Health and Healing Practices Among Five Ethnic Groups in Miami, Florida

CLARISSA S. SCOTT, MA

ETHNIC GROUPS from the Bahamas, the West Indies, and Central and South America converge in large numbers in Miami, Fla., and most of these peoples retain their vigorous, indigenous health cultures. The term health culture is used here to refer to "all of the phenomena associated with the maintenance of well-being and problems of sickness with which people cope in traditional ways, in their own social networks" (*1*). Evaluating the importance of this concept, Weidman and Egeland (*1*) note that use of this definition sets out the sphere of health belief and behavior as "one of the basic social institutions of a society" and raises it to the same order of classification as the economic or political system.

The Health Ecology Project

Preliminary findings of the Health Ecology Project, which is conducting comparative research on the health cultures of the five largest ethnic groups in the inner-city area of Miami, reveal that many members of these groups are not moving resolutely away from traditional health beliefs and practices toward scientific (orthodox) medicine. Rather, they are holding fast to numerous prescriptive health beliefs and practices, combining the two systems (orthodox and traditional) in different ways and to different extents. The five groups being studied are Bahamian, Cuban, Haitian, Puerto Rican, and southern U.S. black.

The project is concerned with illness of both physical and psychological origin. It has two important goals within the context of this paper. The immediate goal is to describe the beliefs and practices relating to health, illness, and healing among the ethnic groups. The second goal is to determine the patterns of use of both the orthodox and traditional healing systems among these populations. Ultimately, the hope is to develop models for more appropriate health care delivery.

Ms. Scott is an instructor in social anthropology at the University of Miami School of Medicine and field coordinator of the Health Ecology Project in the Department of Psychiatry. *The project is supported by a grant from the Commonwealth Fund of New York. Its principal investigators are James N. Sussex, MD, professor and chairman of the Department of Psychiatry, and Hazel H. Weidman, PhD; its primary consultant is Janice A. Egeland, PhD.*

This paper is based on one presented at the 32d annual meeting of the Society for Applied Anthropology in Tucson, Ariz., April 12–14, 1973.

Tearsheet requests to Clarissa S. Scott, Department of Psychiatry, University of Miami School of Medicine, P.O. Box 520875, Biscayne Annex, Miami, Fla. 33152.

The project is using a combined sociological-anthropological methodology. Our six field assistants, who collect the majority of the data, are women who are members of the ethnic communities in which they work. Each community has one full-time fieldworker, except the Puerto Ricans; in this population, two women share one full-time position. The fieldworkers include a Bahamian who uses the services of faith healers and sorcerers, a Haitian whose aunt was a prominent voodoo priestess, and a Cuban who was a practicing attorney in Havana before coming to Miami as a political refugee. Thus, training of these women has been highly individualized, based on both the weaknesses and strengths of each as well as her background.

As part of the research protocol, each field assistant administers a sociological-type questionnaire to 100 families in her ethnic group, and then she selects 30 to 40 families from the 100 to work with on a long-term basis. The families selected are asked to keep a health calendar for 4 consecutive weeks, and the mother (or whoever cares for the family members) records any symptoms of illness or conditions which appear in family members and the precise action taken in response. In this way, we are obtaining a description of health problems as seen by members of each ethnic group, rather than according to scientific medical terminology. During the long period of contact, the assistants attempt to gain more understanding (from the mother's point of view) of the etiology of the problems and the family's reasons for engaging in certain health behaviors in place of or before others.

Much of the data in this article are based on the techniques that are closely associated with anthropological fieldwork—participant observation and in-depth interviewing over a long period of contact. The bulk of the fieldwork was done by the indigenous assistants and by me in company with them. We are fortunate in also being able to share field data and observations with five behavioral scientists, each of whom acts as a "culture broker" for his or her respective ethnic group and who, in turn, has a team of indigenous workers under her or him. A culture broker, as defined by Weidman (*2*) in general terms, is a "bridging" person between two health cultural systems confronting each other. More specifically, within the setting of the University of Miami School of Medicine, this person is a medical anthropologist or behavioral scientist with specialized knowledge of a local ethnic group who works to establish linkages between that ethnic community and in-house psychiatric services.

