The Medical and the Anti-Modern: Horse-and-Buggy Mennonite Migrants and Medicine in Latin America

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How did migrants from "old" societies negotiate their "new worlds"? How did they make the move from simple to complex societies, from village culture to urban society, from folk medicine to modern, state-sanctioned medicine? In this essay, I explore the question of medicine and social boundaries in an instance in which this trajectory of the primitive-to-the-modern has been complicated. It considers the medical history within a recent set of migrations that aimed to distance a people from modernity rather than integrate them into it. It argues that although the lure of modern medicine to any immigrant is relentless, the relationship of this medicine and the immigrant is also always a contested exchange.

Comment des migrants originaires des « vieilles » sociétés se sont-ils insérés dans leurs « nouveaux mondes » ? Comment sont-ils passés d'une société simple à une société complexe, de la culture villageoise à la société urbaine, de la médecine traditionnelle à la médecine moderne, approuvée par l'État ? Dans cet essai, l'auteur explore la question de la médecine et des frontières sociales dans un cas où la trajectoire menant du primitif au moderne a été compliquée. Il envisage les rapports à la médecine à l'intérieur d'une série de migrations récentes qui visaient à éloigner une population de la modernité plutôt qu'à l'y intégrer. Selon lui, si la médecine moderne exerce continuellement de l'attirance sur tout immigrant, le recours à celle-ci est également toujours un échange contesté.

THE SCHOLARLY QUESTION of health and migration revolves around a number of issues, one of which is its relationship to modern medicine. As immigrants crossed international borders, they encountered states and societies that sometimes stigmatized newcomers as racialized disease carriers, sometimes denied them access to modern medicine or the chance to work as professional health providers, sometimes questioned "pre-migration" medical cultures, and sometimes marshaled medical "knowledge" to legitimize the action of state-sponsored "gatekeepers." But immigrants themselves have also used modern

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medicine in the process of integration, sometimes building on homeland-based training in modern medicine to obtain jobs in the new society and sometimes tapping into modern health cultures to break old taboos and inequalities.[1] Oftentimes, a seemingly complex social dynamic revolved around a rather simple question: how did migrants from "old" and simple societies negotiate their "new," more urban worlds?

In this essay, I explore the question of medicine and ethnic social boundaries in an instance in which this trajectory of the primitive-to-the-modern has been complicated. It considers the medical history within a recent set of migrations that aimed to distance a people from modernity rather than integrate them into it. It acknowledges the lure of modern medicine but suggests that it is a contested knowledge. The state apparatus undergirding it and the professionalized knowledge commodifying it have their own vested, hegemonic interests that can put them at odds with the immigrant seeking agency and cultural continuity. Thus, while even the most traditionalist immigrant groups usually seek immediate access to modern medicine, they have often strived to do so on their own terms, in such a way as to protect the ethnic identity, religious teachings, and social boundaries that have come to define them as a people.

Among the various ethnoreligous groups in North America with a particularly skeptical view of modern medicine are so-called Anabaptist groups: the Amish, the Hutterites, and the most traditionalist of a wide spectrum of Mennonites, especially the so-called "horse-and-buggy" Mennonites. Studies of each of these groups speak of a hybrid of medical cultures, rooted at once in both folk traditions and aspects of modern medicine. As one 2013 study of the Amish in the United States notes, they may "embrace … a fatalistic worldview" with regard to health, but they also "want to be healthy" and thus "consult health care providers" and even accept "high-tech surgical interventions," within limits.[2] Similarly, a 2014 study of the Hutterites in Canada and the United States notes that these self-contained and self-sufficient people may have their own approach to genetics and childbirth, but they readily give permission for members to seek medical appointments in nearby towns, have their own medical health care fund, and even accept "contraception … when mandated by medical reasons."[3] A 2016 special issue of the *Journal of Mennonite Studies* devoted to "Mennonites, Medicine and the Body" offered similar conclusions: rural Mennonites, including the most traditionalist, have taken a pragmatic approach to medicine: they may rely on folk knowledges of bodily health and refuse public health insurance, but they have

1 These themes are reflected in other articles within this issue, which arise from the Canadian Committee on Migration, Ethnicity and Transnationalism–sponsored conference, "Health, Medicine and Mobility: International Migrations in Historical Perspective," held at the University of Prince Edward Island June 24-26, 2016. These themes can also be found in a variety of immigration histories, including Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006); and Royden Loewen and Gerald Friesen, *Immigrants in Prairie Cities: Ethnic Diversity in Twentieth Century Canada* (Toronto: University of Toronto Press, 2009).

2 Donald B. Kraybill, Karen M. Johnson-Weiner, and Steven M. Nolt, *The Amish* (Baltimore, MD: Johns Hopkins University Press, 2013), p. 336; see, in particular, chap. 18, "Health and Healing," pp. 335-351.

3 Yossi Katz and John Lehr, *Inside the Ark: The Hutterites of Canada and the United States* (Regina: University of Regina Press, 2014), pp. 144, 365, 92.

made allowances for abortive herbal remedies, accepted bone marrow transplants to fight defects, and cooperated with medical officers seeking to measure and address chronic illness.[4]

The account below highlights this tension between the traditional and the modern in one Mennonite denomination, one which has persistently migrated to contest modernity. This group, the diasporic, Low German-speaking, traditionalist Old Colony Mennonites, whose grandparents left western Canada for Mexico in the 1920s to escape the modern world, still embraces a culture of migration by which to contest modernity.[5] And in those moments of migration, and indeed in the years after, this tension between modernity and tradition has been especially apparent. Recent migrations have resulted in a 100,000-person, horse-and-buggy network of communities, scattered in the vast rainforests and savannahs of Latin America, just where the migrants want to be, out of the reach of modern urban society.[6] As one of the most traditionalist of a wide range of Mennonite groups, the Old Colony Mennonites have rigorously resisted assimilation to the modern world. They insist on German-language, church-run schools, no matter the Spanish lingua franca of their host societies. They travel by horse-and-buggy, use only steel-wheeled tractors on their fields, and resist regional electrical power grids, all in an effort to resist the logic of capitalist expansion and consumer culture. Their strict social boundaries also counter any form of nationalism or sense of national belonging.

