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Abstract

Developing Tradition: A History Of Intercultural Health Governance In Mexico, 1940-2000

Joshua Mentanko

2021

This is an intellectual and social history of efforts by the Mexican state to order and transform medical pluralism for developmentalist ends in the highlands of Chiapas state between 1940 and 2000. Focusing on state employees, bilingual and indigenous doctors and midwives, and Mexican and foreign anthropologists, it grounds the emergence of “interculturalidad” – or the project of integrating indigenous traditional medicine into state and non-state health institutions – in a broader history of economic development and modernization and indigenous resistance to and negotiation of capitalist and national integration projects. It shows how efforts to integrate traditional medicine have not just focused on medicinal plants, but have long sought to capture and extract value from the labor of traditional medicine doctors and midwives. As the Mexican state shifted towards a multicultural model of nation formation in the late 1970s, efforts to extract labor from traditional medicine doctors and midwives intensified, leading to the birth of the hemisphere’s first indigenous traditional medicine doctor NGOs in the highland “laboratory” of intercultural health governance, San Cristóbal de las Casas, in 1985.

Developing Tradition: A History Of Intercultural Health Governance In Mexico, 1940-
2000

A Dissertation

Presented to the Faculty of the Graduate School

Of

Yale University

In Candidacy for the Degree of

Doctor of Philosophy

By

Joshua Mentanko

Dissertation Director: Gilbert Joseph

June 2021

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Table of Contents

List of Illustrations

Glossary

Acknowledgements

Introduction

Traditional Medicine and the Genealogy of Multicultural Development in
Twentieth-Century Chiapas - 1

Chapter One

Intermediaries and Medical Acculturation, 1940-1960 - 47

Chapter Two

Gender, Development, and Ethnography in the Altos of Chiapas, 1940-1960 - 98

Chapter Three

The Path to Delegitimize Acculturation: An Intellectual History of Indigenismo in
the 1960s and 1970s - 133

Chapter Four

Health Internationalism and Inter-State Solidarity: Traditional Medicine as
Sovereign Resource, 1975-1982 - 179

Chapter Five

Laboratories of Medical Multiculturalism: The Rise of Indigenous Doctor NGOs in
Chiapas – 210

Conclusion

1994 and the (de)Institutionalization of Indigenous Intermediaries – 251

Bibliography – 251

List of Illustrations

Figure 1. Political Map of Chiapas (municipalities).

Figure 2. Photo of Diego de Mazariegos' statue being toppled in San Cristóbal, 12 October 1992.

Figure 3. Two INI Health Promoters, María Antonia González Pérez and José Sánchez Pérez, making puppets before a performance.

Figure 4. "Photograph of a group of spectators of the Teatro Petul. Notice the healthy joy of children and older people, as well as the origins of the children and others: indigenous and ladino. This is a typical scene of the Teatro which, at the same time as it amuses, teaches hygiene, education, etc."

Figure 5. Cartoon of an "indigenista."

Figure 6. "IMEPLAM Flow of Activities."

Figure 7. "Permanent Tag."

Figure 8. Photo from Second Meeting of Traditional Health Agents in Chilil, Chiapas.

Figure 9. Photo of men playing instruments from Second Meeting of Traditional Health Agents in Chilil, Chiapas.

Figure 10. Photo of women (seated) and men from Second Meeting of Traditional Health Agents in Chilil, Chiapas.

Figure 11. Photos from Second Meeting of Traditional Health Agents in Chilil, Chiapas.

Glossary

Center for Economic and Social Studies of the Third World (CEESTEM)
Comadrona (midwife)
Congreso Nacional de los Pueblos Indígenas (CNPI)
Coordinación General del Plan Nacional de Zonas Deprimidas y Grupos Marginados (COPLAMAR)
Coordinating Center (organizational hub for local INI activities)
Curandero/a (traditional medicine healer/doctor)
Desarrollo Integral (comprehensive economic development, including social transformation)
Indigenismo (área of thought and action by non-indigenous people seeking to resolve the “Indian problem”)
Indigenista
Instituto Inter-Americano Indigenista (III)
Instituto Mexicano del Seguro Social (IMSS)
Instituto Mexicano para el Estudio de Plantas Medicinales (IMEPLAM)
Instituto Nacional Indigenista (INI)
Instituto Politécnico Nacional (IPN)
Ladino (someone of “mixed” creole descent, used especially in Chiapas highlands instead of mestizo)
New International Economic Order (NIEO)
Organización de Médicos Indígenas del Estado de Chiapas (OMIECH)
Partera (midwife)
Promotor (bilingual in indigenous language and Spanish, employee of INI)
Programa Nacional de Solidaridad (PRONASOL)
Pulseador (traditional pulse-taker, often worked in groups)
Secretaría de Desarrollo Social (SEDESOL)
Sindicato Nacional de Trabajadores Indigenistas (SNTI)
Unidad de Investigación en Medicina Tradicional y Herbolaria (UMTH)
Unidad Médica Rural (UMR) (the rural INI clinics)

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This is the hardest part of the dissertation to write, no doubt in part because I have always been bad at remembering names. I am also writing this at a moment when many of the people I love the most, and have done the most to get me to this point, seem further away than ever, or are just hanging on.

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someone who not only shares an interest in some of the bigger questions about political economy and knowledge production in the long sweep of Latin American history, but can draw me into my research through probing questions that I may never be able to answer. Those are the best kinds of questions. I never expected to write a dissertation on the history of public health, or health politics, until I took a class with Naomi Rogers. After that class, I couldn't imagine doing anything else. Thank you for being one of my best teachers, and for always having the best writing advice (and title suggestions).

Writing this dissertation was a messy process. Many people helped me see the path. At the University of Chicago, I had the support of my first external grant, and also some of my first experiences with caring and insightful archivists. Their help arrived at a crucial moment and set a high standard. In Mexico City, the archivists at the Secretary of Health and Welfare were very helpful, despite my not knowing what I was doing. In San Cristóbal, former *promotor* turned archivist of the Tzeltal-Tzotzil Coordinating Center, Armando Ruiz, gave me an oral history lesson that was the basis for the next two years of research in Chiapas, Mexico City, and Geneva. Along the way I found particularly helpful guidance from the archivists of the Biblioteca Juan Comas at the Instituto de Investigaciones Antropológicas at UNAM and the Instituto Politécnico Nacional. At the Biblioteca Juan Comas, I also ran into Paula López Caballero. Paula ended up being essential to this project, helping me to anchor it in the new histories of indigenismo in the twentieth century, providing me with a place to work at UNAM, and inviting me to participate in a faculty reading group. She walked me through some difficult moments of professionalization and always showed kindness and understanding. Tracking down what little remains of the Center for Third World Studies (CEESTEM) and the Mexican Institute for Medicinal Plants (IMEPLAM) once felt pretty hopeless, but the staff of the Herbolaria

in Centro Medico finally led me to a treasure trove of documents and newspaper clippings. Thanks also goes to the archivists of the World Health Organization in Geneva.

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One of my first memories is of my mom studying from a borrowed anatomy textbook in the local public library. My sister and I hiding under tables and playing with the globes. She became a home health aide, something between a nurse and an orderly, something it was always hard to explain to people who were trained to think of medical professionals as doctors, possibly nurses. This dissertation, too, ended up telling the story of medical auxiliaries – people who did not clearly belong to one professional discipline, but traversed several, and made care the basis of their new lives. I hope we write more stories about them. This dissertation is for my mom, and for them

Introduction - Traditional Medicine and the Genealogy of Multicultural Development in Twentieth-Century Chiapas

“Cuando tenemos capacitación, tenemos patrón”¹

“When we have training, we have a boss”

On the eighth of March 2019, the Section for Women and Midwives of the Organization of Indigenous Doctors of Chiapas (OMIECH) issued a statement denouncing efforts by the Chiapas state government and international NGOs to integrate indigenous midwifery into the official health system through regulation, training, and licensing.²

Perceiving that the political transition in our country is generating a diversity of actions and pronouncements of diverse social groups, we share our objective to rescue, protect, validate, and spread traditional midwifery in the state of Chiapas. In relation to traditional midwifery and traditional *indigenous* midwifery, the discourse and the facts do not correspond. In the discourse, the knowledge and social practice of the traditional indigenous midwife is recognized, even exalted; in reality, their intelligences and abilities are discriminated and disappeared because they are not "based on scientific evidence". On some occasions, their practice is criminalized and prohibited at the same time as it is intended to insert them into the health system, conditioning them to receive training in which biomedical content predominates, thus regulating their practice and subjecting them to biomedical

¹ “When we have training, we have a boss.” Quoted in Tlazocamati, *Margarita Jtam-Olol*, 2019, <https://vimeo.com/352288211>.

² “Percibiendo que la transición política en nuestro país está generando una diversidad de acciones y pronunciamientos de conjuntos sociales diversos, compartimos nuestro objetivo es rescatar, proteger, validar, y difundir la partería tradicional en el estado de Chiapas. En relación con la partería tradicional y la partería tradicional indígena, el discurso y los hechos no se corresponden. En el discurso se reconoce, incluso se enaltece, el conocimiento y practica social de la partera tradicional indígena; en los hechos, sus inteligencias y capacidades son discriminadas y desaparecidas por no estar “basadas en evidencias científicas”. En algunas ocasiones, se les criminaliza y prohíbe su práctica al mismo tiempo que se pretende insertarlas en el sistema de salud, condicionándolas a recibir capacitaciones en las cuales predominan los contenidos biomédicos, normando así su práctica y quejando sujetas a procesos de certificación biomédica. Todo esto ha resultado históricamente en un progresivo desplazamiento y destrucción de las parteras tradicionales, principalmente la indígena.” Organización de Médicos Indígenas del Estado de Chiapas, A. C., “Pronunciamiento: La Desaparición de Las Parterías Tradicionales Indígenas En México,” March 8, 2019, <https://www.facebook.com/areademujeresomiech/photos/pcb.1928291053966452/1928285763966981/>.

certification processes. All this has historically resulted in a progressive displacement and destruction of traditional midwives, mainly indigenous midwives.

The indigenous midwives of OMIECH who signed the statement on March 8th accused the government and international NGOs of hypocrisy. Contemporary intercultural health programs have their origins in a late 1970s effort by the Mexican state to make indigenous culture a tool for indigenous development. The principle actors in this field of health governance today are NGOs, state health agencies, and biomedical education institutions, hospitals, and clinics.³ Their goal, according to Eduardo Menéndez, is to “defend and empower ethnic groups and question the dominant classes that excluded, subordinated and discriminated these social actors.”⁴ Interculturalism in the health sector involves making biomedical spaces accommodating to indigenous patients and supporting initiatives by traditional medicine doctors, such as building and attaching botanical gardens to rural clinics. Despite these lofty aims, intercultural health initiatives have in practice provoked controversy and resistance around issues of labor and knowledge extraction.

A key actor in intercultural health governance is the NGO and their international funders. In their March 8th Declaration, the OMIECH midwives stated that “with greater destruction between 2015 and 2019, the MacArthur Foundation of the United States implemented a project of ideological, logical, and principally economic support to support professional biomedical midwifery in Mexico.” Through supporting local NGOs like Formación y Capacitación, the midwife program at El Centro de Investigación en Salud de Comitán (CISC), and Asesoría, Capacitación y Asistencia en Salud to the tune of millions

³ Sandra Cañas Cuevas, *Multiculturalismo mágico en una ciudad de Chiapas* (Universidad Nacional Autónoma de México, 2017), 174.

⁴ Eduardo Luiz Menéndez, “Intercultural Health: Proposals, Actions and Failures,” *Ciência & Saúde Coletiva* 21 (January 2016): 109–18, 110.

of dollars, the MacArthur Foundation has injected unprecedented levels of capital and influence into the debate about midwife biomedicalization in Chiapas. As the March 8th Declaration makes clear, these initiatives weaken indigenous autonomy by making supposedly objective scientific standards the baseline measurement for determining what types of indigenous medicine are worthy of support and inclusion.

A key issue in these recent controversies over interculturalidad is the autonomy of labor. In Chiapas, the issue of labor integration has received less attention from scholars than the problem of biopiracy, or the theft of knowledge about medically-useful plants.⁵ Bioprospecting has its origins in the tradition of European botany. In Mexico, botanical expeditions and research have a history that dates back to the sixteenth century. The issue of labor integration starts to emerge for the first time in the 1950s, with the development of programs to train midwives in the use of specific drugs. However, these programs did not aim to integrate midwifery into state health institutions, but merely provide additional training or access to technology. Since the 1980s, however, integration of labor has become a way for the Mexican state to sever the relationship between traditional medicine doctors and midwives and their communities by making their qualifications dependent on the state. From the very beginning, these efforts at labor integration have incited organized opposition from traditional medicine doctor organizations. Indeed, the emergence of labor extraction as a mode of multicultural development helped provoke the formation of the hemisphere's first organized traditional medicine doctor and midwife groups in the mid-

⁵ Corinne P. Hayden, *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico*, Information Series (Princeton: Princeton University Press, 2003); Ikechi Mgbeoji, *Global Biopiracy: Patents, Plants and Indigenous Knowledge*, electronic resource, Law and Society Series (Vancouver: UBC Press, 2006); Daniel F. Robinson, *Confronting Biopiracy: Challenges, Cases and International Debates*, electronic resource (London ; Washington: Earthscan, 2010); Vandana Shiva, *Biopiracy: The Plunder of Nature and Knowledge* (Boston, MA: South End Press, 1997).

1980s. The Chiapas state government, taking advantage of new political powers in health brought about the decentralization reforms to the Mexican health sector by Miguel de la Madrid, passed a law in 1990 to “integrate” midwives and other healers into the state health system as underpaid subordinates. In the 1992 Pan-American Meeting of Indigenous Traditional Medicine Doctors, organized by the OMIECH, the delegates resoundingly rejected the Chiapas Health Law, and the midwives of the OMIECH have been consistent in their opposition to this form of multicultural integration ever since.

The rise of intercultural health policies across Latin America since the early 1980s have been linked to the rise of human rights discourses, indigenous social movements, and the entry of China, with its long tradition of institutionalized traditional medicine, into the World Health Organization (WHO) and other international institutions in the 1970s.⁶ Many of these studies rest on the idea that indigenous traditional medicine has been “outside” of development programs and projects until only recently, when it was dragged into the light by international corporations seeking the commoditization of medical plants and a global development institutions looking for new resources to expand basic primary care on the cheap. Understanding the stakes of interculturalism in the health sector requires not just attending to the process of “commoditization” of plants, but also the ways in which national and global public health institutions have also sought new ways to extract labor and knowledge. This study makes the case for studying commoditization of plants and

⁶ Olayiwola Akerele, “The WHO Traditional Medicine Program: Policy and Implementation,” *Int. Trad. Med. Newslett* 1 (1985): 1–3; Arturo Argueta, Eduardo Corona M., and Paul Hersch Martínez, eds., *Saberes Colectivos y Diálogo de Saberes En México*, 1. ed, Multidisciplina 7 (Cuernavaca, Morelos, México : Puebla, Pue., México: Universidad Nacional Autónoma de México, Centro Regional de Investigaciones Multidisciplinarias ; Universidad Iberoamericana/Puebla, 2011); Menéndez, “Intercultural Health”; World Health Organization, ed., *Report of the WHO Interregional Workshop on the Use of Traditional Medicine in Primary Health Care, Ulaanbaatar, Mongolia, 23-26 August 2007* (Geneva: World Health Organization, 2009); Carlos Zolla and Philippe Lamy, “La Etnobotánica En Relación Con Los Problemas de Salud En México,” *Medicina Tradicional*, 1978, Hemeroteca de México.

integration of labor in a unitary framework that shows how indigenous doctors and midwives have negotiated the demands of both state and market and have sought to shape the terms in which traditional medicine is – or is not - made legible for development.

In the 1970s, strands of Marxist Feminist theory sought to reconcile the dualism of labor and commodity reproduction in Marxist analyses of capitalist societies by encapsulating both social and commodity production in a unitary framework.⁷ Because it keeps workers healthy so that they can sell their labor, the health sector, as noted by Nancy Fraser, is a key node for the reproduction of social reproduction in capitalist societies.⁸ But how has the capitalist development of medicine engaged with processes of indigenous political mobilization and nation state formation? Engaging with the tradition of Black Marxism, Nancy Fraser has noted that contemporary racial capitalism not only *exploits* labor but seeks to *expropriate* bodies.⁹ I extend Fraser’s insight about bodies to knowledge, and I argue that interculturalidad policies in the health sector since the late 1970s have brought expropriation to the plane of knowledge, labor, and tradition.

A Genealogy of Multiculturalism in Indigenous Public Health in Mexico

In the account that follows, I excavate current struggles over interculturalidad through a genealogy of two key concepts - acculturation and integration – in health policy directed to indigenous Mexicans in the highlands of the state of Chiapas the twentieth century. In an essay titled “Nietzsche, Genealogy, History” published in 1971, Michel Foucault wrote that a genealogical method opposes itself to a search for origins as the site

⁷ Tithi Bhattacharya, *Social Reproduction Theory: Remapping Class, Recentering Oppression* (Pluto Press, 2017).

⁸ Julia Rock, “Transcript: Beyond Economism with Nancy Fraser,” *The Dig* (blog), September 12, 2018, <https://www.thedigradio.com/transcripts/transcript-beyond-economism-with-nancy-fraser/>.

⁹ Nancy Fraser, “Is Capitalism Necessarily Racist?,” *Politics/Letters Quarterly* (blog), May 20, 2019, <http://quarterly.politicsslashletters.org/is-capitalism-necessarily-racist/>.

for all meaning and truth, seeking instead to capture the relations of power – domination and resistance – that capture the vicissitudes of history. “History is the concrete body of a development, with its moments of intensity, its lapses, its extended periods of feverish agitation, its fainting spells; and only a metaphysician would seek its soul in the distant ideality of the origin.”¹⁰ Looking backwards to the beginnings of things, tracing their descent and emergence, one finds not the “inviolable identity of their origin; it is the dissension of other things. It is disparity.”