Although the broad overview and statistical data which derive from the questionnaire and other sociological types of field instruments are invaluable in telling us *what* is happening, it is the months and years of daily contact in the communities which provide us with the insight and data to interpret the *whys* and *hows* of the statistical picture.

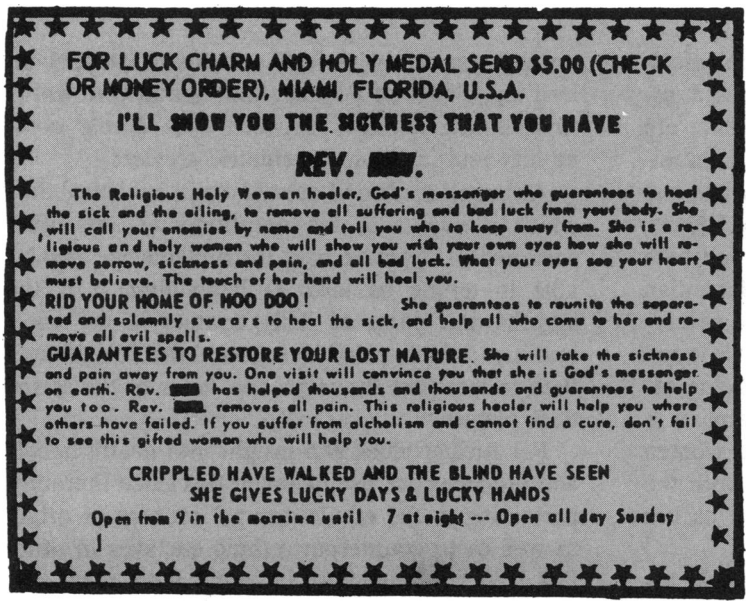
For further clues and insight into health beliefs and practices, we use behavioral-science literature pertaining to the ethnic groups' country of origin as well as to counterpart ethnic enclaves in other U.S. cities. This must be done with great circumspection because each local ethnic community is unique in some ways while sharing certain commonalities with their opposite ethnic number elsewhere. Unfortunately, virtually no literature describing Miami's ethnic communities has yet appeared in scientific journals.

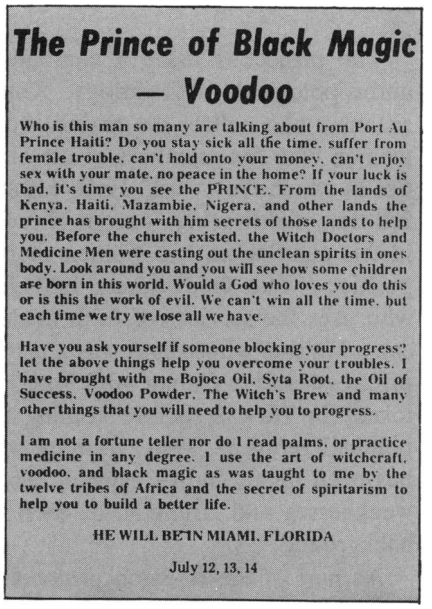
Patterns of Health Care

Each of the five populations (Bahamian, Cuban, Haitian, Puerto Rican, and southern U.S. black) tends to use available health systems somewhat differently. The following descriptions of health care patterns were obtained in a pilot study within the overall Health Ecology Project.

Bahamians. Folk remedies and healing techniques thrive among the Bahamians. There is constant traffic between Miami and Nassau (only 30 minutes by plane) and numerous Bahamian herbs and concoctions are brought in by friends and relatives. Many Miami residents retain close relationships with their relatives in the Bahamas by returning for visits, telephoning, and so on. There are several Obeah men in Miami, and at least one commutes between Miami and Nassau to see patients in both countries. Bahamians sometimes "cross the water" (return to Nassau) which automatically removes any effects of Obeah from them. Many use the services of southern black root doctors and spiritual doctors, as well as southern black faith healers.