Indeed, the history of the Old Colony Mennonites during the twentieth century has been one of one migration after another, each seeking to separate the community from the seemingly inexorable forces of modernity. Having been established in 1875 upon their arrival in Manitoba from Imperial Russia, the traditionalist Old Colonists coalesced even more as a group between 1922 and 1924, when they undertook the single largest, voluntary group emigration in Canadian history, a migration to northern Mexico in protest of compulsory, public education in Canada. Then in a series of secondary migrations between the 1950s and 1990s, they moved from northern Mexico, seeking new places of isolation, mostly in places ever farther southward: in 1958, many Old Colonists moved to Belize (British Honduras) to escape an impending state-directed social security system; beginning in 1967, many more moved to the eastern Bolivian lowland in response to the arrival of modern technology, most notably the car; in the 1970s, land shortages sent others from Mexico to East Paraguay; and, finally, in the 1980s

4 In *Journal of Mennonite Studies*, vol. 34 (2016), see, in particular, Cheryl Rockman-Greenberg and Marlis Schroeder, "Mennonites, Hypophosphatasia and Severe Combined Immunodeficiency Disease: The Story of Two Genetic Disorders," pp. 89-104; Kathryn Fisher et al., "Rural Lifestyle, Chronic Illness and an Old Order Mennonite Community," pp. 123-150; Conrad Stoesz, "'For women when their monthly period does not reoccur: Mennonite Midwives and the Control of Fertility," pp. 105-122.

5 Note that while interviewees granted permission to have their names used, in cases in which they speak of personal medical issues, I have chosen to use pseudonyms and mask the identity of their communities. Also note that, although this article is based largely on field notes and interview transcripts not previously reported on, several of the quotations in this article appear in Royden Loewen, *Horse and Buggy Genius: Listening to Mennonites Contest the Modern World* (Winnipeg: University of Manitoba Press, 2016).

6 For the context of this study, see Royden Loewen, *Village Beyond Nation: 'Canadian' Mennonites in a Transnational World, 1916-2006* (Toronto: University of Toronto Press, 2013).

and 1990s, further threats from modern technology sent several hundred to the far northern desert of Chihuahua, but many thousands more to the rainforests of the southern Mexican states of Campeche and Quintana Roo. These migrations from established sites in northern Mexico marked attempts to shore up a crumbling social boundary.

The nature of that boundary became a central feature of a SSHRC-funded oral history project, involving some 200 Old Colonist interviewees in these various locations, between 2009 and 2012. For this project, a team of graduate and post-graduate students and I asked a simple question: what changes have occurred over time in your community, itself committed to changelessness?[7] Instructed by oral history theorists, such as Alessandro Portcelli and others, empirical facts mattered less to our project than the way the interviewees conceptualized truth, especially how they imagined themselves vis-à-vis their host societies.[8] Not surprisingly, the interviewees emphasized changes not of culture but of geographic location, a spatial mobility that was meant to secure the old ways. Indeed, they spoke of resisting modernity from secluded farm communities, and oftentimes outlined how they employed their relationships to their hose societies—economic, political, cultural, and medical—to their goal of cultural changelessness. The medical was especially important, for while the Old Colonists emphasized simplicity and self-sufficiency, they also aimed for health, well-being, and fertility. Invariably, they revealed a tension: how can an anti-modern people survive physically without modern medicine; but, also, how can they continue culturally by relying on outside services too intimately? The interviews on the question of medicine and modernity defied a simple dichotomy.

Embracing Modern Medicine

Indeed, the Old Colony Mennonites have had a complicated and ironic relationship with modern medicine. A telling moment in their history is the incident that spawned the single largest migration within this diaspora, that is, the relocation of about some 4000 Old Colonists from Chihuahua state in Mexico to Bolivia's Santa Cruz department in 1967; indeed, it highlights the irony of the Old Colonists' relationship to modern medicine. The moment occurred when Bernard F. Peters, the Old Colony *Ältester* (the bishop, a farmer elected to head the church for life), was away from his home community, having travelled to the city of Torreon, 600 kilometers to the southeast, to seek medical treatment from a licensed doctor. During his absence, progressive members within his horse-and-buggy church, those who had been excommunicated and shunned for driving trucks and modern

7 I wish to acknowledge, in particular, the research assistance for this essay of Kerry Fast (Toronto), Tina Fehr Kehler (Winkler, Manitoba), Anne Kok (Amsterdam), and Karen Warkentin (Winnipeg). The interviews by Fast, Fehr Kehler, and Warkentin were in Low German and were translated by them, while Kok interviewed in English; paper copies of these interviews are in the possession of the author, but the process of depositing them to the Mennonite Heritage Archives in Winnipeg is underway. The interviews conducted by Tina Fehr Kehler in southern Mexico were tape-recorded, the other interviews were recorded as notes on the day of the interview. As per our agreement with the interviewees, these transcripts will be deposited at the Mennonite Heritage Archives in Winnipeg.

8 Alessandro Portcelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany, NY: SUNY Press, 1991).

rubber-tired tractors, broke a taboo when, as excommunicated members, they showed up for a church service. Elderly Cornelius Berg of Riva Palacio, Bolivia, recalls that the modernizers "took the church hostage by entering the church during a Sunday morning" and "refused to leave and [so] the *Oum* [the junior minister in charge of the service] was forced to vacate the church."[9] The incident was a breaking point, leading to the eventual relocation of the most traditionalist of the Mennonites from menacing, modernizing northern Mexico to the "promised land" of the expansive forests of the Bolivian Oriente. Significantly, no one questioned the *Ältester'*s distant travel to find a source of modern medicine; the men who accepted modern farm technology were seen as the only obstacle to the simple Old Colony world.

The irony of this event is apparent in the history of medicine among the Old Colonist Mennonites. True, in some ways the Old Colonists' approach to medicine is itself an expression of anti-modernity, an embrace of folk-based rather than modern medicine. Oftentimes, the Old Colony interviewees tell stories of medicine with but a rudimentary knowledge of it. Frieda Harder, in southern Mexico, knows the precise date of her father's death, "three years ago, on 21 February," but she is less sure of the cause of death: "he was operated on and had something taken out and he needed it and then he was 69 years old when he died."[10] She cares much less about biological knowledge than social belonging, and the rudimentary education she would have received as a child provides her no knowledge of human biology.[11] Old Colony curriculum is geared toward socializing children to a simple agrarian lifeworld, not breeching its borders with scientific knowledge. Other Old Colonist interviewees express homespun theories on how the body functions. Elderly Aganetha Toews, in southern Mexico, speaks of her "funny disease that comes … from my nerves, makes sores and it pricks and burns, 'oohba' terribly much…. In Low German they say … *Kuake Roos* [literally: cookie rose].… The nerves are eaten bare from … thinking things over … too much."[12] Toews's self-diagnosis includes a description of how she feels, followed by a nonmedical term in her own dialect, and then her own analysis of the cause of the disease. She has a folk-based understanding of the nervous system and mental health, and, for the purposes of social cohesion and belonging, this knowledge suffices.