The issue of disparity, at least as much as “exoticization” or “salvaging,” lies at the heart of attempts to produce knowledge about traditional medicine and integrate that knowledge into more refined public health strategies in the twentieth century. At the 1940 Pátzcuaro Conference of the Instituto Indigenista Interamericano, Mexican president Lázaro Cárdenas famously stated that the goal of indigenismo was not to Indianize Mexico, but to Mexicanize the Indian. Indigenismo was a domain of thought and action directed towards integrating indigenous people into the nation through education and increasing access to modern technologies. Between the 1930s and 1970s, it large manifested as an attempt to solve racial inequality by producing policies that sought to convert indigenous people from an ethnic group into a (proletarian) class. The idea that practices marked “traditional” were the result of a disparity of access, and would simply disappear once indigenous people had access to modern services, was inscribed in the early public health programs directed towards indigenous communities around San Cristobal from the 1940s on. Thus the “emergence” of the medical acculturation was shaped from the very beginning

¹⁰ Michel Foucault, “Nietzsche, Genealogy, History,” in *Foucault Reader*, ed. Paul Rabinow (Pantheon Books, 1984), 76–100.

by a desire to integrate indigenous communities by converting them into a class, signified by their adherence to “modern” as opposed to “traditional” medical habits.

In this genealogical approach, I am building on the extensive work of historians of social policy and race in Latin America who have made profitable use of Foucault’s theorization on governmentality. Governmentality understands power as exercised through the “regulation of conduct,” and corresponds to a biopolitical state seen as more interested in managing life rather than demonstrating its power through sovereign control over life and death.¹¹ In *The Allure of Labor: Workers, Race, and the Making of the Peruvian State*, Paulo Drinot uses the concept of governmentality to show how elite Peruvian projects of industrialization, and attendant social policies in health and welfare, were envisioned as an “embodied project of racial improvement.”¹² To be a worker meant you were not indigenous. The adoption of “modern” practices – housing, food preparation and consumption, medical attention – signalled the disappearance of the ethnicity in favor of class.

As I will show in chapter one, anthropologists such as those linked to the Sol Tax school in the Tzotzil town of Zinacantán in 1941 thought they could only find indigenous traditional medicine practiced by indigenous people. The traditional medicine they spoke of – including midwifery – was perhaps associated with ethnicity, but it was not so strictly bound to it as the contemporary political situation would imply. The practices and beliefs that constituted “traditional medicine” in the Mexican state health programs in Chiapas were identified by anthropologists as part of indigenous, not ladino culture, despite

¹¹ Thomas Lemke, Monica J. Casper, and Lisa Jean Moore, *Biopolitics: An Advanced Introduction* (NYU Press, 2011).

¹² Paulo Drinot, *The Allure of Labor: Workers, Race, and the Making of the Peruvian State* (Durham, N.C.: Duke University Press, 2011).

substantial evidence that non-indigenous Chiapanecos practiced midwifery, domestic medicine, and attended indigenous traditional medicine doctors. The reality was that biomedicine and the category of traditional medicine, as shown in the chronicles of Rosario Castellanos during her childhood in Chiapas, were frequently part of the same therapeutic journey, even within elite landholding ladino families. In Castellanos's novella from the perspective of a young ladina girl in late 1930s Chiapas, *Balún-Canán*, the mother of the ladino family seeks help to cure her son from medical doctors and witches, though he ultimately succumbs to what was probably a witch's curse.¹³ However, if the state was going to modernize indigenous peoples into a class, it had to find a way to affix indigeneity to the practices and practitioners of what it termed traditional medicine.

To this effort, from the 1930s onwards, the state was helped enormously by both foreign and national anthropologists, as well as the bilingual "informants" who were essential brokers of this information on traditional medicine. Gonzalo Aguirre Beltrán, probably the most important medical anthropologist in twentieth century Mexico and a major figure in this book, played a key role in defining traditional medicine for the state. His book, *Medicina y Magia*, which he worked on as a fellow at Northwestern University in 1944, was deeply influenced by the historical materialist approach to the study of culture of his mentor, often described as the founder of African Studies, Melville Herskovitz. Based on unprecedented early analysis of inquisition records from the Archivo General de la Nación in Mexico City, Aguirre argued that African medical beliefs and practices had assimilated entirely into what was now considered traditional indigenous medicine. During the colonial period, official prohibitions against witchcraft and indigenous spirituality were

¹³ Rosario Castellanos, Andrea Reyes, and Fondo de Cultura Económica (México), *Balún-Canán*, 2014.

enforced by the Inquisition, but the Inquisition had no authority over indigenous people. As a result, the structural conditions of colonialism favored the emigration of spiritual and medical beliefs brought by African-descended peoples into the category of indigenous. By the nineteenth century and Mexico's independence, there are only traces of African origins within the category of indigenous medicine. The case of African medicine had already proven that some medical knowledges were less empirical and agile than others, and constant exposure in a situation of unequal power dynamics inevitably led to the assimilation of those beliefs into the "dominant" or structurally-advantaged system of beliefs. The belief that the empirical frailty and temporal backwardness marked traditional medicine because of its historical material foundations would have concrete implications on the early efforts at indigenous health governance.

One practical material-historical effect of Gonzalo Aguirre Beltrán's theory of medical acculturation was that the Instituto Nacional Indigenista (INI) clinics charged indigenous patients less money than it charged non-indigenous patients for the same services. Writing in 1954 from an INI clinic in the Tzeltal indigenous and ladino town of Oxchuc, about fifty kilometres from San Cristóbal de Las Casas, an INI employee summarized the entwined economic and cultural argument that caused the INI clinic to have a policy of charging less to indigenous than ladino patients.

In reality, the fee that indigenous patients pay per visit is not twenty pesos, but one. The number of patients is therefore growing day by day, as will the price they must pay to use the service, and the price will continue to go up until the day when the rational concepts of modern medicine replace their concepts of health and illness.¹⁴

¹⁴ Lorenzo Morales Landyn, *La Salud En El Municipio de Oxchukj* (Mexico City: Instituto Nacional Indigenista, 1955), 38.

The purpose of charging only a symbolic fee to indigenous patients at INI clinics attempted to replicate the structural conditions of colonial rule that had facilitated the “acculturation” of African into indigenous medical beliefs. It was assumed that the superior efficacy of biomedicine, combined with these structural encouragements to attend INI clinics, would result in the disappearance of indigenous traditional medicine as a distinct category separate from the rest of medicine.

But how did the INI’s early medical program alter power relations between indigenous patients, state employees, doctors, and others? While the INI officially sought a non-coercive, persuasive policy of medical acculturation, much like the legacy of the INI overall, there are divergent interpretations of the extent to which it practiced coercion in its medical programs towards indigenous patients. David Dalton, for instance, has written that “State doctors provided medicine to all individuals who desired it (and even to many who did not).”¹⁵ In a fascinating article about the United States (US) Federal Bureau of Investigations (FBI) and a US nurse working in the Papaloapan River basin in the 1940s and 1950s, Katherine Bliss contrasts a US nurse’s own distaste for traditional medicine to the positive embrace of traditional medicine by no other than Gonzalo Aguirre Beltrán.

Whereas Aguirre Beltrán and INI colleagues emphasized that Indigenous and Western beliefs about the origins of disease or poor health had to be given equal consideration in the development of programs to improve well-being, de Vries, like many Mexican health experts at the time, viewed Western medicine as superior to Indigenous health practices and beliefs in the Papaloapan Basin.¹⁶

¹⁵ David S. Dalton, *Mestizo Modernity: Race, Technology, and the Body in Postrevolutionary Mexico* (University of Florida Press, 2019), 104.

¹⁶ Katherine E. Bliss, “Under Surveillance: Public Health, the FBI, and Exile in Cold War Mexico,” in *Peripheral Nerve*, ed. Anne-Emanuelle Birn and Raúl Necochea López (Duke University Press, 2020), 29–54, <https://doi.org/10.1215/9781478012221-003>, 41.

The local health records and field reports I have examined have no accounts of accusations that state health services were an instance of “cultural imperialism,” although they do strongly suggest that gender was an important factor in determining the acceptance of INI health services. To approach the policy development of traditional medicine through a material-historical lens can perhaps help nuance our understanding of power relations in the context of public health encounters beyond dichotomous categories of totalizing “resistance” or “domination,” showing how a key part of this period of “acculturation” was the informal interrelationship of allopathic or state medicine with traditional medicine.

Medical Acculturation as a Development Project, 1940-1968

Indigenismo is a discourse about Indigenous people that drew on sometimes contradictory currents of thought, from progressive evolutionism to Boasian antiracism. In its Mexican usage, Guillermo de la Peña writes that indigenismo “means the institutionalized state action aimed at improving the lot of the indigenous population while converting them into full participants in national society and culture.”¹⁷ Indigenismo had existed since the late nineteenth century, but then was mostly limited to education and the inclusion of a revalorized indigenous presence in symbols of national identity, such as the Avenida Reforma in Mexico City. As a result of the Mexican Revolution, Mexico lost 10% of its population, a great part of its infrastructure was ruined, and its national sovereignty threatened by two foreign invasions within a few years of each other. Post-revolutionary indigenismo was drafted into helping the state consolidate control by providing a theoretical framework and method (applied anthropology) for integrating diverse regions

¹⁷ Guillermo de la Peña, “The End of Revolutionary Anthropology? Notes on Indigenismo,” in *Dictablada: Politics, Work, and Culture in Mexico, 1938-1968*, ed. Paul Gillingham and Benjamin T. Smith (Durham NC: Duke University Press, 2014), 279–98.

and peoples. Fundamental to being able to govern a country that had just gone through a civil war and two foreign invasions was the state needing to know the population and the territory.¹⁸ Anthropology would give the state a conceptual vocabulary to synthesize conclusions and methods for a new paradigm development, desarrollo integral (integrated development), shaped by the collaboration between social medicine and Mexican indigenismo during the sexenio of Lázaro Cárdenas (1934-1940).

Manuel Gamio, student of Franz Boas and Mexico's first PhD in Anthropology, had already planted anthropology as the best method for conducting research in indigenous communities in his 1916 *Forjando Patria*. Education ministers in the 1920s, José Vasconcelos and Moisés Sáenz, while not capable of producing anything like an "official" discourse on national identity, made mestizaje a key concept in national identity discourse and programs in education. Vasconcelos is now perhaps mostly remembered for his book *La Raza Cósmica*, in which he articulated a vision of Mexican identity as the racial fusion between Iberian and indigenous cultures. Writing at the height of eugenics across the Americas in the 1920s, Vasconcelos was responding to strands of purist scientific racism which denigrated mixed-race populations as inferior.¹⁹ For Vasconcelos, Mexico's mestizaje identity was superior to the more narrowly technologically-focused Anglo Saxons. Ultimately, though, Vasconcelos's musings never valorized indigenous culture with the same fanaticism with which he promoted the "hispanic" side of Mexico's identity. While Vasconcelos served as Director of the Secretary of Education from 1921-1924, his

¹⁸ Guillermo Castillo Ramírez, "Hacia un México nuevo: la genealogía indigenista de Gamio a inicios del cardenismo," *Alteridades* 23, no. 46 (December 2013): 79–95; Karin Alejandra Rosemblatt, *The Science and Politics of Race in Mexico and the United States, 1910–1950* (Chapel Hill: The University of North Carolina Press, 2018).

¹⁹ Calles served as President of Mexico between 1924-1930, but his real influence lasted until 1934 when Lázaro Cárdenas gained the presidency.

real political influence in shaping policy waned during the presidency of the anticlerical Plutarco Elías Calles. At this time, it is possible to see mestizaje discourses continue to hold sway in the arts, especially as it combined with modernism. In the field of rural development, education, and health, a collaboration between anthropology and social medicine will make *indigenismo* the primary frame of policies directed toward national integration of indigenous groups. Historians have written extensively about indigenista education and economic programs, and this study makes the case for exploring the health programs within indigenismo.²⁰

The last revolutionary general to hold presidential power, Cárdenas has acquired the mythic status of giving birth to a political moniker, cardenista and cardenismo. Under Cárdenas, agrarian reform reached its peak, but the president also helped cement power around a strong central authority connected through various corporate “official” representative groups.²¹ Cárdenas took unprecedented interest in indigenous issues. Indigenismo began to acquire institutional power at the federal level in its own right beginning in 1935, with the founding of the Departamento de Asuntos Indígenas. In 1936, he appointed Erasto Urbina to lead a special commission of government agencies dedicated to indigenous issues in Chiapas. Attending was also the state-level Departamento de Acción Social, Cultura y Protección Indígena del estado de Chiapas. Urbina used the event to begin

²⁰ A. S. Dillingham, “Indigenismo Occupied: Indigenous Youth and Mexico’s Democratic Opening (1968–1975),” *The Americas* 72, no. 4 (October 2015): 549–82; Alan Knight and others, “Racism, Revolution, and Indigenismo: Mexico, 1910-1940,” *The Idea of Race in Latin America, 1870-1940*, 1990, 71–113; Stephen E. Lewis, “Mexico’s National Indigenist Institute and the Negotiation of Applied Anthropology in Highland Chiapas, 1951-1954,” *Ethnohistory* 55, no. 4 (October 1, 2008): 609–32, <https://doi.org/10.1215/00141801-2008-015>; María L. O. Muñoz, *Stand up and Fight: Participatory Indigenismo, Populism, and Mobilization in Mexico, 1970-1984* (Tucson: The University of Arizona Press, 2016).

²¹ Alan Knight, “Cardenismo: Juggernaut of Jalopy?,” *Journal of Latin American Studies*, 1994.

to organize local indigenous municipalities to vote for the Partido Nacional Revolucionario.²²

For Cárdenas, indigenista policy and institutions served his interest in agrarian reform while also consolidating political power, and his tenure set the stage for the rise of the most important indigenista institutions in the twentieth century. His tenure ended with the creation of the Instituto Indigenista Interamericano (III), lead by Manuel Gamio. The III came out of the first pan-American indigenista conference, held in Pátzcuaro, Michoacán in 1940. Representatives from twenty different indigenous groups and nineteen different states were present, including the United States represented by US Commissioner for Indian Affairs John Collier. It was at this meeting when Cardenas gave his famous quote about the mission of indigenismo being the Mexicanizing indigenous people by bringing them into contact with modern institutions and technology.

The III, which was directed by Gamio for most of the 1940s, published two magazines which provided a forum for research and debates with a modernizing bent. During the 1940s, Gamio became increasingly enamored with nutritional studies in the Mezquital Valley, introducing a project to get indigenous people to replace corn with soybeans. Soybeans were not only “scientifically” superior, a fact which now existed thanks to nutritional studies, but their cultivation required technology and education, thus “modernizing” indigenous people and facilitating their integration into the national body politic. The technifying turn within indigenismo that is appreciable under Gamio reminds us of an important that indigenismo was a *modernizing* discourse – it sought to create cultural change by mobilizing technology with state power.

²² Ma. Dolores París Pombo, “EL INDIGENISMO CARDENISTA Y LA RENOVACIÓN DE LA CLASE POLÍTICA CHIAPANECA (1936-1940),” *Revista Pueblos y fronteras digital* 2, no. 3 (June 1, 2007).

The discourse of indigenismo, constituted as it was by a transnational anthropology, also shared space with other discursive currents in the field of public health directed towards indigenous people, most notably the ideals of social medicine. The 1930s and 1940s were a moment of ferment in ideas about how to expand biomedicine to rural and marginalized people across the globe. Particularly in formerly colonized and newly independent countries in what would later be called the “Third World,” campaigns against specific diseases funded and organized with national governments and international institutions like the Rockefeller Foundation existed alongside the much slower and less spectacular of a sanitary and clinic infrastructure. As Sunil Amrith shows, the nations represented at Bandung in 1937 centred a social medicine approach to international health, emphasizing the development of biomedical infrastructure of clinics and promoting grassroots participation.²³ Social medicine in the context of international health in the 1930s, according to Randal Packard, “included a broader understanding of disease etiology, which included social and economic factors.”²⁴ Founded in 1946 in a spirit of internationalism and social medicine, by the 1950s Cold War context, the World Health Organization (WHO) had entered a phase of a “narrowing vision” of health that focused increasingly on wonder technologies like DDT and militarist-style campaigns instead building health infrastructures.²⁵

Despite having achieved official postcolonial status more than a century earlier, Mexico was very much a part of the international health context shared by newly

²³ S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65*, 2006 edition (Basingstoke England ; New York: Palgrave Macmillan, 2006).

²⁴ Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016), 49.

²⁵ Packard, 105-131.

decolonized states in the 1930s and 1940s, but it also responded to the specific need for national integration following the 1910 Mexican Revolution. Historians of Mexican public health have noted the requirement of *servicio social* for medical doctors, instituted at the National University of Mexico (UNAM) Medicine Faculty in 1936, as a sign of the strength of social medicine ideals in relation to the pressing needs of rural health in the 1930s.²⁶ The Instituto Politécnico Nacional (IPN) and its program in “rural medicine” expressed many of the same ideals of Mexican social medicine. A key figure in social medicine and the founding of the IPN was autodidact anthropologist Miguel Othón de Mendizábal, and along with President Lázaro Cárdenas, he is closely identified with the school’s pedagogical orientation. Mendizábal had decades of experience using fieldwork to try to understand social problems faced by the indigenous people, particularly working with the Otomi in the Valle de Mezquital. The IPN’s vision of social transformation and the social factors of health also affected its student body, as it targeted rural and working-class students more than the UNAM. Mendizábal played a role in the founding of three academic units in 1937 and 1938: anthropology, rural medicine (not a department), and economics.²⁷ The anthropology career, taught as physical and social anthropology, also existed within the Department of Biological sciences, and was part of the core education of rural doctors. The Department of Anthropology at least until it was moved to the Instituto Nacional de Antropología e Historia in 1942 and eventually the Escuela Nacional de Antropología.

²⁶ Celia Ramírez López, “El entorno histórico en el que se dio el Servicio Social,” *Gaceta Médica de México* 148, no. 3 (2012): 281–83.

²⁷ Andrés Medina Hernández, “Un capítulo en la olvidada historia de la antropología en México (1906-1940): Miguel Othón de Mendizábal, el constructor | Bérose,” accessed August 28, 2020, <http://www.berose.fr/article1776.html>.

These two schools educated generations of anthropologists in Mexico until the birth of new and alternative schools of anthropology in the 1970s.

