic anemia,
which, according to Williams Obstetrics, 15% of a well nourished population with IUDs in place will suffer to the extent that they have the IUD’s removed (Cunningham et al 1993:1343). Anemic women are at higher risk for hemorrhage at birth, which is the number one cause of maternal mortality in Guachochi. Not surprisingly, Monárrez-Espino and researchers found in the municipio of Guachochi non-pregnant IUD users suffer the severest anemia of all Rarámuri women surveyed (Monárrez-Espino et al 2001:396). Widespread insertion of IUDs among Rarámuri women could be a contributing factor to the elevated levels of morbidity and mortality associated with pregnancy and birth among the Rarámuri, especially because follow up checks, strongly encouraged as necessary to the efficacy of the IUD, are rarely performed. The prevalence of sterility and infertility among the Rarámuri remains unknown, although my reproductive histories suggest it may be more common than presumed. In Basigochi, five of the middle aged women only had one child, and only one of these had a surgical sterilization. Three younger women were unable to conceive. When asked by a mestizo social worker if she used anything to prevent pregnancies, one of these women answered “why”? Another woman asked me if there were pills to help you have babies. She had heard there were pills to prevent pregnancy, so she assumed there had to be pills to induce pregnancy.
Finally, the unpleasant interactions in which the Raramuri women feel themselves “forced,” shamed, and disrespected have the result of discouraging women to use the facilities. Thus, the overall effect of the push to promote family planning among the Raramuri in Guachochi has had the multiple effects of violating the human rights of these women, contributing to their increased physical suffering and possible infertility, discouraging them from use of health care services and facilities, as well as ensuring that mestiza midwives do not receive training in life saving measures which could positively impact the high levels of infant and maternal mortality.

5. Health Care Interactions As Site Of Social Reproduction

A final aspect of my research among the Raramuri was to observe reproductive health care interactions between Raramuri women and their providers. I observed numerous health care consultations in clinics and hospitals in the city and the sierra, and spent hours attending health team visits in Basigochi and a few other communities. These health care interactions are sites of social reproduction of hierarchical power relations which reify and affirm the dominance of mestizos and subordination of indigenous women. The power relations created and reaffirmed between mestizos and Raramuri women during these health care interactions have repercussions in several social domains, including gender, ethnicity, politics, religion, and economics.
As noted in Chapter Four, Raramuri women tend to limit their contact with mestizos for a number of reasons, according to the cultural ethic which discourages women from associating with unrelated males and outsiders. Although the extent to which women do so varies according to the individual personality and opportunities afforded to them, in Basigochi the most frequent and sustained contact women have with mestizos and mestizo males is during health care interactions.

Gendered hierarchical power relations are created and expressed during these interactions. Although most of the auxiliaries working in government clinics are mestizos, many of the physicians are male. It is likely that female patients will be examined and treated by males. Ethnicity is also layered upon these interactions since all government health care personnel, whether male or female, are mestizos. Private hospitals may have Anglo or European doctors and nurses. Thus, Rarámuri patients are cared for by mestizo doctors, nurses and auxiliaries, and in rare occasions, by whites.

Power dynamics are also manifest in political domains, since health services are provided by the Mexican government. Access to health services are the right of all Mexican citizens, but many Rarámuri do not know or understand the Mexican government bureaucracy since, they do not often resort to it for other purposes. The result is that in some cases, services which are touted as being available to all Mexicans
end up being provided to mestizos who have the savvy to apply for the services.

Raramuri are often left out.

This was the case in Basigochi with at least two state and federally funded programs, PROGRESA and DIF, devoted to assisting poor and rural residents with health services, food, and educational opportunities. Both PROGRESA and DIF require recipients to complete an application process in which certain forms such as birth certificates or school records are submitted. Not only do many Raramuri lack the proper forms, but generally they are not even informed about the deadlines or opportunities the programs provide. These programs can only provide resources to a certain number of families, and participation is limited to those most in need. Yet no family in Basigochi received the food disbursements from DIF, as all the slots were taken up by mestizos living in larger communities on the highway. In fact, this program was locally administered by the clinic health worker Maria, mentioned above, who gave out food stuffs to her own extended family and friends, justifying her actions by saying the Raramuri were too ignorant to know how to apply for the assistance.

Religious and cosmological distinctions are also evident in health care interactions, since most mestizo health care workers are evangelical Christians or Catholics. Catholics tend to be mildly tolerant of Raramuri drinking, understanding that
it is an integral part of their social milieu and essential to ritual curing practices.

However, upon more than one occasion I heard Christian health care workers admonish Raramuri patients for drinking *tesguino*. The fact that all Raramuri pregnant women who admit they drink *tesguino* are considered alcoholics is based upon a lack of understanding of Tarahumara culture and religious practice. A case from my fieldnotes illustrates the grave consequences of this kind of interaction. Antonio is a ten year old boy.

The health team visited yesterday and gave an educational program. Health care workers performed a skit about alcoholism and drug abuse. They acted out a situation where a drunk parent ignores the pleas of his children and wife, and finally ends up beating them. After the program Maria explained that *tesguino* was alcohol, and encouraged the children to refrain from drinking. This afternoon we were invited to drink next door, where they were having a death *fiesta* for Leonarda’s child. Antonio had a fit and urged his mother to please not go drinking. She tried to explain to him that it was a ceremony to help the dead child go to heaven. Antonio would have none of this, crying that all they were going to do was get drunk. His mother calmly explained to him the purpose of the ceremony was to bless the child and give him food. Antonio angrily yelled at his mother, saying “why does the baby need food since it is already dead?” He reiterated that he did not want his mother to go, he was not going to go, and that it was all about getting drunk and he thought it was wrong. Finally, Antonio’s mother scolded him, telling him he was too young to understand how important it was to bless the dead, and that it was wrong to talk that way about *tesguino*, which was from God. Antonio, sobbing on a bed, looked at his mother in disgust. His mother sighed deeply and told him to stay there then, but we were going to the ceremony to bless the baby. Antonio stayed home alone, crying, angry and confused.
In this case, Antonio was torn between the authority of the health team and his teachers, and that of his mother. The Christian ethic of abstinence had seeped into the messages delivered by the health team, as well as in the classroom since his schoolteacher was a vocal Christian. On one hand he was being told that *tesguino* was evil, from the Devil, and led to drunkenness and depravity, while on the other hand his mother, who regularly attended and sponsored *tesguinadas*, told him the opposite in her effort to explain the meaning and purpose of *tesguino* and ceremonies. The activities of the health care team's evangelical health promotion messages served to undermine Rarámuri cultural and moral norms.

Finally, in terms of the economics of health care interactions, power dynamics manifest through obvious differences between resources available to providers, and those of Indian patients. Most Rarámuri do not have regular and sustained access to employment, thus their participation in the cash market is limited to random and irregular exchanges. Usually most Rarámuri generate enough cash throughout the year to obtain necessities such as food and clothing, but they certainly do not have a disposable income. Government health services are provided free of charge to Rarámuri who nevertheless have trouble logistically accessing such services, and may also have trouble complying with recommended treatments. Things like clean water, or even resources and facilities
to boil and store clean water may not be options for them. When I arrived in Basigochi, many families obtained drinking water from the arroyo running through the valley - the same stream where people bathed, washed clothes, and animals drank. I knew of only one household where drinking water was boiled on a regular basis. Other things such as bandages for wounds, over the counter medicines, or nutritional supplements were rarely used. Sometimes people receiving a bottle of pills for a complaint they had would guard the pills carefully, waiting until they thought they really needed them. I knew of one woman who attended the health team visits regularly, even when she was not sick. She always complained of a fever and muscle aches, then hoarded the antibiotics and analgesic she received, distributing them to family members when they voiced a need for medicine. The point here is that obvious economic differences between patients and providers became evident in health care interactions. Health workers wore gold jewelry, owned vehicles and televisions, while Raramuri fabricated necklaces out of seeds or bartered for glass beads, and lived in one room homes with dirt floors with no electricity. Raramuri were acutely aware of the resources enjoyed by the mestizos that were not available to them.

As a result of these distinctions, Raramuri women learned of their relative inferiority, low social status, and subsequent powerlessness in mestizo culture during
their trips to the clinics and hospitals. Their subordinate identity was created and affirmed in the process of seeking government health care services. That this is so becomes apparent upon further examination of health care interactions. First, many Rarámuri women only speak Rarámuri, or have a rudimentary knowledge of Spanish. Spanish was the language used in all government health care interactions. As mentioned earlier, in the city translators were available but rarely called to help. In the Sierra many mestizo health care providers knew a few words of Rarámuri, such as hello, thank you, good-by and so on, but none that I knew could understand or speak conversational Rarámuri. The language barrier thrust Rarámuri women into health exchanges where their inability to speak Spanish increased their misunderstanding and confusion about what was happening to them. Several times I observed health care workers speak to Rarámuri loudly and slowly, as if they were children. Rarámuri women, generally capable and intelligent women, expressed the shame and humiliation they felt at not being able to understand. Language ability is related to time spent in school, and most Rarámuri women have only six years of primary school instruction, if that. Many attended school irregularly, and although the schools are touted as bilingual, quite commonly Spanish is the only language used, and the overall quality of education is poor
(Paciotto 2001). Hence women became aware that their normative behavior (attendance in school only through sixth grade, poor ability to speak Spanish, poverty) was inferior.

In mestizo culture women are often subordinate to men, and it was no different in the clinics and hospitals that Rarámuri attended. Rarámuri women enjoy equal status to men in their communities, yet discover their subordinate status in mestizo culture through their treatment during health care interactions where women defer to men. Finally, even during interactions with mestizos of the same sex, Rarámuri women learn they are inferior because they engage in other unacceptable activities - they have lots of children, drink tesguino, and marry at a young age.

The health auxiliary Maria, cited above, exemplifies the attitude common to health care providers in the Sierra. She vocalizes a love for the Indians that is predicated on cultural differences which assert her dominance. Her superior attitude is manifest in her speech and in her actions towards her patients, whom she treats as children. Male health care providers add the gender bias favoring male superiority, with the result that Rarámuri women quickly learn their place is below that of their caregivers.

Interethnic dynamics between Rarámuri and mestizos are complex and multi-layered, and a thorough examination of these relationships is beyond the scope of this dissertation. Previous researchers have demonstrated the complicated processes at work
in day to day interactions. Slaney argues that Raramuri use ritual baptism and funerals to construct the dead as "others" at the same time these rituals serve to distinguish Raramuri from mestizos, such that the dead and mestizos occupy a similar ideological domain (Slaney 1991). Jessen examines interethnic relations in the political domain and demonstrates how mestizos and Raramuri work together and separately to implement local and national policy. He asserts that the Raramuri are used to acting democratically and cooperatively, but concludes

It may well be that closer contact with the state, that is, less marginalization, has inhibited cooperation among the serranos. The closer they operate with the state and its policies, the more vulnerable they are to the Mexican government's maneuvering for rural political support. (Jessen 1996:299).

Their abdication of traditional cooperative methods of justice and social control allows the Raramuri to be dominated in their attempt to participate in mestizo politics. Jessen shows how individual may Raramuri learn to work the political system to their individual gain, but notes this is the exception rather than the rule.