Many Old Colonists also speak of applying their folk medicine-based theories to solving medical problems. In communities where social drinking is discouraged, the use of wine as a medicinal compound is nevertheless standard. Elderly Isaac Wiebe, a long-serving deacon in Shipyard Colony in Belize, says he makes a blackberry wine for the church communion service and gives the leftovers "to people who are sick, as a medicine; it can be all kinds of sickness," typically one liter to each household for medical use.[13] Practical minded Old Colonists do not discard any food or drink and easily turn the sacred wine to

9 Cornelius Berg, interview by Kerry Fast, March, 11 2009.
10 Frieda Harder [pseud.], interview by Tina Fehr Kehler, January 22, 2009.
11 See Robyn Sneath, "'De jeleada, de vekjaeda': Transnationalism, History and the Schooling of Low German Mennonites of Canada and Mexico" (PhD diss., Oxford University, 2018).
12 Aganetha Toews [psued.], interview by Tina Fehr Kehler, January 8, 2009.
13 Isaac Wiebe, interview by Anne Kok, June 10, 2009.

temporal use. Johan Woelk, in southern Mexico, also sees alcohol for its medical benefit, although he mixes it with other common ingredients. He has long treated his diabetes by soaking "one litre of liquor with garlic for two weeks" and then taking "one tablespoon a day in the morning," thus lowering his blood sugar level "80 grades … after a few weeks."[14] Other folk-based solutions are derived from even more common farm products. In a neighbouring colony, Maria Dueckman, whose mother died from "water sickness," recalls that her mother's illness started one day at lunch when one of her legs began to "burn … like on fire," and all she could do was to "pour milk over it," a procedure that seemed to help but left her "full of blisters "and "in a wheelchair for two years."[15] She offers no explanation for the procedure, but describes the process with utter authority.

Despite these obvious references to preindustrial ways of understanding the body and medicine, modern medicine, in fact, is widely accepted by the Old Colony Mennonites. As indicated in the story of *Ältester* Peters, who cared deeply that his parishioners oppose modern technology even as he travelled by motorized vehicle to seek medical treatment in the city. This pattern continued as the Old Colonists moved from northern Mexico to Belize in the 1950s, Bolivia in the 1960s and 1970s, and then to the far reaches of southern Mexico in the 1980s and 1990s. They moved to isolate themselves behind self-imposed social boundaries, but modern medicine infused itself into the heart of their communities.

Indeed, modern medicine is referenced in Old Colony watershed historical events. These narratives readily address times of tragedy or illness and link them to modern medicine as a matter of course. Oftentimes, Old Colonist stories tell of ill-fated and even desperate attempts to procure medical help from regional cities—Sucre, Nuevo Cases Grandes, Merida, Belize City, Asuncion—where they secured services of highly regarded, university-trained doctors and nurses. When accidents or life-threatening illnesses occurred, horse-and-buggy Old Colonists sought desperately to find cars or trucks among non-Mennonite neighbours by which to transport the infirm to hospitals. Franz Schmitt recalls that, during the September 2002 cyclone that decimated southern Mexico, "we had to drive the baby to the Merida hospital; we went to a 'ranch' [a non-Mennonite village] by horse-and-buggy and then by ambulance to Campeche [City] and then to Merida [even though] everything had closed and things were ruined [from the cyclone]."[16] He seems impervious to the seamless link he draws between the preindustrial mode of transportation on the colony and the motorized vehicle that took them to the city and modern medicine. Veterinarian Dietrich Froese of the same colony has a similar, but more multilayered, story of desperately trying to get to the hospital in Merida after being summoned by doctors to give blood for a sister suffering from diabetes:

> We got a call that…I should come that day. Later they called…that one of her children should come too. So I quickly got one of my sons and his wife [to

14 Johan Woelk, interview by Tina Fehr Kehler, January 22, 2009.
15 Maria Dueckman [pseud.], interview by Tina Fehr Kehler, January 6, 2009.
16 Franz Schmitt, interview by Tina Fehr Kehler, January 26, 2009.

> accompany us] and we got to Hopelchen [by bus, but] we just missed the last bus to Merida. My son suggested we stay the night … [but] I said 'no we were summoned to come today and that means it is urgent.'… So we [hired a car to drive us] to Campeche [City] and [there] took a bus to Merida [and] arrived there at 2:00 am.… The next morning we got to the [public] hospital as quickly as we could and I was one of the first in line [to get my blood tested].

Tragically, it was all too late, and the sister died later that day, the doctors saying that nothing could be done to stop the hemorrhaging.[17] Froese was left with the grisly task of getting his sister's body back to the distant colony in the tropical heat, for which he once again hired a motorized truck. Like Schmitt's story, Froese's reveals a completely uncritical account of accessing the city hospital with the fastest technology available.

Indeed, these stories of seeking modern medicine are told with a particular imperative, not only to obtain these services quickly but also to access the very latest in medical technology. Maria Warkentin, in southern Mexico, recalls that when her husband suffered a serious heart attack, she at once sent one of her sons to find a non-Mennonite who owned a truck to rush him to Merida's "higher doctors." She recounts how they quickly concluded that a centimeter-sized "piece of his heart was blocked; they showed us the [x-ray] picture and said he wasn't supposed to work hard anymore.… [Later] these doctors from the [United] States came to Merida and they wanted lots of money and they did tests and those were sent to the States." When the doctors concluded that, given his pre-existing conditions, little could be done for him, Warkentin's husband was sent home. Modern medicine, and even modern technology, would fail him also in the last hour; Warkentin explains that she could do little for him but "fan him with a paper," the battery operating the fan having died.[18] But at no point in her narrative does Warkentin blame modernity for his death. Indeed, her only objection to seeking medical help or testing from even more sophisticated sites in the United States was the cost; she speaks of "tests" being "sent to the States" without a hint of cultural dissonance