The growing confidence in technocratic intervention combined with anthropological understandings of measuring and managing cultural change converged with national political trends in Mexico the 1940s. Even as the establishment of a national indigenista institute, what would later become the Instituto Nacional Indigenista (INI), was interrupted by World War II, the technocratic orientation of the post-Cárdenas government of President Ávila Camacho reoriented the state's base of power to the middle classes, empresarios, and bureaucrats as part of an effort to "modernize" the state, including the governance strategies of the ruling party. The "modernizing" model of state formation of Ávila Camacho set a direction away from agrarian reform through land distribution and a focus on major infrastructure, transportation, and irrigation projects in rural Mexico. Major projects of "Desarrollo integral" like the Papoalapan Basin Project got their start during this period.²⁸ In 1965, the students, alumni, and professors of the rural medicine program voted to eliminate the word "rural" from the title. One alumnus derisively commented that the term "médico rural" created an impression of "a mix between veterinarian and midwife" ("una mezcla de boticario veterinario y hasta comadrona").²⁹

By the end of World War II, public health spending was justified by promising payoffs in increased productivity. By increasing sanitary infrastructure, eliminating infectious diseases through vaccinations and spraying chemical agents, and establishing new regimes of personal hygiene and medical attention, states could bump their position in

²⁸ Diane Schwartz, "Displacement, Development, and the Creation of a Modern Indigena in the Papaloapan, 1940s - 1970s," in *Beyond Alterity: Destabilizing the Indigenous Other in Mexico*, ed. Paula López Caballero, Ariadna Acevedo-Rodrigo, and Paul K. Eiss, 1 edition (Tucson: University of Arizona Press, 2018), 222-43.

²⁹ Calvillo Velasco and Rocío Ramírez Palacios, *Setenta Años de Historia Del IPN*, 313.

the global economic hierarchy. In 1948, the World Health Organization was established to provide a multilateral source of expertise and coordination for public health “technical aid” between member states. In the same year, the Instituto Nacional Indigenista (INI) was founded in Mexico. The INI, whose Director had a seat in the Mexican President’s Cabinet, became the principle state organ for implementing an indigenous-specific health policy as part of the government’s general plan for *desarrollo integral*. Desarrollo integral was a range of interventions in the fields of education, economic, and health programs that has as their goal the fine tuning of Mexico’s performance in economic growth and productivity.

The fact that Chiapas, particularly the Indigenous pueblos surrounding San Cristóbal, was seen as rooted in tradition since the governorship of Emilio Rabasa in the 1890s made it a natural target of the energized and modernizing post-cardenista indigenismo. Local authorities like Urbina would also play a critical role in helping Sol Tax and Alfonso Villa Rojas run the fieldwork school in 1941 and 1942 by introducing graduate students from across the US and Latin America to bilingual Indigenous “informants.” The blend of pedagogical training and professional ethnographic research at this field school gave shape to an unusual dialogue between theory and practice within Mexican indigenismo. Alfonso Villa Rojas and students like Julio de la Fuente, who were associated with the first “Chiapas Project,” went on to work for the Instituto Nacional Indigenista Coordinating Tzeltal-Tzotzil Coordinating Center in San Cristóbal after it opened in 1951. This first “fieldwork school” marked the convergence of international social scientific and Mexican state interest in the modernization process in “traditional” (ie. indigenous) areas of the country.

The Politics of Influence in the Labor of Medical Acculturation

The primary agents charged with overseeing medical modernization were medical auxiliaries, known as *promotores de salud*, or health promoters. They were chosen by the INI for being connected to indigenous communities, bilingual, and locally influential. Examining the work of these health promoters, this book challenges historians of developmentalism to reconsider the importance of “culture” within developmentalism. Influenced by Jim Scott and Timothy Mitchell’s accounts of a “high modernist” state which sought and failed to quantify and render abstract the complex reality of everyday life, historians of development have, perhaps paradoxically, focused more on the statism than the market aspects of developmentalism.³⁰ In the most recent edition of the *Routledge Handbook to the Political Economy and Governance of the Americas*, Karin Fischer writes that “the modernization theorists were [...] obsessed with “objective” and verifiable results, and made development a quantifiable task. The set of methods included modeling and statistics. Development progress became a number; history, power relations, and normative orders were neglected.”³¹ This vision of developmentalism, and technocratic discourses in general, as quantifying and universalist is in need of revision.

Within Mexico’s *regiones de refugio* (“regions of refuge”), in the classic formulation of Gonzalo Aguirre Beltrán, the highlands of Chiapas and the city of San Cristobal became the capital of developmentalist indigenismo at a particular moment of structuralist anthropological thinking about the process of cultural modernization. The fieldwork paradigm did more than shape anthropological theory – it provided a framework for enacting policies of cultural change that exchanged the “native informant” for

³⁰ Timothy Mitchell, *Rule of Experts: Egypt, Techno-Politics, Modernity* (Berkeley: University of California Press, 2002); James C. Scott, *Seeing like a State: How Certain Schemes to Improve the Human Condition Have Failed*, Yale Agrarian Studies (New Haven: Yale University Press, 1998).

³¹ Karin Fischer, *Development* (Routledge Handbooks Online, 2020).

“promotor cultural.” When the INI was officially founded in 1948, it merged a developmentalist focus on “technical aid” with the particularist understanding of culture provided by anthropology.³² Promotores de salud, INI medical auxiliaries hired for their language skills and influence in Indigenous communities, were critical to both aspects of medical acculturation. The goal was to integrate medicine into the local context and there, imperceptibly, it would start to counteract the racialized inequalities of the Altos. Indigenous medicine was the result of an “incomplete” acculturation to European or occidental medicine, and the INI’s role was to speed up that evolution with as few cultural “shocks” and without resorting to coercion. Only then could they help indigenous people emerge as a class that could be integrated into the nation.

In this space of passive medical acculturation, the US government through the National Science Foundation and two prominent universities studied the implications of the INI’s persuasivist approach to modernization. The University of Chicago opened another fieldwork school in the late 1950s and early 1960s under Norman McQuown and Julian Pitt-Rivers. Under Evon Voft, Harvard’s Department of Anthropology had a satellite at El Rancho Harvard in San Cristobal between 1957-1977. While the schools were centred in the officially ladino San Cristóbal, where they socialized with colleagues at other education and cultural institutions, students and professors conducted their ethnographic research in indigenous Tzeltal, Zoque, and Tzotzil communities. Until the early 1970s, the Mexican government generally welcomed collaboration with US anthropologists.

The “internationalization” of knowledge production about traditional medicine in this period relied on the special skills of bilingual health promoters, or promotores de

³² Gonzalo Aguirre Beltrán, *Programas de salud en la situación intercultural* (Instituto Indegenista Interamericano, 1955), 30.

salud.³³ This study examines how traditional medicine was addressed in state policy by looking at networks of laborers and intellectuals who were charged with enacting public health policy for indigenous people in a particular zone of operations centered around the INI's first Coordinating Center in San Cristobal de las Casas, founded in 1951. The two groups of people I study in the field of traditional medicine policy for the first period are anthropologists, local *promotores de salud*, and indigenous "informants" (the latter two categories often overlapped). Traditional medicine doctors and patients begin to speak more in the archival sources beginning in the 1970s, as they begin a dialogue with national and global institutions now launching "integration" programs and ethnobotanical exploration.

The characters in this study do not fit into easy dichotomies of policy makers and the people on whom it is applied. Indigenismo was a discourse created by non-indigenous people, yet it specifically sought to transform indigenous people. This study attempts to show how the presence of traditional medicine not only animates the state's broad agenda for indigenous people in development; it also contributes to the state's reliance on local indigenous peoples, who understood how to navigate local hierarchies of political power and healing. Like Gabriela Soto Laveaga has shown for the contributions of Mexican *campesinos* to the scientific discoveries underlying the contraceptive "the Pill," I want to show how the INI's indigenous *promotores de salud* – health promoters – were both intellectuals and laborers.³⁴ They served as informants for various international anthropological investigations, but also performed much of the everyday labor of maintaining and staffing clinics and health programs. This everyday work of medical

³³ Greg Grandin, *The Last Colonial Massacre: Latin America in the Cold War* (Chicago: University of Chicago Press, 2004).

³⁴ Gabriela Soto Laveaga, *Jungle Laboratories: Mexican Peasants, National Projects, and the Making of the Pill* (Duke University Press, 2009).

governance was itself part of the process of state formation.³⁵ The INI indigenous employees were part of both local and transnational networks, and they acquired prestige through their ability to apply the state's mission of expanding allopathic care without provoking resistance because of traditional medicine discrimination. They show the transnational vectors of local medical policy, but also help to localize histories of development which continue to emphasize the contributions of dependency school theorists, without necessarily showing how their theories were interpreted and materialized in the "field sites" of development.

The Crisis of National Development and the Emergence of Ethnodevelopment in the 1970s

The Mexican state's policy of medical acculturation, derived from Gonzalo Aguirre Beltrán study of Inquisition persecutions, had a particular vision of the future based on a highly contentious interpretation of the past. It was a developmentalist discourse which took culture very seriously because its vision for the future was premised on a trajectory of indigenous assimilation from culture to class. Stephen Macekura and Erez Manela write that the

very meaning of development has never been fixed or stable for very long. Rather, development in history has amounted to a loose framework for a set of assumptions that history moves through stages; that leaders and/or experts could guide or direct the evolution of societies through these stages; that some places and people in the world are at more advanced stages than others—that have structured how diverse historical actors understood their place in the world and sought to change it.³⁶

³⁵ Gilbert M. Joseph and Daniel Nugent, eds., "Popular Culture and State Formation in Revolutionary Mexico," in *Everyday Forms of State Formation* (Duke University Press, 1994), 3–23, <https://doi.org/10.1215/9780822396666-001>.

³⁶ Stephen J. Macekura and Erez Manela, "Introduction," in *The Development Century: A Global History*, ed. Erez Manela and Stephen J. Macekura, Global and International History (Cambridge: Cambridge University Press, 2018), 1–18.

Consequently, a crucial task for historians of development is to show how development is framed in a myriad of ways in relation to imaginings of future and how it reshapes the material world and draws on historical narratives to make policies about that future.

Already by the mid-1960s, there were cracks in the dominance of acculturation theory – the idea that racial assimilation into a class was the basis of indigenous integration. Marxist anthropologists and sociologists labelled the Mexican state’s indigenista policy as a factor in maintaining the internal colonialism of Indigenous peoples. Unions of Indigenous state employees in the health and education sector, as well as Marxist anthropologists and sociologists, challenged the paradigm of acculturation at the INI by staging strikes and sit-ins. In 1977, President José López Portillo staged a coup of the acculturationists at the INI, officially putting the organization on a track towards valorizing cultural pluralism as a resource for indigenous development, and this included a shift in attitudes away from medical acculturation and towards traditional medicine investment and development. The state’s new developmentalist policy was not just the result of responding to grassroots activism to end the inherent discrimination of official health policy. As Andrés Fábregas Puig writes, this moment of transition in Mexican anthropology and state indigenous policy involved a recognition that not only had acculturation failed, it was impossible because ethnic difference was not disappearing as a result of indigenista interventions. In some ways, it was becoming even more politicized and pronounced:

The critique of indigenismo opened, from within anthropology, the possibility of thinking about interculturality and trying to elaborate a theoretical model which would resolve the problem of acculturation with the recognition of diversity. In other words, the critique of indigenismo and the work accumulated by anthropologists themselves demonstrated that indigenous communities were not going through a process of assimilation, rather forming part of the constitution of the Nation. The historical processes are not disappearing indigenous communities.

On the contrary, history demonstrates that they have been capable of remaining until the present.³⁷

While indigenismo's acculturationist premises were increasingly delegitimized in Mexico in the 1970s, the geopolitical situation also contributed to valorizing traditional medicine as a unique kind of resource which blended labor, expertise, and commodity (ethnobotanicals or medicinal plants). In 1976, the World Health Organization officially recognized traditional medicine as a valid aspect of development programs. A year later, at a global health conference in Alma Ata in the Soviet Union, delegates endorsed integrating traditional medicine doctors into basic primarily health care services across the developing world. Through these internal and external factors, the late 1970s Mexican state began to treat traditional medicine as a national resource of labor power and commodities. As shown in chapters four and five, new national agencies for ethnobotanical research self-consciously deployed the language of Third World economic internationalism and primary health care to legitimize ethnobotanical research and programs to interview traditional medicine doctors.

In recent years, an explosion of interest in the 1970s has brought Latin Americanists into a useful dialogue with historians of the Cold War working on Asia and Africa. Yet the fascination with global decolonization can sometimes overshadow a harder, local reality of ongoing internal colonialism in Latin American countries where colonial governance was associated with both imperial and postcolonial national states. Traditional medicine regulation by the Mexican state and private market tells us about how indigenous science animated developmentalist discourse and the history of indigenismo in the twentieth

³⁷ Andrés Antonio Fábregas Puig, "De la teoría de la aculturación a la teoría de la interculturalidad. Educación y asimilación: el caso mexicano," in *Interculturalidad: Comunicación y educación en la diversidad* (Icaria Editorial, 2011), 13–23.

century, but it also shows how indigenismo and development shifted in response to changing geopolitics of development in the 1970s.

The history of postwar development in Mexico and Latin America has frequently been told as a climax of economic internationalism in the 1970s around the time of the New International Economic Order (NIEO) and Charter of Economic Rights and Duties of States, a resolution which Mexican President Luis Echeverría first proposed in 1971.³⁸ Mexico, a founding member of the Group of 77 Third World nations formed in 1964, left in 1994 to join The Organisation for Economic Co-operation and Development (OECD), an organization of industrialized nations devoted to global trade and based in Paris. The story of development, including of its transformation at the end of the 1970s, is deeply linked to the history of national and multilateral health institutions and practices.

To understand why the OMIECH midwives are resisting “integration” as a form of biomedicalization – the assimilation of traditional medicine to allopathic institutions and models of learning and care – we need to understand how targeted acculturation did not disappear, but was legitimized by the economic internationalism that saw renewed push to use indigenous resources for national development within the NIEO and Group of 77.³⁹ Traditional medicine regulation shows how Indigenous science was revalorized in part through the language of economic internationalism, but in a way which set Mexico and new international NGOs on a collision course with indigenous doctors.

³⁸ Christy Thornton, *Revolution in Development: Mexico and the Governance of the Global Economy*, electronic resource (Oakland, California: University of California Press, 2021), 171. <https://yale.idm.oclc.org/login?URL=https://www.jstor.org/stable/10.2307/j.ctv1b742pc>.

³⁹ Rosemary J. Coombe, “Intellectual Property, Human Rights & Sovereignty: New Dilemmas in International Law Posed by the Recognition of Indigenous Knowledge and the Conservation of Biodiversity,” *Indiana Journal of Global Legal Studies* 6, no. 1 (1998): 59–115; Graham Dutfield, “TK Unlimited: The Emerging but Incoherent International Law of Traditional Knowledge Protection,” *The Journal of World Intellectual Property* 20, no. 5–6 (2017): 144–59, <https://doi.org/10.1111/jwip.12085>.

The shifts in traditional medicine policies in the 1970s and 1980s show that social extractivism has become a key issue for Chiapas' indigenous traditional medicine doctors. Eduardo Gudynas defines extractivism as “la extracción de grandes volúmenes de recursos naturales que no son procesados, o procesados en forma limitada, para ser exportados al exterior.”⁴⁰ The extractivist model has been used to understand the intensification of mineral resource and hydraulic electric projects in late 1970s Chiapas, but it might also be useful for appreciating how the state shifted its approach to indigenous science. At the same time, extractivism needs to expand beyond its focus on raw commodities. The origins of the social extractivist dimensions of the “new” Global Health and development approach to traditional medicines in this period owe at least as much to Third World nationalism, which legitimized the human “resource” of indigenous people within state institutions beginning in the 1970s.

Labor and Race in Chiapas: 1528-1948

⁴⁰ Eduardo Gudynas, “DESARROLLO, EXTRACTIVISMO Y POST-EXTRACTIVISMO,” n.d., 14.

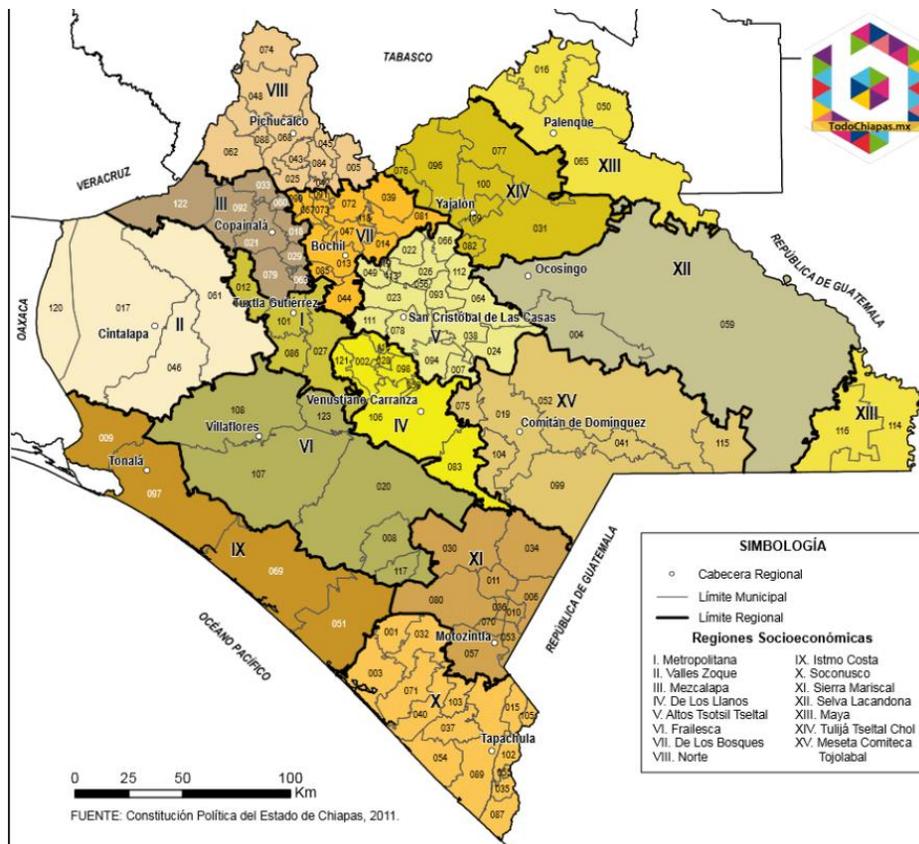


Figure 1. Political Map of Chiapas (municipalities). Source: [Todo Chiapas](http://TodoChiapas.mx)

In Chiapas, it is not uncommon for people to refer to the existence of two capitals: one official, modern, and rather charmless, and one picturesque and colonial. The refreshing climate and pedestrian-friendly “historic center” of the highland city San Cristóbal de las Casas have made the colonial-era capital a favorite of national and foreign tourists. Sandra Cañas has called San Cristóbal “el más mágico de los pueblos mágicos,” referring to the city’s status as one of 111 “magical towns” for culture as designated by the Secretary of Tourism (FONATUR).⁴¹ San Cristóbal’s success in branding itself for cultural tourism since the opening of the nearby archeological site of Palenque in the 1970s has resulted in a transformation of the contemporary city center to make it pedestrian friendly, and the ladino landlords of downtown property in this historically segregated city have

⁴¹ Cañas Cuevas, *Multiculturalismo mágico en una ciudad de Chiapas*, 125-144.

profited handsomely from converting their properties into hotels and restaurants for tourists. Colonial matrices of property, labor, and race continue to exert a determining effect on the political economy of the city, center though it is of a “new” cultural economy.