Jerome Levi also examines the historical roots of the bautizado/gentile distinction among the Raramuri (mentioned in Chapter Two), and in a gross oversimplification of his argument, he explains how the gentiles are Raramuri who have chosen to run away and sever contacts with mestizos, while bautizados are Raramuri who have learned to live in
close contact with them (Levi 1993). His work is noteworthy because he discusses the subtle and sustained ways Raramuri resist mestizo culture even as they incorporate it (Levi 1999a), by resorting to prevarication and secrecy.

In each of these ethnographies the Raramuri are shown to refuse a subordinate status. They acknowledge difference and understand that in the eyes of the mestizos they are inferior, but through ceremony, politics, and subtle behaviors such as lying to mestizos, or making them the butt of jokes, they maintain a cultural identity which affirms their own superiority. All of these ethnographies focus on men or contexts in which men appear to be the focal players, for example, ceremonies and politics.

In this dissertation I add the women’s perspective. Although women learn of their subordinate status during health care interactions, their agency is evident in their behavior in subsequent reproductive health episodes. As demonstrated in the cases in this chapter, women utilize the resources according to their individual and cultural predilections. If they are humiliated and shamed during a health care interaction, they do not return to the provider. If they are forced into a health care interaction which is uncomfortable, they withdraw and refuse to speak (as in the case of Gloria). While their passive resistance may not achieve the results they planned, it remains an effective strategy because it inhibits further interaction, and also, the aloof distant behavior is expected of them. It is
well known that Raramuri women are “shy” and retreat from outsiders. Their shyness is an adaptive strategy, which in the past has worked to keep unwanted people away.

However, their increased dependency upon government health care services, due in part to the morbidity associated with IUDs, may mean that they will have to develop new strategies to ensure their health care needs are met in ways that are not so damaging to their personal health, identity, and culture. In Basigochi, most women still use the strategy of avoidance, although some Raramuri, like Veronica in this chapter, and Francisco whose witchcraft episode was described in Chapter Four, are beginning to include mestizo folk healers in their therapy management groups. It remains to be seen what other resources will be tapped, because so far the evidence shows that women are not willing to continue to access clinics and hospitals where they were treated poorly.

The fact that Raramuri women choose to stay away from government health care facilities at birth is due not only to cultural custom, but also to the inadequacy of those facilities to meet their particular and basic needs.
NOTES TO CHAPTER VIII

1 However, while writing this dissertation in the summer of 2002 I received a calendar from a friend working in the Sierra. The calendar is sponsored by a local civil association called Alcadeca and UNFPA funds were used to produce it. The calendar includes photographs of Rarámuri men and women and has reproduction as one of its themes, as evidenced in this statement on the cover: "This project has the objective of helping indigenous men discover their behaviors, attitudes and modes of thinking that are against themselves, against women, against other men against children and against the environment that surrounds them. The calendar wants to share some of the ideas and educational messages related to the prevention of sexual disease including HIV-AIDS, sexual education, non violence, fatherhood and the environment."

2 The Tepehuan are the indigenous people living directly south of the Tarahumara. Guachochi is near one of the canyons that serves as a border between traditional Tarahumara and Tepehuan territories.

3 These include ampicilliin, amoxicillin, naproxen, paracetemol, acetylic acid, flagyl, difenhiydramine,

4 This is a very rough estimate, calculated form existing census figures for Guachochi using the following method: First, female population for the municipio of Guachochi in 2000 was 20, 319 and there were 4824 births in 1999. Dividing both of these figures by the % of population that speaks an indigenous language results in 12, 476 females and 2962 births, for a resulting fertility rate of 4.2 births per woman. This estimate is inaccurate not only because of the method of estimating ethnicity based on language spoken, but also because it includes women of non childbearing ages. This is because those figures are not available for Guachochi. It is also inaccurate because many Rarámuri women do not attend medical facilities and therefore their births are not reported in INEGI statistics.

5 The recommendation in the 19th edition of Williams Obstetrics is as follows: "Nonetheless, because of the risk of salpingitis, pelvic peritonitis, and pelvic abscess, and as a consequence, sterility, use of an intrauterine device is usually discouraged for women under the age of 25 or those of low parity." (Cunningham et al 1993:1343).
Maria, the auxiliary at the clinic in Laguna Aboreáchi, told me how she and her health team went on burros once a year to outlying communities, where they immunized children and put in IUDs. "We used to go twice a year, but now, we go when there is a national campaign to vaccinate. We get the people together and we vaccinate all of them, we put in the IUD, and we check the ones who have IUD's." What this means is that women receive and IUD one year and then get it checked the next. The recommendation is that a woman receive a check-up three to six weeks after initial insertion. (Cunningham et al 1993, Hatcher et al 1999, Torres & Salazar 1994). Also, it is recommended to insert the IUDs during menstruation. One wonders if this was done with the women who are only visited once a year.
CHAPTER IX: CONCLUDING REMARKS

Silvia's Story

Silvia was born in Sojahuachi and came to Sierra Azul when she was sixteen because her husband, Cruz, wanted to work. He had been to the city to visit his aunt and her family, and they suggested he and Silvia could live with them. Silvia and Cruz shared the two room residence with Cruz's mother, his aunt, and her husband and three children. Next door were cousins, also from Sojahuachi, so the newlyweds felt at home, even though life in the city was different from what they were used to in the rancho. Every morning Cruz left early with his uncle and some of his cousins to work in the Ford factory. They were lucky to have jobs and Cruz was proud to be earning money for his wife. She could buy calico cloth and he could buy beer and they contributed food to the household. Silvia enjoyed riding the bus downtown with her aunt, where they would browse the market stalls looking for the best prices on beans, cheese, and sometimes they would peer in the store windows, and buy fried chicken or beef tacos, popsicles or a soda. At first Silvia was afraid of all the commotion and the chabochis, but she soon realized they did not pay much attention to her. There was one store she loved that was full of cloth of many colors and textures. One weekend she brought Cruz with her so they could pick out the best cloth. She even talked him into buying a baby blanket for the baby.
They participated in the weekend footraces - Cruz was a good runner, and Silvia used the cloth to sew skirts which were put in the betting pile. Silvia enjoyed visiting with relatives and new friends as they sat together on Sundays watching the races and gossiping. There were women from all over the Sierra and they helped her adjust to life in the city.

Silvia was pregnant when she first arrived in Chihuahua, and she had heard that some women deliver in the hospital, but she wanted to stay at home. Her mother in law told her she would be there to help and that it was OK to deliver at home, that many of the other women did so. When I met Silvia she had just given birth three days earlier to her first son, at home in the asentimiento. She sat on a mattress on the floor, shyly nursing her newborn, and patiently answering my questions in her soft voice. The tiny room was full of clothing, half finished skirts, and jackets and pants in piles in the corner, a gas stove, and small table piled with dishes in another corner. A toddler who lived next door played with a plastic bowl on the cement floor with another child, about three. Silvia's mother in law was in and out of the house washing clothes, preparing food and clucking at the children who seemed to be underfoot no matter where she was. The men were at work, and the women were finishing chores so they could ride the bus downtown and spend a few hours on the streetcorners asking for kórima. Silvia sat calmly on the
mattress in the middle of all the commotion, relaxing with her newborn. When he
stopped nursing she laid him on the mattress and covered him with the new blanket. The
other children quietly watched the baby while Silvia and I talked about the birth.

Silvia said she went into labor in the middle of the night and had the baby
sometime before noon in the morning. Her husband had to go to work, so her mother in
law stayed with her. She was careful not to cry out so the mestiza dueña would not find
her in labor and take her to the hospital. She said she was not afraid because her mother
in law told her what to do. She drank warm water in labor and walked back and forth in
the house. When it was time she knelted down on the floor and the baby was born, head
first. He started crying right away and she was surprised at his cry, how loud it was.

After the placenta came out, her mother in law tied the cord with a strip of cloth and cut
the cord with scissors. Silvia wrapped the baby in the new baby blanket she had bought
at the market downtown, and began nursing him right away. She did not have any
trouble with the birth, and hardly bled at all. She stayed in the room for the first few
days, only going out to the outhouse, and her mother in law had cooked for her. She
drank pinole to help her milk come in. She was glad to have a boy, and happy to have a
child of her own. When Cruz came home from work he buried the placenta. They
named the baby Eugenio and made plans for a visit to the Sierra, maybe at Easter so they could participate in the ceremonies, and she could arrange for a ripunaama for the baby.

Silvia said she never went to a doctor or a clinic because she had no trouble, no pain with the pregnancy. She did not lift heavy things, but she worked hard, helping her mother in law make tortillas and grind pinole for the family. Although she had been in the city for only six months, she said she liked it because she had plenty of food and there were friends and relatives nearby. She said she missed the Sierra a little but was happy here in the city and said maybe she and Cruz could even get a house of their own. She was glad to have a baby and seemed curious that I had so many questions about her pregnancy and birth. She just did what the other women did and what her mother in law told her to do, and everything was fine. She wanted more children and thought she would have them all at home, because there was no reason to do anything else.

1. Rarámuri Women’s Agency Results in Pragmatic Choices

Birth is one of the cultural domains where social values are reaffirmed and reproduced. Among the Rarámuri, independence, modesty, individuality, cooperative and reciprocal economic relations among kin, and a distrust of outsiders all factor into the decisions women make regarding birth and reproductive health care. Contemporary Rarámuri women choose to give birth at home with their husbands or a female relative
because this practice is consistent with core cultural values. Raramuri women learn that pregnancy and birth are normal biological processes which do not merit special attention, and that in fact, the best way to ensure safety for both mother and child is not to draw attention to the condition. Ideal behavior for Raramuri women includes hard work, modest behavior, and social cooperation, including fulfillment of obligations accrued during day to day participation in körima, tesguino and norawa networks, as well as political obligations generated by participating in the local governing system, such as providing tesguino and tónari for fiestas. Illness and poor health, including problems during pregnancy and at birth, are indicative of an individual’s inability or unwillingness to adhere to community moral norms. Either the person has failed to behave according to the recommendations of Onoríame, or has invoked the jealousy or anger of a sorcerer by wrong thinking or malicious behavior. Troubles at birth can be caused by sexual jealousy, thus a pregnant woman makes sure she behaves in a way that will not bring shame to herself or her husband. Pregnancy and birth are unmarked events in the social lives of Raramuri women, with birth in particular a private matter of interest only to immediate family members. In this way, danger from outsiders is reduced, and ties of intimacy and cooperation between kin are affirmed.
In western and industrialized societies, risk at birth is calculated in terms of physical notions of causality originated through medical science. Thus, normative values for human birth, including, among others, length of labor, size of newborn, nutritional intake during pregnancy, fetal heart rate, growth rate of fetus, blood loss at birth, and duration of pregnancy are generated by compiling statistical averages for populations over time. These norms become widely accepted standards of practice, and risk is thought to be increased when an individual pregnancy falls outside of these norms. A pregnancy should last nine months or forty weeks, and babies born two weeks before or after this optimum date are considered to be at higher risk, as are women who gain more or less weight than the norm, or fetus’ with unusually high or low heart rates, and so on. Risk is calculated on biological normative values, and medical care is designed to alleviate or preempt these risks. Perceived risk dictates the kind of care a pregnant woman should receive, thus prenatal care during pregnancy is essential since it includes risk assessment according to established guidelines. Low risk pregnancies need little or no intervention, while high risk pregnancies necessitate medical intervention to ensure the safe passage of mother and child. Diagnostic tests are designed to assess risk, and prenatal care consists of ongoing monitoring and management to alleviate risk or medical interventions designed to minimize risk. In western medical science, sociocultural
factors are considered tangential to biological and physical profiles which determine norms.