Other stories laud the success of these efforts to obtain the latest procedures in modern medicine. Tina Friesen, a 58-year-old widow from eastern Bolivia, recalls the times she went to the ancient capital city, Sucre, "too many to count." There, the national university hospital offered her the most up-to-date medicine: with cancer on her nose, "the doctor in Sucre….gave [a] medication, like a salve, that peeled off all the skin from [the] nose; it hurt a lot." But Friesen saw it as an impressive procedure, measured in part by the fact that her "brother from Canada, visiting at the time, took a picture … to show his family in Canada." The cancer did reappear, requiring a return to Sucre, but "that was three years ago and now … it's all gone."[19] Not only did cutting-edge treatment from the leading hospital in the land heal Friesen, but she seems pleased that Bolivian medicine was recognized as

17 Dietrich Froese [pseud.], interview by Tina Fehr Kehler, January 26, 2009.
18 Maria Warkentin [pseud.], interview by Tina Fehr Kehler, January 22, 2009.
19 Tina Friesen [pseud.], interview by Karen Warkentin, June 25, 2009.

such by Canadian kin, residents of the very bastion of modernity the Old Colonists rejected almost a century earlier.

Another sign of the Old Colonists' acceptance of modern medicine has been their reliance on modern drugs, and, in particular, a wide variety of pills. Again, they tell of such accounts as matter of fact. Lydia Siemens, of eastern Bolivia, says that one of her uncles fell ill while checking his fields; he "got white by his mouth" and "our local doctor gave him a pill to put under his mouth" and then rushed him to the city hospital for heart surgery.[20] She tells the story with the firm conviction that a single pill prolonged his life just long enough for the full offerings of modern medicine to take effect. If Old Colonists have debated pills, it has only been with regard to the efficacy of particular medicines. Marie Harder, of Sabinal in northern Mexico, has "heard of a pill that you can get from a doctor in [the regional city of] Cuauhtémoc to stop alcohol addiction.[21] She says it is mixed in with alcohol and "tastes so foul that the drinker vomits…. It works best … when it is added without the knowledge of the drinker." The broad and uncritical acceptance of pills reflects the same abandon earlier generations displayed towards local medical practitioners prescribing any variety of herbs.[22]

A measure of the Old Colonists' confidence in modern drugs has been their openness to them as treatment for mental illness or depression. Despite traditional teachings that linked mental illness to the spiritual world, the Old Colonists have evidently accepted a medical discourse on mental health.[23] Aron Reimer, of Belize, crosses two social boundaries—tradition and modernity, and community and secular state—with his story about antidepressants he received for his wife from the "government nurse" in Orange Walk; the only issue he had is that his wife told him that she only wanted "the purple nerve pills, not the orange or yellow ones, although they have the exact same thing in there."[24] His wife may have objected to the specific pill prescribed but had no issue with the idea that modern drugs could address even issues of mental health. Dietrich Froese also questions a particular antidepressant's effect, but he, too, offers no critique of modern medicine's link to mental health: "The first time [I went to the doctor] the pills made me very angry. I could not sleep at night. Then the third time…. [when] I told him what happened … he said, 'Oh, then I gave you the wrong pills.' I got new ones and then I felt ... like nothing had happened to me…. The doctor said you were very lucky." Froese agrees and then offers that he is "taking a kind of pill now once a week to build up calcium in my spine. I went to a doctor because my back was hurting and he said I

20 Lydia Siemens [pseud.], interview by Karen Warkentin, June 24, 2009.
21 Marie Harder [pseud.], interview by Kerry Fast, February 19, 2009.
22 Stoesz, "For women."
23 See *Journal of Mennonite Studies*, vol. 29 (2011), a special issue devoted to "Mennonites, Melancholy and Mental Health." In particular, see Steven M. Nolt, "Moving Beyond Stark Options: Old Order Mennonite and Amish Approaches to Mental Health," pp. 133-152; Margaret Loewen Reimer, "Murder and Madness in a Mennonite Village," pp. 75-90; Glen R. Klassen and Charles N. Loewen, "Before Eden: The Evangelical Mennonite Conference and the Founding of a Mental Health Facility," 105-120; and Judith G. Kulig and Hai Yan (Ling Ling) Fan, "Suffering: Is the Concept Significant among Low German-speaking Mennonites?" 153-166.
24 Aron Reimer [pseud.], interview by Anne Kok, June 5, 2009.

was losing bone mass.… He took x-rays."[25] Froese sees few limits to the promise of modern drugs.

This reliance on modern medicine is so significant that Old Colonists often speak of the economic strategies that have been required for them just to meet the high costs of outside medical intervention. Maria Warkentin recalls how overjoyed she and her husband were to be able to purchase land in their new colony in southern Mexico, but then almost fatalistically how they were forced to sell a good portion of it: "we bought 75 hectares; a third [of which] is plowed land" but then in short order "we had to sell [some of the land] to pay doctors bills because my husband was sick."[26] For a people indelibly linked to the land, and cultivated farm land in particular, parting from undermines the very basis of the agrarian household, and although it was difficult, it was unquestioned as an action necessary to produce the funds for modern medicine. In eastern Bolivia, Anna Froese has a similar narrative, although she tells it as a process that simply limited her family's ability to farm: she tells of "some problem" with her eyes and how it seemed she "was going blind, then [my] arm went numb; it seemed the eye had detached itself." She was very concerned and went to the doctor in the city, who, it seems, was able to help her. But then, because they "spent so much money on the doctor we were not able to work on our land as much [as we wished to]." Not only were they not able to improve their land—whether by clearing forest, fencing or drainage—their financial situation kept them from acquiring anything more than their initial 21 hectares of flood-prone land.[27] Horse-and-buggy Mennonites do not easily give up the chance to purchase land; a costly medical procedure is one of the few events that can force them to.

