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THE COVER *View looking north on Regent Street at Second South, Salt Lake City, in 1918, evokes memories of the Prohibition era. Print is from a glass negative in the Inkley Collection, Utah State Historical Society. Cartoon on back cover celebrating the demise of John Barleycorn is from the Deseret News of August 1917.*

*The Saints among the Saints:
A Study of Curanderismo
in Utah*

BY E. FEROL BENAVIDES



Quetzalcoatl bathing at midnight, Florentine Codex.

*At the temple of limpias;
 curanderos dealing in their wares
 of special prayers, incienso and
 protection from evil spirits
 holy water, rose leaf petals
 oil for the body and fortune cards
 zodiac signs, mescalito and
 sacred words on the cross¹*

SO READS A STANZA FROM a poem by a young man identifying himself as El Gallo (the rooster), an ex-drug addict and ex-convict turned poet. Like many other contemporary youths from the ethnic/racial minority groups in this country, El Gallo is attempting to achieve self-actualization by synthesizing his own identity, by examining his cultural heritage and marrying that heritage with his present reality. His poem, "Curanderas and Other Day Forces," intertwines images from sixteenth-century folk religion and medicine with artifacts of mysticism from other cultures enjoying a popular renaissance in the United States during the last third of the twentieth century. Tarot cards, zodiac signs, and mescaline merge with prayers, holy oil, and sacred scripture in order to fit curanderismo into 1973. Unknown, however, to the vast majority of the dominant culture, curanderismo is not in need of updating or restructuring. This complex folk practice is performed in the space age very much as it was performed in the Spanish colonial period or the pre-Columbian era. Side by side with modern medical accomplishments this folk procedure continues to exist in many parts of the United States. Unknown, also, to most residents of the Wasatch Front, in the shadow of the McKay-Dee Hospital or the University Medical Center in the year 1973, curanderismo is widely practiced in Utah.²

Like many highly complex social/cultural phenomena, curanderismo defies simplistic explanation. It is often referred to as Mexican

Ms. Benavides is an instructor of English at the University of Wyoming. This article was originally presented as a paper at the combined annual meetings of the Folklore Society of Utah and the Utah State Historical Society in Salt Lake City, September 8, 1973. The author wishes to acknowledge the encouragement given her by Dr. Jan. H. Brunvand.

¹ Gallo, *Space Flutes and Barrio Paths* (San Diego, 1972), 32.

² An interesting parallel to the youth of the subculture's attempts to integrate their mystical heritage with that of the dominant culture is the contemporary establishment's use of "now" and subcultural themes. A recent manifestation of this was evidenced by a major television network's presentation of a weekly series program. A script writer of "Medical Center" brought a curandero out of the barrio, clothed him with sincerity, gave him a prodigal son with a medical degree, and sentimentalized the generation gap, an ethnic identity crisis, the concept of social mobility, and cultural value conflicts—all in fifty-five minutes. The day before that presentation, only Americans of a sub-subcultural group were acquainted with curanderismo. Now, however, to at least that portion of majority Americans who consume "prime time," curandero is a familiar word.

or Latin-American folk or native healing. These definitions are correct, but limiting. The word itself, meaning the state or the practice of curing, is an abstraction of the concrete noun *curandero/a*, one who cures (the curer). The root is from the Spanish verb *curar*, a cognate of the English to cure. Although primarily a practice of folk medicine, this curing is by no means limited to physical illness or disease. The functions of *curanderismo* extend into numerous other aspects of folk culture. In recent years there have been major scholarly studies of *curanderismo* as folk narrative, folk medicine, folk psychotherapy, and folk psychiatry. These studies, however comprehensive and erudite, have limited *curanderismo* to the perspective of the respective scholar, although the practice could just as easily be the subject of scholarly interest as folk religion, folk economics, and folk rehabilitation therapy, among others. As one archaeologist explained it:

Usually a *curandero* can cure more than physical illness. He is also reputed to be able to locate lost or stolen property, divine future events, assure success in personal matters, romance, and business, cure insanity and alcoholism, and counteract the effects of witchcraft.³

A similar limitation is placed on *curanderismo* by attempting to define it geographically. As folklorists have often pointed out, political boundaries are not cultural boundaries, and folk practices do not stop at rivers or imaginary lines. For the purpose of this study, therefore, it is expedient to define *curanderismo* as Mexican-American folk curing, remembering throughout that while there are thousands of Mexican-Americans who have never heard of a *curandera*, there are conversely thousands of inhabitants of South America, Central America, Mexico, the Caribbean Islands, and Europe who practice *curanderismo* daily. Though the practice varies widely, it retains for the most part the same name and common characteristics; but the human needs which perpetuate this proceeding in Denver, Colorado, differ from the needs which perpetuate it in the isolated, rural areas of Ecuador or Chile. This study, therefore, with no intentions at inclusiveness, will look at *curanderismo* as it has existed during this century in certain Mexican-American communities in the United States, particularly focusing on how it has existed and still exists in rural and urban Utah.