Raramuri do not think this way. They have different concerns. Pregnancy and birth are normal body processes, which all women experience during the course of their lives. Physical risk is not ignored, but it is no more or less than any non pregnant individual experiences in the course of their lives. The world is uncertain in general, but some physical dangers are predictably harmful to human health, such as exposure to cold, and one learns to avoid them. Other physical dangers are unpredictable, but they can be anticipated and avoided. For instance, one learns to stay hidden during a lightning storm, or not to cross a flooded stream. The Raramuri are pragmatic about physical dangers and their bodies. They use their bodies on a daily basis, and through the physical labor required by their horticultural and pastoral subsistence strategies, they know their physical abilities and limits. They know how long they can hoe a field, or run on a handful of pinole or a few hours of sleep. They know how much tesguino they can drink, or how long they can go without food. The point here is that pregnant Raramuri women know and trust their bodies, and do not deviate from their daily physical routine because of pregnancy. They know that when they are pregnant, lifting heavy objects is a strain, inactivity makes labor harder, they cannot drink a lot of tesguino, vertical positions
facilitate birth, and quelites and protein are good to eat, if available. Pregnancy is not considered an illness, and women grow up with the knowledge that if they stay physically active and eat well, they will most likely deliver a healthy baby without undue suffering. That babies and mothers die at birth is known and accepted, just as they accept the fact that children fall over cliffs and die, old people get weak and die, accidents happen and life is generally uncertain. Thus in Raramuri society birth is unmarked, and pregnancy does not by itself increase one's vulnerability to physical danger.

When something goes wrong during pregnancy or birth, causality is not necessarily linked to biological circumstances. Raramuri try to understand and find meaning to tragic and unexpected circumstances, such as the death of an infant or mother during childbirth, by observing the combined effects of physical, social, and cosmological forces that contribute to the situation, including things that happened in the past. They fit the situation into their worldview in ways that affirm their beliefs and practices, just as all humans do. In the United States we say that a baby died because it was not given the right medication, or had a congenital defect, and the solutions satisfy, since the explanation is consistent with an ideology that ascribes causality to biology and the physical world. Similarly, the Raramuri say that a baby died because an outsider took a photo of the mother when she was pregnant, or because a sorcerer sent a lightning bolt
to do harm to a man who had engaged in adulterous behavior, and those solutions will satisfy because they are consistent with an ideology that ascribes causality to social relations, which include relationships with both the physical and cosmological worlds, and where outsiders are dangerous.

Raramuri birth practices create and affirm relationships between husband and wife, female kin, as well as between mother and child. The fact that women ask their husbands to help them at birth demonstrates a trust and intimacy in the husband-wife unit that is the foundation of social relations among the Raramuri. The fact that Raramuri women also ask female kin to help at birth indexes the sustained reciprocal ties that exist between family members. Women turn to those closest to them for help when they need it, and in so doing affirm positive social ties which contribute to security.

Raramuri society is cooperative and egalitarian in nature. There is no role of birth helper because to date the Raramuri have not found a need for such a person. Few social roles are elaborated, and the roles of owiruame (curers), siriname (governors), saweame (chanters) and tenanches (sponsors of fiestas) are open to any member of the community, provided they embody the desired behaviors deemed necessary for each role. Individual competence is acknowledged, and individuals certainly gain respect for skills such as the ability to speak well in public or remain non violent when drunk, but in general all
members of the community can perform all social roles. Similarly, most individuals can do all the tasks required to maintain a household. In fact, as mentioned in Chapter Three, section seven, the ability to be versatile is valued over the ability to excel in one domain. Because all women give birth, and because Raramuri value individuality, privacy, and reciprocity among kin and community members, they have not needed a person who specializes in birth. The owiruame cares and protects for the pregnant woman and child, and each woman’s individual behavior dictates the outcome of her birth. When things go wrong, the explanatory models invoked attribute danger to inappropriate social relations, including sorcerers, mestizos, and “supernatural” beings, and in so doing serves to direct causal explanations towards an outcome that reasserts and re-establishes social and moral norms.

The practice of solitary or kin assisted birth among the Raramuri optimizes the safety of mother and child by ensuring that neither is exposed to social dangers inherent in relationships with unknown people and places. Because the Raramuri value the individual, each woman can choose where and with whom she wants to give birth. The choices women make reflect their degree of comfort with and acquiescence to social norms. Thus older women typically gave birth outside in the monte alone, because that was the most private place they could be. Now that more outsiders are using the forests
and canyons where the Raramuri live, including backpackers, drug traffickers, missionaries, and loggers, the monte is no longer the private and protected place it once was. Therefore women are moving into the safety of their homes, and while some still birth alone, more are choosing to be assisted by their husbands, mothers and mothers-in-law. This could be indicative of the fact that as resources become scarcer, the ability to be self-sufficient erodes, and community members need to rely upon each other more in the effort to exploit as many resources as possible. Consequently, social networks such as nuclear family, the kórima, tesguino, and norawa exchange groups, as well as the compradazgo relationships which establish obligations via Catholic baptism, become more important. Additionally, younger women with more exposure to mestizos through school and employment, have less fear of outsiders, and may be more comfortable using western health care facilities, seeing them as another kind of resource to be tapped. (This is apparent in the way some young women hoarded medicines.)

While Raramuri birth practices clearly reflect core cultural values, the range of choices contemporary Raramuri women are making indicate important processes of social change and acculturation as Raramuri adapt to growing contact and interaction with mestizos, the market economy and global health policy. That the Raramuri have the capacity to respond in adaptive ways to contact with outsiders is suggested by the idea
that their practice of solitary birth could be an innovation developed out of necessity as the Tarahumara retreated to isolated valleys in the Sierra when they fled Spanish conquerors and missionaries over three hundred years ago. When the Spanish first came upon the Rarámuri they were living in the foothills of the Sierra Madre Occidental in larger communities. Perhaps at that time there were specialized birth helpers, but we may never know. However, it is logical to assume that the dispersal of the Indian population into small isolated communities consisting of a few extended family units necessitated a generalization of medical knowledge, meaning that people had to learn how to give birth and cure themselves without outside assistance. It could well be that solitary birth is an adaptation developed as a response to the colonial encounter.¹

Changes in Rarámuri birth practice over the past one hundred years include a move from the wilderness to the home, and from giving birth alone to having husbands and female kin assist. Home birth with husbands and family members in attendance is equally common among women living in the Sierra and the urban asentimientos in Chihuahua. The fact that women choose to stay home to give birth whether they live in the city or the Sierra indicates that the practice is not merely due to lack of service availability, but strongly tied to key cultural values.
Yet a growing number of the youngest generation of Ráramuri women are attending government health facilities whether they live in the city or the Sierra. Older Ráramuri women say this is because younger women are “weak.” Young women say it is either because they were “forced” (by mothers, husbands, or clinic personnel), or because they did not know what to do and there was no one to help them. In Basigochi it was the teenage women with their first pregnancies who delivered in the clinic. Since so many Ráramuri women report negative experiences with government health care services and personnel, it would be interesting to see if these women return to the clinic for subsequent births. Because of the length of my field stay and the fact that most women had IUDs inserted when they gave birth at the clinic, I only observed one young woman who had two pregnancies and she did return to the clinic for her second birth. This remains an area for further investigation.

Public health care providers are engaged in a campaign to educate Ráramuri about the benefits of their services. Radio programs, lectures by visiting health teams, and individual interactions between patients and providers are forums where health messages are delivered to Ráramuri women. The information is based entirely upon western medical conceptions of risk, so for example Ráramuri women hear on the radio that they are high risk and need to attend the clinic if they are under nineteen and pregnant for the
first time, or if they have had more than five pregnancies, or are anemic. Essentially, as noted in Chapter Seven, the messages end up categorizing all pregnant Rarámuri women as high risk and encouraging them to seek medical attention. The effect of these messages remains unknown, and is another area for further investigation.

Why are younger women beginning to give birth in clinics and hospitals? It could be that their increased contact with mestizos has lessened the perceived risk associated with clinic birth. Several of the younger women who gave birth in the clinic were married to mestizos. As Rarámuri women have more sustained contact with mestizo, their fear of associating with these outsiders lessens and they become familiar in mestizo environments and adopt mestizo values. But adoption of mestizo values is not associated with urban residence nor size of locality they live in, in the Sierra, rather it is a complex historical process and cannot be conceived as having a predictable trajectory, as discussed in Chapter Two. Changes in birth practice may be an indicator of increased adoption of mestizo values by Rarámuri women, but this does not mean a simultaneous rejection of core Rarámuri values that lead to solitary and kin assisted birth, as evidenced by the fact that urban Rarámuri continue to birth at home alone, with husbands and female kin.
Why do Rarámuri continue to give birth alone, even when there are services available? Besides the fact that solitary birth is consistent with normative cultural behavior for women, the primary reason is because existing services are not tailored to their needs. In fact, as discussed in the previous chapter, contact and experience with health care facilities and personnel often has the effect of ensuring that many women do not return voluntarily. The services do not meet the needs of Rarámuri women. There is no privacy; they are subjected to medical procedures which affront their modesty; they are scolded and shamed; they are not given information about what is happening to them in a format or language they understand; they are treated with condescending and at times racist attitudes; and their human rights are violated. Additionally, these experiences more often than not lead to some sort of acute physical distress for the women, as in the cases of young women receiving IUDs which cause painful cramps, backaches, and heavy menstrual bleeding.

In fact, the Rarámuri are victimized in a way that holds them responsible for their own poor health by blaming them for their poverty, malnutrition, lack of education, and inability to take appropriate advantage of the services offered them. They are called lazy because they choose not to come to the clinic when the four out of five times they make the journey no physician or medicines are available to treat their malady. They are called
uneducated because they speak poor or little Spanish, while the providers who do not speak Rarámuri are not seen as lacking any education. They are called dirty because they live in communities without access to clean water, and can only bathe themselves and wash their clothes once a week in cold water, at times without soap. Their poverty is attributed to their lack of ability to secure and hold gainful wage employment even when few jobs are available to them. They are labeled as alcoholic and promiscuous because of their ceremonial drinking and bawdy joking and sex play. Basically, all the components of cultural miscommunication and stereotyping are at work - both ways because the Rarámuri also hold their own misconceptions about mestizos - labeling them greedy, lazy, uneducated, and immoral in much the same way the mestizos label them.

While men encounter mestizos in a number of different contexts, Rarámuri women have the most contact with mestizos during health care interactions, where they learn they have an inferior status. Because these interactions are uncomfortable for most of the Rarámuri I knew, especially regarding reproductive health issues, women exercise their agency by choosing which health care system to access when. For some women, especially the elderly past menopause who suffer primarily chronic health conditions such as tuberculosis, muscle pain, common colds, and incipient diabetes or hypertension, visits to health clinics and hospitals are rare and only take place if there is an acute illness
episode. The women in this age group are generally content to attend the visits of the health teams and pick up whatever pills they can. Otherwise they self treat with herbal medicines or consultations with the owirúame.