Indeed, stories that recount times when modern medicine was rejected out of hand are often linked to simple economics. In northern Mexico, Margaretha Hiebert shares her thoughts on saving money on medicine. She has taken good care of her body, walking each morning to the top of the knoll at the edge of her village, but now she has developed both gallstones and a hernia, for which she requires expensive surgery. She had planned to have both issues "operated on at the same time to reduce the cost, but the doctors won't do that," so, for the time being she has postponed the surgery. Fatalistically, she explains that her "sister in Ontario needs a liver transplant" and jokes that when the Canadian sister "has her operation, [I will] … too," and perhaps by some magic they can obtain a two-for-one deal![28] In her jesting lies the truth, and a certain fatalism: modern medical treatment is simply not affordable for her. Hiebert's neighbour Katherina Knelsen, a young mother, has quite a different story of responding to costly modern medicine, albeit one in which she demonstrates a high degree of rural self-sufficiency. She recounts the time her two-year-old son, Abram, stuck a pebble up his nostril, where it became stuck, causing a serious infection. The city doctor quoted her a price of 450 pesos to have the stone removed, a lot of money

25 Dietrich Froese, interview.
26 Warkentin, interview.
27 Anne Froese [pseud], interview by Karen Warkentin, June 30, 2009.
28 Margaretha Hiebert,[pseud] interview by Kerry Fast, February 19, 2009.

in Knelsen's view, so it "reached a point where I knew I had to remove it and knew I couldn't pay to have it done. [So I] wrapped Abram tightly in a blanket … more or less sat on the boy and [daughter] Maria … held his head and [I] … removed the stone with a crochet hook [and thus] I earned 450 pesos!"[29] Knelsen would have preferred the services of the licensed doctor but simply could not afford them.

A signal of the cultural acceptance of modern medicine is the extent to which the Old Colony church itself has gone to support the hospital costs of the poorest of the Old Colonists. Indeed, it has been common practice for the poor to visit the local Old Colony deacon for church aid. The deacon, Heinrich Bueckert of Yalnon Colony in southern Mexico, outlines a multilayered approach to this aid: "If poor people need to borrow money for the hospital … then it comes from the 'poor man's chest'; [but] the deacon can ask for free-will offerings to help pay for sickness and this the people do not have to repay. But from the 'poor man's chest,' then people would be obligated to repay so that others can be helped." In other cases, Bueckert has simply brought the infirm free food or outright gifts of money, but in both instances the message from church officials is that all members should have access to medical care.[30] Indeed, the church has also endorsed other measures of aid. Mennonites are forbidden by church teachings to sue for damages, but, given the expense of medical help, they have sometimes asked for reparations in cases in which fault clearly lies with another party. In a 2008 instance, the recipient of such a payment was none other than the local *Ältester*, the bishop. Elderly Peter Wiebe, of Yalnon, recalls the terrible accident in which a bus overturned, killing a Mennonite couple from Campo #5 and badly injuring *Ältester* Jacob Wiebe. Peter explains that Jacob "was terribly injured," and so "I worked with the bus company … that they would pay for the hospital and then he, for quite some time" also made his own case, and eventually, "he was able to get medical help for free."[31] Peter had no other request of the bus company than for the cost of the modern medicine for his *Ältester*, the very custodian of anti-modern ways in the community.

Given the Old Colonist openness to the very latest in medical technology, medical costs have indeed sometimes been exorbitant. In such cases of high expense, the colony administration, that is, the *Vorstehers,* or village mayors who comprise the temporal wing of the community, have taken over from the church deacon and offered loans or outright gifts of money to those seeking medical help. Margaretha Bergen from Oriente Colony in Bolivia recalls the time a young man from Santa Rita colony, from across Bolivia's Rio Grande, fled an abusive stepmother and came to work for the Bergens. His job was to shoot doves, "because in winter there are a lot and they eat from the fields." One day, he "was standing with his wrists resting on the barrel of his shot gun when a little boy came over and, thinking he was playing, pulled the trigger," resulting in an horrific "hole through his left wrist" and, even worse, "his right hand was [only] attached

29 Katherina Knelson [pseud.], interview by Kerry Fast, February 13, 2009.
30 Heinrich Bueckert, interview by Tina Fehr Kehler, January 28, 2009.
31 Peter Wiebe, interview by Tina Fehr Kehler, January 19, 2009.

by but a few tendons." Bergen's narrative shifts from the tragic to the miraculous. She recalls how the young man was rushed "to an expensive doctor in the city who managed to reattach his right hand by using tendons from his leg, and now he has full use of his hands." He might not have been restored to full health, but he has been grateful for work in the local store, as he no longer can do any farm work. Her story ends on the positive note that, fortunately, "the colony collected money to help pay for everything."[32] Another story tells of a significantly expanded scope of assistance from the colony authorities. It is a story of Gerhard Reimer from eastern Bolivia, who, in 2007, developed tumors on his chin and neck, requiring the arduous 850-kilometer trip to La Paz to see "some of the best specialists." His wife and he stayed away for a total of two months, having the tumors removed and his chin reconstructed and, in the process, enduring multiple skin grafts. Given the hotel bills for his wife, who stayed across from the hospital, the total costs were significant. Reimer says he was fortunate, as the "high bills were paid for by the colony; some was money that we had to pay back, the rest was given to us."[33] Not only have these horse-and-buggy Mennonites accessed modern medicine, their community has fully supported them.

The history of the Old Colonists echoes both their sectarian commitment to remain aloof from the modern world and their dedication to a rural isolation and primitive technologies. But their oral histories show that their old beliefs in simplicity do not necessarily translate into a separation from modern medicine. Clearly, their religious teachings against modern technologies, which they associate with capitalist and consumerist impulses, both encouraging an ascendency of the individual, do not preclude modern medicine, which merely promises the health of the individual.[34] The Old Colonists have always privileged the communitarian over the individual, but without healthy bodies the communitarian stands compromised.

Building Local Medicine

Still, this cultural openness to modern medicine has complicated life for the Old Colonists, who simultaneously search for both isolation from modernity and a judicious engagement with it. Their cultural distancing from regional cities, as well their intentional relative poverty, has also made the cost of modern medicine prohibitive. This reality has spawned an array of locally produced medical services that accept aspects of modern medicine but within the bounds of Old Colony culture, that is, within the geographic boundaries of the colonies and based on their rudimentary education. Invariably, these local practitioners possess an amalgam of folk and scientific knowledge. On the one hand, members have opened numerous unlicensed *farmacias* that sell a wide variety of pills and potions purchased at dispensaries in the cities and created networks of self-taught "doctors," chiropractors, dentists, and reflexologists, borrowing when possible

32 Margaretha Bergen, interview by Karen Warketin, June 14, 2009.
33 Gerhard Reimer [pseud.], interview by Karen Warkentin, June 16, 2009
34 For an example of this classical argument, see: E. K. Francis, "The Adjustment of a Peasant Group to a Capitalist Economy: The Manitoba Mennonites," *Rural Sociology*, vol. 17, no. 3 (1952), pp. 218-228.

from modern medicine. And yet, these practitioners' knowledges are rudimentary at best and interwoven with certain folk-based, preindustrial medical practices. Given their high fertility rates and the fact that the vast majority of childbirths occur at home, locally trained midwives and, in particular, female midwives have played significant roles in these communities.