Tuxtla Gutiérrez, the steamy center of an export economy linked to lowland plantations and highland cattle ranches, is on few tourists lists. While Tuxtla may never make FONATUR’s list of pueblos mágicos, it has been the capital of Chiapas since the late nineteenth century, when its ascendance signalled the triumph of a liberal commercial elite’s vision of progress against the “traditional” elites of San Cristóbal.⁴² But its economic role as a hub for exporting raw materials from the highlands and lowland plantations is deeply entwined with the pristine colonial city through the labor of the indigenous Maya who, lacking access to land and local jobs in the areas around San Cristóbal, have had to migrate to Tuxtla and other lowland areas to work. The descendants of the first Spanish to settle in what was later known as San Cristóbal are frequently the same property owners who now profitably rent their centrally-located properties.

When the first Spanish under Hernán Cortés’s officer Luis Marín and their indigenous allies entered what is now Chiapas in either 1523, they only part of the area had been incorporated into the Aztec empire forty years earlier. The centralized Mayan state responsible for building cities like Palenque and Bonampak had fragmented into smaller units of authority by the fifteenth century. The lack of a single centralized authority in the area effectively hindered the area’s easy incorporation into the Aztec Empire, only partially achieved forty years earlier. The Tzotzil-speaking Maya in the highlands beat back several expeditions of the Spanish throughout the 1520s. Diego de Mazariegos initially succeeded

⁴² Casey Marina Lurtz, *From the Grounds Up: Building an Export Economy in Southern Mexico* (Stanford University Press, 2019).

in subduing the majority of the province towards the end of the 1520s. The conquest is often said to have symbolically ended in 1528 with the establishment of Ciudad Real (now San Cristóbal) by Mazariegos.



Figure 2. Photo of Diego de Mazariegos' statute being toppled in San Cristóbal, 12 October 1992.⁴³

During the colonial period, the area of Chiapas was governed as part of the Audiencia of Guatemala. The system of labor and territorial control established by the Spanish in the first decades was based around a grant of Indigenous labor known as the *encomienda*. The Crown had never been a fan of the *encomienda*. It emerged as a way to reward individual conquistadores without bankrupting the treasury. In theory, the

⁴³ Image from Archivo General Histórico del Estado de Chiapas. Al-Dabi Olvera, ““Tirar la estatua del conquistador”: la protesta contra el 12-O que anunció una rebelión en México,” 15 October 2016, Russia Today. Accessed 31 August 2020. <https://actualidad.rt.com/actualidad/221207-tirar-estatua-conquistador-vision-indigenas-mexico>

encomienda was a grant of labor, not land. The Spanish crown was fearful that a local nobility would emerge from their American empire and sought to undercut it by instituting special economic and political privileges for Spanish-born peninsulares, making the inheritance of the encomienda ultimately dependent on the Crown's will and favor.

In the first half of the sixteenth, the issue of labor was hotly debated in the Spanish Empire. The encomienda was actually legally abolished in 1523, but reinstated 3 years later. Indigenous slavery was also briefly overturned in 1530, in a decision that the Spanish Crown reversed. A former encomendero turned Dominican missionary, Bartolomé de las Casas, led intellectual and legal opposition to the encomienda, publishing and arguing against Spanish atrocities against the indigenous people and arguing for the end of indigenous forced labor.

Las Casas presented his case abolishing the encomienda before the Council of the Indies in 1542 based on the essential dignity of Indigenous peoples and by appealing to the economic self-interest of the Crown: turning indigenous subjects into tribute-paying subjects would ultimately ensure they continued to play a role in filling the Crown's coffers while not contributing to an American nobility. In making these arguments, las Casas also referred to slavery of Africans as an alternative, precisely because they lacked an essential human dignity. The New Laws of 1542 set in motion the gradual abolishment of the encomienda and also the growth and intensification of the transatlantic slave trade.⁴⁴ Las Casas was appointed the first Bishop of Chiapas in 1545, but he was so unpopular with the local Spanish that he soon returned to Europe where he continued publishing and debating on the issue of indigenous dignity and labor in the Americas. Some of the earliest enslaved

⁴⁴ Daniel Castro, *Another Face of Empire: Bartolomé de Las Casas, Indigenous Rights, and Ecclesiastical Imperialism* (Duke University Press, 2007), 37.

Africans in Chiapas were brought by Bishops, including de las Casas.⁴⁵ The encomienda was gradually displaced, although it remained stronger in “frontier” areas of the Spanish empire until the Bourbon Reforms at the end of the eighteenth century. Made famous by a 1552 publication on Spanish atrocities and his participation in the Valladolid Debates Las Casas later regretted his suggestion that enslaved Africans substitute for indigenous people in areas of labor shortage.⁴⁶ Alongside the rise of contraband trade in enslaved Africans with the English and Spanish in the Caribbean, the Portuguese played the role of official supplier of enslaved Africans to Central America by the sixteenth century. Indigenous labor was also controlled through a system of tribute known as repartimiento. The city of Ciudad Real also had a free Afro-descendant population, and Afro-descended people also settled with Indigenous refugees in the Selva Lacandona, still outside of Spanish hegemony.⁴⁷

Extracting labor and tribute existed alongside the conversion of indigenous inhabitants to Christianity formed a primary goal of colonial governance. Dominican friars dominated religious instruction and evangelization of indigenous peoples in Chiapas. Throughout the colonial period, Chiapas’s peripheral status was in part signalled that the leaders of the Church hierarchy were secular and not regular clergy, who at any rate preferred to live in urban centers. Dominicans were less strict than other religious orders about the “internal” beliefs of indigenous peoples, as long as they demonstrated “external” loyalty to signs of the Catholic Church and continued their tribute to the Crown. The idea

⁴⁵ Juan Pablo Peña Vicenteño, “Relaciones entre africanos e indígenas en Chiapas y Guatemala,” *Estudios de Cultura Maya* 34.

⁴⁶ Castro, *Another Face of Empire*, 37.

⁴⁷ Peña Vicenteño, “Relaciones entre africanos e indígenas en Chiapas y Guatemala.”

that indigenous people were “hiding” their paganism motivated brutal acts of genocide by religious zealots, such as by Franciscan Diego de Landa in the Yucatán.⁴⁸

Spanish imperial governance was deeply juridical. In the Americas, the authority of the Crown was exercised throughout the colonial period through appointed Viceroy and through courts. The Viceroy himself was the highest court of appeal. Working at the court of Audiencia or governor were university-trained *letrados*, experts in interpreting and applying the law, who advised the Crown’s representative. The imperatives of the Inquisition to discover and eliminate paganism gave rise to an institutional infrastructure which used “race thinking” to scaffold the modern bureaucratic state. After Indigenous people were exempted from the Inquisition, determining the “race” of a person increasingly came to form part of governance.⁴⁹ Colonial governance also sought to remake the geography of governance according to the juridical racial model. Juan Pedro Viqueira Alban writes in his 1997 dissertation,

In destroying major political units, and by bringing together different Indian groups in villages, which they [the Spanish] endowed with their own political and religious institutions, [the Spanish] deeply altered the feelings of identity and belonging of the region's inhabitants. The legal and social homogenization of defeated groups under the category of "Indians" and the emergence of mestizos, blacks and mulattos created new solidarity and new conflicts that enriched the ethnic landscape of Chiapas.⁵⁰

Las repúblicas de los Indios created a separate system of tribute and autonomy for the Indigenous municipalities which was enforceable through juridically-defined ideas of race.

⁴⁸ Inga Clendinnen, *Ambivalent Conquests : Maya and Spaniard in Yucatan, 1517-1570* (New York : Cambridge University Press, 2003), <http://archive.org/details/ambivalentconque00inga>.

⁴⁹ Irene Silverblatt, *Modern Inquisitions: Peru and the Colonial Origins of the Civilized World* (Duke University Press, 2004).

⁵⁰ Juan Pedro Viqueira Alban, “Cronotopología de Una Región Rebelde,” *Tesis de doctorado en ciencias sociales con especialidad en historia y civilizaciones École del Hautes Études en Sciences Sociales París, Francia, 28 de abril de 1997.*, accessed August 31, 2020, https://www.academia.edu/40839546/Cronotopolog%C3%ADa_de_una_regi%C3%B3n_rebelde.

Free and enslaved Afro-descended peoples were governed as the Spanish under the Inquisition. Resistance to Spanish rule provoked alliances across Indigenous language groups as well as the juridical racial categories, most famously in 1712.⁵¹

Indigenous intermediaries played a key role in colonial governance in the “peripheries” of the empire until the time of the Bourbon Reforms at the end of the eighteenth century. In 1778, Fray Francisco de Polanco did a survey of Ciudad Real, finding: 830 negros and mulatos, 560 Europeans, 1882 mestizos and castas, and 2118 indios.⁵² In the complex language mixture that included Tzotzil, Tzleltal, Zoque, Nahuatl, Chol, Spanish, among others, the Spanish had constant need of recourse to interpreters in Ciudad Real.⁵³ The infrastructure of colonial racial governance was not only carried out by the intellectuals of the juridical structure of power, but also by bilingual indigenous interpreters, municipal secretaries, and other types of intermediaries who collectively helped constitute a colonial dialectic of autonomy and hegemony.⁵⁴ As Yanna Yannakakis has explored for Oaxaca, the repartimiento tribute obligations formed a large part of the work were frequently managed by bilingual intermediaries.⁵⁵ Yannakakis distinguishes between two types of indigenous intermediaries, caciques, who emerged as strong men by accruing political influence and prestige, and indigenous intellectuals, priest assistants and municipal secretaries, regidores, sindicos, treasurers, who acquired this role through education and language ability. They also conducted censuses and organized public works

⁵¹ See also Juan Pedro Viqueira, “Indian Resistances to the Rebellion of 1712 in Chiapas,” in *New Approaches to Resistance in Brazil and Mexico*, ed. John Gledhill and Patience A. Schell (Duke University Press, 2012), 63–80, <https://doi.org/10.1215/9780822395072-005>.

⁵² Cited in Cañas Cuevas, *Multiculturalismo mágico en una ciudad de Chiapas*, 60.

⁵³ Alban, “Cronotología de Una Región Rebelde,” 46-47.

⁵⁴ Gabriela Ramos and Yanna Yannakakis, *Indigenous Intellectuals: Knowledge, Power, and Colonial Culture in Mexico and the Andes* (Duke University Press, 2014).

⁵⁵ Yanna Yannakakis, *The Art of Being In-between: Native Intermediaries, Indian Identity, and Local Rule in Colonial Oaxaca* (Durham: Duke University Press, 2008).

projects. Both caciques and indigenous intellectuals shaped the architecture of imperial rule as much as they could within imperial hegemony. During the eighteenth century in particular, the high number of rebellions in Chiapas show that autonomy by indigenous communities was also defended by force of arms.⁵⁶

During the reign of Charles III (1759-1788), the Crown implemented various reforms that sought to tighten its extraction of resources known as the Bourbon Reforms. For much of the seventeenth century, key posts in the administrative hierarchy in Chiapas had actually been vacant. One of their goals was to flatten the internal hierarchy of indigenous communities by leaning more into dealing with indigenous inhabitants directly for repartimiento rather than through the intermediation of a cacique. The Crown replaced several categories of traditional intermediaries with royally-appointed administrators who were unknown locally. The goal of this was to reduce corruption by channelling everything as closely as possible to royal authority. The effect of this was a diminution of influence of indigenous intermediaries – economic caciques involved in the repartimiento and intellectuals involved in political governance, and a weakening of attachment and investment in the structure of imperial governance.

When Napoleon invaded Spain in 1808, the crisis of sovereignty converged in New Spain converged with deep dissatisfaction in the Bajío and other areas hammered due to a tightening exploitation of the marginal populations in the parts of the empire most tightly integrated into global trade of gold and silver. John Tutino among others has argued for the existence of a multi-sited hegemony during the first stage of global capitalism and development, from the late fifteenth century to the beginning of the eighteenth, after which

⁵⁶ Emilio Zebadua and Emilio Zebadúa, *Breve historia de Chiapas* (Colegio de México, 1999), 78.

hegemony transferred to North Atlantic powers.⁵⁷ The “dynamic commercial society” of the silver mining and hacienda economy of the Bajío region of New Spain, along with most profitable European colony at the time, Saint-Domingue, were key nodes in the development of modern capitalism, and they also became cauldrons of the political and social revolutions that produced the nations of Haiti and Mexico. The poor and landless laborers in the Bajío lacked the existence of an unsettled frontier, like the Selva Lacadona in Chiapas. The constitutional crisis initiated by Napoleon’s invasion thus intersected with a social and economic crisis caused by capitalist integration. Rebellions had been more frequent by the late eighteenth century, and by 1810, a rebellion that began in Dolores, Hidalgo reached across both coasts on either side of the Bajío.

From within the stability of Guatemala, the Chiapas elite viewed what was happening with the popular revolt in New Spain with trepidation. The Bourbon Reforms had disturbed the equilibrium of power within the Spanish empire. With the goal of eliminating the interests of local actors from the Crown’s ability to extract as much revenue as possible, both local creole elites and indigenous communities felt mounting pressure from the state’s new fiscal demands.⁵⁸ However much antagonism existed between the Chiapas elite and the Crown as a result of the Bourbon Reforms, it did little to touch the hierarchical local division of power. In the 1814 census, Chiapas had 105 000 indigenous peoples, 21 500 mestizos, and 3500 Spanish.⁵⁹ Of the over 6000 people who lived in Ciudad Real, the Spanish comprised less than 10% while mestizos – ladinos – comprised

⁵⁷ John Tutino, *Making a New World: Founding Capitalism in the Bajío and Spanish North America* (Durham [NC: Duke University Press, 2011).

⁵⁸ Zebadúa, *Breve historia de Chiapas*, 86.

⁵⁹ Zebadua, 87.

around 60% of the population.⁶⁰ Ecclesiastics from the dominant Dominican order and Royal officials from Spain were an integrated part of the elite during this period, which also included descendants of encomenderos who owned property as well as a class of merchants who specialized in trade and managing indigenous labor. Their capital, Ciudad Real, was surrounded by indigenous villages and drew prosperity from indigenous labor even while indigenous people were restricted from living in the city through official and unofficial discrimination.

Creole elites remained loyal to the Spanish Crown. By November 1812, the insurgent priest from Michoacán, José María Morelos, had taken the lead of the popular rebellions initially sparked by the priest from Dolores, Miguel Hidalgo. That November, he captured the relatively close Oaxaca City, putting the elite of Ciudad Real into panic mode, even though the insurgents bypassed Ciudad Real for Guatemala City. The threat from popular armies never got any closer to Ciudad Real during the War of Independence. The liberals who favored independence united with the popular rebellion at Congress of Chilpancingo in 1813, declaring independence from Spain and writing a constitution. Chiapas, under the royalist governor of Guatemala, suppressed the 1812 constitution and remained loyal to the Crown after Fernando VII returned to power in 1814. From 1815 to 1821, Vicente Guerrero led the insurgency against royalists. While Guatemala remained quiet, the ascendance of liberals in Spain provoked a union of royalists and insurgents within Mexico, who officially unified behind independence in the Plan of Iguala, which officially abolished racial distinctions. In Chiapas, elite preferences to join a newly independent Mexico or a Central American Federation divided between the highlands of

⁶⁰ Zebadua, 87.

Ciudad Real, which wanted union with Mexico, while Tuxtla and Tapachula, representing the valley and coast, preferred Guatemala. Both sides divided along where their commercial links were strongest.⁶¹ Following an intervention by Mexican army and the forced positive of a new plebiscite in favor of union, the ayuntamientos of Tuxtla, Chiapa, and Comitán and others pronounced in favor of total independence from either Guatemala or Mexico. The armies in favor of Chiapas independence took Ciudad Real and sacked the capital. Although Tuxtla remained in favor of independence in the next plebiscite, Comitán switched sides to favor union with Mexico and in 1824 Chiapas became an official state.

In the new union with Mexico, Chiapas theoretically put an end to the corporate politics of colonial hierarchies in favor of individual male equality. In 1827, the Congress of Chiapas passed the Ley de Servidumbre, which gave local authorities the power to forced “indigent” indigenous laborers to work, and also allowed landowners to retain laborers by force to fulfill their labor contracts. Both conservative elites in San Cristobal and liberal elites in the valley and coast came together at crucial moments to support a common agenda of maintaining control of indigenous labor. In the Altos, where the indigenous population was more concentrated and held more land, the local elite of Ciudad Real joined with the liberals of the valley to support the Ley Lerdo, which called for privatizing corporate lands.⁶²

Historians such as Florencia Mallon and Peter Guardino have argued for the existence of popular liberalisms in indigenous and campesino communities, and they

⁶¹ Zebadua, 97-98.