In anthropology, there is a technical distinction between witchcraft and sorcery. Wittkower and Weidman (*3*) define witchcraft as involving ". . . innate and extraordinary power which is





Recent ads which appeared in the Miami Times

inherited and is exercised as a psychic act," and sorcery as being "learned" and involving " . . . the use of power which resides in resources outside the individual." Obeah is the term used by Bahamians to indicate sorcery; the southern black term for sorcery is rootwork, and those who practice it are root doctors.

The health calendars of our Bahamian sample indicate chronically poor health. They frequently use the orthodox health system only for crises or in conjunction with folk therapy, for obvious reasons such as language barriers, transportation problems, and "social distance"—the distance between ethnic "consumers" and health "providers" who subscribe to a different set of values. In addition to these manifest reasons there is lack of cultural "fit," which probably also pertains to the four other ethnic groups. This lack occurs when two or more health cultures are dissimilar in crucial ways that make it impossible for a member of one health cultural tradition to accept certain beliefs and behaviors of another. The result is dissatisfaction by both the health care provider and the consumer.

Furthermore, all the ethnic groups in our study attribute certain symptoms and conditions to social and interpersonal conflict and supernatural activity. Their feeling is that "everybody knows" that these are health problems which medical doctors are incapable of curing, therefore it is useless to expect remedial treatment from an orthodox medical practitioner. Among the Bahamians particularly, a person seeks an Obeah man or crosses ethnic lines to use the services of a southern black counterpart, a root doctor. Finally, the intensity with which the Bahamians in the study group practice folk therapy may be related to the closeness of the Bahama Islands to Miami. Visiting and communication can be maintained easily, and there are ample opportunities to replenish home remedies and to reinforce Bahamian health beliefs and practices.

Cubans. Cubans have come to Miami in such numbers that they have been able to duplicate their entire former health care system, including the manufacture of patent medicines previously produced in Cuba. Only a few families in our sample had used a hospital emergency room during the previous 12 months—a significant difference between this group and the others. One possible reason is that a majority of our study families attend 1 of the 23 or more private Cuban clinics, which are operated like a health maintenance organization and are open around-the-clock. Also, according to our data, Cubans seem to be highly motivated toward preventive medicine.

Some Cuban druggists guardedly continue the Latin American practice of selling prescription drugs without prescriptions. Simultaneously, they sell traditional medical plants to their customers. Small churches which include faith healers are found throughout "Little Havana." Large numbers of espiritistas and santeros ply their trade.

An espiritista is a practitioner of Espiritismo—a religious cult of European origin based on an ethical code—which is concerned with communication with spirits and the purification of the soul through moral behavior (*4*). A santero is a practitioner of Santeria, a syncretic product of African beliefs and Catholic practices. The santero takes no moral position, as does the espiritista; he works solely in behalf of his client. His activity can be beneficial, of no import, or harmful to others (*4*).

The Cuban business district has many botanicas; these religious-article stores sell herbs, lotions, sprays, and other items prescribed by espiritistas and santeros. Home remedies, such as punches, teas, and salves, are used in most of the households in our study.

According to our questionnaire and health calendar data, the Cubans seem to be making full use of the medical resources available to them. Also, at this point in our research, their calendars indicate that they experience less illness than do the other groups. The Cubans who came to Miami on refugee flights are eligible for free care at the Refugee Center, which is staffed by Cuban health personnel; however, the center is being terminated because the Cuban Airlift of refugees has ended. The Refugee Center is not as conveniently located as are other facilities. Families often use it in conjunction with private clinics and physicians, according to their financial status and time available. Cuban health professionals and paraprofessionals have entered the United States orthodox health system in such great numbers that even when a Cuban goes to the public health clinics or to Jackson Memorial Hospital, the university teaching hospital, he is often cared for by Cuban nurses, physicians, technicians, or social workers.