Ironically, while the strict social boundaries and sectarian teachings among the Old Colonists keep an ancient patriarchy in place, the role of locally trained midwives has also bolstered the status of women. It is a social situation reflected in studies of Amish women, who observe a pronounced status arising from their roles in securing the community's central aim of self-sufficiency, especially in food and clothing.[35] Historical studies of childbearing suggest, more generally, that female status was pronounced for mothers who gave birth in familiar environs at home and within their own communities, a fact especially apparent when comparing rural women to those who traded familiarity for the security of modern health and hospital birth.[36] The oral histories of this project indicate a particular status for midwives who secure a degree of medical self-sufficiency within the closed Old Colony communities. And while some Old Colony men have also served as medical practitioners, including at least one who served as a midwife, women outnumber men in the local medical vocation. As these women practice at the local level, in familiar Low German, at a low cost, and using both traditional, folk-based and some modern medical procedures, it is they who have benefitted the most from status accorded the local practitioner. Their views on modern medicine have thus mattered, both reflecting the Old Colony community's ideas on modern medicine and shaping it.

It matters, therefore, that Old Colony midwives have often embraced modern medicine. In fact, at times, these women's status has been enhanced by their association with state medical workers or short courses on medicine they have taken in the city. At Chavi, in southern Mexico, the midwife Helena Dyck works at immunizing children at the behest of the state and is deeply respected, according to her husband, Johan Dyck, with whom she practices. Johan explains that "for years now, here in Mexico anyway, the government has come around and immunized children," and, to that end, the Old Colony *Vorstehers*, "the village mayors … would … drive the [immunizers] around the villages." But then these state medical workers heard about the Dycks. Johan says, that someone has medical knowledge "does not stay quiet, people talk and … the [state immunizers] came here and … wondered if we would also stand with them … let the people know that they could just come to our place, then they [the immunizers] would just come here and they would do it here." However, when the state officials learned more about Helena's

35 See Julia Erickson and Gary Klein, "Women's Roles and Family Production Among Old Order Amish," *Rural Sociology*, vol. 46, no. 2 (1981), pp. 282-296; and Steven D. Reschly and Katherine Jellison, "Production Patterns, Consumption Strategies and Gender Relations in Amish and nonAmish Farm Households in Lancaster County, Pennsylvania, 1935-1936," *Agricultural History*, vol. 67, no. 2 (1993), pp. 134-162.

36 See, for example, Judith Walzer Leavitt, *Brought to Bed: Child-Bearing in America, 1750-1950* (New York: Oxford University Press, 1986). I acknowledge my colleague, Dr. James Hanley for alerting me to this study.

particular skills, they simply asked her to do the immunizing. Johan seems to describe her work with a sense of pride: "she has to [vaccinate] … each child, first from 4 days … well she has time from 3 to 15 days, the baby can be that old; then she has to poke a big needle in their heel."[37]

The status of the midwife has also been enhanced by some formal training. Helena describes a one-day short course where she learned how, as a midwife, "I am supposed to keep things organized, how things are all arranged in women['s bodies], and how the doctors work…. When to know when a [birthing] woman is in trouble and needs to be sent away [to the city hospital]."[38] In fact, Helena is a rare woman who has earned a government certificate. Her husband, Johan, explains the process by which "someone, commissioned by Mexico['s government] … came there and we had to be there for a week…. The nurses … we always say 'our nurses' … set up [the local school] like a hospital … and then they [demonstrated] … the kind of work that they would do and then they stood beside and looked to see what one was doing."[39]

State officials who may be viewed skeptically by sectarian, pacifist Old Colonists clearly have earned the respect of the Dycks. Indeed, Johan crows about Helena's accomplishment: none other than "the head of the government," he says, "sent her a certificate, which said she had completed her [course]: like that!"[40] Perhaps he means the state governor, but in any case, he means to laud Helena.

Despite this state-accorded status, most midwives seem skeptical of an unchecked association with modern medicine. Helena Dyck, for one, tells of her entry into midwifery by downplaying the role of the state and emphasizing the local and religious underpinning in her medical status. Her story reflects an innate self-confidence rooted in a local female support network: she says that she became a "doctor" over the objections of her father and husband, both saying it would be too hard on her. Still the idea remained "always in me," and silently "worked on my heart." Then one day she found her calling through another woman. She went to see the local chiropractor, "Mrs. Jacob Braun," for an adjustment and asked for her counsel on the matter. As Helena recalls it, Mrs. Braun said, "don't worry about it, just go ahead" and at once she "wrote down what she had done to help people and showed me medicines." Only two months later, Helena took on her first patient. She describes a rather simple process of travelling to the city where we "bought the medicine, all nicely ready … the [medical] bag and everything. That, I got ready, and then I remained at home until … I knew … they [the patients] would come … [and] I would stand ready right away with my medicine…. And that worked all very well." Helena's only conclusion was that "the loving God" had placed the idea of her going into medicine in Mrs. Braun's mind so that local people could obtain medical help. Helena had her calling, and then when, one day, a man, whom she does not name, came by to offer her a heavy, German-language handbook on medicine, she had the primary receptacle of knowledge that she

37 Johan Dyck, interview by Tina Fehr Kehler, December 18, 2009.
38 Helena Dyck, interview by Tina Fehr Kehler, December 18, 2009.
39 Johan Dyck, interview.
40 Johan Dyck, interview.

needed; "just like that? I did not know what I should say; it must have been God who designed it so." Helena knows for certain that her vocation was a divinely sanctioned calling that had little to do with her education or the state.[41]