⁶² Zebadua, 111.

affiliated with the national project at critical junctures in Mexico's nineteenth century.⁶³ Participation in liberalism – in spheres as diverse as political elections and building schools – was not merely going through the motions, but often required concrete investments of labor and money from rural communities.⁶⁴ The centralizing policies of President Porfirio Díaz (1877-1880 and 1884-1911) supported the development of an export-oriented economy in Chiapas based on commodities like coffee and sugar. Foreign investment was courted through spending on infrastructure like railroads. After decades of false starts, the Ferrocarril Panamericano was inaugurated in 1908, connecting Chiapas to the national rail network. Due to privatizations, many indigenous men were forced into debt peonage, migrating yearly to plantation work in the valleys.

The rise of an export economy in Chiapas in late 19th had solidified a system of racial capitalism in which indigenous labor was subject to both expropriation and exploitation by local authorities. Sarah Washbrook points out that late nineteenth-century liberalism was affected by its contact with the positivism of científicos, who were more likely to associate the nation with a particular race – a middle-class mestizo.⁶⁵ The state facilitated the deepening connection between exporters in Chiapas and the global market. Casey Lurtz, looking at lowland areas of plantation country of Chiapas, has likewise argued that the integration of economies during the export boom was wrought through local

⁶³ Peter Guardino, *The Time of Liberty: Popular Political Culture in Oaxaca, 1750–1850* (Durham, NC: Duke University Press, 2005); Florencia E. Mallon, *Peasant and Nation: The Making of Postcolonial Mexico and Peru* (Berkeley, CA: University of California Press, 1995).

⁶⁴ Ariadna Acevedo-Rodrigo, "Paying for Progress: School Taxes, Municipal Government, and Liberal State Building, Cuetzalan and Huehuetla, Mexico, 1876–1930," *Hispanic American Historical Review* 99, no. 4 (November 1, 2019): 649–80; Karen D. Caplan, *Indigenous Citizens: Local Liberalism in Early National Oaxaca and Yucatán* (Stanford University Press, 2009).

⁶⁵ Sarah Washbrook, *On the Border: Chiapas, between Empire and Republic, Producing Modernity in Mexico* (British Academy), chapter 2.

channels of authority.⁶⁶ The economies of lowland plantations and the highlands were linked through Indigenous laborers, who migrated between zones. The reconfigured labor relations between remained defined by caste-like differences between Indigenous and non-Indigenous populations even as ideas of biological race and burgeoning notions of cultural difference took hold among some members of the Chiapaneco elite during the Porfiriato. Chiapas Governor Emilio Rabasa (1891-1894) was a key exponent of Porfirian thought about race and modernization. As Sarah Washbrook points out, he was deeply influenced by social Darwinism. “Relations between races were governed by the laws of evolution, and racial improvement was to be achieved through a process of natural selection.”⁶⁷ In 1892, in an attempt to break the power of the “traditional” colonial elite of San Cristóbal, Emilio Rabasa moved the capital to Tuxtla Gutiérrez and reformed the state constitution.

The 1910 Mexican Revolution, the world’s first modern social revolution, began with quite modest aims, yet by the summer of 1911, land was already being seized and divided by peasants in Morelos, a state where indigenous peasants had also faced privatizations in the face of a rapacious sugar export economy which they also worked as labor. In 25 November 1911, the insurgent peasants of Morelos led by Emiliano Zapata issued the Plan de Ayala, which called for “tierra y libertad,” land and freedom. Until the promulgation of the constitution and the election of moderate northern general Venustiano Carranza in the first months of 1917, the popular and moderate visions of how to end the conflict diverged. The moderate wing under the Constitutionals secured national power in 1914, although intense fighting continued until the mid-1920s.

⁶⁶ Lurtz, *From the Grounds Up*.

⁶⁷ Washbrook, *On the Border*.

The conflict phase of the Mexican Revolution claimed the lives of about 10% of the population. Much of the productive infrastructure had been pillaged or destroyed. The moderate Constitutionalist generals who emerged victorious valued national sovereignty, especially vis a vis the United States. Their goals were economic development, national integration, and a strong central state with links to popular politics through a shared mestizo culture and commitment to the principles of the Mexican revolution, especially land redistribution.

The divisions between San Cristobal economy and Tuxtla-oriented modernization continued to define Chiapas politics in the 1910s and 1920s. Thomas Benjamin commented that during the decade of most intense armed conflict, “Chiapas was more *rebelde* than *revolucionario* or *contrarrevolucionario*.”⁶⁸ The major revolutionary political discourses of *tierra y libertad* along with its political liberalism were largely absent from the antagonisms that did burst into conflict. When Carranza seized control from Huerta in the summer of 1914, he appointed a new military governor of Chiapas. His regime passed the Ley de Obreros, which abolished debt peonage. As the situation nationally for Constitutionalists deteriorated towards the end of 1914, a local rebellion against Castro called the “Mapache” rebellion. The mapache or Villistas (because they also opposed Carrancistas, not because they had contact with Villa) were from central valleys, composed of middling rancheros or day workers. The landed class generally with the Carrancista Governor, Castro, even through this period of reforms to debt peonage. The Mapache Rebellion in some sense tempered the already tepid attitude of Carrancista to land reform, especially when their

⁶⁸ Thomas Benjamin, “¡Primera Viva Chiapas! Local Rebellions and the Mexican Revolution in Chiapas,” *Revista Europea de Estudios Latinoamericanos y Del Caribe / European Review of Latin American and Caribbean Studies*, no. 49 (1990): 33–53, 33.

hand was not being forced. Indigenous people were not mobilized in the Mapache rebellion for either side, and land reform in Chiapas before 1920 was pitiful.⁶⁹ By 1940, about 20% of Chiapas would be held in ejidos, or communal lands.⁷⁰ Until the Cardenista governor, Efraín Gutiérrez, Chiapas was also largely outside of the agrarian reform underway in other parts of Mexico. That was when the social revolution, at least in terms of indigenismo and agrarian reform, began to take root under the cardenista governor through his indigenista policies for state centralization and national integration.⁷¹

Chapter Roadmap

Chapter One traces how race and labor shaped knowledge production about traditional medicine in the Altos of Chiapas beginning in the 1940s. Excavating the birth of joint US-Mexico anthropological research projects and their early synergy with public health programs in Chiapas in the 1940s and 1950s, this chapter shows how the INI developed and implemented a policy of medical acculturation in indigenous communities. These transnational projects centred the importance of indigenous people as “informants,” interpreters, and health promoters. Working from within the state, indigenous peoples played a key role in modifying the strictures of “medical acculturation” to fit local priorities, which included demands for expanding allopathic services.

Chapter Two argues that gender dynamics in both ethnographic research and biomedical encounters in Chiapas can help us recontextualize accounts of “cultural resistance” in more

⁶⁹ Benjamin, 46.

⁷⁰ Zebadua, *Breve historia de Chiapas*, 168.

⁷¹ María Dolores París Pombo and María Dolores París Pombo, “El indigenismo cardenista y la renovación de la clase política chiapaneca (1936-1940),” *Revista pueblos y fronteras digital* 2, no. 3 (June 2007): 220–50.

nuanced terms. This chapter shows how men and women anthropologists came to theorize how their own gender shaped their ability to “access” indigenous informants in different ways. It also shows how indigenous midwives, in contrast to other traditional medicine healers, were targeted for “technical aid” by the INI. This chapter also considers how clinic attendance was affected by gendered social relations, in particular the fears and rumors associated with sexual violence.

Chapter Three exposes the controversies generated by the Mexican state’s medical acculturation policies in the late 1960s, outlining the development of counter-discourses of development rooted in a critique of “internal colonialism” and “ethnocide.” At the same time, a competing model for reforming the global economy and existing development formed through the Group of 77 in the United Nations around calls for a New International Economic Order. Ultimately, the Mexican state elects to pursue a new traditional medicine policy focus on economic internationalism and resource sovereignty. An internal coup of the INI in 1977 puts the organization officially on a path towards valorizing cultural pluralism as the end goal of development, and the instrumentalization of indigenous medical cultures as resources on this new path to development.

Chapter Four describes how Third World internationalism combined with a discourse of national resource sovereignty to naturalize state sovereignty over indigenous traditional medicine. I narrate debates from a unique intellectual space created by an unprecedented meeting between traditional medicine laboratories and research centers from across the Global South, held in Mexico City in 1977. In the discussions of scientists and bureaucrats from across the Third World, we see how the threads of Third World sovereignty and

indigenous medicine were theorized via the idea of “resource,” both labor and ethnobotanical. The Mexican organization sponsoring the conference, the Instituto Mexicano para el Estudio de Plantas Medicinales (IMEPLAM), will take a lead in initiating a traditional medicine research program in Chiapas after the conference.

Chapter Five returns to Chiapas to trace how the state’s turn to cultural pluralism and “resource nationalism” manifested in a new policy of officially “interrelating” two medical systems, giving birth to new contradictions in state formation and capitalist integration. Beginning in the late 1970s, the INI, first on its own and later in conjunction with the IMEPLAM, began organizing meetings of indigenous traditional medicine doctors. These meetings of hundreds of doctors, speaking different languages, gave a new platform for ecumenical doctor organization at the same time as the INI was having difficulty sustaining its own traditional medicine projects after government cuts to its budget and mandate beginning in the early 1980s and culminating in 1994. In 1985, the first indigenous traditional medicine doctor NGO, the Organization of Indigenous Medical Doctors of Chiapas (OMIECH), formed, marking the first indigenous doctor NGO in the Americas. Throughout the 1980s and 1990s, the OMIECH operated in an increasingly fragmented field of interculturalidad governance in Chiapas and nationally as labor integration of indigenous doctors and midwives increasingly became the new front of struggles for indigenous autonomy and against capitalist integration.

Race, Tradition, and Development in Twentieth-Century Mexico

By showing the origins of the INI health policy in Latin American indigenista debates and transnational anthropological research, this study builds on historical

scholarship on the role of race within mid-century modernizing development practices. Barbara Weinstein has described how in Brazil, the idea of “undeveloped regions” as populated by Afro-Brazilians and modern ones as inhabited by European-descended Brazilians produced a racialized understanding of modernity and modernization despite the “color blind” approach and rhetoric of development agencies.⁷² The work of the INI in Mexico did not seek to promote a “color blind” approach like in Brazil. Yet, the goals of economic development were related to race via a distinctly Mexican ideology of *mestizaje* (racial mixture). In Mexico, state policies towards indigenous peoples as practiced by the INI in its early years were subordinated to a larger national project of “industrialization” by way of “import substitution industrialization” (ISI) policies, which involved capitalizing on all exportable national resources and reducing imports. This book thus contributes to outlining the ways indigenista policy in Mexico was fundamentally shaped by ideologies of development and related aspirations for pharmaceutical or health sovereignty.⁷³

Focusing closely on the work of the Centro Coordinador of the INI based out of San Cristóbal Chiapas, the first part of my dissertation aims to balance an emphasis on foreign “experts” in histories of mid-century economic development in the Global South by highlighting the links between medical intermediaries, the INI’s national office, and foreign anthropologists in the first decades of the INI’s existence.⁷⁴ Although they worked for an

⁷² Barbara Weinstein, *The Color of Modernity: Sao Paulo and the Making of Race and Nation in Brazil* (Durham, NC: Duke University Press, 2015).

⁷³ On the relationship of Mexican indigenista policy to broader national economic goals of development, see Manuel Gamio, *Consideraciones Sobre El Problema Indígena*, 2. ed., Instituto Indigenista Interamericano. Serie Antropología Social 2 (México: Instituto Indigenista Interamericano, 1966); Rick A. López, *Crafting Mexico: Intellectuals, Artisans, and the State after the Revolution* (Durham NC: Duke University Press Books, 2010).

⁷⁴ Experts and expertise played a key role in global economic development in the twentieth century by diagnosing problems and planning solutions that were carried out by governmental and nongovernmental organizations. See Timothy Mitchell, *Rule of Experts: Egypt, Techno-Politics, Modernity* (Berkeley: University of California Press, 2002), ; Jason Pribilsky, “Development and the ‘Indian Problem’ in the Cold War Andes: Indigenismo, Science, and Modernization in the Making of the Cornell-Peru Project at Vicos,”

indigenous-focused state organization, bilingual indigenous employees of the INI were also supposed to be – as a condition of their employment – influential members of their communities. The ways in which they treated – condoned or opposed – traditional medicine is key to substantiating historical claims about state medicine and doctor prejudice.⁷⁵ By examining the tensions between the federal state and indigenous intermediaries as well as seeking to understand the roles these medical auxiliaries acquired in their own community, we can better appreciate how ideas about cultural modernization were already being reshaped by indigenous people well before the founding of indigenous traditional medicine doctor groups in 1985.⁷⁶

Examining the assemblage of actors and institutions brought together to eradicate, promote, or protect traditional medicine around San Cristóbal from 1950, I seek to “unify the diverse” vectors of change in indigenous organization, interstate politics, and global capital since the 1970s.⁷⁷ An historical analysis of traditional medicine policy provides an ideal vantage for evaluating narratives about transitions in the history of capitalism and development in the twentieth century. Analysing foreign policy in the interstate system gives insight into how traditional medicine was implicated in the politics of decolonization between nations, but attention to Mexican state relations with indigenous peoples also speaks to a postcolonial project of “integrating” and “modernizing” indigenous peoples, the

Diplomatic History 33, no. 3 (June 1, 2009): 405–26; Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (Durham: Duke University Press, 2007).

⁷⁵ This is idea in the historiography of medicine in Mexico is the result, I would argue, of the fact that most historical research on rural health programs examine sources from national agencies or the writings of individual doctors. See Gabriela Soto Laveaga, “Seeing the Countryside through Medical Eyes: Social Service Reports in the Making of a Sickly Nation,” *Endeavour*, Continuity and Change in the History of Mexican Public Health, 37, no. 1 (March 2013): 29–38.

⁷⁶ In 1985, OMIECH – Organización de médicos indígenas del estado de Chiapas was founded in San Cristóbal with funding from pan Para el mundo, the MacArthur and Chagas Foundations, and the Dutch Embassy.

⁷⁷ Sven Beckert, *Empire of Cotton: A Global History* (Alfred A. Knopf, 2014), xix; James Vernon, *Hunger: A Modern History* (London, England: Belknap Press of Harvard University Press, 2007).

underdeveloped within the underdeveloped nations.⁷⁸ This work integrates these two perspectives. I also contribute to our understanding of the way local politics are shaped and implicated in transnational networks of experts, international circuits of trade, and interstate politics.

Although historians have charted in depth the organization of independent peasant groups under an indigenous cultural orientation in the Lacandón jungle and highlands of Chiapas in the 1970s, we know little about how these new indigenous organizations intersected with the work of the INI in public health.⁷⁹ Did any of the rhetoric and ideas of decolonization and dependency theory seep into – or out of - indigenous organizations through contact with the INI and urban revolutionary students who came to organize the countryside in the wake of the massacre of students in Mexico City in 1968? Was the push to assert the utility of traditional medicine in the late 1970s WHO the result of a centralizing state, or grassroots demands? By triangulating between the perspectives of international statecraft, national policy towards indigenous peoples, and the growing importance of indigenous culture in grassroots organizing in Chiapas, this study offers a truly transnational account of the shift from eradication to promotion of traditional medicine.

⁷⁸ David Harvey, *A Brief History of Neoliberalism* (Oxford ; New York: Oxford University Press, 2005).

⁷⁹ Much of our understanding for the development of independent indigenous groups in Chiapas in the 1970s is related to struggles for land and against corrupt distribution networks. See Neil Harvey, *The Chiapas Rebellion: The Struggle for Land and Democracy* (Durham: Duke University Press, 1998); Shannan L. Mattiace, *To See with Two Eyes: Peasant Activism & Indian Autonomy in Chiapas, Mexico*, 1st ed (Albuquerque: University of New Mexico Press, 2003).

Chapter One – Intermediaries and Medical Acculturation, 1940-1960

Introduction

In 1955, thirty-year old Doctor Roberto Robles Garnica was already the Director of Health Services for Mexico's first and most extensive program of research and economic development among indigenous peoples.⁸⁰ A graduate of the Escuela de Medicina Rural in the Instituto Politécnico Nacional (IPN), his intellectual formation in social medicine and physical anthropology did not prepare him for all aspects of his job in the nation's first Coordinating Center for the activities of the Instituto Nacional Indigenista (INI).⁸¹ From his office in "La Cabaña" in San Cristóbal de las Casas, he summarized the previous month's work to his superiors in Mexico City with some disillusionment. "The fact that the program is multifaceted does not mean that it is impractical, but we must accept that the limited human and technical resources limits the magnitude of progress in all aspects."⁸² Robles was bewildered by the number and scale of challenges, and he recommended that his superiors incorporate "a high degree of self-criticism" in an effort to re-evaluate the relations between bilingual health promoters and visiting medical doctors.⁸³

In a recent history of the INI and the San Cristóbal Coordinating Center, historian Stephen Lewis called 1955 a turning point for the Coordinating Center and the INI national administration. The administrators of the Center, along with the leadership of the INI in

⁸⁰ The Secretaría de Educación Pública (SEP) had been responsible for modernization programs in health and education through the 1920s and 1930s through cultural missions, but the programs run and developed by the Instituto Nacional Indigenista were targeted exclusively to indigenous people in areas of the country marked as underdeveloped.

⁸¹ Lewis, *Rethinking Mexican Indigenismo*, 158-9.

⁸² Roberto Robles Garnica to Dirección del centro coordinador, 1956, 1.0002, Salubridad, El Archivo Histórico del Centro Coordinador Tzeltal-Tzotzil de Chiapas (hereafter AHCCTTC), Centro Coordinador para el Desarrollo Indígena San Cristóbal de las Casas (hereafter CCDISC), San Cristóbal de las Casas, México.

⁸³ Roberto Robles Garnica. "Puntos que normaran la elaboración del programa de salud para 1956," 1956, 1.0002, Salubridad, AHCCTTC, CDISC.