Haitians. The Haitians are relatively recent arrivals to Miami; our pilot study respondents have been here an average of 2.2 years. Medicinal preparations and elements of the traditional Haitian health care system are limited in Miami, possibly because their population is not yet large enough to support more than a handful of indigenous healers.

We know of two priests (Houngan) and one priestess (Mambo) of the Vodun cult in Miami. Herskovits (*5*) defines Vodun, or voodoo, as "a complex of African belief and ritual governing in large measure the religious life of the Haitian peasantry. . . ." In addition to these, two men represent themselves as spiritual doctors. They use the title "Reverend" and use the power of the holy spirit to cure. Finally, we have knowledge of five "Readers" or "Diviners" (men and women who read cards and hands) who predict and cure. They cure by means of being possessed by a spirit (mystére) which sometimes touches the patient and gives directions for cure.

The Haitian pattern of health care which emerges from our preliminary data is to treat first with herbs and home remedies. When Haitians move into the orthodox system, three characteristics dominate their use of it: (*a*) frequent use of the emergency room, (*b*) the names of the same few private physicians and one private clinic appear again and again, and (*c*) the types of facilities used are more limited in range than those used by the other four groups. These characteristics indicate that the Haitians do not know the territory and thus rely on each other for recommendations of health facilities. Their economic status is generally low on arrival in the United States. The emergency room at Jackson Memorial Hospital (the only public hospital in Miami) does not demand immediate payment, and therefore it accommodates the needs of the Haitians who lack money.

Catholic Haitians tend to be Catholics in name only and still retain their Vodun beliefs. They are likely to attribute certain illnesses to supernatural causes and, in such cases, many seek out those few native healers who are available in Miami. Baptist Haitians who believe that illness is not responding as it should to either home remedies or the orthodox system are likely to pray (either alone or with their pastors) for God's help in effecting a cure. They have been converted to a belief in a protective God who is powerful enough to conquer evil with good and to help the doctors cure both natural and supernatural illnesses.

When home remedies and techniques fail, alone or in conjunction with the orthodox system, Haitians sometimes return to Haiti at great expense to use the services of the types of healers who are not yet available in Miami.

Puerto Ricans. Of the five groups, the Puerto Ricans have consistently shown the least use of the orthodox health care system. Compared with the other ethnic groups, a significantly smaller percentage used the services of an emergency room or saw a private physician during the previous 12 months. Checkups were rare. This infrequent use

of the orthodox system and the health calendar data indicating extensive poor health lead us to hypothesize that this group may be isolated from its own healing system as well as from the orthodox system and for the following reasons specific to the Puerto Ricans:

- Their lifestyle is such that many wives and mothers remain close to their homes and neighborhoods and rarely feel comfortable venturing outside these boundaries. Submissive and protected, the Puerto Rican woman in Miami takes direction from her husband. The father in one of our study families forbids his wife to leave home during the day, even for a brief time to have a cup of coffee with the next-door neighbor.
- When Puerto Ricans do reach a hospital or clinic, they are usually assigned to Cuban staff because they are Spanish-speaking. There is considerable antagonism between Cubans and Puerto Ricans in Miami, and the Puerto Ricans believe that Cubans treat them in an offensive manner, without respect (respeto). To treat and be treated with respect is a fervently held value. Seda, a Puerto Rican anthropologist, has said that a Puerto Rican possesses "an almost fanatical conviction of his self-value" (*6*). While Puerto Ricans are especially sensitive to lack of respect by Cubans, this may also be a negative factor in their contact with health care personnel from any ethnic or cultural group.
- Puerto Ricans in Miami do not have as diverse and powerful a folk healing system as they do in New York or Puerto Rico. Although there are several espiritistas in Miami, our information indictates that their following is not large. Puerto Rican and Cuban espiritistas are similar in that they are both practitioners of Espiritismo. However, Garrison (*7*) characterizes Puerto Rican Espiritismo as a folk-healing cult of the spirit-medium type rather than as a religious cult, as Sandoval (*4*) describes the Cuban counterpart.