Significantly, other Old Colony midwives also emphasize local knowledge and the process of having been self-taught. Elisabeth Dyck, of Progresso, also operates a clinic with her husband, and in her description of their practice she mixes stories of the folk and the modern. Her husband, Isaac, offers that one year the two of them attended medical training in the town of Hopelchen, "four times a year for a week at a time," and while "we learned a little," he jokes that "we were too 'hard headed' [stupid]" to learn all the intricacies of modern medicine.[42] Elisabeth insists that it is not these courses, but simple necessity that served as the best teacher at the Dycks' multifaceted medical business, which includes the services of dentistry, midwifery, and chiropractics, as well as a pharmacy. The dentistry was begun at a time when Elisabeth herself needed dentures: the story is that upon their arrival in southern Mexico they were very poor, so Elisabeth made her own dentures, learning the basics from Isaac's brother back in Durango, in northern Mexico; as Isaac puts it, his brother "knew a little … and knew where to get the materials."[43] Now, 15 years later, Elisabeth has passed the skill on to their daughters who "pull teeth and make false teeth," and, suggesting how simple it really is, she adds that they also "clean the floor." It is a similar trajectory of learning from necessity that explains Elisabeth's chiropractic practice: "first, I was a chiropractor for my kids and then slowly, more and more. I didn't learn from anyone, just myself, everything, broken bones and I do casts too." Only in her midwifery practice did she look to others for guidance, but even then, a particular necessity took her into this field as well. Elisabeth explains that she learned over a period of "three years with Mrs. Braun, when she broke her arm," and she needed an assistant; Elisabeth adds that "I didn't feel like I wanted to but I did anyway." After overseeing 52 births with Mrs. Braun, Elisabeth went on her own and, within a four-year period, attended to 287 births.[44]

Local knowledge and willingness to respond to local needs, and not formal training, comprise the foundation of Elisabeth's practice. But then, too, there is the status accorded local practitioners, especially women, who secure the community's aim for self-sufficiency and help filter the modern into the local. Their stories of self-reliance carry an implicit skepticism of the necessity of modern medicine in not only childbirth but a variety of medical procedures.

Setting Boundaries with Modern Medicine

A third aspect of the Old Colonists' relationship to modern medicine is a more overtly expressed skepticism of the unfamiliar contours of modern medicine and a continuing guardedness of any measure that might undermine the communitarian cohesiveness of Old Colony society. True, the Old Colonists might dash to the city

41 Helena Dyck, interview.
42 Isaac Dyck, interview by Tina Fehr Kehler, January 24, 2009.
43 Isaac Dyck, interview.
44 Elisabeth Dyck, interview by Tina Fehr Kehler, January 24, 2009.

for emergency surgery or they might patronize the *farmacias* dispensing modern drugs, but they have their limits. Once again, women use their status as primary care givers to lead the charge against city doctors.

One expression of this incipient skepticism is found in stories of city doctors falling short of their boasts. Lydia Siemens, of eastern Bolivia, has had many encounters with oncologists, enduring chemotherapy, which, it is true, produced hopeful results. But Siemens "doesn't like going to Bolivian doctors 'right away'" and thinks they "are too quick to operate, quicker than in other countries … [and] it's [not] always necessary." She adds that Old Colonists are lucky that her mother and other local female medical practitioners operate *farmacias*, saving folks a trip to the city.[45] But such visits, she makes clear, should occur only if absolutely necessary. Elderly Aganetha Bergen, also of eastern Bolivia, also thinks city doctors should be trusted only to a point. She appreciates that her doctor told her "it is good…[to] stay … busy" and keep her mind off her "aging body" and "dry knees." But she is still bitter that 50 years ago a Mexican doctor performed a botched gallbladder operation on her. She does not "think the doctor knew what he was doing because later … a [local Mennonite] 'doctor' … told [me] that the Mexican doctor hadn't done what was right," and then she recalls that her own "mother died while she was being operated on."[46] To many minds, local practitioners have better judgment and, at times, greater know-how.

Other women speak of a cultural divide between the Mennonites and city doctors. Anna Bergen, of southern Mexico, says that she would prefer to have her babies with a Spanish-speaking doctor rather than a male Mennonite "doctor" because of her sense of modesty: as she puts it, "if it's a Mexican doctor … then when the business is done then I do not have to see him again." The problem is that Old Colony women, who, unlike their husbands do not typically speak Spanish well, are at a disadvantage: "when we need to go to the hospital, then the man has to go to the pharmacy and they [are] asking a question and [the wife] cannot answer; one is at a loss."[47] For Anna, it is an embarrassing situation in either case; either she must speak in her broken Spanish or filter women's health issues through her husband. In the final analysis, she would prefer a local, female, Mennonite doctor. Elisabeth Dyck expresses this sentiment even more unequivocally: Old Colony women prefer birthing their children in local clinics because "a woman can make herself understood here and not in the [city] hospital." Elisabeth has other concerns about the public city hospital where a husband "cannot attend the birth."[48] This is a concern shared by Helena Dyck of Chavi. She complains that in public hospitals "the man cannot be inside; there, only the woman is let inside and he has to remain outside" and explains that "the Mennonites always really want it that they are both there." Helena complains that the Mexican doctors think that men are unable to handle blood and pain, and will simply criticize modern procedures. She gives her approval of the Mennonite practitioners: "the *Diestche*

45 Lydia Siemens [pseud], interview by Karen Warkentin, June 27, 2009.
46 Aganetha Bergen [pseud.], interview by Karen Warkentin, June 23, 2009.
47 Anna Bergen [pseud.], interview by Tina Fehr Kehler, January 27, 2009.
48 Elisabeth Dyck, interview.

[Mennonites] … do what's needed."[49] From her perspective as a woman, modern medicine is not worth the cost.

One form of modern medical practice that Old Colonists generally oppose is fertility control. They say that they leave conception to nature and God, meaning that families of 12 or more children have been common. Recently, the number of children has dropped to about eight, and elderly Anna Banman, of Valle Esperanza, Bolivia, has an explanation: "The women don't have the *Frieheit*," the religious permission, "to have fewer children," that is, "unless the woman is sick; that might be why some women have fewer children than before." Perhaps women are also subversively finding modern ways of ending the years of constant childbearing, but Banman gives no indication of this.[50] More open on the matter is grandmother Frieda Hiebert, in northern Mexico: she says that after her daughter gave birth to four babies within a very short time, her city doctor instructed her to use birth control. Hiebert assured her daughter that, morally, some form of birth control "wouldn't be a problem," so long as taking "'something' for birth control" was not necessary. But Hiebert is still uncomfortable with the idea of fertility control and insists that her "daughter and her husband didn't heed the doctor's advice." Why? "Because they love children so much, they're *Kjinga Frind*," friends of children.[51] Fertility control simply marks an undesirable acquiescence to modern medical knowledge.