Middle aged women past childbearing also tend to limit their health care seeking behavior to health team visits, owirúame, and mestizo folk healers including curanderos and less commonly espiritistas. However, in an acute health crisis, they too will use the existing government facilities, although they tend not to access these services for reproductive health problems.

This leaves the younger generation of childbearing women as the group who use the government health care services the most. While these women also utilize owirúame and curanderas, it is because of their childbearing capability that they end up in the clinics. These women tend to fall into three categories. Some seek out medical care on their own by deciding to deliver in the clinic. As noted earlier, these tend to be women with more sustained contact with mestizo culture. Some suffer an acute crisis during birth, such as the experiences of Maria, Sofia and several of the women who died at birth. The lucky ones are those who receive medical care in time to have their own lives and those of their babies saved. And finally, some end up interacting with the government health care services as a result of federal family planning policy, which can mean their
reproductive health is compromised, and personal suffering increased to the extent that they seek out medical care more frequently than they would if they did not use any family planning method.

The ethnographic research described in this dissertation demonstrates that Rarámuri women prefer to birth at home, and that this practice of solitary and kin assisted birth does not by itself place them or their babies at higher risk of dying at birth. It also illustrates the ways in which Rarámuri women exercise their agency as they arrange treatment options, picking and choosing from existing services ranging from the dreams and curing ceremonies of the owiríame to free pharmaceuticals distributed by missionaries, visiting anthropologists, and government health teams. Ultimately pragmatic and resourceful people, they seek out the kind of care which not only coincides with their cultural worldview, but which most efficiently meets their individual needs including economic resources available for health care expenditures.

What lessons do Rarámuri birth practices provide us about human birth? First of all, this research suggests that the practice of solitary and kin assisted birth by itself may not be as dysfunctional or dangerous as it has been portrayed. High estimates of infant and maternal mortality among the Rarámuri, while definitely cause for concern, are not entirely due to birth practices. Instead, high rates of infant and maternal mortality are
indicators of structural violence due to complex indirect causes. These include lack of resources suffered by the government health care facilities as well as by Rarápuri; sensitive and complicated interethnic relations between Rarápuri patients and mestizo providers; possible iatrogenic medical care; widespread poverty and malnutrition among Rarápuri; polluted water supplies in Serrano ranchos and urban asentamientos; cross-cultural miscommunication in health care interactions; and yes, logistical problems involving access to health care facilities. Overestimates of mortality based on poor data sets may place Rarápuri at additional risk. By blaming exaggerated infant and maternal mortality rates on unassisted birth, attention is drawn to the victims of structural violence, while attention from the systems working to create the context of health care service delivery is deflected. Any and all programs for pregnant Rarápuri women are assumed to be helpful, and poor outcomes are attributed to the non-compliance of women. This has the unfortunate effect of ensuring that inappropriate practices continue. Moreover, the fact that Rarápuri women do not utilize existing health care services is used as an explanation justifying the futility of expanding or improving such services. If they do not use the services, then why should the services be provided? Why send out a late model 4WD Dodge Ram equipped with medicine, doctors, and nurses if pregnant women run away when the truck arrives? Careful examination of available data and existing
practices reveals that time and attention may be better spent on tailoring services to meet
the needs of indigenous women, rather than blaming them for poor outcomes.

As regards human birth, this dissertation research contributes not only an
ethnographic account of birth among an indigenous population where birth has not been
described previously, but it also sheds light on the practice of unassisted birth, and
provides an explanatory model for its persistence despite increasing exposure to and
utilization of western medical services among women in the group.

Finally, this ethnography highlights women's agency, and provides detailed
information on the egalitarian nature of Raramuri society, by describing women's lives
and activities in a culture where most of the ethnographic information has been male
centered. Attention is drawn to the essential role women play in maintaining and
affirming, as well as producing and reproducing, key cultural values. While Raramuri
cosmology, religion, dance, ritual, and curing ceremonies have been described from the
male point of view, this ethnography provides insight into the day to day, mundane
realities women experience, thereby illustrating what Raramuri women value in life.

Accounts of ceremonies and cosmology - the nawesari and matachine dances - inform us
about Raramuri culture, but what goes on when the ceremony is over? Or before it?
Where is the matachine costume when it is not being worn? Where do the materials used
to construct the altar come from and what else are they used for? Who makes good

tesguino in the community? Women know the answers to these questions as well as men
do, but they seldom talk about them. Women embody the principles of “happiness” and
“good thinking,” modesty, reciprocity, non aggression, hard work and generosity in their
daily acts. One can learn much about Rarámuri culture by observing what women do and
do not do. So much of Rarámuri reality is non discursive: it is experienced physically
and spiritually in subtle ways ranging from how to stir a pot of steaming batari, where to
sit at a ceremony, how to shape a perfect tortilla or where to go to give birth. There is no
separation between cultural ideologies and practices in the art of everyday living.

Rarámuri communicate much about what is important without having to talk about it.

Women express and embody the relationship between humans and Onorúame in their
daily activities, by looking after the children, harvesting quelites or grinding com, and by
doing each task to the best of their ability. Birth is no different.

According to the Rarámuri, women and men need to work together to keep the
world in balance. Women and men work side by side their entire lives, whether they are
herding animals as children, or planting their fields, moving a goat pen, and caring for
children in their adult lives. A woman’s life is incomplete without a man, as is a man’s
without a woman. Each needs the other to fulfill practical community obligations, such
as providing *tōnari* and *tesguino* for ceremonies, or attending community work parties, and in these activities they embody as well as express cultural moral ideals. It is no surprise, then, that Rarámuri women choose their husbands as birth assistants. In almost all the other kinds of productive work they do, men and women share equally the hardships and pleasantries in life.
NOTES TO CHAPTER IX

1 I want to thank Barney T. Burns for originally bringing this point to my attention.

2 Monárrez-Espino uses size of locality as an indicator of adoption of mestizo food and other cultural traits (Monárrez-Espino & Greiner 2000, Monárrez-Espino, Martínez & Greiner 2001). Although useful, I think this is too simplistic of a model. See discussion in Chapter II, section 3. The contact process is more complex and depends upon specific historical processes which vary greatly depending upon location, and community size is frequently but not always positively correlated with increased contact with mestizos.
APPENDIX A:

PLANTS USED BY RARAMURI WOMEN DURING PREGNANCY AND BIRTH

i. Plant Use During Pregnancy and Birth

Herb knowledge varies among Raramuri women. In the course of my reproductive history interviews I asked women in the Sierra and Chihuahua City if they used herbs during pregnancy and birth, and most said no. Some women told me they had heard women used herbs, but that they themselves did not know what to use. When I asked women what could be done during labor to help a baby be born, the most common answer was to drink warm water. This is exactly what Lumholz mentions one hundred years before (Lumholz 1902:272). Other than this most women I spoke with told me it was good to walk around and perform their normal household chores until the labor pains became too strong, at which point they go inside to deliver.

Herbal remedies were not felt to be necessary for normal birth, and were used infrequently for problem labors. Most plants mentioned by Raramuri women were used to speed up labor. This would indicate that prolonged labor is deemed worthy of intervention, and indeed, the most frequently mentioned reason women or their relatives sought help during labor was because the baby was not coming fast enough. There were no hemorrhage remedies mentioned by Raramuri women, nor were there plants used to
reduce the pain of labor. This suggests that labor is not thought to be painful enough to 
necessitate relief, which is consistent with popular notions that Rarámuri are tough and 
endure physical pain without complaint. Women did not seem to think labor was 
particularly painful, complaining more of cramping caused by IUDs or backaches from 
hours spent bent over weeding, planting, or grinding corn. My thinking on the lack of 
plants used as hemorrhage remedies centers around two ideas: first, either heavy blood 
loss at birth is rare, or, it is so sudden and profuse that it results in maternal death. Either 
circumstance would explain why herbs are not used to staunch the bleeding, and in the 
course of my research I discovered information equally suggestive for both explanations. 
Rarámuri women do not have heavy menses, and light menses are associated with low 
protein diets. Infrequent hemorrhage at birth would be consistent with both of these 
circumstances. The other circumstance, described in Chapter Seven, is maternal 
mortality. Hemorrhage is the most common cause of maternal death, and when a woman 
bleeds heavily enough after birth to cause her to lose her life, the blood loss is usually 
quite rapid and profuse. Women can die of blood loss within two hours of giving birth. 
Given this, it makes sense that women would not seek out a plant to stop the blood loss.

In this appendix I discuss the two herbs mentioned most frequently by the 
Rarámuri women I interviewed. I also provide tables with brief information on other
plants, and include a cursory review of other ethnobotanical research in the Sierra, which includes information about plants used in pregnancy and birth. *Mestizo* midwives in Guachochi were also queried about herbs, with their information often different than that of Rarámuri women. These differences are noted in the explanations about how the plant is used. Their perspective is included, because they do attend the births of Rarámuri women who may go to them in crises, before doing to a government clinic. Voucher specimens of plants were collected under the supervision of Rarámuri women or *mestiza* midwives, and plant identification of specimens was confirmed by Phyllis Hogan of the Arizona Ethnobotanical Research Association (AERA), who helped to sponsor this phase of the research. Voucher specimens are in the private collection of the author and also housed in the herbarium of the AERA in Flagstaff, AZ.

**ii. The Plants**

In spite of the professed lack of knowledge about herbs, there were several plants used by women during labor, as evidenced in Tables 21 and 22. The plant mentioned most frequently was *pasote*, *Chenopodium ambrosioides*. A tea is made by boiling the fresh root. When I asked women if they dried and stored the root, they said this was unnecessary, since it grew everywhere. Women know where the plant grows, and either dig the root themselves, or send someone to dig it for them. The plant is common in the
area where I lived, and curiously, was also found growing in the urban asentimientos in Chihuahua City. What is perhaps most interesting about this plant is that it has no Rarámuri name, a fact suggesting it may not be native. Bye mentions that it is called “chuá,” and the leaves are used as an edible green (Bye 1976:123). It was not eaten in this way in the area where I worked, and I never heard of a quelite named “chuá.” However, he also lists it as ‘basota’ in his chart of medicinal plants (Bye 1976:166), and notes that Pennington lists it as being used in childbirth. Whether or not it is native is something I am currently investigating, since this would have interesting repercussions explaining its widespread use in childbirth. Curiously, although common in most herbal reference books, this plant is noted for its ability to retard the production of intestinal gas and the primary recommendation is for use when eating beans, not childbirth. It is not mentioned by Lumholz, who does supply a list of remedies used for delivery of a retained placenta (Lumholz 1902:197).

The second most common plant mentioned by Rarámuri women for use in labor is wisarì, Populus tremuloides, also known as “alamo” in Spanish. The bark is boiled and the resulting tea is drunk. Like pasote, this is said to help the labor go quicker.

Plants used for labor and birth were not dried and stored. Instead, women knew where the plants grew and would collect them when needed. Epasote dies back in the
winter, but the root is used for labor, and women I knew were aware of where to dig in winter months even when there was no evidence of the plant above ground. Aspen bark was also cut when needed, and was available year round. Following is a list of the herbs I collected specimens for with brief explanations of their characteristics and use.