Cuban santeros and esspiritistas are thought to be more powerful than the Puerto Rican healers in Miami. When Puerto Ricans believe that "a thing" (hechizo) has been done to them, they often believe that it has been effected by a Cuban santero. They fear that there is little chance of "taking it off" because (*a*) if they go to a santero, he probably will not work anything against a fellow Cuban and (*b*) if they go to a Puerto Rican espiritista, he will not have sufficient force for the task. Thus, they often do nothing about this situation.

Puerto Ricans in Miami rely heavily on herbs and folk remedies, which they grow in their yards or purchase from Cuban groceries. Our health calendar data from the pilot study indicate that Puerto Ricans are less likely than any group but the Haitians to take action in response to a symptom. Our preliminary findings concerning Puerto Ricans support those reported by Suchman (*8*) for New York City: they are the most socially isolated as a group and the most deviant from a standard response to illness.

Southern black. In Miami, the southern blacks show a greater range of variation in their traditional healing system than do either the Haitians or the Puerto Ricans. Home remedies lean more to materials such as vinegar and rubbing alcohol than to herbs. Faith healers appear on radio, television, in revival tents, in churches devoted in large measure to healing, and in "galas" attended by thousands and directed by nationally known figures. There are many spiritualists—those who engage in spiritual healing—who operate out of "temples," "churches," and "candle shops." Root doctors, sometimes known as Hoodoo men or Hoodoo ladies, are numerous. These therapists advertise openly in the local newspaper published by and for blacks; one even focuses attention on his ad with a large drawing of the roots of a plant. If Miami folk therapists are not powerful enough to bring about a cure, southern blacks may travel to Georgia or South Carolina where the reputation of the local root doctors is legendary.

In their use of the orthodox health care system, southern blacks appear to have numerous, but superficial, contacts. Approximately 50 percent of our sample attended public clinics during the previous 12 months and 23 percent were seen in an emergency room. Nevertheless, the health calendars kept by the families and the accompanying interviews indicate that symptoms and conditions continue week after week, month after month, and are rarely cured. A characteristic of the southern blacks' use of the orthodox system is that private physicians and public clinics are often used within the same family, sometimes at the same time.

Use of Multiple Resources

Preliminary data suggest that the five ethnic groups have unique patterns for using their own health systems as well as the orthodox system.

However, the use of multiple resources—that is the use of different therapies or healers serially or concurrently—is one overall feature that cuts across the five individual patterns. Evident in our study are four types of usage within and among systems. In each of these types, the remedies or healers, or both, are used one after the other or at the same time, as illustrated in the following examples:

Healers and therapies in the orthodox system. A Puerto Rican mother takes her baby who has symptoms of a cold to a public health clinic, and the physician prescribes cough medicine and pills. The mother is not satisfied because she believes that an injection is necessary for a cure. She takes the baby to a succession of private physicians until one finally gives the child the anticipated injection.

Among the local black populations, many families report seeing a private physician when they can afford to ("because they treat you better") but relying on emergency room treatment when they lack money for private care.

Healers and therapies within a folk system. A 9-year-old Puerto Rican girl had a red and swollen eye, and within 2 days it began to droop. Her mother diagnosed this condition as pasmo, a condition of paralysis linked to the hot-cold theory of disease. (Harwood (*9*) recently discussed this theory.) She began treating the condition by placing a compress soaked in camphor oil on the eye and giving the girl azufre powder sprinkled on fried eggs. When this treatment failed, she took her daughter to Puerto Rico to find the proper curative plants.

A second example concerns a young southern black woman with general weakness and skin ulcers. She visited a faith healer who gave her home remedies. No change occurred, and she sought the services of a second faith healer. Results were poor after two visits, and she then saw a third faith healer four times. She now states that she is satisfied with the treatment and is improving.