³ Douglas G. Sharon, "Eduardo the Healer," *Natural History*, 81 (November 1972), 32.

THE CHICANO IN UTAH

In a nation where they number ten million and are the second largest ethnic/racial minority group, Americans of Mexican origin or Indo-Hispanic descent have often been referred to as "the invisible minority." That appellation is nowhere more accurate than in the state of Utah. Although part of the original empire of Aztlan, the symbolic Chicano homeland, Utah has never been considered a Chicano state as have her other southwestern sisters—Texas, New Mexico, Arizona, Colorado, and California.

The reasons behind an already "invisible" minority's further obscurity in this state can be clearly seen. Historically, Utah has been a state of majority dominance. The timing and patterns of Utah's exploration, subsequent settlement, and ultimate growth have manifested themselves in the twentieth century in a very small nonwhite, non-Anglo population. "The minority peoples in Utah are truly in the minority."⁴ Here all ethnic/racial minorities combined comprise only six and seven-tenths (6.7) percent of the total population of the state.⁵ Compare this with national figures which show minority groups as twenty percent of the total population, while in the major cities of the East, Midwest, and West Coast areas minority peoples often comprise forty, fifty, or even sixty percent of the population total.

Comparatively speaking, therefore, Utah has a very small non-white, non-Anglo population. The largest of the state's minority groups, outnumbering all other racial and ethnic minorities combined, Chicanos still total only four and two-tenths (4.2) percent of the state population.⁶ And the vast majority of that four percent are fairly recent residents of the state.

Shockingly, the "invisibility" of the Chicano extends even into areas where he should be most clearly visible. In a state internationally recognized for its rich folk tradition and its distinguished folklore scholarship, Chicano folk tradition has gone unrecognized and unseen. The University of Utah Folklore Archive Index, for example, lists sixteen national or ethnic groups whose local folklore has been studied. Although the index mentions such diverse groups as Pakistani and Samoan, nothing resembling Chicano, Mexican, or even Spanish is

⁴ Richard O. Ulibarri, "Utah's Ethnic Minorities," *Utah Historical Quarterly*, 40 (Summer 1972), 212.

⁵ State of Utah, Department of Employment Security, *The 1971 Utah Population Report* (Salt Lake City, 1972), 8.

⁶ *Ibid.*

included. However, the index does contain studies of the Basques, the distant and far more exotic cousins of the mundane Mexican-American.

A second reason behind this apparent neglect of a rich folk tradition can be seen by reviewing the history of the Chicano in Utah. This history is in the main a history of the twentieth century. Although Spanish-speaking people first penetrated the area that is now Utah in 1765, neither the expedition of Juan Maria de Rivera nor the famous expedition of Frays Silvestre Velez de Escalante and Francisco Atanasio Dominguez in 1776 left any permanent settlements. "Although Utah was claimed by Spain, and later Mexico, effective colonization never went beyond northern New Mexico and southern Colorado."⁷

The nineteenth century saw occasional Spanish adventurers penetrate the area that is now the state of Utah as far as the Great Salt Lake. During the early 1800s some Spanish and Mexican traders and fur trappers worked Utah, but, again, they left no lasting settlements. By 1855, the combined factors of the depressed fur market, the Mormon settlement, and the Mexican and Walker wars forced the demise of what Spanish trade there had been, leaving almost no Mexicans in the territory. The few Mexican *vacqueros* and shepherders who assumed positions in the frontier economy during the last half of the nineteenth century were generally solitary and isolated.⁸ Thus it was left to the twentieth century to fulfill the destiny of *Aztlan*, to return at least a few of the Indo-Hispanic people to Utah, the northernmost province of their original homeland.

During the eighteenth and nineteenth centuries there had been slow but steady growth of the Chicano population in the other southwestern states. The indigenous Indo-Hispanic communities expanded gradually and were supplemented with immigrants from Mexico. But the number of immigrants entering the United States from Mexico were few in number compared to what they would later become.

In 1910 the Mexican Revolution stimulated the exodus of many Mexican nationals from their homeland, yet very few of these immigrants found their way to Utah. Two years later the first large immigration of Mexican nationals took place when some four thousand Mexican laborers were brought into the Bingham area as strikebreakers by the Utah Copper Company. Although some of these workers returned to

⁷ Vicente Mayer, et al., "The Mexican in Utah, 1900-1960," (MS in progress, American West Center, University of Utah, 1973), 8.

⁸ *Ibid.*, 8-10.