Table 21: Herbs used by Rarámuri women in Pregnancy and Labor (Specimens)

<table>
<thead>
<tr>
<th>RARAMURI</th>
<th>SPANISH</th>
<th>LATIN</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>machoni</td>
<td>Yerba Zorillo</td>
<td>Chenopodium graveolens</td>
<td>CHENOPODIACEAE</td>
</tr>
<tr>
<td>chu'já</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
<td>Huipilin</td>
<td>Stevia spp.</td>
<td>ASTERACEAE</td>
</tr>
<tr>
<td>pasote</td>
<td>Epazote</td>
<td>Chenopodium ambrosioides</td>
<td>CHENOPODIACEAE</td>
</tr>
<tr>
<td>rasábari</td>
<td>Estatafiete</td>
<td>Artemesia ludvocanida</td>
<td>ASTERACEAE</td>
</tr>
<tr>
<td>tuchiso</td>
<td>Malva</td>
<td>Malva parviflora, M. neglecta</td>
<td>MALVACEAE</td>
</tr>
<tr>
<td>wisaru</td>
<td>Alamo</td>
<td>Populus tremuloides</td>
<td>SALICACEAE</td>
</tr>
<tr>
<td>abori</td>
<td>Tascate</td>
<td>Juniperus deppeana</td>
<td>CUPRESSEACEAE</td>
</tr>
<tr>
<td>?</td>
<td>Verbena</td>
<td>Verbena spp.</td>
<td>VERBENACEAE</td>
</tr>
</tbody>
</table>

*Machoni/chu'já / Yerba zorillo*: Specimen was collected in August 2000 in Basigochi with Veronica. It is pretty common, grows everywhere. Marcelina says use in labor to make the baby come sooner. It is also used in labor with *manzanilla* by the Guachochi midwives. Cardenal says it is used for problems of menstruation (Cardenal 1993).

*Huipilin*: Specimen collected in Rocheachi, near the river. One of the IMSS midwives says to make a tea of the leaves and stems, and she uses it to make the baby come faster. "*Para apurar la mujer."*

*Pasote*: This grows everywhere, around houses. Specimen collected in Basigochi in the summer of 2001. It is the most common herb mentioned by women for use in labor. One of the Guachochi midwives says it is used to make the period come, but adds: "Don't use it during pregnancy or birth." Another Guachochi midwife says it is good to
use to get the placenta to deliver—make an infusion of the root. Raramuri women I interviewed make a tea of the leaves and root and drink it during labor to make the baby come faster. Manzanedo says use oral infusion of leaves for difficult birth (Manzanedo 1954). Cardenal says it is used for menstrual cramps and notes it should not be used during pregnancy (Cardenal 1993).

Rosabari: Specimen collected in Basigochi in the summer of 2001. It is common, grows everywhere in rocky well drained soil in full sun. The Guachochi midwives say it is used with rosemary to increase fertility. It is also used in combination with malva and epazote root after birth to get uterus back in shape. It helps with the cramps after birth. Used for menstrual problems (Cardenal 1993). Leaves taken in a tea for menstrual pains also mentioned (Salmon 1999).

Tuchiso/malva: Specimen collected in Basigochito in the fall of 2000. It is common, grows everywhere in disturbed soils. Mentioned by the Guachochi midwives but only by a couple of Raramuri women. Root used by midwives with epazote and estafiate to ease the post birth contractions. Used for the postpartum period. Veronica (Raramuri) says she uses it to lower fevers in children and for digestive troubles. Midwives say to mix the malva with verbena to clean the stomach and this might make labor come. Salmon says used in childbirth but no specifics as to what part or how (Salmon 1999).

Wisari: Specimen collected near Creel, only grows in wet cool places at higher elevations and is not common. Grows in an arroyo near Napuchi. Veronica says women use the bark. You make a tea by boiling the bark and use it for labor pains, to make labor go faster. Collect it fresh and serve it warm. Cardenal says it is used to make the placenta deliver and to stop postpartum bleeding (Cardenal 1993).

Abort: This was collected above Basigochito, it is quite common, growing all over the Sierra in the higher elevations. Juniper is a ceremonial plant. The smoke is used by owiriame to burn the threads connecting the baby’s head to the anayawi during the ripunaama ceremony after birth. (See Chapter Six, Section Three.) Tea is also good for digestive troubles. Berries are eaten, “when very hungry.”

Verbena: Collected in Basigochi. Guachochi midwives say it is a good vaginal wash. The roots are mixed with malva root to make labor come. Raramuri women in Basigochi
used it for their hair, as a rinse. They did not use it in labor. Pennington says the roots are pounded and decocted into a mixture, drunk by women during childbirth, which is also mentioned by Zingg (Bennett & Zingg 1935, Pennington 1973).

Table 22 lists plants women told me about but for which I was not able to collect specimens. Where Rarámuri name is left blank it means they use the Spanish word.

Table 22: Plants used in Pregnancy and Labor (No Specimens)

<table>
<thead>
<tr>
<th>RARAMURI</th>
<th>SPANISH</th>
<th>LATIN</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damiana</td>
<td>Turnera spp.</td>
<td>TURNERACEAE</td>
<td></td>
</tr>
<tr>
<td>Gurúbase</td>
<td>Madrone bark</td>
<td>Arbutus arizonica</td>
<td>ARBUTUS</td>
</tr>
<tr>
<td>Ruda</td>
<td>Ruta graveolens</td>
<td>RUTACEAE</td>
<td></td>
</tr>
<tr>
<td>Manzanilla</td>
<td>Matricaria chamomilla</td>
<td>ASTERACEAE</td>
<td></td>
</tr>
<tr>
<td>Laurél</td>
<td>Laurel</td>
<td>Litsea galuescens</td>
<td>LAUEACEAE</td>
</tr>
<tr>
<td>Encino azul</td>
<td>Quercus oblongifolia</td>
<td>FAGACEAE</td>
<td></td>
</tr>
</tbody>
</table>

_Damiana:_ Used for fertility. Make a tea of flowers and leaves. Drink it nine mornings in a row starting after the period ends to enhance fertility. (Guachochi midwives) Grows in _barrancas_, not used by women in Basigochi.

_Gurúbase:_ Veronica says she has used the bark to make a tea for fertility and that it "will help to get pregnant." The tea is taken nine mornings in a row, starting the day after the period ends. Many women use this. Cardenal reports that the sprouts are used for menstrual cramps (Cardenal 1993)

_Ruda:_ This was mentioned only by Guachochi midwives who say it is used for _nervios_ and weakness. Used with chocolate for women who are weak, to gather strength for birth. MD at hospital in Guachochi says women in labor tell him they have used this to start their labors.
Manzanilla: Midwives in Guachochi say to use before birth and during labor. Tea of flowers. It is also used for premature rupture of membranes and to ease labor pains. Rarámuri women use it for children, for fevers.

Laurél: Guachochi midwives say they use this so that there are no cramps after birth. If the woman is cold she will get cramps, the tea helps to keep women warm. Rarámuri use the tea as a beverage.

Encino azul: For hemorrhage the bark is mixed with cinnamon and a piece of cowhide, boil these together and give a cup for hemorrhage. Prepare it ahead of time to have ready to give to the woman. This recipe from midwives in Guachochi. Oral infusion made of acorns used for difficult birth, (Manzanedo 1954), although he does not mention Tarahumara name or species. Bye has 13 species of oak listed but none used at birth (Bye 1976),

Table 23: Plants listed in literature, not documented.

<table>
<thead>
<tr>
<th>Raramuri</th>
<th>Spanish</th>
<th>Latin</th>
<th>Family</th>
<th>Use</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>dosábalí</td>
<td>Hyptis albida, H. emoryi</td>
<td>LABIATAE</td>
<td>Deliver placenta</td>
<td>Pennington</td>
<td></td>
</tr>
<tr>
<td>solwari</td>
<td>Solanum rostratum</td>
<td>SOLANACEAE</td>
<td>Aids Childbirth</td>
<td>Pennington</td>
<td></td>
</tr>
<tr>
<td>Colcomeca</td>
<td>Phaseolus metcalfei</td>
<td>FABACEAE</td>
<td>Diminish menses</td>
<td>Caro</td>
<td></td>
</tr>
<tr>
<td>rete</td>
<td>Usnea hirta</td>
<td>USNECEAE</td>
<td>Aids Childbirth</td>
<td>Salmón</td>
<td></td>
</tr>
<tr>
<td>Ori</td>
<td>Vitis monticola V. arizonica</td>
<td>VITACEAE</td>
<td>Aids Childbirth</td>
<td>Salmón</td>
<td></td>
</tr>
</tbody>
</table>
Finally, there were five plants listed in the literature as being used during childbirth that I did not find or hear of. I must note that I only documented plants that either Rarámuri women or the Guachochi midwives told me were useful in pregnancy and birth. Thus, I made no concerted attempt to go looking for plants noted by other researchers. These plants are listed in Table 23.

iii. Prior Research

All of the research conducted on plant use by the Rarámuri has been conducted by men. The most comprehensive work to date is Robert Bye’s Harvard dissertation, Ethnoecology of the Tarahumara of Chihuahua (Bye 1976). Bye spent over a year documenting the uses of several hundred plants and traveled to all regions of the sierra, as well as noting plants sold in markets in Chihuahua City and Juárez. He provides excellent information on the uses of plants as medicines, foods, and psychoactive agents, but less than ten are listed as being used during childbirth, and information provided on these is scant (Bye 1976). Robert Zing spent six months in Samachique in the early thirties, and out of fifteen plants, only two were noted to be used for either women or birth. Hector García Manzanedo spent two summers studying the healing practices of Rarámuri in and around Guachochi in 1953 and 1954. He conducted extensive interviews with owirúame, asking them what plant medicines they used. Again we find
only a few plants, four out of twenty-six, listed as being used in childbirth. Pennington studied the material culture of the Tarahumara, providing detailed information on how plant resources are used in home building, for clothes, as tools, as fish poison, and so on, but again, only notes three plants for use in childbirth (Pennington 1963, 1973). Enrique Salmón conducted dissertation research on Rarámuri plant knowledge in the early nineties in the Norogachi region. He collected and documented uses for one hundred seven plants and only four are reported as used by women for childbirth (Salmón 1999). Claus Deimel, a German anthropologist, has conducted ethnobotanical research in the Tarahumara region, beginning in the early eighties (Deimel 1983, 1985). Although I do not read German, one of his colleagues, another German anthropologist with extensive research experience in the Sierra, told me there were no references to plants used by women at birth in his work (Kummels 2002).

Finally, the most information about plants used by women for pregnancy and labor in the Sierra is found in the book 'Remedies and Curing Practices in the Sierra Tarahumara,' written by a Spaniard who has worked and lived in the Sierra for over twenty years (Cardenal 1993). Cardenal interviewed owiriame, mestizo folk healers, and midwives about medicinal plants and curing practices. Since the research was not limited to the Rarámuri, it includes plants used by both mestizos and Indians without
distinguishing who uses which plant for what. Also, while there are photos of plants, there are no Latin names, thus confirmation of plants for sake of comparison or corroboration is difficult. Even so, Cardenal’s information is valuable.