Mexico City, retreated to a more “modest” indigenista agenda in the face of the difficulty of extending the project of cultural integration of indigenous communities with their small budget and staff.⁸⁴ In this chapter, I highlight the labor involved in the “recalibration” of health services, forwarding the idea that the INI recalibrated its programs to depend on an expansion of the duties of their bilingual *promotores*, not only as technical workers, but as experts in indigenous culture, language, and medicine. Rather than a retreat, this recalibration after 1955 meant that the INI’s policies in healthcare, and social development more broadly, came to depend increasingly on bilingual, often indigenous, people as intermediaries between indigenous patients and the western health services offered by the INI. The work of mitigating tensions between indigenous patients and western medicine mirrored, and overlapped with, anthropological research projects carried out in the same zone which also relied on indigenous “informants.” One of the architects of INI’s health program, Dr. Gonzalo Aguirre Beltrán, pointed to language translation as a practical reason for depending on Indigenous intermediaries. Language, or more specifically the quality of being bilingual, has long been noted by scholars as a feature of the “intermediary.”⁸⁵ In the context of the INI’s health *promotores*, though, we also see the recognition by the state that it was necessary to have a handle on medical culture, not just language.

⁸⁴ Lewis, *Rethinking Mexican Indigenismo*, 12.

⁸⁵ Bret Darin Gustafson, *New Languages of the State: Indigenous Resurgence and the Politics of Knowledge in Bolivia* (Durham: Duke University Press, 2009); Todd Hartch, *Missionaries of the State: The Summer Institute of Linguistics, State Formation, and Indigenous Mexico, 1935-1985* (University of Alabama Press, 2006); Joanne Rappaport, *Intercultural Utopias: Public Intellectuals, Cultural Experimentation, and Ethnic Pluralism in Colombia, Latin America Otherwise* (Durham, N.C: Duke University Press, 2005); Joanne Rappaport and Tom Cummins, *Beyond the Lettered City: Indigenous Literacies in the Andes* (Duke University Press, 2012); Angel Rama and John Charles Chasteen, *The Lettered City* (Durham, NC: Duke University Press, 1996); Sinclair Thomson, *We Alone Will Rule: Native Andean Politics in the Age of Insurgency* (Madison: University of Wisconsin Press, 2002); Yannakakis, *The Art of Being In-Between*.

The health promotores who ran much of the INI health program were not mere vessels of central state prerogatives. The health promotores had their own attitude towards the place of traditional medicine even as they worked within the state (ie. the INI). Alonso Morales was a promotor at the time of Robles' dispiriting summary of activities in health for the San Cristóbal Coordinating Center. He worked at the INI clinic in Oxchuc, a cabecera or head town at the center of a Tzeltal-speaking region about fifty kilometers from San Cristóbal.⁸⁶ Bilingual in Tzeltal Maya and Spanish, he worked with Dr. Landyn, whose responsibilities as a medical doctor brought him to multiple health clinics in the surrounding area. Given Landyn's already overtaxed schedule, which included other clinic responsibilities in unfamiliar parts of the region, giving talks, and describing his experiences with ethnographic specificity in bureaucratic reports, Morales was undoubtedly the most visible everyday manifestation of state medicine at Oxchuc's clinic. As the state pursued its goal of transforming the medical culture of indigenous peoples, the work of promotores like Morales shows the porosity of that agenda. At the same time, the ability of Morales and other promotores to distribute resources from the INI - and the ruling political party, the PRI - helped smooth their own rise to power within their communities.⁸⁷

As Robles was wrapping up his report, he dwelled on an incident that directly involved the promotor Morales using traditional medicine. Dr. Landyn, after realizing that he needed Morales to do something for him, went to his house to fetch him. There he found Morales's wife was being attended by three pulseadores.⁸⁸ Pulseadores diagnosed illnesses

⁸⁶ Promotores were sometimes referred to as "enfermeros" (nurses). They were differently paid and trained from the employees officially employees as "enfermeros," though.

⁸⁷ See Rus, Jan, "The 'Comunidad Revolucionaria Institucional': The Subversion of Native Government in Highland Chiapas, 1936-1968," in *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*, ed. Joseph, Gilbert and Nugent, Daniel (Durham NC: Duke University Press, 1994), 265-300.

⁸⁸ Also spelled pulsadores.

by touching the pulse while asking questions about the ill person's social relations.⁸⁹ At the time Robles wrote his report, he meant this story to convey the difficulty in relations between doctors and the *promotores* which he attributed to both a scarcity of resources and the fact that the INI's medical mission was not necessarily diminishing the importance of traditional medicine. Rather, the INI clinics were emerging as one option in an increasingly pluralist medical economy.

Dispirited by Dr. Landyn's revelation about Morales's wife's consultation with the *pulseadores*, Robles wrote that such incidents gave the impression that nothing had changed in medical attitudes, and thus in the broader project of medical acculturation, in the last ten years.⁹⁰ Yet Morales's continuing employment with INI shows that he remained an essential broker between the health resources offered by the state and the indigenous community of Oxchuc. Indeed, by 1960, he had obtained the position of municipal president, ascending the ladder of local politics in part thanks to his experience as a bilingual state employee. As I argue in this chapter, Morales is one example of a larger trend among the bilingual *promotores* in the Altos of Chiapas, whose advancement within the INI did not preclude, but was premised on, their linguistic, cultural, and political attachments to local indigenous communities.

⁸⁹ An interview conducted by Manning Nash with an informant from Amatenango suggests one possible scenario for taking a pulse. A pulse could be sensed on the right, left, or both arms. The crucial part was a careful interrogation about the recent history of social relations. The *pulseador*, holding the pulse, would ask: "Do you get on well with your wife or husband? Have you had any quarrels with your parents-in-law? Have you had any illicit sexual relations? Have you spread about the neighborhood any intimate fact about your home? You have not denied favors or services to some relative or friend? Have you fulfilled all your social obligations? Have you invited to your celebrations all the people who, according to custom, ought to attend them? Have you abused or have you struck some friend?" Manning Nash. "Tzeltal Project June 1942," Manning Nash Papers, Box 22, Folder 6, University of Chicago Special Collections, University of Chicago, Chicago USA.

⁹⁰ Roberto Robles Garnica to the Dirección del centro coordinador (Alfonso Villa Rojas), 1956, 1.0002, Salubridad, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

The transformation of Chiapas's medical economy in the mid-century created new political opportunities for INI health promotores, whom I also refer to as medical intermediaries. By attending to how intermediaries negotiated their role in relation to their INI administrators, other medical personnel, and local authorities, we can move beyond the stale concepts of acceptance or resistance to show how local communities redirected and appropriated the resources of state medicine.⁹¹ As the case of Morales and others amply illustrate, INI's health programs depended critically on the intellectual labor of promotores who not only understood indigenous languages, but also had a knowledge of traditional medicine practices and practitioners. Although Morales was clearly practicing both state and traditional medicine, this was not a significant enough contradiction for Robles to fire him. His value to the INI, after all, was directly tied to his imbrication in both western scientific and traditional medical networks and epistemologies.

This chapter will begin by sketching the origins of the INI's first health program in the Altos in the early 1950s. During a period when the Mexican state was focused on industrializing the countryside, anthropologists like INI Director Alfonso Caso helped shape an approach to medical acculturation around a dualistic model of culture.⁹² San Cristóbal was not just a laboratory for medical modernization, but a field site for studying the effects of modernization on indigenous culture. I show this overlap between ethnographic informants and the INI's local health staff. Even if the telos of Mexican

⁹¹My interest in understanding the relationship of western and traditional medicine in terms different from acceptance and resistance builds on a historiography of medical pluralism in Latin American. See Carlos S. Dimas, "The Health of the Rurality: The Encuesta de Folklore and Popular Healing Practices in Tucumán, 1921," *Bulletin of Latin American Research*, n.d., n/a-n/a, <https://doi.org/10.1111/blr.12669>; Steven Paul Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (Durham: Duke University Press, 2003). At the same time, I also seek to describe the political stakes in a context of medical pluralism, given how the Mexican state was ideologically committed to replacing traditional medicine with western biomedicine.

⁹² de la Peña, "The End of Revolutionary Anthropology? Notes on Indigenismo."

developmentalism in this period was oriented to the dissolution of ethnic distinctions, in practice, health campaigns and services were structured around the idea of cultural insidership and outsidership. This belief undergirded both the “fieldwork schools” of US universities and the INI health services in the Altos. Through examining the labor of INI’s local *promotores de salud*, or health promoters, in preventative health and vaccination campaigns in the 1950s and early 1960s, I show how medical acculturation was neither hegemonic, nor necessarily was it seen as “cultural imperialism” in Indigenous communities. Acceptance and resistance pivoted on the empiricism of the results as well as the best behavior of the *promotores de salud*.

Doing Acculturation: Community Participation in National Development

President Adolfo López Mateos came out explicitly in favor of community participation in 1962, linking it explicitly to the development of the national economy. “The increase in productivity, as an imperialist norm to improve standards of living of Mexicans, in addition to requiring better technology, which in many cases requires increased investment, also demands that the worker of the country and the city enjoy healthy conditions that allow them to realize their productive force in terms that are beneficial for the national economy as well as their own and their families.”⁹³ A modern economy required both a healthy environment for workers to develop their maximum productivity, but also went hand-in-hand with the kind of enterprising self-care that individuals demonstrated in their personal habits. The Mexican state justified investment into public health by way of an argument that entwined national integration with economic

⁹³ López Mateos, “Editorial,” *Boletín informativo: órgano de la dirección de servicios médicos rurales* 2.4 (April 1962), 3.

growth. But the crucial lubricant for changing attitudes was found in the community, even if the programs were designed by outside experts.

No “expert” shaped the theory behind the INI’s health programs in the Altos as much as Gonzalo Aguirre Beltrán. Beltrán understood the existence of traditional medicine as a product of global capitalist development. In 1980, Gonzalo Aguirre Beltrán wrote that Mexico’s “dual system” of Galenic-descended and indigenous medicine reflected its status in a colonial and postcolonial history of “capitalismo dependiente” (dependent capitalism).⁹⁴ Integrating his discussion of Mexican medical history in a global history of uneven capitalist development Aguirre Beltrán argued that one medic system was for rich people, and was officially supported by the Office of the Inquisition, and the other was heretical and for indigenous people.⁹⁵ This dual system – the origin of a binary between liberal or western scientific medicine and traditional medicine - only started to be closed in the aftermath of the 1910 Mexican Revolution. Thus, the INI’s goal of expanding western scientific medicine at the expense of traditional medicine was one of the unfulfilled projects of social justice from the Mexican Revolution.

Gonzalo Aguirre Beltrán earned the degree of Médico Cirujano from UNAM in 1931. He conducted ethnographic work in Huatusco, publishing his results in 1940. His archival investigations in colonial records, including his stay at Northwestern, kept him

⁹⁴ Gonzalo Aguirre Beltrán, *Antropología Médica: Sus Desarrollos Teóricos En México*, 1. ed., FCE, Sección de Obras de Antropología, XIII ([Jalapa, Mexico] : [Mexico City] : México, D.F: Universidad Veracruzana ; Instituto Nacional Indigenista ; [Jalapa] : Gobierno del Estado de Veracruz ; Fondo de Cultura Económica, 1994), 402.

⁹⁵ Indigenous Mexicans were legally immune from the Inquisition. Beltrán’s views on colonial “dual system” clearly draws on a dependency school critique. See Fernando Enrique Cardoso and Enzo Faletto Verne, *Dependency and Development in Latin America* (Berkeley: University of California, 1979). For a fuller picture of the role of indigenous systems of belief in the broader functioning of colonial Mexican society, see Laura A Lewis, *Hall of Mirrors: Power, Witchcraft, and Caste in Colonial Mexico* (Durham: Duke University Press, 2003).

occupied during World War II when state indigenismo's expansion was temporarily frozen. He worked in the federal state indigenista bureaucracy, first as Director of Asuntos Indígenas for the SEP in 1946. In 1951, he became first director of the Coordinating Center in San Cristóbal but left after a year to assume the post of Subdirector of the INI in Mexico City.

Acculturation theory was an extension of Boasian diffusionism that emerged in anthropology in the 1930s and oriented a turn away from studies of “primitive” or “isolated” cultures in favor of studies of “contact” and “modernization.” When Beltrán trudged off to Chicago during World War II to analyze his trove of Inquisition documents about colonial contact between Galenic, Indigenous, and African medicine, he was going to work with Melville Herskovitz, one of the most important voices in favor of acculturation theory. João Leal writes that

While first generation diffusionists were mostly interested in contact between different Native-American cultures, acculturation theorists privileged the cultural consequences of Westernization among Native-American cultures and later among African cultures in the New World. These contacts could be observed “on the spot” (Herskovits 1948: 525), that is, they were not conjecturally deduced, as in the case of interactions between non-Western cultures. Acculturation theorists were thus able to circumvent one of the chief accusations against classical diffusionism. Their view of diffusion was a processual one, more interested in history in the making than in history as a narrative of things past.⁹⁶

Acculturation theory provided a platform for state intervention in the historical process of development. Thus, it also provided a way to reconfigure the nation in the global history – and future - of capitalism. In Mexico, state programs directed towards indigenous peoples were characterized by a neo-Lamarckianism that was distinct from the more genetic

⁹⁶ João Leal, “‘The Past Is a Foreign Country’? Acculturation Theory and the Anthropology of Globalization,” *Etnográfica. Revista Do Centro Em Rede de Investigação Em Antropologia*, no. vol. 15 (2) (June 1, 2011): 313–36.

or biological approach to race then popular in the United States.⁹⁷ Lamarkian theories of race and decent held that race was influenced by climate and location.⁹⁸ Neo-Lamarkianism offered the possibility of creating cultural change in a population by strategically modifying its environment and habits. This belief about how to develop a modern culture in rural Mexico was reflected even in the tendency of Mexican anthropologists such as Manuel Gamio to avoid using the word “race” to describe the differences between indigenous and non-indigenous Mexicans; they preferred instead to speak of different cultures. Cultural attributes were easier to mold through environmental modification or by encouraging shifts in habits than was biological race.

Through the 1930s to the 1960s, both Mexican and US-based anthropologists tried to move the study of culture into a more historicist method which would allow them to assess the process of cultural change. For “action” anthropologists working at the INI, these studies had great practical value because acculturation was precisely the end to which they engineered indigenista policies. Gonzalo Aguirre Beltrán, the first Director of the Coordinating Center for los Altos, produced pioneering studies on ethnomedicine and the Afro-descended population in Mexico at the same time as he used his experience at the INI to write treatises on official indigenista policy. In his capacity as an INI administrator as well as in his scholarship, Aguirre promoted the idea that selective acculturation of indigenous cultures would contribute to their integration into the nation. US-based anthropologists in Mexico participated in the research of acculturation policies if not in their implementation. When Alfonso Villa Rojas was head of the Coordinating Center of

⁹⁷ Rosemblatt, *The Science and Politics of Race in Mexico and the United States, 1910–1950*, 22.

⁹⁸ Nancy Stepan, *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America* (Cornell University Press, 1991).

the Altos in the mid-1950s, he enthusiastically welcomed and helped facilitate the research projects of groups of anthropologists and graduate students from the University of Chicago and Harvard, some of whom took an interest in studying the INI itself as an agent of acculturation.

The idea that los Altos of Chiapas was a “laboratory” of indigenista policies and practices in the twentieth century is practically a truism. This idea is a result of conscious cultivation by INI administrators who sought international recognition, but it is also substantiated by the historical record.⁹⁹ The Coordinating Center at San Cristóbal was not only the first of what would eventually number over seventy such institutes in Mexico, but it was supposed to serve as a model for indigenista policies from its founding in 1951.¹⁰⁰ In the area of health services, the Coordinating Center pioneered the use of *promotores de salud*, intending them to be the agents for inducing the process of medical acculturation.

US-based anthropologists with ethnographic experience in Mexico such as Robert Redfield helped to yoke the idea of acculturation to the anthropological research on traditional and modern societies. In 1936, Robert Redfield and Melville Herskovits, anthropologists of the University of Chicago and Northwestern University respectively, along with Ralph Linton published “Memorandum for the Study of Acculturation” in the journal, *American Anthropologist*.¹⁰¹ In the article, they reported the results from a Social Science Research Council (SSRC) committee that had been appointed the previous year to study the “implications” of the term acculturation.¹⁰² They defined acculturation as “those

⁹⁹ Norman McQuown, Newsletter of the University of Pittsburgh Center for Latin American Studies, 1990. Norman McQuown Papers, University of Chicago Special Collections, 28.17.

¹⁰⁰ Lewis, *Rethinking Mexican Indigenismo*, 2018.

¹⁰¹ Robert Redfield, Ralph Linton, and Melville J. Herskovits, “Memorandum for the Study of Acculturation,” *American Anthropologist* 38, no. 1 (January 1936): 149–52, <https://doi.org/10.1525/aa.1936.38.1.02a00330>.

¹⁰² Redfield, Linton, and Herskovits, 149.

phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups.”¹⁰³ Under their plan of study, they included attention to the role of agents of change under the Psychology section. In it, they produced questions for study that pivoted on the role between an individual change-agent and the psychology of the group: the points of interest in cultural change were premised on ideas about this relationship between the individual and their emotions. There were two possible consequences of this cultural contact: “the individual as a member of a special group in his society (priestly class, sib, secret society, etc.) and his position in this group, as accelerating or retarding acceptance of new traits,” or “initial hostility and subsequent reconciliation of individuals” and “psychic conflict resulting from attempts to reconcile differing traditions.”¹⁰⁴ Acculturation studies were focused on contact - between the individual and community and community and outside world – and there was always a potential for conflict in the shocks produced by that contact.

Redfield, whose nearly twenty-year apart published studies of the Maya village of Chan Kom in the Yucatán constitute one of the most important attempts to integrate historical analysis into the study of acculturation, was a key mentor of Sol Tax.¹⁰⁵ In addition to teaching a class at INAH and running the fieldwork school in Zinacantán in 1941 and 1942, Tax would later return to Chiapas to once again supervise graduate students in ethnographic fieldwork in los Altos. In the mid-to-late 1950s, Tax profited from a

¹⁰³ Ibid.

¹⁰⁴ Ibid, 152.