Mexico when their job was finished, many stayed, making permanent homes in the area.⁹

Gradual immigration supplemented this first large group of Chicano inhabitants, and by 1920 the nationwide census indicated that the Utah-based Mexican-American population had jumped sevenfold in one decade. From 1920 to 1930 fewer Mexican immigrants chose Utah as their destination, settling more often in the other southwestern states. Nevertheless, the Mexican population in Utah continued to grow and by the 1920s Chicanos began to form social, political, and religious organizations. The economic Depression of the 1930s which devastated so many of the majority citizens of this country was less destructive to the Chicanos in Utah. Though economic necessity turned many of them into agricultural farmhands, few actually left the country to return to Mexico.¹⁰

The beginning of World War II marked the largest influx of Chicanos Utah had yet seen. Attracted not only by the mining and agricultural employment opportunities, many came to work the railroads and, particularly, the war production industries. Many of these new immigrants to Utah came not from Mexico but from the other southwestern states, mainly southern Colorado and northern New Mexico.¹¹

Since World War II there has been steady and constant growth of the Chicano communities in Utah. The state has continued to offer employment opportunities, primarily through its government installations. Agricultural workers from Mexico and Texas have also added to the state's Chicano population, passing through on the migrant stream and occasionally electing to remain.¹²

The present-day Chicano population of the state resides principally along the Wasatch Front. The two major cities of Salt Lake and Ogden house the majority of these residents. In both cities the Mexican-Americans usually reside in the lower-middle to lower class neighborhoods of the central, west, and northwest sections of town. Outside the two major cities, Chicanos in Utah are concentrated in the agricultural counties of Box Elder, Utah, and Davis; the mining districts of Carbon, Salt Lake, and Tooele counties; and the areas which serve the government installations—Weber and again Davis and Tooele counties.

Southern areas of the state also contain Chicano residents, although the cultural heritage of these rural Chicanos differs somewhat from that

⁹ *Ibid.*, 20-21.

¹⁰ *Ibid.*, 23, 27-34, and Ulibarri, "Utah's Ethnic Minorities," 231.

¹¹ Ulibarri, "Utah's Ethnic Minorities," 231.

¹² *Ibid.*, 232.

of their urban counterparts. "In many ways, the southeastern portion of the state is linked culturally to northwestern New Mexico and southwestern Colorado."¹³ San Juan, Grand, and Emery counties are the home of some Indo-Hispanics whose forefathers were part of the Spanish colonial settlements in New Mexico and Colorado.

Thus, the Utah Chicano communities of the present and the recent past remain, despite interpenetration with the mass culture, small in numbers, shortly rooted, and somewhat fragmented. These ostensibly invisible and tightly knit subcultural communities are, in essence, folk groups, sometimes isolated from their would-be leaders—those Chicano professionals associated with the state's higher educational institutions or the church.

This isolation becomes even more obvious when an interested party attempts to document the folk practices of the Chicano lower class. The middle class, imported or emergent, concerned with projected public opinion and endeavoring to have the lower class acceptable by Anglo standards, often deny the existence of folk practices which may carry negative connotations. Combined with the natural reluctance of a subcultural group to expose themselves to ridicule and the fact that curanderismo is illegal in Utah, direct evidence of this practice becomes difficult to obtain.¹⁴

Nevertheless, curanderismo and/or recent local variants of the traditional practice exist. A brief acquaintance with traditional curanderismo will allow the interested party to recognize the practice.

A BRIEF LOOK AT CURANDERISMO

The genesis of curanderismo is not widely known. Like many folk practices it can be traced back into antiquity, and expert opinions differ as to its exact origin and derivation. Some scholars tend to emphasize the European elements in curanderismo, while others state that it derives solidly from pre-Columbian America.¹⁵ Dr. Ari Kiev, in his very comprehensive study of curanderismo as folk psychiatry, traces the origin of Mexican folk medicine back into both the Spanish and Indian cultural heritages.

¹³ *Ibid.*, 230.

¹⁴ Title Fifty-eight, Section (Chapter) Twelve of the *Utah Code Annotated* prohibits the practice of medicine without appropriate licensing. Although 58-12-17 permits "the treatment of the sick or suffering by prayer or other spiritual means without the use of any drug or material remedy," the same reference holds that compounds or concoctions of "various herbs" cannot be administered as "domestic family remedies."

¹⁵ Sharon, "Eduardo the Healer," 32.

. . . it is important to note that much of the curandero's knowledge derives from traditional fifteenth and sixteenth century European medicine and that there are firm historical foundations for his beliefs and practices.

The curandero's beliefs about emotional illness derive in part from the Spanish-Catholic tradition of Mexico and in part from the Indian heritage bequeathed to Mexico by the Aztecs, Mayans, and other Indian groups and are an amalgam of magic, folk belief, and empirical experience.¹⁶

Indeed, an in-depth examination of the religious and medical practices, as well as the cultural orientation of both the Indians and the Spaniards, indicates that a cultural marriage between the two was not only the most logical source of Mexican folk medicine/religion but that the strength of that marriage is perpetuated in present-day society. Contemporary curanderos who demonstrate an advanced knowledge of herbal remedies are to a great extent using the scientific discoveries of their pre-Columbian ancestors, while those who trace an illness to the eating of a hot tortilla or the drinking of cold milk are generally the disciples of Hippocrates, many generations removed.¹⁷ According to Kiev, not only were the Spanish-European medical beliefs intermixed with those of the indigenous peoples, but the philosophical and religious beliefs of the respective groups intermixed even more perfectly. "The Aztecs put great store in fate and highly personalized Gods, a personalism which the curandero still follows in his emphasis on the saints and personal saints."¹⁸ Like the curanderos of today, the Aztecs accompanied their worship with prayers, symbolic acts of propitiation, and magical maneuvers.¹⁹