In conclusion, information about plants used by Rarámuri women in pregnancy and birth remains limited, and material presented here is by no means comprehensive. Further investigation is needed and my data are provided as an initial step towards further understanding of the relationship between Rarámuri women and plants throughout the childbearing year.
APPENDIX B: KEY TO ACRONYMS USED IN TEXT

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCIT</td>
<td>Coordinating Center for Tarahumara Indians</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
</tr>
<tr>
<td>CET</td>
<td>State Coordinator for the Tarahumara (Chihuahua City)</td>
</tr>
<tr>
<td>CONAPO</td>
<td>National Council on Population</td>
</tr>
<tr>
<td>CONASUPO</td>
<td>National Company of Popular Subsistence</td>
</tr>
<tr>
<td>DIF</td>
<td>National Organization for Family and Child Development</td>
</tr>
<tr>
<td>ENAH</td>
<td>National School of Anthropology and History</td>
</tr>
<tr>
<td>ICHICULT</td>
<td>Chihuahua Cultural Institute (Chihuahua City)</td>
</tr>
<tr>
<td>ICHISAL</td>
<td>Chihuahua Institute of Health</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>IMSS</td>
<td>Mexican Social Security (National, administered at state level)</td>
</tr>
<tr>
<td>INAH</td>
<td>National Institute of Anthropology and History</td>
</tr>
<tr>
<td>INEGI</td>
<td>National Institute of Geography and</td>
</tr>
<tr>
<td>INI</td>
<td>National Indigenous (Indian) Institute</td>
</tr>
<tr>
<td>ISSTE</td>
<td>Social Security Institute for State Workers</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Rate or Ratio</td>
</tr>
<tr>
<td>NCHS</td>
<td>National Center of Health Statistics</td>
</tr>
<tr>
<td>SEP</td>
<td>Secretary of Public Education</td>
</tr>
<tr>
<td>PAC</td>
<td>Wide Coverage Plan (Mobile health units)</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PROGRESA</td>
<td>Program for Education and Health</td>
</tr>
<tr>
<td>SEDESOL</td>
<td>Secretary of Social Development</td>
</tr>
<tr>
<td>SSA</td>
<td>Secretary of Health</td>
</tr>
<tr>
<td>SSCH</td>
<td>Secretary of Health for Chihuahua</td>
</tr>
</tbody>
</table>
APPENDIX C: GLOSSARY

Note: words are listed as either (R) for Raramuri language or (Sp) for Spanish.

Acabar (Sp) - To stop, to go out.

Adobe (Sp) - Bricks made out of mud and straw, used to construct new homes in Basigochi.

Albergue (Sp) - Guest house or waiting room.

Antes (Sp) - Before. Used by Raramuri to talk about the time when their ancestors were alive.

Aparato (Sp) - Literally apparatus. Used to refer to IUD (Intra-uterine device).

Arroyo (Sp) - Small valley or streambed. Usually dries up for part of the year.

Artesanias (Sp) - Hand made crafts.

Asentimiento (Sp) - Settlement. Used to describe the urban communities where Raramuri settle. Interchangeable with the more familiar word “barrio”.

Ayena (R) - Yes.

Bakanawi (R) - A plant, identified as various different plants ranging from a tuber to a cactus, that has the ability to harm or help people.

Banquito (Sp) - Little bench or stool.

Barranca (Sp) - Canyon.

Basiahuare (R) - Grass used to help ferment batari. Bromus porteri.
Batari (R) - The fermented corn drink, mildly alcoholic, central to work exchanges and ceremonies practiced by the Rarámuri. In the barranca regions it is also known as sugui, but where I lived batari was the term used. Tarahumara say the recipe was originally given to them by Onorìàme (God).

Bravo (Sp) - Means courageous, brave, fierce, or, as used in the Sierra, someone who likes to fight. Connotes a strong tempered person, and is an undesirable character trait. Used as a negative descriptor. Rarámuri associated the quality with mestizos. In the Larousse Spanish dictionary one of the definitions is “uncivilized” as in uncivilized Indian (García Pelayo y Gross1983:110).

Chabochi (R) - Literally means “beard on face” and is the term used by Rarámuri for Mexican outsiders. Tarahumara in tourist areas such as Batopilas or Creel are realizing there is another set of outsiders, differing from Mexicans by their white skin. We are increasingly being referred to as “tringos,” a Rarámuri rendition of the Mexican word “gringo.”

Chapayeko (R) - The men who stand by the matachine dances and perform a regular hoot or yell at certain intervals during the music and dancing. Frequently this is the sound heard upon approaching a home which lets the guests know that a ceremony is taking place.

Chokeame (R) - These are the people who control the bets during a footrace. They decide the conditions of the race, assemble the bets, and disperse the goods when the race is over.

Colonia (Sp) - Municipal unit, refers to a neighborhood.

Comadre (Sp) - Godmother. Mexican relationship adopted by the Rarámuri who baptize their children. In fact, the motive for baptism in Basigochi seemed to be primarily to establish these ties of obligation, ensuring yet another resource base for the child in times of need.
Comisario ejidal (Sp) - This person is the *ejido* representative in charge of managing the *ejido*'s resources and finances for the Mexican state. Today, generally these roles are filled by *mestizos* adept at negotiating local power hierarchies. The office requires fluency in Spanish language and Mexican political culture, as well as enough financial means to travel. Statewide only a few Raramuri hold the position.

Compadrazgo (Sp) - Word refers to godfather status. No word in Raramuri for this.

Cuarentena (Sp) - Forty day seclusion period after birth, common among Mexicans in central and southern Mexico.

Curandera/o (Sp) - Mexican “folk” healer. Uses herbs and ritual to diagnose and heal. They often perform *limpias*, but can do massage, laying on of hands, and other spiritualist maneuvers as well. Some charge fees, others accept donations.

Cruzada (Sp) - Literally means “crossed” but is used to refer to someone of mixed blood. Mestizo usually means Indian blood mixed with Spanish blood, *cruzada* refers to any kind of mixed blood heritage.

Dios (Sp) - God. Raramuri use this Spanish word for their *Onoríame*, sometimes saying “Tata Dios” or Father God.

Dueña/o (Sp) - Owner.

Ejido (Sp) - Political territorial unit established by Mexican government. “Ejido is derived from the Latin term *exitus*, or exit, derived from Roman law that set aside lands near the town that were not to be cultivated an exits for recreation and rest. It was introduced by Spain during the colonial empire, but acquired a new meaning after the Revolution of 1910-1917” (Nash 2001:263).

Ejiditario (Sp) - Person who is officially registered as a resident of a particular *ejido*.

Empacho (Sp) - Mexican folk illness associated with digestive problems including diarrhea and constipation resulting from food getting stuck inside the body.
Caused by consumption of wrong kind of foods according to age, wrong combination of foods eaten, or by eating foods at the wrong time of day or of the wrong temperature. This definition provided by women in Basigochi and midwives in Guachochi.

Epazote (Sp) - A common herb, root is often used by Rarámuri women in labor. *Chenopodium ambrosioides*. See Appendix A.


Fiesta (Sp) - The Mexican word used to describe *tesguinadas* and ceremonial dances of the Rarámuri. Literally translates as “party,” but in this context means a social gathering, often for religious, economic, and religious purposes in addition to socializing.

Gawi (R) - Rarámuri translated this as “monte” meaning the woodland area around the valley. Brambila translates it as “the earth, the world,” (Brambila 1976:173). The word is used to literally describe the “wild” or uninhabited areas surrounding the *ranchos* and *rancherias*.

Gentile (Sp) - Term used to refer to unbaptized Tarahumaras who have chosen to refrain from sustained contact with outsiders. See Kennedy 1978 and Levi 1993.

Gemá (R) - Literally, blanket, but also means the placenta. The Rarámuri refer to the placenta as the baby’s blanket, gemá muchi.

Hikuri (R) - Also spelled *jikuri*. Tarahumara word for peyote, refers not only to *Lophoropha williamsii*, but also to other cacti with psychoactive powers.

Hueja (Sp) - A gourd vessel, usually made by cutting a dried gourd in half lengthwise, and cleaning out the insides so that it can be used as a drinking vessel for *batari* and *pinole*.

Indigenas (Sp) - Indians.
Indigenismo (Sp) - “Ideology apparently pro-Indian but bent on acculturation,” (Nash 2001:256).

Junta (Sp) - Meeting. Refers to Sunday meetings held at the church, conducted by the *siriame* and during which matters important to community members are discussed. It is during the *juntas* that the *nawesari* is spoken by the *siriame*, that disputes are resolved, public announcements made, as well as marriages and divorces performed.

Kobisi (R) - Staple of Rarámuri diet. Dried corn is popped then ground twice on the *metate* into a fine powder. Mixed with water and drunk for a refreshing and belly filling food. Called *pinole* in Spanish.

Kori (R)- Chili. Refers to any kind eaten with food.

Kórima (R) - Verb meaning to ask for food, as help or alms (Brambila 1976:262). Also word used by Tarahumaras when asking for money on street corners. Indexes reciprocal networks, practices and sharing ideology among Rarámuri

Kórima wenomí (R) - This is the way Rarámuri distinguished the practice of asking for money in the cities. Literally it means to ask for money.

Limpia (Sp) - Literally means clean, although it is used to refer to a treatment performed by *curanderas* and known as “cleanings.” A raw egg is passed over the body of the person being treated, then broken into a clear glass of water. The *curandera* reads the egg in the water in order to diagnose the problem. Sometimes the evil or illness is sucked out of the body into the egg and can be seen in the glass as well. Some *curandero/as* use a lime with salt as well. Prayers and songs may be offered during the *limpia* as well, and most are performed in front of the curer’s altar, although they can be done anywhere.

Maquila (Sp) - Factory, largely foreign owned, used in reference to the large industrial complexes built on the border and in large cities in Northern Mexico such as Chihuahua, Hermosillo, Torreón and Monterey.
Maseca (Sp) - Brand name for fine cornmeal, or masa used to make tortillas. Many Rarámuri buy this when they run out of corn. Used by most mestizos to make tortillas.

Mayólí (R) - Government official. From Spanish alcalde mayor. Responsible for marriages, and divorces, and advice given to couple. Alcalde mayor is a “town official with civil, police and judicial authority” extending over a wide region (Roca 1979:xxi).


Mendigar (Sp) - Literally “to beg.” Used by residents of Chihuahua City to refer to the Rarámuri practice of asking for kórima on street corners.

Mestiza/o (Sp) - Person of mixed Spanish and Indian blood. The Spanish term used by Raramuri to refer to Mexicans, when and if chabochi is not understood.

Metate (Sp) - Squared off stone used with a mano (handstone) to grind foods including corn, chiles, and basiahuare.

Monte (Sp) – Literally, forest, woodland area, mountain. Also has connotation of “wild.” See “gawi.”

Moros (Sp) - Spanish word for Moors. Group who makes and guards the Judas during Easter Rituals. In Basigochi we were the Moros and painted our faces white. See Kennedy & López 1978, Velasco Rivero 1987 and Bonfiglioli 1998.

Mukumea (R) - To die, usually used in reference to one person.

Municipio (Sp) - Mexican governmental political unit under state, similar to county.

Narcocorrido (Sp) - A ballad generally describing and valorizing the deeds of a person engaged in the drug trade. Many of these are true stories, and many involve the untimely but valiant death of a young man. Many specifically name Guachochi, the closest mestizo town to Basigochi, about three hours away by car, and it was
these that were particularly popular with the young men in Basigochi.