¹⁰⁵ Alfonso Villa Rojas, Alfonso Villa R, and Robert Redfield, *Chan-Kom, a Maya Village, by Robert Redfield, ... and Alfonso Villa R.* (Washington: Carnegie institution, 1934); Robert Redfield, *A Village That Chose Progress: Chan Kom Revisited* (Chicago: Univ. of Chicago Press, 1962).

moment of US federal funding in interdisciplinary research. Along with linguist Norman McQuown Sol Tax participated in the Man in Nature SSRC-funded study in the Altos in the late 1950s and early 1960s. The Man in Nature Project integrated longue and short durée historical analysis and ecological research alongside ethnographic in ways that prefigured the “arrival” of historical materialism in anthropology in the 1960s.¹⁰⁶

Logistically, the Project relied on the INI for making contacts with informants and local politicians, distributing payments to students in more isolated locations, as well as for locating facilities for a variety of purposes.¹⁰⁷ The interdisciplinary team was united by a common historical perspective on the indigenous communities they were studying as currently being in the process of acculturation through capitalist and national integration. The INI and its programs were actually an object of interest in this regard for some of the students.¹⁰⁸

Emotions – or the “unconscious” – was a key preoccupation in studying the process of cultural change. Gonzalo Aguirre Beltrán integrated both historical and psychological methods in his monumental 1963 *Medicina y magia: el proceso de aculturación en la estructura colonial (Medicine and Magic: The Process of Acculturation in the Colonial Structure)*, published by the INI.¹⁰⁹ Aguirre Beltrán cited William Holland, arguing that the historical study of medicine would help to understand the process of medical acculturation today.¹¹⁰ Aztec medicine, he argued, ruptured existing indigenous medical systems during

¹⁰⁶ Nash, “When Isms Become Wasms,” 15-16.

¹⁰⁷ Norman Mcquown Papers. “Instituto Nacional Indigenista – Chicago Chiapas Volume correspondence, 1960-1966,” University of Chicago Special Collections, 53.7.

¹⁰⁸ See Norman McQuown Papers, Student Reports from Chiapas, University of Chicago Special Collections, Box 55.

¹⁰⁹ Gonzalo Aguirre Beltrán, *Medicina y Magia: El Proceso de Aculturación En La Estructura Colonial*, 1. ed., Colección de Antropología Social (Mexico, D.F.: Instituto Nacional Indigenista, 1963).

¹¹⁰ *Ibid*, 15.

its conquest of central Mexico by introducing a distinction between simple ailments, which could be healed with plants, and more complex ones,, which caused “ansiedad” (anxiety) and required a special doctor who was also charged with protecting the social order from whatever the source of the illness was.¹¹¹ Community harmony and individual illness were linked, and the indigenous medical system of Mexico, according to Aguirre, developed with the purpose of “reducing anxiety in the social group by offering it security and consistency.”¹¹²

The association of traditional medicine with social control, in addition to reflecting a particular moment of functionalist anthropology, introduced an added incentive to rely on “informants” as intermediaries in state health policy as a way to avoid unleashing the emotional shock of contact. In an extended essay written on the role of medicine in the development of indigenous communities, Aguirre claimed that the traditional medicine doctor, unlike the western medicine doctor, was emotionally implicated in the patient’s family through “ansiedad.”¹¹³ While claiming numerous important practical functions for the role of promotores de salud, he wrote that the most important was as a “traductor médico-cultural,” an “intermediario” between two medical systems.¹¹⁴ This work was fundamentally one of translating between cultures seen at the level of symbols and beliefs in medicine, connected to a system of social control by traditional medicine doctors. “The sanitary promotor, in their assigned work, is obliged to translate the medical culture in terms of the culture of the community of the patient.”¹¹⁵ Rather than forcing cultural

¹¹¹ Ibid, 45.

¹¹² “disminuir la ansiedad en el grupo propio y ofrecerle seguridad y consistencia.” Ibid, 58.

¹¹³ Ibid, 45.

¹¹⁴ Ibid, 76

¹¹⁵ “El promotor sanitario, en la tarea que tiene asignada, está obligado a traducir la cultura del médico, y la estructura social de su relación superordinada, en términos de la cultura de comunidad y de la subordinación en la que el paciente está situado.” Ibid.

change, the intermediary was charged with translating “neutral” science and technology into an indigenous cultural idiom. Acculturation was not a homogenous or predictable process – hence the need for ethnographic specificity in the study of the culture undergoing change.¹¹⁶

The first Director of the INI, Alfonso Caso, played the most important position as the public face of official indigenismo from 1948 until the sexenio of President Luis Echeverría in 1970. From the beginning of its operations, the INI had to clearly promote the idea that its programs were voluntary. Toeing a careful line on the idea of coercion by emphasizing community participation, Caso espoused the idea that cultures should be understood as broadly separated into technical/material and spiritual/intellectual parts.¹¹⁷ In a 1956 article in *Acción Indigenista*, Alfonso Caso defined material culture as “the methods, procedures, and instruments with which one obtains the satisfaction of material needs of nutrition, clothing, shelter, etc.”¹¹⁸ Spiritual aspects of culture were “the ideas, sentiments, reactions, prejudices, and norms with which a society satisfies its spiritual needs.”¹¹⁹ Caso admitted that “there is no abyss between “spiritual culture and material culture [...] and it is impossible to separate in a society the material from the spiritual, as it is impossible to do it in an individual.”¹²⁰

Drawing on the INI’s experience establishing clinics in indigenous areas, Caso lingered on medical acculturation as a particularly clear illustration of the general utility of

¹¹⁶ On ethnography and state formation in this period, see Paul K Eiss, Ariadna Acevedo Rodrigo, and Paula López Caballero, *Beyond Alterity: Destabilizing the Indigenous Other in Mexico* (Tucson: The University of Arizona Press, 2018), <http://public.eblib.com/choice/publicfullrecord.aspx?p=5275381>; Roseblatt, *The Science and Politics of Race in Mexico and the United States, 1910–1950*.

¹¹⁷ Castillo, “La antropología aplicada al servicio del estado-nación,” 29.

¹¹⁸ Alfonso Caso, “Cultura y Aculturación” in *Acción Indigenista* 34 (April 1956), 2.

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*

the spiritual/technical understanding of culture in the process of acculturation. He provided the example of the Otomí in the Mezquital Valley to prove his point: “if we establish a hospital, if our doctors and nurses attend to the sick with modern medicine, instead of abandoning the Otomí to witchcraft and the magic used by witches, we are “*haciendo aculturación*” (“doing acculturation”). State medicine was the result of a “culture fundamentally inspired by the adequate usage of technology which is constantly transformed by scientific discoveries [...] in which observation and experimentation have increased our knowledge of the causes of illnesses and methods of healing and preventing illness. [...]” Thus, the key idea of acculturation in medicine from the perspective of INI Director Alfonso Caso was the transformation of the indigenous community’s culture through making empiricism a basis of medical beliefs. Traditional medicine, by default, was seen as unempirical, part of culture’s spiritual dimension. For Caso, the binary of material/spiritual allowed for a view of acculturation as simply an exchange “for the more useful aspects of our culture.”¹²¹

As articulated by Caso, a particular goal of modernist medical acculturation of indigenous peoples falls into the category of “preventative medicine.”¹²² This was not just a goal of the INI, but also one of the Health Secretary (SSA). Since the 1930s, teachers, anthropologists, and doctors in rural Mexico had sought to establish what Claudia Agostini has called “a culture of prevention” – that is, the acceptance of changing hygienic practices or vaccinations that were not curative of a recognized illness, but preventative.¹²³ In the

¹²¹ Ibid, 3.

¹²² Roseblatt, *The Science and Politics of Race in Mexico and the United States, 1910–1950*, 163.

¹²³ Claudia Agostoni, *Médicos, Campañas y Vacunas: La Viruela Y :A Cultura de Su Prevención En Mexico, 1870-1952* (Mexico City: Universidad Nacional Autónoma de Mexico, Instituto de Investigaciones Dr. Jose Maria Luis Mora, 2016).

decades leading up to the INI's first Coordinating Center in San Cristóbal, indigenistas had realized the need to undertake vaccination and public health campaigns with caution and sensitivity. The promotor was supposed to buttress the medical judgements of the technically superior culture by explaining in the indigenous language the benefits of modern medicine, thereby preventing the "shock" of switching from traditional to modern beliefs that might result in the indigenous person rejecting western medicine. Despite the focus on changing technical medical beliefs and attitudes, the INI depended on its promotores de salud and other intermediaries for their knowledge of the beliefs, sentiments, and ideas that constituted the spiritual aspect of culture.

The promotor de salud is an established member of the indigenous community, with the potential to transmit to his people the right new way so that they may dispose of superior medical resources to their own, in such a form that does not produce *un choque violento* (a violent shock) with *la medicina tradicional* (traditional medicine). The promotor is also the source of information about the reactions of the community as they experience the presence of the health program.¹²⁴

The architects of the INI's programs in social and economic development were driven by the imperative of integrating indigenous communities into the national economy. In the context of Chiapas, this meant breaking what they saw as a neo-feudalist relationship between indigenous peoples and local non-indigenous people, or ladinos. For the most part, though, the INI's approach to rectifying unjust economic relations between indigenous and ladino people pivoted on cultural transformation of the indigenous people rather than structural economic changes, such as land reform. On the front page of an August 1953 editorial of *Acción Indigenista*, the official bulletin of the INI, the bulletin headline articulated the opinion of Gamio, Aguirre Beltrán, and Caso, among other luminaries of mid-century Mexican indigenismo, with the headline: "El problema indígena no es un

¹²⁴ "Informes del trabajo que realiza salubridad en el C.C.T.T.S.," *Salubridad*, 1957, 4.0042, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

Problema Racial.”¹²⁵ It was impossible, the editorial declared, to “establish a separation between a Mexican and an indigenous person, as the immense majority of Mexicans have indigenous blood.” What differentiated the communities were certain elements of their social and cultural lives. In particular, “that which is inferior in indigenous communities was their “cultural development because they have lived four centuries at the margins of Mexico.”¹²⁶ To” give them education, healthcare, and the necessary technical and economic skills is to work not only for the improvement of these communities, but all of Mexico.”

Linking Knowledge Production and State Formation: Sol Tax’s Fieldwork School in Zinacantán in 1941-1942

In a letter from University of Chicago anthropologist Sol Tax to Alfonso Villa Rojas dated 5 August 1942, Tax wrote enthusiastically about his recent reception in Mexico City. At the invitation of Alfonso Caso, famous archeologist and director of the INAH, and Manuel Gamio, then of the Inter-American Indigenista Institute (III), Tax was going to give a class on Maya ethnography that fall at the Escuela Nacional de Antropología (ENA). ENA was only a few years old. It had been formed out of the classes on anthropology given at the Biological Sciences Department as part of the rural doctor program at the IPN. ENA would come to play a central role in training anthropologists who staffed coordinating centers across Mexico. Tax, then a researcher associated with the Carnegie Institute and the University of Chicago, wrote in the syllabus “This is not a course in theory.” Rather, it was intended to answer the questions: “What is known of the present-day Maya, what more should be investigated, and how should the ethnologist go about his investigation?” The purpose of the course was “to present facts and problems of interest and importance to any

¹²⁵ “El problema indígena no es un problema racial” in *Acción Indigenista* 2 (August 1953), 1.

¹²⁶ *Ibid.*

theory and to show how information to supply the needs of the anthropologist of whatever school of thought may be obtained.”¹²⁷ The class in Mexico City was intended to prepare students with a list of concrete questions and methods prior to doing actual fieldwork in Zinacantán in six months.

One thing the class did not prepare the students for was negotiating local politics. In a diary entry from December 18th, Tax reported on a conversation that a student had with the town telephone operator. She told the student that “the previous day the president had advised all the Indians to tell us nothing and has scolded his sister, Maria, for telling C too much.”¹²⁸ Tax found this to be “serious, and especially because the president has been counted as one of our friends.” At the same time, Tax cast doubt on the telephone operator Eva’s neutrality. Earlier she had told him similar information about the municipal secretary, who had afterwards comported himself amiably towards the expedition. Eva, he wrote, is “by no means a simply personality.” “It occurred to me that she might be fabricating all this to show us how good a friend of ours she is and how bad the others are.” At the same time, one of the students reported that he had heard from the President’s own mouth that people in the surrounding communities were worried about us, and he didn’t want to take sides and possibly antagonize these people when the expedition was due to leave in about two weeks.¹²⁹

Tax went to speak about possibly tensions with the municipal president directly. The president promised to help the expedition find informants, but gave excuses when it

¹²⁷ Sol Tax, “Chiapas Project, curriculum materials, Escuela Nacional de Antropología (ENA), 1942-1943.” University of Chicago Special Collections Sol Tax. 100.19, 2.

¹²⁸ Sol Tax, “Sol Tax Fieldwork Diary, 1942-1943.” University of Chicago Special Collections Sol Tax. 101.1, 30.

¹²⁹ *Ibid*, 31.

came to guiding members of the expedition's team to specific homes. From the meeting, Tax concluded "It is pretty obvious that in our friend the Presidente, we have no brave champion; but it is not easy to believe, either, that he is positively in contra. That the Indians are suspicious should occasion littler surprise; nor that some of them talk about us, and others practice passive resistance."¹³⁰ To combat this perceived hostility, Tax counselled students to focus on the friends they have made. But, "for the most part," he wrote, "we are worried and frightened, and of course very timid; and this interferes with our work." Still, even if they could not succeed at increasing their base of informants, this did not mean he could not teach the students about ethnographic fieldwork. Indeed, "this object lesson in discovering the reason for the trouble – our mistakes, etc. – so that we can profit from the experience. It may that in the nature of the case it is impossible for ten ethnologists to break in an isolated community like this and do a study in two months."

A week after his first meeting with the president, Tax managed to organize a meeting at the house of one of the town elders (principales) with the current and the incoming president. The principal who hosted the meeting kept trying to pin down Tax's justifications for why they were here. One of the students "taking advantage of the fact that the Presidente had been interested in ethnological pictures at our dinner last week, explained that we are studying towns to write about, to describe and picture all little things, so that people outside will know how Zinacatencos live."¹³¹ When asked to prove good intentions, Tax turned to the story of Rockefeller, a poor boy who became rich and was now supporting their fieldwork expedition to "see what could be done" to help them.¹³²

¹³⁰ Ibid.

¹³¹ Ibid, 51.

¹³² Ibid, 52.

Clarifying the goals of Rockefeller, he said the company “would never use its data against an Indian town – inconceivable.” Rather, they were actively seeking concretely to improve health and diet.¹³³

Tax also had to clarify the expedition’s relationship to the state and federal government, saying they were not part of the government even if they had received help from them. Finally, the principals and judges probed Tax about their informants. In particular, they claimed that some of them did not “tell them things clearly – and are bad people.” They responded that this background information on informants was exactly what they desired from the leaders of the community. Eventually, they all agreed to work more closely on selecting informants. The leaders also responded affirmatively to the practice of buying drinks for ceremonies and paying informants.¹³⁴ On the following day, during the ceremonial transition of power to the new president, he described the cabildo’s official cooperation with the expedition. But this extended conversation exposed that the expedition would have to seek the support of local influential people in order to achieve its goal of expanding its base of informants. hierarchy.

The First INI Coordinating Center and the Indigenous Community in Social Development

Historians of health and social development in Mexico agree that state healthcare was as much a promise of the revolution as land reform, reflecting a broad mandate for state responsibility and intervention in the 1917 constitution.¹³⁵ Much like the promise of land reform from the Mexican Revolution, which came later to Chiapas than to the rest of

¹³³ Ibid.

¹³⁴ Ibid, 53-4.

¹³⁵ Article 4 of 1917 Mexican Constitution.

Mexico, the postrevolutionary state delayed in expanding health services to the indigenous communities around San Cristóbal.¹³⁶ The first programs in hygiene education were undertaken by the Secretaria de Educación Publica (SEP) in the 1920s. The SEP later collaborated with the Rockefeller Foundation in national campaigns against malaria in southern Mexico.¹³⁷ In 1937, President Lázaro Cárdenas took the first step towards institutionalizing the state's role in providing permanent clinical services in rural Mexico by creating the Secretaría de Asistencia (SA). In this year, the SA began coordinating health clinics and primary care with newly established ejidal (collective farming) communities. Renamed the Secretaría de Salubridad y Asistencia (SSA) in 1943, the SSA coordinated the construction and staffing of clinics and hospitals in conjunction with state governments and ejidos. In Chiapas, where land reform was delayed by a conservative state government and agrarian reform largely bypassed indigenous communities in los Altos, the SSA played a relatively minor role in health services in this period. Instead, the INI assumed responsibility not only for coordinating the staffing and construction of clinics in the zone of the Tzeltal-Tzotzil Coordinating Center headquartered in San Cristóbal, but also for evangelizing preventative medicine through talks about hygiene and disease transmission. In this way, the work of the INI was supposed to lay the groundwork for services that would later be provided by larger federal agencies.¹³⁸ Health programs run by the INI also served the uninsured non-indigenous population who fell outside the organizational schemes of their employers (often the state or a collective farm group such

¹³⁶Márgara Millán, *Des Ordenando El Genero / Des Centrando La Nacion. El Zapatismo De Las Mujeres Indigenas Y Sus Consecuencias* (México, D.F. Puebla, Pue México, D.F: Ediciones Del Lirio, 2010).

¹³⁷ Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*, Rochester Studies in Medical History, v. 8 (Rochester, NY: University of Rochester Press, 2006). Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* (Chicago: The University of Chicago Press, 2009).

¹³⁸ Lewis, *Rethinking Mexican Indigenismo*, 80.

as the ejido). In the Tzeltal and Tzotzil region of Chiapas, the dominant labor regime was tenant-based farming combined with seasonal migration by men to lowland coffee and sugar plantations. Due to the specific political economy of the highlands around San Cristóbal, the INI coordinated its health programs not with institutions like the ejido, but directly with corporate indigenous governance structures.