A firsthand account of the spontaneity of the Indo-Hispanic synthesis is documented in the famous report of Alvar Nuñez Cabeza de Vaca to the viceroy of New Spain in 1536. In a twentieth century rendering of a letter which describes the ordeals of Vaca's captivity, Haniel Long has rewritten the famous Spanish explorer's account of the following incident.

The Indians danced incessantly. They asked us to cure their sick. When we said we did not know how to cure, they withheld our food from us. We began to watch the procedure of their medicine men.

¹⁶ Ari Kiev, *Curanderismo: Mexican-American Folk Psychiatry* (New York, 1968), 22-23. See chapter 3 for a detailed discussion of this subject.

¹⁷ *Ibid.*, 46.

¹⁸ *Ibid.*, 28.

¹⁹ *Ibid.*

It seemed to us both irreligious and uninstructed. Besides, we found the notion of healing Indians somewhat repellent, as your Majesty will understand. But we had to heal them or die. So we prayed for strength. We prayed on bended knees and in an agony of hunger. Then over each ailing Indian we made the sign of the Cross, and recited the Ave Maria and a Pater Noster. To our amazement the ailing said they were well. And not only they but the whole tribe went without food so that we might have it.²⁰

Thus rooted, as is the Chicano himself, in the Indian-Spanish synthesis, curanderismo has survived these five centuries primarily through oral transmission and apprenticed observation. As Ruth Dodson affirms in an article on Mexican-American herbal curing, "this lore is handed down from generation to generation, from mother to daughter especially."²¹

Although many variants exist, generally speaking curanderismo is a combination of folk medicine and faith healing. To some it is all one or the other, but most curandero/as combine a knowledge of herbal remedies with liberal doses of prayer and religious/superstitious ritual. An example of this dichotomy may be seen in the work of the aforementioned Ruth Dodson, a Texas folklorist, who in 1832 wrote an article containing a detailed examination of the most common herbal medicines used by curanderas. Almost twenty years later, in 1951, Ms. Dodson completed the research and published a book about Don Pedro Jaramillo, the famous Texas curandero who cured only with prayer and holy water.

A typical example of this amalgamation is described in Madsen's *Mexican-Americans of South Texas*. Here a curandera herself relates one of the curing procedures. Her method of diagnosis is to "clean" the patient's body with an egg. This consists of drawing or sweeping a raw egg over the sick person's body (usually in the sign of the cross), cracking the egg into a glass of water, and examining the egg white as it curls in the water in order to recognize the nature of the affliction. This diagnosis is followed by taking the patient's pulse, giving him strengthening teas, and religious/superstitious ritual such as cutting an outline of the patient's body in dirt and reciting the Twelve Truths of the World forward and backward.²²

²⁰ Haniel Long, "The Captivity of Alvar Nunez Cabeza de Vaca," *A Documentary History of the Mexican-Americans*, ed. Wayne Moquin (New York, 1972), 8-9.

²¹ Ruth Dodson, "Folk-Curing among the Mexicans," *Tone the Bell Easy*, ed. J. Frank Dobie (Austin, 1932), 82.

²² William Madsen, *Mexican-Americans of South Texas* (New York, 1964), 79.

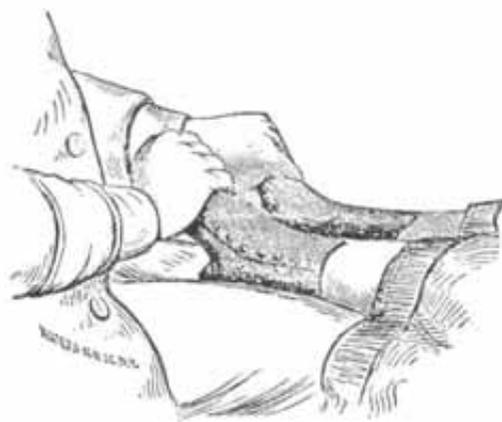
Knowing the history behind curanderismo and something about its methodology, one might still be amazed that the practice continues in present-day society. In his excellent book, *Cultural Difference and Medical Care*, Lyle Saunders delineates two important points which must be realized by any nonmember of the Mexican-American sub-cultural group if he wishes to understand curanderismo.

The first point is that the practice of medicine is a social activity. In whatever form it may take and wherever it may occur, the practice of medicine always involves interaction between two or more socially conditioned human beings. Furthermore, it takes place within a social system that defines the roles of the participants, specifies the kinds of behavior appropriate to each of those roles, and provides the sets of values in terms of which the participants are motivated. . . .