Nawésari (R) - Brambila translates as “discourse, sermon, narration, story” (Brambila 1976: 371) but I prefer to note that it is a formal speech given by a member of the community to an assembled group of Tarahumara. Literal translation of verb form nawesama is 'to speak in public'. In Basigochi nawesari were given at the juntas by the siriamé, but also at almost every tesguinada I attended, by anyone who had something important to say. Merrill suggests that the word sermon should be used because of the formality and content matter (1988:62-3). I prefer to disengage the Jesuit religious connotations from the literal meaning.

Nervios (Sp) - “Folk” illness suffered by Mexicans, generally women, has complex physical, psychological and culturally symbolic components. Indexes stress.

Nixtamal (Sp) - Corn soaked overnight with lime and gently boiled, used to make tortillas.

Nopales (Sp) - Also called nopalitos. Erá, ilá in Rarámuri. Prickly pear cactus. The pads are dethorned, cooked, and eaten, often mixed with beans. The juicy red fruits are also eaten raw.

Olla (Sp) - Sekori in Rarámuri. Hand made earthenware vessels with round bottoms and having capacities ranging from one half to thirty gallons. Smaller ones are used to cook beans and tónari over open fires while larger ones are specifically for batari.

Onorúame (R) - Literally, one who is father. Used by Rarámuri to refer to God.

Owirúame (R) - Rarámuri healer, literally means one who cures.

Padre (Sp) - Literally, father. Capitalized, it refers to Catholic fathers.
Pagótame (R) - One who is baptized. Historically used as descriptor for Tarahumara who have accepted catholic religion.

Partera (Sp) - Midwife. Usually refers to mestiza woman who has knowledge and experience attending births at home. See Mull & Mull 1984.

Parúame (R) - See bravo. Mean, aggressive, someone who likes to fight.

Pasote (R) - Borrowed from Spanish “epasote”. Plant used in childbirth. Chenopodium Ambrosioides (See Appendix A).

Pastillas (Sp) - Pills. Spanish term used by Raramuri to refer to all western medicine. In Basigochi people did not use the Raramuri word “owi” (medicine) to refer to pills.

Patio (Sp) - Cleared area in front of Raramuri homes, also referred to as the “multipurpose area” (Graham 1994).

Pinole (Sp) - See kobisi.

Pisto (Sp) - Cheap cane liquor. Costs $1.50 US dollars for one liter.

Pueblo (Sp) - Regional political center, Mexican governmental structure.

Promotora de Salud (Sp) - Health promoter.

Primipara (Sp) - Latin word used to refer to a woman giving birth the first time.

Quelites (Sp) - Wild greens used in the Tarahumara diet. In the Sierra where I lived each specific green was referred to by its Raramuri name, and this generic, Spanish term was only used by visiting mestizos. Commonly used in research articles.

Quien sabe (Sp) - Who knows. Standard answer Raramuri give when they do not want to talk about whatever it is they are being asked.

Ranchería (Sp) - Small Tarahumara settlement consisting of 4-10 families. See rancho.
Rancho (Sp) - Literally “ranch” but used to describe the smallest settlements in the Sierra where the Rarámuri live, consisting of 1-4 families. I use the term interchangeably to refer to Basigochi.

Rebozo (Sp) - These are pieces of cloth used by women as shawls as well as to carry babies, beans, corn, and other items. Every Rarámuri woman has at least one and does not leave her home without it. Some women make them out of broad pieces of white muslin, hand embroidering designs on the edges, or edging them with scrap pieces of brightly colored cloth. These are called chini. Some women simply use large pieces of cloth, while other women buy manufactured rebozos approximately three feet by seven and ranging in price from 30 to 70 pesos depending upon the material and size and region where purchased.

Ripunaama (R) - Verb used to refer to the thread burning or cutting ceremony given shortly after the birth of a child.

Riwérari (R) - Noun form of verb riwera which means to be ashamed or embarrassed. Thus, means shyness or shame. I usually heard it used as ‘we riwerame ju’ meaning [that one] is very shy (literally “very shy is”). Indexes morality. Merrill explains: “Riwérana has no one-word equivalent in English; its meaning can be conveyed only through a composite gloss such as “to have pride, shame, self-esteem, honor and a well-developed sense of appropriate behavior. When employed positively rather then negatively, riwérana can mean either “to be ashamed or embarrassed” or “to know how to act in a proper fashion” (Merrill 1988:101).

Rusiwari (R) - A small witch bird, only seen flying at night, blue bodied with a red halo and long yellow tail, (in appearance somewhat akin to a flame). See Chapter IV.

Seguros (Sp) - Safety pins, used to protect from witchcraft.

Seqori, sekori (R) - Round bottomed clay vessel (olla) used to ferment and dispense batari.
Serrano (Sp) - Of or relating to the Sierra. I use it as an adjective, but it has also been used to describe the mestizos living in the Sierra, in order to distinguish them from mestizos living in other areas. For a nice explanation of this see Jessen 1996:72 and Nugent 1993:33.

Simaroni (R) - Tarahumara term for gentile, taken from Spanish “cimarron” meaning wild or escaped. See Levi 1993 for explanation of history and use of the term.

Sinowi (R) – Snake. Water serpents living in deep pools in arroyos and streambeds.

Sipucha (R) - Also siputza. Wide skirt worn by Tarahumara women. Also used to refer to the colorful puffy blouses worn by men.

Siríame (R) - Rarámuri indigenous governor, responsible for moral and political community leadership.

Sontasi (R) - Soldier, one of the governing officials responsible for maintaining order during fiestas, also can perform siríame’s duties if he is absent.

Sopa (Sp) - Noodles, usually means a noodle soup, but can mean rice.

Suegra (Sp) - Mother in law. Wasi in Tarahumara.

Sukuruame (R) - Sorcerer, one who has the power to cause illness and death via shamanic dreams, by sending a “witch bird,” or by placing harmful objects such as worms or stones in the victim’s body. Sukí, is the stone the sorcerer places, thus sukurúame literally means ‘one who has the stone.’

Suwimea (R) - Literally means to go out, to stop, but also used in reference to one’s life, thus figuratively meaning to die.

Tarahumarita (Sp)- Literally means little Tarahumara, but implies that the Tarahumara is inferior to the one using the word.

Tata Dios (Sp)- Father God. Spanish words Tarahumara use to refer to Onorúame.
Tamale (Sp) - Cornmeal wrapped in cornhusk and steamed. During fiestas meat is added.

Tenanche (Sp) - In Basigochi this Spanish word was used to refer to one of the persons who was responsible for sponsoring a fiesta. The tenanche had to provide meat for the tónari, as well as plenty of batari and tortillas to feed ceremonial guests.

Tepache (Sp) - An alcoholic drink, usually made by mixing pinole, sugar, yeast and water and letting it sit overnight. Generally has a higher alcoholic content than tesguino and a sharper taste. In some regions tepache is made instead of tesguino.

Tesguinada (Sp) - Mexicans use this word to refer to drinking “parties” (fiestas) where Raramuri get together to work cooperatively and drink batari (tesguino).

Tesguino (Sp) - Spanish word for fermented corn drink. See batari.

Tesvino (Sp) - Lumholz’s spelling of tesguino.

Tónari (R) - A savory stew eaten during fiestas and ceremonies. It is cooked for hours in sekori over an open fire. Made of beans and meat, usually goat, chicken, or cow, depending upon the fiesta.

Tortillas (Sp)- remeke in Raramuri. A small round disc made of toasted cornmeal and served at almost every meal.

Tumbado (Sp) - Literal translation is knocked down or fallen over. Raramuri in Basigochi used it to describe the horizontal position one takes upon drinking a lot of tesguino and passing out. Its use is not pejorative, simply as a descriptor.

Tutúburi (R) - The “dance of the owl,” (Lumholz 1902: 336). See Yumari.

Velación (Sp) - This is similar to a wake. Family members stay up with the corpse overnight with candles burning to make sure that it does not turn into a ghost.

Verguenza (Sp) - Shame, embarrassment, shyness. See riwérari.
Visita (Sp)- “In Jesuit missionary usage, church of secondary importance, generally without permanent clergy, served from headquarters of cabecera.” (Roca 1979:xxiv).

Wari (R) - Basket. In Basigochi specifically refers to a wide bottomed short sided (one to three inches tall) basket made of sotol or beargrass strips. Usually a single weave, these baskets are made in many sizes, ranging from three inches in diameter to large ones perhaps a foot and a half across. They are versatile and every woman has many at any given time. Most women make their own, although some trade.

Wasi (R) - *Ligusticum porterri*. Also called *chuchupate* (Sp) or *oshá*. Bear root is one of the common names used in English. In the Sierra the root of this plant is used for digestive complaints.

Wenomí (R) - Money.

Yumari (R) - Most common ceremonial dance performed by Raramuri. This and the *tutuburi* date to the pre-colonial era. Said by Lumholz to be learned from the deer. In contemporary times it is performed for many reasons, including to please *Onoruame*, for cures, to bless fields or the harvest, ask for rain, protect against lightning, and other reasons.

Zapete (R) - The loincloth worn by Tarahumara men, falling into disuse among younger men who have more contact with mestizo culture. Made of white muslin. Tarahumara from different regions tie and wear the zapete in different manners, and thus one can tell when they are from by the way the zapete is folded and worn. All are tied with a hand-woven wool or cotton sash.
AbouZahr, Carla and Tessa Wardlaw

Agency for International Development (AID)

Aguirre Beltrán, Gonzalo
1953 Formas de Gobierno Indígena. México:INI

Alonso, Ana

Anderson, Sandra, and Frants Staugård

Anzures y Bolaños, María del Carmen
1997 Vida y Muerto en el Pensamiento Tarahumar. Paper presented at the


Arrieta, Olivia

Artaud, Antonin

Ascher Robert, and Francis J. Clune, Jr.

Balke, Bruno and Clyde Snow

Basauri, Carlos
Batísta, Dolores

Batísta, Ramón López

Beltrán, Gonzalo Aguirre
1952 On the Recently Created Tarahumara Coordinating Center. Boletin Indigenista. Indice del Volumen XII.

Bennett, Wendell C. and Robert M. Zingg

Bermúdez Torres, Alma Elena and Jaime Valencia Salazar

Biesele, Megan
Boddy, Janice

Bonfiglioli Ugolini, Carlo
1998 La Epopeya de Cuauhtémoc en Tlacoachistlahuaca: Un estudio de contexto y sistema en la antropología de la danza. Tesis Doctorado. Universidad Autónoma Metropolitana, Unidad Iztapalapa, Dept. de Antropología

Bortin, Sylvia

Brambila, David, SJ

Brouzes, Françoise

Burgess, Don
1998b Personal communication, Areponapuchi, Chihuahua.

Burns, Barney T.
2002 Personal communication, Tucson, AZ.
ND Attack on Aztlan: The World Bank Awakens Environmentalists to Mexico’s Sierra Madre Situation. Unpublished manuscript.

Bye, Robert A.

Cadenas G., Bárbara and Anna Maria Garza C.
Campbell, Howard

Cardenal Fernandez, Francisco

Carmen Elu, Maria

Carmen Elu, Maria y Ana Langer, eds.