Healers and therapies in two different folk systems. One way in which an unorthodox healer validates his ability in the eyes of his patients is to tell a patient what is bothering him and what his interpersonal problems and worries are. This presents a problem for sick persons who are members of the still relatively small and tightly clustered Haitian community—they fear that the Haitian healer has heard gossip or rumors about the patient's life and problems rather than having clairvoyant ability. One of our Haitian mothers had just this concern after going to a Haitian reader. She is now seeing a southern black healer in whom she has greater confidence.

In exception to the general pattern, a Puerto Rican espiritista with whom one of our fieldworkers has established a relationship of trust has had Cuban clients come to her to take off spells after they had consulted (unsuccessfully) Cuban espiritistas to do this job. One of the competing Cuban espiritistas even came to her for a reading, masquerading as a client, to find out how she operates.

Botanicas are shops where items used in the practice of Santeria and Espiritismo are sold; articles include lotions, amulets, shells, images, and herbs

Items sold in the botanicas for use by santeros and espiritistas

Healers and therapies in a folk system and in the orthodox system. In addition to the folk and orthodox systems, the following example illustrates the second type of behavior mentioned, the use of healers and therapies within one folk system.

A southern black woman from South Carolina, Mrs. F, drank her Geritol as usual one morning and began to have stomach pains ½ hour later. The pains continued, and 2 days later she suspected that she had been "fixed," probably by a substance added to the Geritol. She took olive oil and a few drops of turpentine on sugar cubes. Later that week she went to see a root woman, who gave her some "bush" to "work it out."

Believing that the poison was "dead," but fearful that it might have rotted away her stomach, Mrs. F went to the emergency room of a local hospital. X-rays showed that although the stomach appeared normal, "something was down there." Mrs. F again went to the root woman who then gave her a new potion to drink, which contained garlic, white onions, and mercury in addition to other ingredients. She next sought the services of a root doctor who operates a candle shop. This healer gave her powder to sprinkle in her house and candles to burn in the corners of the house; he also laid his hands on her and prayed.

After hearing from a neighbor about a sanctified woman in a farming area 20 miles south of Miami, Mrs. F began making two or three trips a week to be treated by her. The woman rubbed Mrs. F's abdomen with a red substance and prayed over her. Mrs. F subsequently reported that she felt much better. However, she continued to keep candles lighted according to her root doctor's advice, to take the garlic and mercury potion from the root woman, and to be massaged by the sanctified woman. Recently, Mrs. F went to Jackson Memorial Hospital for gastrointestinal tests to "find out what is down there." (Interestingly, Mrs. F's contacts with the orthodox system were not for curative purposes, rather they were to check the effectiveness of the folk therapy.) Our worker first interviewed this woman approximately 8 months after the onset of her symptoms and maintained contact with her until her death a year later.

Another example concerns a Bahamian in our study who complained of abdominal and vaginal pain for months but refused to go for medical care, even if accompanied by the fieldworker and me (to insure prompt, courteous attention). She said it would be useless because her illness was caused by witchcraft, something no medical doctor could cure; the only source of help, she be-

lieved, was a root woman who she had seen several times. Ten days before her death—from an organic disease—she did visit the emergency room for treatment of a sore throat, which she defined as amenable to orthodox medical treatment, rather than for treatment of her major illness.

Discussion and Conclusion

Given the wide variety of healers and therapists in Miami, not only practical or obvious factors influence the choice of one over the other. Those factors which motivate an individual to accept or reject the orthodox health system, such as poor transportation or a poor "fit" between specific health beliefs and practices, provide us with only partial answers to the problem of selection. Elements which are specific to each group's health behavior add to but do not complete the picture either. We must search for deeper, more compelling motives which underlie the selection of a particular therapy or healer.