The second point to be emphasized is that medicine is a part of culture. In its totality, medicine consists of a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals, and symbols, that interlock to form a mutually reinforcing and supporting system. . . . Medicine as an institution is integrated with other major institutional complexes—government, religion, the family, art, education, the economy—into a functioning whole, which is culture.²³

An understanding of these concepts makes it possible to accept the fact that disease, like language, is to some extent a result of culture. There are, therefore, diseases to which only certain cultures succumb. It is most often these diseases which the curandero/a treats. An obvious motivation to seek the help of a folk healer, rather than a medical doctor is the possible ridicule an ailing Mexican-American might receive from an Anglo physician who does not recognize certain diseases.

A detailed examination of these diseases and their symptoms and cures is to be found in several scholarly works already noted. The most



Foot massage, a technique used by some curanderas, was also advocated by Edward B. Foote, M.D., in Medical Common Sense, 1899.

²³ Lyle Saunders, *Cultural Differences and Medical Care: The Case of the Spanish-Speaking People of the Southwest* (New York, 1954), 7.

common of these is *mal ojo* ("evil eye"). This concept exists in variations in other folk cultures as well. Other common diseases prominent in certain Mexican-American subcultures are *empacho* ("surfeit"), *susto* ("fright"), and *caida de mollera* ("fallen fontanelle").²¹ These diseases may have actual physical symptoms and/or psychological (magical) ones; similarly, their cures, if successful, may have met and satisfied emotional as well as physical needs. The former area, although minutely examined by Dr. Kiev, is realized by some simply as a matter of common sense.

Typical of this attitude is a statement by a Mexican-American professional man who, reminiscing about his childhood, remembered being treated often for evil eye sickness. The man stated that although he no longer believed in *mal ojo*, he felt that the cure, which had generally worked, did two important things for him. It demonstrated his family's love for him and made him feel important. A middle child, the man remembered that he often felt left out of the praise the older boys received and jealous of the attention given to the baby. Sulky and sickly, he would become the center of the family when someone pronounced that he suffered from the evil eye. After being cleaned with the egg, the man stated, he felt important and loved by all members of his family. "Those minutes before I dropped off to sleep were full of happiness and security."²²

The majority of scholarship available on curanderismo has examined this practice primarily from scientific and social scientific perspective. Ruth Dodson, prominent among those who have handled curanderismo as folk narrative (*The Healer of Los Olmos*), delineates but does not formularize certain characteristics of Don Pedro Jaramillo, the famous curandero of Los Olmos, Texas. However, those characteristics are generally applicable and with some exclusions could be structured into formularized prerequisites. Most prominent among these characteristics are some kind of divine revelation or inspiration, altruistic rather than economic motivation, and often a physical anomaly confirming the person's divine ordination.

In the case of Don Pedro, for example, he claimed the power to heal the sick only through their faith in God and through God's power to make known to him which prescription to use. Don Pedro, of course,

²¹ Cervando Martinez and Harry W. Martin, "Folk Diseases among Urban Mexican-Americans," *Journal of the American Medical Association*, 196 (April 11, 1966), 147.

²² Madsen, *Mexican-Americans of South Texas*, 77.

made no charge for his services; in fact, he himself often gave to the poor and the sick who had sought his help. The story behind how the gift of healing came to be bestowed on him was that when he was a poor laborer in Mexico, working for a half-bushel of corn and the equivalent of five dollars a month, he suffered an affliction of the nose. One night when the pain was particularly intense he went out to the woods to a pool of water. There Don Pedro lay down by the pond and buried his face in the mud which instantly gave him some relief from the pain. He continued to stay by the pond, treating his nose with mud until three days had passed. After this length of time he was well, but his nose remained disfigured. This anomaly was always associated with the gift of healing that was credited to Don Pedro.²⁶

CURANDERISMO IN UTAH

The curandero/as who have practiced in Utah in the last thirty years, and those who continue to practice now, share many common characteristics with the traditional curandero/a. Chief among these is invisibility. A "real" curandero/a (to be distinguished from the occasional faker) never advertises and is often difficult to unearth, particularly for a researcher who is not a member of the subculture. Nevertheless, direct evidence of this folk practice can be obtained through tenacious pursuit and gracious informants.

Following are four transcriptions from recent field experiences which deal with curanderismo in Utah. These four were selected from approximately twice that number because they present a wide variety of practices, opinions, and experiences. They include an unsuccessful experience with a faith healer, a report on a traditional and legitimate curandera, comments from a cleric who is not a member of the subculture but is well acquainted with it, and the testimony of a practicing curandera who demonstrates an advanced knowledge of herbal curing.

The following is a summary of a partially directed interview with Leonela Salazar of Salt Lake City, taken on November 30, 1972, at her home. Mrs. Salazar is a sixty-four year old widow of Spanish-American ethnic descent. The entire transcription of this interview was obtained in Spanish, although Mrs. Salazar speaks some English.