Caro Sanchez, Olga Estela

Cassel, Jonathon F.
Castañeda, Xochitl et al,

Castillo-Salgado, Dr. Carlos, Enrique Loyola & Anne Roca

Champion, Jean

Chihuahua Institute of Culture
1999b Chabé ki’ya jónisa. Text from the community of Rejogochi. Narrated by Martín Chávez.

Chihuahua State Government

CLAP (Centro Latinoamericano de Perinatologia y Desarrollo Humano)
2001 Información en salud materno perinatal (América Latina y Caribe). Website.
535

Clegg, Reed S.

Coordinacion Estatal Tarahumara
1999 Census of Urban Tarahumara in Chihuahua City, January - February, Chihuahua City, Mexico.

Cosminsky, Sheila

Cunningham, F. Gary, Paul MacDonald, Norman Gant, Kenneth Leveno and Larry Gilstrap

Das Gupta, Monica

Davis-Floyd, Robbie
2001 Special Issue on Midwifery, Parts I & II, Guest editor. Medical Anthropology Vol. 20, numbers 2 & 3.
Davis-Floyd, Robbie and Carolyn Sargent

Deimel, Claus

Dettwyler, Katherine A.

Deeds, Susan

Elrick, Harold
1976 Indians Who Run 100 miles on 1500 Calories a Day. The Physician and Sports Medicine, Feb: 38-42.
Elu, María del Carmen

Emerson, Robert M., Rachel I. Fretz and Linda L. Shaw

Espino Loya, Silvino
1987  *Kuira*. Dirección General de Desarrollo Social, Dept. de Educación, Coordinación de Fomento a la Expresión Cultural. [ENAH Chihuahua City]

Family Care International
1994  *Acción para el Siglo XXI: Salud y Derechos Reproductivos Para Todos*. Informe acerca las medidas sobre la salud y los derechos reproductivos recomendadas en la Conferencia Internacional Sobre La Población y el Desarrollo, NY: Family Care International

Farmer, Paul,

Farella, John
Faust, Betty B.
1988 'When is a midwife a witch? A case study from a modernizing Maya village.' In Women and Health: Cross Cultural Perspectives, Patricia Whelehan, ed. Pp. 21-39. Bergin & Garvey.

Fierro Rojas, Raymundo

Fisher, Rick, Luis Verplancken and Kit Williams

Fundación Tarahumara- José A. Llaguno

Gadjusek, D. Carleton

Galante, Cristina y Martha Aida Castañeda

Gallástegui Paredes, Beatriz
ND ‘Capacitación e incorporación de Parteras Tradicionales al sistema de salud publica de México (El caso del IMSS en una Subdelegación del

Garber, Missy

García Manzanedo, Héctor
1954 Field Notes: Investigación sobre medicina Tradicional, Guachochi, Chih. Doc. 6, Expediente 4. Legajo 95, Archives of the Coordinadora Central Indigenista de la Tarahumara. [ENAH]

García Pelayo y Gross, Ramón

Ghosh, Manindra Kumar

Ginsberg, Faye and Rayna Rapp, eds.
Goodwin, Grenville and Neil Goodwin  

González Baeza, José  

González Rodríguez, Luis, ed  

González Rodríguez, Luis  
1993 El Noroeste Novohispano en la Epoca Colonial. Instituto de Investigaciones Antropológicas, Universidad Nacional Autónoma de México: México, DF.

González Rodríguez, Luis, Susana Gutiérrez, Paola Stefani, Margarita Urias, Augusto Urteaga  

Graham, Martha  
Grimes, Joseph E. and Barbara F. Grimes, eds.  
1996 Ethnologue Language Family Index. Summer Institute of Linguistics, Inc.

Grinburg-Zylerbaum, Jacobo  

Groom, Dale  

Haire, Doris  

Hard, Robert J. and William L. Merrill  

Hatcher, Robert A, Ward Rinehart, Richard Blackburn, Judith Geller and James Shelton  
Heras Quezada, Margot

Hilton, K. Simon

Hubbard, Joyce

Hunte, Pamela A.

INEGI (Instituto Nacional de Estadística, Geografía e Informática)
2002 Census data for 2000, on web at www.inegi.gob.mx

INI
Irigoyen Rascon, Fructuoso
1979 Cerocahui: Una comunidad en la Tarahumara. Chihuahua: Centro Librero La Prensa, S.A. de C.V.

Irigoyen Rascon, Fructuoso, and Jesus Manuel Palma Batista

Jaffre, Yannick and Alain Prual

Janes, Craig R.

Jenkinson, Michael

Jessen, Arthur Robert

Jordan, Brigitte


Kantonen, Lea and Pekka Kantonen
1999 The Tent. Helsinki: University of Finland.

Katz, Friedrich

Kay, Margarita A.

Kelly, Isabel

Kennedy, John G.


Kennedy, John G. and Raul A. Lopez

Klein, Susan

Konner, Melvin and Marjorie Shostak

Kummels, Ingrid
2002 Personal Communication.
1999 Patriarcas, maestros rurales y representantes de la “raza”: Intermedios Raramuri entre la política indigenista de gobierno mexicano y la “política de los indígenas.” Nueva Antropología 56 Mayo.

Kwira
Laderman, Carol
Berkeley: University of California Press.

Langer, Ana, Bernardo Hernández y Rafael Lozano
1994 ‘La morbimortalidad materna en México: niveles y causas.’ In Maternidad
IMSS: México DF.

Latorre, Miriam
1976 An operant analysis of mother-child behavioral interactions in a
Tarahumara family. MA thesis, UTEP, Dept. of Psychology.

Lefeber, Yvonne
1994 Midwives Without Training: Practices and Beliefs of Traditional Birth
Attendants in Africa, Asia and Latin America. Assen, The Netherlands:
Van Gorcum.

León Pacheco, Ignacio
1981 ‘La carrera de bola tarahumara.’ In Rarámuri Ri’écuara: Deportes y
México: Instituto Nacional Indigenista.

Levi, Jerome M.
1999a Hidden Transcripts among the Rarámuri: Culture, Resistance, and
Interethnic Relations in Northern Mexico. American Ethnologist
1999b The Embodiment of a Working Identity: Power and Process in Rarámuri

Limón, Graciela
1999 The Day of the Moon. Houston, TX: Arte Publico Press.

Lister Florence C. and Robert H. Lister

Lister, Robert H.
1958 Archaeological Excavations In the Northern Sierra Madre Occidental, Chihuahua and Sonora, Mexico. Boulder: University of Colorado Press.

Lozano, Rafael, Bernardo Hernández y Ana Langer

Lumholz, Carl
1902 [1987] Unknown Mexico: A Record of Five Years’ Exploration Among the Tribes of the Western Sierra Madre; in the Tierra Caliente of Tepic and Jalisco, and Among the Tarascos of Michoacan. New York: Charles Scribner’s Sons. [New York: Dover Reprint]
Mancera Valencia, Federico J.

Manzanedo, Héctor García
1954 Fieldnotes from July 11 1954, Interview with Palomiro Aguirre on plants. CCIT Archive housed at Escuela Nacional de Antropología y Historia, Chihuahua, Chih. Legajo 95 Expediente 4 Doc.16.

Mathews, T.J., Marian F. MacDorman, and Fay Menacker

McClain, Carol Shepherd

McCormack, Carol P., ed.

McNeely, John H.
Mead, Margaret and Niles Newton

Merrill, William
1996a Personal communication, Rejogochi.
1983b God's Saviors in the Sierra Madre. *Natural History* (93)3:

Merrill, William and Margot Heras Quezada

Michaelson, Karen L. ed.
Monárrez-Espino, Joel, Homero Martínez and Ted Greiner

Monárrez-Espino, Joel and Ted Greiner

Mooser, Genevieve

Muecké, Marjorie A.

Mull, Dorothy and Dennis

Muñoz, Maurillo
Nash, June

Newman, Lucile F.

Nichter, Mark

Norman, James

Nugent, Daniel

Ortiz Echániz, Silvia, ed.
1999a La medicina tradicional en el norte de México. Colección Científica, Serie Antropología Física, Instituto Nacional de Antropología e Historia: México, DF.
Ortner, Sherry

Osorio, Ruben
1998 Personal communication.
1998 Unpublished manuscript, Chihuahua City.

Paciotto, Carla

PAHO (Pan American Health Organization)
2001 Special Program for Health Analysis. Regional Core Health Data Initiative: Indicators Glossary. Washington, DC: PAHO.

Paredes, Alfonso, Louis Jolyon West and Clyde Collins Snow

Parra, Pilar
Passin, Herbert  

Pastron, Allen G.  

Paul, Lois and Benjamin  

Pennington, Campbell W.  
1963 The Tarahumar of Mexico: Their Environment and Material Culture. Salt Lake City: University of Utah Press.

Ramos Escobar, Martha Leticia  
1997 Migración de Tarahumaras Hacia La Ciudad de Chihuahua. Tesis, Universidad Iberoamericana: México DF.
Roca, Paul M.

Rodríguez López, Juan

Rosaldo, Michelle

Rosenberg, Karen R. and Wenda R. Trevathan

Rosenbfield, Allan

Ross, Jane Swanson

Royston, Erica and Sue Armstrong, eds.
Salmón, Enrique


Salmón, Roberto Mario


Sanjek, Roger, ed.


Sargent, Carolyn Fishel


Sariego, Juan Luis, ed.

Scott, James C.

Schwarz, Ronald A.

SEDESOL

SEP
ND Osili Ralamuli Raichala: Mi Libro de Leyendas Tarahumaras Chihuahua, Gobierno del Estado de Chihuahua y Unidad de Servicios Educativos a Descentralizar en el Estado, eds. Authors Severiano Cruz Cruz, Isidro Candia Istonachi and Cesáreo Prieto Vega. Chihuahua: Delegación General de la SEP en el Estado, Subdirección de Educación Básica, Departamento de Educación Indígena.

Shedlin, Michele G.

Shepherd, Grant
Sheridan, Thomas E and Thomas H. Naylor, eds.

Shostak, Marjorie

Shrake, Edwin

Sich, D.

Sierra Madre Alliance

Simon, Joel

Slaney, Frances M.


Sloan, Nancy L, A. Langer, B. Hernandez, M. Romero and B. Winikoff

Spicer, Edward H.

Stefani La Madrid, Paola

Sukkary, Soheir

Torres, Dr. Alma Elena Bermúdez, and Dr. Jaime Valencia Salazar.
UNPF (United Nations Population Fund)

Urteaga, Augusto

Varela, Armando Loera

Velasco Rivero, Pedro SJ
1987 Danzar o Morir: religión y resistencia a la dominación en la cultura tarahumar. 2nd edición, México, DF: Centro de Reflexión Teológica, AC.

Verplancken, SJ, Luis G.
Villaseñor, Victor

Villegas Franco, Veronica

Viramontes Anzures, Carlos and Ana Maria Crespo Oviedo
1999 Expresión y memoria: Pintura rupestre y petrograbado en las sociedades del norte de México. México, DF: INAH Colección Científica

Weaver, Thomas

Wyndham, Felice

Williams, Kit

World Bank

World Health Organization
2002 Country indicators. www.who.int/country/mex/
Wright, Anne

Zazueta, Dra. Judith

Zing, Robert
2001 Behind the Mexican Mountains. Howard Campbell, John Peterson and David Carmichael, eds. Austin: University of Texas Press.