Anthropologists have proposed many hypotheses concerning motivation. Erasmas, quoted by Schwartz (*10*), stated that "where medical treatment is quickly effective, dramatic and evident, it will prevail over others." Schwartz suggests that "alternative modes of curing are arranged in hierarchies of resort, with different alternatives being used as the illness progresses without cure, and according to the individual's or group's acculturative process." Another hypothesis, by Bryce-Laporte (*11*), is that "when subordinate groups are only partially assimilated within a dominant culture," they tend to be bicultural in their choice of alternative beliefs and behaviors (for example, health beliefs and behaviors). Our data often indicate this simultaneous or serial use of the orthodox and traditional systems.

Still another explanation relates to etiology. Describing his health research among Mestizo communities in Peru and Chile, Simmons (*12*) proposes that those maladies which are assigned to "the etiological categories of severe emotional upset, ritual uncleanness, and bad air" necessitate treatment with at least one magical therapeutic technique, and a modern therapy with demonstrated value may be used in tandem.

From her study of health beliefs and practices in three Guatemalan cultures, Gonzalez (*13*) concluded that patients often seek relief from symptoms from a medical doctor while expecting the folk therapist to eliminate the cause of the disease. And, Egeland (*14*) concluded from her study of the Amish people that in the particularly crucial area of life and death, reliance on only one therapist or therapy or system of health care may be too precarious and more than one are sought.

The findings of our pilot study indicate that the scientific health care system is not sufficiently relevant to multi-ethnic populations in urban U.S. areas. Many persons in the ethnic groups we are studying are completely alienated from the orthodox system, and others use it serially or in tandem with folk health care systems. While we cannot disregard such considerations as language and transportation problems or the lack of cultural fit between health consumers and providers, we must be able to understand the underlying reasons for the selection of therapies and therapists. Only when we have such understanding will we be able to develop models for more appropriate health care delivery for ethnic minorities.

In the meantime, the following are some very practical measures which health personnel might find immediately helpful in providing better health care to ethnic populations:

- Gain knowledge of the health beliefs and practices of local ethnic groups.
- Respect the fact that these beliefs and therapies, although perhaps running counter to the scientific medical systems, have survived in these populations for generations and may indeed be measurably effective. To try to change a deeply rooted health belief either by ridicule or by treating it as unscientific may not only fail but may also alienate the patient.
- Use a treatment plan which shows understanding and respect for the patient's beliefs and which builds on these in a positive way.

Two examples illustrate the preceding points. A physician may assume that a patient from a low-income ethnic group has probably tried home remedies before coming to the orthodox system. "It is important that [he] know what the patient has been using to combat the illness—if it is harmless, it might be left in the treatment plan and the physician's own suggestions added. A harmful practice might be more readily eliminated if the physician simply suggests that since it has *not* seemed to have worked something else might be tried" (*15*). In developing a new treatment regimen, a physician might well integrate into it the numbers 3 and 9, for example, which are important in the folklore of Puerto Ricans and Mexican-Americans (*15*).

The second example concerns the many Puerto Ricans and Haitians who subscribe to the "hot-cold" theory. This is a belief system in which illnesses are classified as hot or cold and food and medicine, also classified this way, are used to restore the natural balance in the body; a "cold" medicine would be used to counteract a "hot" disease. A Puerto Rican woman who is pregnant (considered to be a "hot" condition) will avoid iron supplements and vitamins because they are also considered to be "hot," and it is believed that they will upset the body's natural balance. The wise physician will advise the patient to take her iron supplements and vitamins with fruit juice which, because it is classified as "cool," helps to maintain the proper balance of hot and cold in the body (*9*).

Another practical measure to be considered is to be able to recognize when a patient suspects that he has been hexed. He rarely will volunteer this information, but the physician should be aware that symptoms of "feeling bad," loss of weight, depression, lack of appetite, and abdominal complaints indicate possible rootwork. Often, the patient is relieved to share his fears when a concerned physician or nurse asks, Do you think something has been done to you? or Do you think you've been rooted? It is extremely important that the physician assure the patient that his symptoms are not due to rootwork and are curable with orthodox medicine, if this is true. If the physician determines that the symptoms are psychogenic, he should instigate palliative, supportive therapy and also accept, without ridicule, tandem treatment by rootworkers whose job it is to neutralize or remove the spell (*16*).