Mrs. Salazar was born Leonela Trujillo in 1908 in Cebolla, New Mexico. Her father, a native of Chama, New Mexico, and her mother,

²⁶ Ruth Dodson, "Don Pedrito Jaramillo: The Curandero of Los Olmos," *The Healer of Los Olmos*, ed. Wilson M. Hudson (Dallas, 1951), 12.

a native of El Rito, moved to Cebolla where they had a sheep ranch. When their three children were partially grown, the family moved to Sunnyside, Utah, because of the availability of high-paying jobs associated with the mining industry in that area.

Leonela married Jose Salazar in 1926. The couple moved often and finally settled in Salt Lake City after World War II where Jose found work as a foreman in a foundry. The Salazars bought a house and eventually had five children of their own.

Mrs. Salazar stated that she remembered many women in New Mexico who had never seen a doctor; a *partera* ("midwife") assisted in the birth of their children. In Utah, however, the Salazars and others of their community consulted doctors on occasion.

Mrs. Salazar's younger brother, Antonio, who was then living in Utah, became very ill about 1950. The exact nature of his illness was not described, but it was an obvious mental or emotional illness of some sort. Antonio was in and out of Salt Lake City hospitals with no substantial improvement for several years. In 1955 the illness became more acute, and he was confined to the state hospital in Provo. Once there his condition deteriorated even more, and no amount of professional medical help could improve it.

At this time a Mrs. Blanco, a curandera supposedly of Spanish and Rumanian descent, lived in Salt Lake City. Mrs. Blanco was well known throughout the local area, and many people came from other states to seek her services. Mrs. Salazar, concerned with the condition of her brother, went to the home of Mrs. Blanco for help.

Mrs. Blanco agreed to attempt to cure Antonio but put the primary responsibility for the success of the undertaking on Mrs. Salazar. According to Mrs. Blanco, if Mrs. Salazar's faith were strong enough and if she followed directions exactly, her brother would be cured. Mrs. Salazar was required to pray many hours every day. Although no specific prayers were required, those said had to be done at specified times. Mrs. Blanco warned Leonela that she must be strong enough to resist the evil spirits and the devil who would surely try to dissuade her from the effort.

After some weeks of this regimen, Mrs. Salazar again visited the curandera. This time she was instructed to continue her prayers and not to see her brother at the regular time. (Mrs. Salazar was in the habit of driving to Provo to visit him every other day.) Instead, Mrs. Blanco instructed Leonela to go to Provo the following Friday and to

be careful in the car because the evil spirits were becoming more aggressive.

Mrs. Salazar followed the curandera's instructions exactly. On Wednesday before the appointed Friday she prayed and went to bed. That night Leonela dreamed that she was standing near a river and was surrounded by many different kinds of animals. Although the animals did not attack her, Mrs. Salazar was afraid until the Virgin of Perpetual Help appeared in the river and assured her that all would be well.

On her visit to Provo the following Friday Mrs. Salazar found her brother much improved. For the first time in many months he recognized her, talked freely, and remembered things. He also made the statement that he felt as though he had awakened from a long sleep. On the return trip to Salt Lake City the hood of the car which Mrs. Salazar was driving flew up unexpectedly. A serious accident was luckily avoided.

During Mrs. Salazar's subsequent visit to Mrs. Blanco, the curandera told her that when she gave her brother the final cure Mrs. Blanco would also reveal the name of the individual who had made him ill. She further admonished Leonela not to fail in carrying out her part of the final cure as Mrs. Blanco's own safety had now become involved. The curandera stated that if Leonela did not follow instructions she would never see her (Mrs. Blanco) again.

The brother, whose health was improving steadily, was brought home. The curandera warned Leonela not to let him come into contact with evil spirits and not to permit him to have contact with bad people or to drink alcoholic beverages. Once Antonio had undergone the final cure he would be safe and could resume normal activities.

One day during Antonio's convalescence Leonela returned home to find him drinking wine with some relatives. Worried about Mrs. Blanco, Leonela rushed to her home only to find she had disappeared. To the best of Leonela's knowledge, Mrs. Blanco never reappeared, though she later heard that Mrs. Blanco had moved to Orem.

Mrs. Salazar's brother was never completely cured and to this day suffers some manifestations of emotional illness. For failing to follow instructions, for not curing her brother, and for jeopardizing Mrs. Blanco's safety, Mrs. Salazar still blames herself.

The following is a summary of a partially directed interview with Rebecca Florez Alvera who was born in Salt Lake City in 1925 and



Incarnacion Florez of Salt Lake City was well known as a curandera among Chicanos in the Intermountain area. Photograph courtesy of Rebecca Alvera.

still lives there; she has eight children, one of whom is a junior at the University of Utah. Although Ben and Rebecca Alvera are fluent in both Spanish and English, their children speak only English. Beckie Florez Alvera was the oldest child of Incarnacion Florez who was well known throughout the Mexican-American subculture in Utah and neighboring states as a successful curandera. She practiced her healing arts until her death in 1968.