The reason for the reluctance to fully embrace such knowledge arises at least in part from a culture which venerates the large family. Certainly, Old Colonists like citing facts about large families. If surrounded by healthy children on land of their own is a mark of achievement, being ill or dying without family and away from the colony represents the very worst of life. Canada, in particular, is often considered a sinful Babylon of sorts. True, some Old Colonists who have sojourned in Canada recall it and its free public health in glowing terms. Others, like MS-ridden Susanna Woelk of eastern Bolivia, has taken the advice of her Bolivian doctor that she "should move to Canada where it is colder"; thus, in 2008 she and her husband, a minister, took the costly trip to distant Saskatchewan, where she encountered "very good months … because cold weather [did] relieve … many of the symptoms of MS.... [I was] like a bird released from its cage."[52] Canada gave Woelk relief, in part because by happenstance the Woelks have sons in Saskatchewan.

Giving oneself over to the care of Canadian medical authorities who have spelled the breakup of families is another matter. Numerous families tell stories of loved ones giving up on the horse-and-buggy ways in the south, heading north, allowed by intergenerational citizenship laws, and tapping into Canada's public health system; perhaps the family in the north benefits, but those left in the south feel that they have been betrayed. Some families lace this discomfort with stories of overextended medical authority in Canada. Katherina Dyck recalls hearing a

49 Helena Dyck, interview.
50 Anna Banman, interview by Karen Warkentin, June 27, 2009.
51 Frieda Hiebert [pseud.], interview by Kerry Fast, February 19, 2009.
52 Susanna Woelk [pseud.], interview by Kerry Fast, March 21, 2009.

horrific story from back in the 1910s or early 1920s: "[While still] in Canada, my grandfather declared [to provincial authorities] that my grandmother was not sane and [he] had her put in a psychiatric hospital…. The police came to get her…. She was just about to make bread and from then on her voice left her. She had to leave her children and without any food. The children went to an orphanage." Fortunately, the children were returned to the Mennonite fold when "Reverend Johan Wall got the children out [of the hospital] and dealt them out among the *Dietsche*,"[53] the German-speaking Mennonites. But the thought that her grandfather would have trusted state authorities to care for her grandmother in this way still revolts her.

State medical facilities, even within Latin America, can be dreaded places, especially when it spells separation between loved ones. Judith Friesen, of Swift Colony in Bolivia, dislikes the thought of her granddaughter in the Santa Cruz hospital. She was invited to accompany a neighbour to visit the granddaughter but feared navigating the city on her own. Now, "taking a taxi across the colony to visit this granddaughter, if she were sick at home, wouldn't be a problem,… as long as the taxi driver was reliable."[54] Medical care in the outside world that separates family members from one another for long period is especially difficult. Maria Warkentin, of southern Mexico, is distressed by thoughts of her brother alone in central Mexico, "in a [mental home] in La Honda in Zacatecas with Mexicans. It makes one cry to think he is in a place with worldly people. He's not right in the head. His wife and he went to Canada, and he didn't have the right papers, and he was sent back to Mexico, and she stayed, and he ate a lot of nerve pills and went funny in the head." Maria's brother has returned to Latin America from Canada, but so long as he is institutionalized in a Mexican city, he is still too intimately interwoven in a strange culture.[55]

This intricate linkage with the wider world is indeed the breaking point of most Old Colonists, and on the question of state-sponsored health insurance, religious leaders especially weigh in. Aron Guenther, a minister in Nuevo Durango in southern Mexico, is inherently skeptical of any form state support for medicine: he says some people in his community have *Seguro* insurance, but "one has to pay every year and then if they do not use it then they are out that money. It does not cost much to go to the hospital. In Hopelchen, to have a baby costs $1000 pesos at the [public] Seguro hospital." He endorses the use of a modern public hospital but draws the line at medical insurance which simply spells an incipient cultural ensnarement for him.[56] Guenther's skepticism of medical insurance is left unarticulated but another minister is more comfortable offering a theological explanation for it. Franz Schmitt, of Progresso in southern Mexico, offers the official church line: "People here do not have *Seguro*. The [government] have asked us to, but ... we have the *Seguro* from God.… We would be too tied up with the

53 Katherina Dyck, interview
54 Judith Friesen, interview by Kerry Fast, March 12, 2009.
55 Warkentin, interview.
56 Aron Guenther, interview by Tina Fehr Kehler, December 15, 2009.

world if we would accept … *Seguro*."[57] Medicine is a multifaceted phenomenon, sometimes requiring an association with state institutions, but to rely on the state for health insurance is another matter.[58] Modern medicine is accepted, but it must be on Old Colony terms.

Conclusion

A central concern of most immigrants in the Western world is how to integrate into their host society, including ways of securing some form of modern medical treatment. For the migratory horse-and-buggy Old Colonist Mennonites in Latin America, the challenge has been how to access modern medicine but without coming to fully rely on it and inadvertently become integrated into modern society. Certainly, crossing the long distances from their secluded agrarian communities to urban clinics and hospitals has been challenging at best for a horse-and-buggy people. The result has been a network of locally spawned health facilities, operated by local Old Colonists with very little training. One social consequence of this system has been the creation of a craft dominated by women, providing them with an unusual degree of status in an otherwise patriarchal society. That status has often translated into informal pulpits from which the midwives express doubt of modern medicine. Ultimately, the Old Colony local system has been shored up not only by the distance from the city but by a cultural value that places a premium on a self-sufficient and simple life within the colony.

Still, modern medicine may seem to be the one aspect of modern life this anti-technology, horse-and-buggy people have accepted. Clearly, they believe that medical technologies do not undermine the communitarian foundation of their societies, healing the members that comprise that community rather than propelling them ahead of others in a celebration of individualism. Still, the status accorded its own local, untrained medical practitioners and an underlying skepticism of the modern state—and the wariness of the "worldly" society which encases it—suggests that modern medicine has been controversial. It has been accepted to ensure healthy bodies, but only if such access has not undermined what is considered to be the healthy soul. It has been a dance between modernity and anti-modernity, and one with its incipient ironies. Distance from the city has been required by the community's anti-modern outlook, but the city is the place of modern medicine; patriarchalism has undergirded the community, but women are required to keep the community self-sufficient. Medicine has kept the community healthy, but attaining it has challenged its very agrarian and patriarchal structures. For that reason, although modern medicine has been accepted, it has been tapped with a certain judiciousness. Medical knowledge is about power, and Old Colonists are among immigrant groups who have both been intent on accessing it and being preserved from it.

57 Franz Schmitt, interview.
58 Johan Dyck, interview.