Many low-income ethnic groups in urban areas do not receive adequate medical care now, nor will they for many years to come. Obviously, there is no "payoff" for them to give up a health culture which has been supportive for generations in order to subscribe to the beliefs and practices of a system to which they have little access. Therefore, we can expect unorthodox health therapies to continue. Those who would try to make the scientific medical system relevant to these urban ethnic groups must first recognize the existence of other health systems and then be willing to respect and work with them. The trust and rapport thus established can form the base for a greater acceptance of the orthodox system in the future.

REFERENCES

(*1*) Weidman, H. H., and Egeland, J.: A behavioral science perspective in the comparative approach to the delivery of health care. Soc Sci Med 7: 845–860 (1973).

(*2*) Weidman, H. H.: Implications of the culture-broker concept for the delivery of health care. Paper presented at annual meeting of the Southern Anthropological Society, Wrightsville Beach, N.C., March 8–11, 1973.

(*3*) Wittkower, E. D., and Weidman, H. H.: Magic, witchcraft and sorcery in relation to mental health and mental disorder. *In* Social psychiatry, edited by N. Petrilowitsch and H. Flegel. Top Probl Psychiat Neurol 8: 169–184 (1967).

(*4*) Sandoval, M.: Yoruba elements in Afro-Cuban Santeria. Doctoral dissertation, University of Madrid, 1966.

(*5*) Herskovits, M. J.: Life in a Haitian valley. Doubleday & Company, Inc., Garden City, N.Y., 1971.

(*6*) Lauria, A.: Respeto, relajo and interpersonal relations in Puerto Rico. *In* The Puerto Rican community and its children on the mainland, edited by F. Cordasco and E. Bucchioni. The Scarecrow Press, Inc., Metuchen, N.J., 1972, pp. 36–48.

(*7*) Garrison, V.: Espiritismo: implications for provision of mental health services to Puerto Rican populations. Paper presented in part at annual meeting of the Southern Anthropological Society, Columbia, Mo., Feb. 24–26, 1972.

(*8*) Suchman, E. A.: Sociomedical variation among ethnic groups. Am J Sociol 70: 319–331, November 1964.

(*9*) Harwood, A.: The hot-cold theory of disease. JAMA 216: 1153–1158, May 17, 1971.

(*10*) Schwartz, L. R.: The hierarchy of resort in curative practices: the Admiralty Islands, Melanesia. J Health Soc Behav 10: 201–209, September 1969.

(*11*) Bryce-LaPorte, R. S.: Crisis, contraculture, and religion among West Indians in the Panama Canal Zone. *In* Afro-American Anthropology, edited by N. Whitten, Jr., and J. Szwed. The Free Press, New York, 1970.

(*12*) Simmons, O. G.: Popular and modern medicine in Mestizo communities of coastal Peru and Chile. J Am Folklore 68: 57–71, January-March 1955.

(*13*) Gonzalez N. S.: Health behavior in cross-cultural perspective: a Guatemalan example. Hum Organ 25: 122–125, summer 1966.

(*14*) Egeland, J.: Belief and behavior related to illness. Doctoral dissertation, Yale University, 1967.

(*15*) Snow, L. F.: Folk medical beliefs and their implications for care of patients: a review based on studies among black Americans. Ann Intern Med 81: 82–96, July 1974.

(*16*) Wintrob, R. M., Fox, R. A., Jr., and O'Brien, E. G.: Rootwork beliefs and psychiatric disorder among blacks in a northern United States city. Paper presented at Symposium on Traditional and Modern Treatments of Indigenous American People, V World Congress of Psychiatry, Mexico City, December 1971.