Mrs. Alvera stated that her parents were born in Fresnillo, Zacatecas, Mexico, in 1899 and 1900. In 1920 the Florezes, then a young married couple, came to Utah as part of a migrant group enlisted to work in various capacities. Her

father found permanent employment with the Denver and Rio Grande Railroad in Salt Lake City.

Beckie Alvera remembers her first home well. "When I was a young child we lived in a railroad car on a siding near the yards. Many other families had these same homes. Ours was a coach car with the seats removed. It was well furnished, and my mother kept it immaculately clean. We drew water from a pump in the yard, had our own kitchen, but shared toilet facilities." It was in this home that Mrs. Alvera remembers her mother's activities as a curandera.

Although she never advertised, Incarnacion Florez had a fairly steady clientele. As her fame spread, Mrs. Florez tried to discourage patients because her work as a curandera interfered with her primary duties of housewife and mother. Later, when the family moved to a real house, Beckie did not have the chance to watch the curing process as closely because the rituals were usually performed behind closed doors.

According to her daughter's testimony, Mrs. Florez seems to fit the traditional description of a curandera perfectly. She combined prayer, ritual, and medicine, denying her power to cure and stating that God merely used her as an instrument of his will. Mrs. Florez accepted no

money for her services, only an occasional gift to help defray expenses, and she consulted with anyone who needed her services. Like all "good" curanderas, Mrs. Florez encouraged her patients to seek the help of a physician for any serious illness. Similarly, she refused to treat patients until they assured her that they had already consulted a physician without success. Incarnacion Florez also had a slight congenital deformity in her fingers—the knuckles were twisted, causing the top portion of her fingers to protrude.

Mrs. Alvera did not know exactly when or how her mother had begun curing. She remembers those activities from the time she was a small child until her mother's death in 1968. During those forty years Mrs. Florez always had many pleased patients. As word spread of her success she became known for her abilities in other states. Many Mexican-Americans came to be treated by *La Medica* from as far away as Houston. Although her mother has been dead for five years, Mrs. Alvera often receives long distance calls from residents of other areas who are hoping to contact Incarnacion Florez.

The following is a summary of a partially directed interview with Father Jerald H. Merrill, the priest of the Guadalupe Parish in Salt Lake City and the director of the Guadalupe Center.

Father Merrill, although a Salt Lake City native himself, became associated with this Mexican-American community only after he had taken his orders and was serving in an official capacity with the Catholic church. His first experience with curanderismo, however, was as a seminarian. On a bus trip to Mexico, which he and a priest were taking as sponsors of a holy pilgrimage, one of the parishioners became ill. Some of the other women removed the sick lady from the bus and cured her. One of the techniques involved taping a penny to the sick woman's navel.

Father Merrill stated that it was from his companion priest that he formulated his own attitude towards curanderismo. While it was not to be encouraged, harsh disapproval could cause fear, hostility, and alienation. Thus Father Merrill has ignored the practice these many years, although he has been well aware of its existence in his parish.

In Father Merrill's opinion, Incarnacion Florez was by far the best known of the local curanderas, although in the past he had known of others. He stated that he was often asked for blessed items and religious articles, and he knew why they were wanted. Once when

called to perform extreme unction at the bedside of a dying man, he encountered a curandera preparing to leave.

Father Merrill stated that although the demand for blessed items had fallen off considerably in recent years, it was his opinion that curanderismo was still practiced in Salt Lake City and that evidence of this would not be difficult to obtain if the researcher knew where to look.

The following is a summary of a partially directed interview with Te Valdez of Ogden, Utah. Mrs. Valdez is a relatively young and energetic woman who lives in the predominantly Mexican-American westside of Ogden and is active in Chicano community affairs. She has had nine children, six of whom are still living; although only forty-six years of age, Mrs. Valdez is the grandmother of fifteen youngsters. Besides community work, Te Valdez directs her energies into teaching Mexican folk dance and, occasionally, to curing. Understandably, Mrs. Valdez was reluctant to refer to herself as a curandera, but she did agree that this was the most appropriate word to use in describing her curing activities.

Mrs. Valdez stated that she was born Te Marie Cisneros in La Madera, New Mexico, in 1928. Her grandmother was Agustinita Cisneros, a well-known curandera and *partera* in that part of rural New Mexico. Mrs. Valdez feels that although her ability to cure was probably somewhat inherited from her grandmother and somewhat inspired by early exposures to the curing process, the primary source of her curing power is an inherent ability. Whether a gift from God or just a chance occurrence, Mrs. Valdez is not sure, but she is sure that her curing ability comes from some special instinct for knowing just what to do. A pragmatic might label her successes as the result of trial and error, for Mrs. Valdez does not claim to be infallible, but she thinks that in the total picture she has succeeded in curing her patients much more often than not.

According to her own story, Mrs. Valdez became aware of this special ability when as a twelve-year-old girl in New Mexico she cured her cousin. Her grandmother had been treating the feverish boy with *yerbabuena* (an all purpose herb similar to mint). Leaving for the day, Mrs. Cisneros instructed the girl to continue treating the boy with tea made from the herb. Instead of continuing the treatment as prescribed, young Te decided that she preferred the fresher appearance of another herb, *verbena*. She boiled this herb into a tea, strained it, and gave the beverage to her ailing cousin. A couple of hours after ingesting



Vervaine (verbena) was described as "a secret and divine medicine" in John Gerard's *Historie of Plantes*, 1597.

the tea, the boy's fever broke, and he was resting comfortably when the adults returned home. Since she had disobeyed orders, she was at first reluctant to reveal to her grandmother the secret of her cousin's recovery. After much persuasion she explained her actions to her grandmother who, deciding that the girl possessed the potential for curing, began from that time on to train her as a curandera. Mrs. Valdez has cured on an occasional basis ever since. Although she doesn't seek patients, she does feel that since she has the ability she should respond to people who need her help.

Mrs. Valdez and her husband, Eddie, moved to Ogden in 1948. At that time he had just been discharged from the service and hearing that there were good government jobs available in Utah moved his family to Ogden. Mrs. Valdez's reputation as a curandera in Utah began when some

friends from New Mexico visited the Valdez family in Ogden. The visitors' son became ill and was cured by his hostess. The neighbors in Ogden, aware of this occurrence, began to call upon Mrs. Valdez themselves for curing and thus began her services to her Utah community.

Mrs. Valdez cures primarily with herbs, although occasionally she has cured with other traditional methods, such as the egg. In 1967 she became acquainted with the famous Irish-Apache herbalist, Clarence Patrick Sundance. Working with him, she expanded her already wide knowledge of herbs. Some of the herbs she uses she grows herself in Ogden. To obtain others, however, she must make occasional trips to Colorado or New Mexico where they are available. Some of the herbs she uses are *poleo* ("pennyroyal"), *alhucema* ("lavender"), *manzanilla* ("chamomile"), and *chamiso pardo* ("brown sage"). Others are *osha*, *verbena*, *maricola*, *immortal*, *yerba del dapo*, *cascara sagrada*, *istafiate*, and *contrayerba*. She recommends *osha* for the prevention of colds.

Another remedy for the common cold and for sore throats is to wash a red potato and eat it raw and unpeeled.

Mrs. Valdez attributes much illness to an imbalance in the temperatures of the body which is often brought on by the consumption of a hot or cold food or beverage. She also diagnoses by feeling body temperatures. A baby, for example, who has *empacho* will have a different temperature in different parts of his body. Vinegar applied to the bottom of the feet will, according to Mrs. Valdez, reduce fever.

She departs from the traditional curandera in that she uses no sacred objects. She believes in God, but prayer is not part of her curing ritual. One traditional curing technique that she relies on heavily is massage. Some of her most seriously ill patients have been relieved by expert massaging. In the main, however, her curing is herbal; and for some Indian remedies, she is reluctant to give out the formulas.

Mrs. Valdez is very thorough in her work, maintaining complete records on every patient she has treated. She charges no fees but occasionally accepts some other method of recompense for her services, such as a dinner out.

Te Valdez intends to leave Utah in the near future to move to New Mexico to work in a clinic where herb medicine is being seriously examined.

CONCLUSIONS

Folk practices continue for many reasons, prominent among which is the fact that these performers fill the aesthetic, emotional, physical, or psychological needs of the folk who perpetuate them. Curanderismo continues in part because of the failure of the American medical system to serve certain Mexican-American subcultural peoples. Medical doctors will generally see patients only in unfamiliar and sometimes terrifying environment. Similarly, established medical care is prohibitively expensive and extremely inconvenient. Not only is a curandera's help free or reasonably priced, but it is generally mobile and available on short notice. Moreover,



Bathing temples and forehead with lavender water relieved catalepsy and migraine, according to John Gerard's Historie of Plantes, 1597.

the curandero/a speaks a familiar language, does not condescend to the patient's opinion or ideas, and often cares for the patient's well-being with sincere affection. Also important is the fact that a curandero/a rarely instills the patient with hopelessness. Statements to the effect that the patient must learn to live with his pain or that medical science hasn't conquered this disease are not made by folk healers.

While the primary intention of this study is to examine a folk practice and show evidence of its existence, it projects an implicit comment on the medical system of this country, and, particularly, of this state. It reflects, for example, on the shameful facts that there are no Mexican-American medical doctors in the state and that the first Mexican-American students to enter the University of Utah Medical School did so in 1970.

Studies such as this one also imply that in medicine, as well as in all other aspects of mainstream American life, the time for ethnocentricity has passed. The various ethnic/racial minorities in this country have much to contribute to overall knowledge, and as the recent attention focused on acupuncture indicates, folk medicine deserves serious study and open-minded scholarship.

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