The INI's health services in Chiapas sought universal coverage, but ended up with a model that coordinated primary care access with population density. Cabeceras or "head towns" such as Chamula housed unidades médicas (medical units). Doctors were permanently stationed in unidades médicas, and they were additionally responsible for visiting the puestos medicos (medical posts, lower on the hierarchy). The proportions of unidades medicas to puestos médicos was paralleled in the hierarchical proportion of doctors to promotores de salud: there were roughly three puestos médicos and promotores to every one doctor and unidad médica.¹³⁹ Salaries also reflected this hierarchy. This system did not eliminate the need to travel to access services, but it did expand the regular presence of institutionalized medicine in the area served by the San Cristóbal Coordinating Center.

Theoretically, the INI allowed for at least one promotor to be stationed full-time at a paraje (village), but in practice there was significant mobility both as part of the job and in terms of which area served as a promotor's "base" or home community. In a letter written on the 7 August 1962, a promotora de salud named Martha Vázquez Utrilla petitioned the Health Services Director, who passed her words on directly to the Director of the Coordinating Center three days later:

¹³⁹ Ibid.

Having entered the first of July 1961 as a laborer in this Centro and having offered my services as nurse in the Clinic in Chamula, the puesto médico in Zinacantán and currently in the puesto médico of Amatenango del Valle with a monthly salary of \$250. Having two children and my mother who depend on my economically, I humbly request an increase in salary, which would allow me to resolve some of my problems at home.¹⁴⁰

In her first year at the INI, Vázquez Utrilla had worked at three different locations, and she probably visited more. In addition, promotores de salud had begun meeting monthly at La Cabaña in San Cristóbal for what were the equivalent of staff meetings, which gave promotores the opportunity to exchange knowledge and also to ensure the standardization of practices.¹⁴¹ As shown with the case of Vázquez, areas of coverage even for promotores involved a measure of mobility, but for them it involved travel to different villages whose language they could speak.

In the March 1954 issue of *Acción Indigenista*, the official monthly bulletin of the INI, dedicated to outlining the philosophy of the INI's health programs, the main article noted that "the knowledge of different regional customs is one of the fundamental aspects of the health program."¹⁴² It went on to claim that "the community's participation is indispensable to the program."¹⁴³ It was especially important to have the support of influential community members whose opinions were trusted or at had the weight to be heard by the community. "Community participation" was also a key concept undergirding the expansion of primary care by the SSA after its creation in 1943, in its programs of Servicios Médicos Rurales Cooperativos or the Servicios Coordinados. Rural clinics may have been constructed using materials and labor provided by the residents of the particular

¹⁴⁰ Virginia DeJohn Anderson, "King Philip's Herds: Indians, Colonists, and the Problem of Livestock in Early New England," *The William and Mary Quarterly*, Third Series, 51, no. 4 (October 1, 1994): 601–24.

¹⁴¹ Conversation with Armando Ruiz, former INI promotor, June 2017.

¹⁴² "el conocimiento de las diferentes costumbres regionales es otro de los aspectos fundamentales de un programa de salud." "Salud" in *Acción Indigenista* 21 (March, 1954), 1.

¹⁴³ "la participación de la comunidad en el programa de salud es indispensable." *Ibid.*

community, while the construction was underwritten by the *Servicios Coordinados*, a program run between the federal state and Chiapas. The federal, state, and the particular ejido group being served collectively paid the salaries of the medical staff. But if one of the links in this system fell short, a newly constructed clinic could be left without a doctor or be forced to delay paying local staff. Patients, too, might find themselves unable to cover the unsubsidized portion of the prescription. Because the INI did not coordinate its health programs with either ejidos or the state government, the goal of achieving community participation manifested in the role of paid employees of the INI who were hired for having some education, being bilingual, as well as having connections to the indigenous community.

The emphasis on community participation in state social development programs in this period hinged on the idea that local influence could create a broad change in attitude towards modern medicine, laying the groundwork for cultural change of the group as a whole. “Attitude Change” was a frequent buzzword in program descriptions by the SSA's official organs directed to doctors, nurses, administrators, and other medical auxiliaries working for the Mexican state. A July 1961 editorial in the official bulletin for the *Servicios Médicos Rurales Cooperativos* (Rural Medical Cooperative Services), titled “Las comunidades rurales en los programas de salud pública” (Rural Communities in Public Health Programs) proclaimed that “in matters of attitude, there is a difference between urban and rural communities.”¹⁴⁴ “Being as the development of the community is a series of processes aiming to create conditions of economic, cultural, and social progress within the community, it must participate in an active form and with confidence in its own

¹⁴⁴ “Editorial: Reinterpreting the Mexican Revolution through Health” in *Boletín informativo: órgano de la dirección de servicios médicos rurales cooperativos* 1.7 (July 1961), 3.

initiative.” Community participation was both education and part of the organization of services.¹⁴⁵ The editorial provided a broad case for the utility of community in participation as a way to educate people in the habits of modern life. “It is educational because it seeks to modify attitudes and practices that are opposed to political and economic improvement, creating special attitudes which facilitate this improvement, in more general terms, promoting an increased receptivity to changes.”¹⁴⁶ Community participation did not just supply free labor, but was aimed at creating the capacity to adapt to the “changes provoked by external forces.”¹⁴⁷ While the rural community might be more interested in the concrete and immediate changes achieved through participation, community development was not just “a series of concrete manifestations” but “the qualitative changes that manifest in attitudes in life and personal relations.”¹⁴⁸ Community participation could contribute to the overall reorganization of services around the ideal of “iniciativa propia” (individual initiative) and the creation of environments conducive to the development of that individual initiative.¹⁴⁹ Rather than an idea of social solidarity, the ideal of community participation was intended to mobilize and actualize a citizen-subject who could be relied on to guard against illness in the interest of national political economy by internalizing the rules of modern healthcare.

Both the INI and the SSA relied on community participation in their health programs for a mosaic of motives – from shaving costs and aligning and incorporating local interests with the agenda of the state, to ideas that linked individual initiative and education

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

to more permanent and lasting change in cultural attitudes. Yet, because the INI primarily served people identified as indigenous by the state, the community was itself a racialized construct. In the “intercultural contexts” served by the INI, the idea of community participation hinged on “access” – frequently understood as linguistic – into indigenous communities that were considered isolated from the nation.¹⁵⁰ Intermediaries served to link communities to the state. As demonstrated in ruptures and disagreements between medical intermediaries, doctors, and patients during INI’s first decade in Chiapas, “community” was an idealized geographic and cultural placeholder for municipios and parajes where the population was divided by language, gender, class, generation, and race. As we will see, the role of the intermediary often came up against roadblocks set by these pre-existing tensions between men and women and ladinos and indigenous peoples.

Connecting Community to Change: The Work of Health Promoters

In 1937, Lázaro Cárdenas required medical students from the National Autonomous University of Mexico (UNAM) to spend one year as part of their academic program doing an internship in rural Mexico – el servicio social remains a stage in medical training in Mexico to this day. After the year, they almost all moved on, probably seeking a job in one of Mexico’s urban areas, where there was already a surfeit of doctors for few positions. The internship requirement became an embedded part of medical education in Mexico, and it also showed how the ambition of the Mexican revolution’s social program was compromised by the high turnover of doctors in rural Mexico. When Miguel Alemán gave INI a broad mandate and a stingy budget in 1948, he rescued the project of statist social development in rural public health of Lázaro Cárdenas (1934-1940) that had lain dormant

¹⁵⁰ Beltrán, *Programas de salud en la situación intercultural*.

during the *sexenio* of President Ávila Camacho (1940-1946). Despite both a need and a demand for primary care in rural areas, the prejudices of these doctors, as Gabriela Soto Laveaga has shown, manifested in sometimes tense encounters with local medical healers and authorities.¹⁵¹ Further, not all of them completed their stays, leaving overstretched INI administrators to scramble for replacements.¹⁵² Programs like mass vaccinations against smallpox or delousing campaigns, both of which are detailed in this chapter, were run and conducted entirely by rural health promoters.¹⁵³ The INI medical intermediaries – cultural experts and technical auxiliaries - are in a tangible way the most crucial actors of Mexican social development for this period.

The basic criteria for hiring medical auxiliaries underwent a shift a few years into the existence of the Tzeltal-Tzotzil Coordinating Center. The first generation of recruits for the role of promotor were all men.¹⁵⁴ INI hired women as *promotores culturales*, social workers, and teachers, though, and, in these roles, women conducted hygiene demonstrations, assisted in vaccinations, and accompanied other women on visits to male doctors. Still, throughout the 1950s, the *promotores de salud* were more likely to be men.¹⁵⁵ The majority of INI's first indigenous employees, many of whom would work for the INI into the 1960s (firings were rare, despite complaints and conflict between superiors and employees), were part of the first generation of students from the bilingual schools run by

¹⁵¹ Ibid.

¹⁵² SCCC Director, Raúl Rodríguez Ramos to INI Director, Alfonso Caso, 24 August 1962, 1.0001, Salubridad 1.0002, Salubridad, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁵³ Agostoni, *Médicos, Campañas y Vacunas: La Viruela Y :A Cultura de Su Prevención En Mexico, 1870-1952*; Birn, *Marriage of Convenience*.

¹⁵⁴ "Orientación sobre planeación familiar," Text for the talk "Hace falta planeación familiar en las familias indígenas," 1951, 5.0094, Salubridad, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁵⁵ In part, this was a reflection of the fact that fewer women attended primary school, the basic qualification for medical training by the INI. See "9 jóvenes terminan los cursos de educación en el internado del I.N.I. Por vez primera tres mujeres reciben certificados de primaria en los Altos de Chiapas" in *Acción Indigenista* (March 1960) 81, 4.

the Secretaría de Educación Pública (SEP). In the altos de Chiapas, clinics and health centers radiated out from larger population centers into smaller ones. Primary care clinics were divided geographically into unidades médicas, which were composed of a doctor, a sanitary official, a nurse and various promotores de salud. They all worked full-time with the exception of a laboratory technician.¹⁵⁶ Larger municipios such as Chamula, Oxchuc, or San Cristóbal might have all of these personnel occupied in a unidad médica, smaller puestos médicos in the parajes outside larger communities might only be attended by the promotores with only weekly or biweekly visits by a doctor.¹⁵⁷

An essential qualification for the position of promotor de salud was to be a member of the community to which the INI was seeking to bring health services. In an internal document describing staff hiring practices, youth was considered an asset in the role of promotor in part because young people were more likely to have attended state schools and be bilingual in Spanish and either Tzeltal or Tzotzil Maya, but also because youth itself was identified with cultural change. Indeed, a frequent caricature in medical student reports from service in rural clinics was the figure of the old and ignorant midwife.¹⁵⁸ Intelligence was another way to distinguish between recruits, and the internal document described the ideal promotor as among the brightest and quickest learning of the community's young people.¹⁵⁹ Often members of the same community where they worked, the promotores were tasked with "transmitting to [their] people la Buena nueva (the good new way) so that they may take advantage of medical resources superior to their own."¹⁶⁰ Promotores were also

¹⁵⁶ "El personal," Salubridad, 1957, 4.0042, AHCCCTC, CCDISC, San Cristóbal de las Casas, México.

¹⁵⁷ Ibid.

¹⁵⁸ See Rosendo Chanes Maldonado, "Exploración sanitaria de Acaxochitlán, Hidalgo" in *Teses de la Universidad Nacional Autónoma de México Facultad de Medicina 2* (1940), 30. Archivo Histórico de la Facultad de Medicina, Mexico City, Mexico.

¹⁵⁹ "El personal," Salubridad, 1957, 4.0042, AHCCCTC, CCDISC, San Cristóbal de las Casas, México.

¹⁶⁰ Ibid.

supposed to serve the INI as a “source of information for the reactions of the community to the presence of health programs.”¹⁶¹ In this way, the promotor de salud role in health services overlapped conceptually with the role of an anthropologist’s informant, as pathways into registering information about reactions within a supposedly isolated community.¹⁶²

With youth and a demonstrated intellectual capacity as the official guidelines for selecting the first generation of health workers, there was little written regulation about how promotores were initially connected to the INI or recommended for their jobs. Registering passive or open resistance, and perhaps also with an eye to an anthropologist’s idea of an “informant” with prestige, the INI soon began to select recruits who would be influential in the area they would work. Identifying individuals with “prestige” or “influence” within a key community was a regular tactic for anthropologists seeking to do fieldwork in Chiapas in this period. An INI internal report by Dr. Landyn, the Doctor who supervised Alonso Morales from the Introduction to this chapter, noted the special importance of locating allies who were “personas claves” (key people) in their communities.¹⁶³

According to Jan Rus, this period saw a generational transfer of influence in key community cargos (traditional responsibilities), partly as a result of new opportunities to work with the state taken up by the first generations of indigenous people educated in Spanish in rural schools.¹⁶⁴ Cargos are a mixtures of government, ceremonial, financial, and

¹⁶¹ Ibid.

¹⁶² The community is still the base political unit within neoliberal indigenous governance in Mexico. Rebecca Overmyer-Velázquez, *Folkloric Poverty: Neoliberal Multiculturalism in Mexico* (University Park, Pa: Pennsylvania State University Press, 2010), 166-170.

¹⁶³ Lorenzo Morales Landyn, “La salud en el municipio de Oxchuc,” August 1955, Salubridad, 2.0024, AHCCTC, CCDISC, San Cristóbal de las Casas, México.

¹⁶⁴ Rus, Jan, “The ‘Comunidad Revolucionaria Institucional’: The Subversion of Native Government in Highland Chiapas, 1936-1968.”

administrative responsibilities, typically held by elder male members of the community who possessed significant social standing and enough resources to devote time to the unpaid, though prestigious, duties. Traditional medicine doctors were often accorded high prestige in their communities, and they were also more likely to be older.¹⁶⁵ An internal memo on personnel put it this way: “The promotor de salud was the link between technical personnel and the community with a double function as translator and sub-enfermero (nurse assistant).”¹⁶⁶ By the mid to late 1950s, then, the INI had incorporated both insights from the logistics of anthropological fieldwork with the Mexican state’s particular brand of community participation. In the same memo, promotores were credited for “a great demand for medical assistance and growing cooperation for preventative medicine.”¹⁶⁷

Through the 1950s, INI expanded in physical space and clinical capacity, and its dependence on promotores remained consistently high. In 1952, three doctors and seven promotores served the Tzeltal-Tzotzil region.¹⁶⁸ In 1957, five doctors worked with fourteen promotores. The number of establishments – clinics, laboratories, and pharmacies – went from five to eight. With growth came a tightening of the application process to become a promotor. By the mid-1950s, the established role of promotor was itself a prestigious position within the communities.¹⁶⁹ The youth of most promotores compared to traditional healers suggests that the arrival of the INI’s health programs contributed to a more general generational shift in power in indigenous communities around San Cristóbal in this

¹⁶⁵ “Description of work in Amatenango del Valle” by Manning Nash, 1958, Manning Papers, 12.13, 1958, University of Chicago Special Collections, University of Chicago, Chicago USA, 5-6.

¹⁶⁶ “El personal,” *Salubridad*, 1957, 4.0042, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁶⁷ *Ibid.*

¹⁶⁸ “La obra del I.N.I. in salubridad y educación” in *Acción Indigenista* (May 1958) 59, 2.

¹⁶⁹ “Social Class and Social Differentiation,” Correspondence with Joaquín Galarza, 1979, Norman McQuown Papers, University of Chicago Special Collections, University of Chicago, Chicago USA, 2-3.

period.¹⁷⁰ By the late 1950s, the selection of promotores was stricter. Now the promotor had to fulfill various conditions: “being young, sufficiently literate and *castellanizado* [fluent in Spanish] to rapidly assimilate training and to have an inclination for clinical nursing and sanitation.”¹⁷¹ The mix of political and cultural qualifications to be a health worker show just how seriously the state took the project of fomenting cultural transformation.

The clinic system set up by the INI in los Altos of Chiapas was designed to serve two linguistic groups: Tzeltal and Tzotzil speakers. In practice, though, any person could come to a clinic to seek treatment, including people whom the state did not consider indigenous, perhaps because they spoke Spanish. While the SEP had gradually recognized the importance of bilingual teachers and teaching methods, the anthropologists who directed INI brought an additional insight to bear on their work: intermediaries could be sought who were bilingual and provided a vector for accessing “the community.” Thus, promotores’ duties involved translating on two levels: linguistically, but also epistemologically. Their work involved translating medical concepts by interpreting doctor’s questions and the patient’s responses, assuring mutual comprehension.

The idea of the importance of bilingualism in individual intermediaries or “state agents” has antecedents in colonial New Spain as well as post-independence Mexico. Nineteenth-century intellectuals like Justo Sierra held that monolingualism in indigenous languages was a symbol and a symptom of a lack of national integration.¹⁷² The Oaxacan

¹⁷⁰ Rus, Jan, “The ‘Comunidad Revolucionaria Institucional’: The Subversion of Native Government in Highland Chiapas, 1936-1968.”

¹⁷¹ El personal,” *Salubridad*, 1957, 4.0042, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁷² Thomas G. Powell, “Mexican Intellectuals and the Indian Question, 1876-1911,” *Hispanic American Historical Review*, 1968, 23.

lawyer Francisco Belmar directed the Sociedad Indianista Mexicana (Mexican Indianist Society) on the eve of the Mexican Revolution. The mission of the Society was to assimilate indigenous communities into a national culture, and his progressive vision included relying on bilingual indigenous teachers in state schools, a tactic which the “elected dictator” Porfirio Díaz heartily supported.¹⁷³ While the idea that indigenous people could learn Spanish better if they learned it through a bilingual teaching method had been floated by Sierra as early as 1883,¹⁷⁴ this notion would not be endorsed by the Mexican state or receive federal financial support until the Presidency of Lázaro Cárdenas in the late 1930s.¹⁷⁵ This work was aided, especially in Chiapas, by Protestant evangelical groups such as the Summer Institute of Linguistics from 1934 on. Although the growing division between Catholic and Protestant segments in the population weakened the overall hegemony of the traditional cargo governance system, the INI served as a bridge in getting collective projects like latrines or water pumps installed.¹⁷⁶ The graduates of these schools proved the benefit to the state of bilingual indigenous people, but it was the graduates of SEP schools who contributed the first generation of promoters.

In the postwar period, Spanish was not the only language of communication deployed by the Mexican state. Part of training at La Cabaña was in the mathematics of modern state making: statistics. The Centro Coordinador Tzeltal Tzotzil gathered data on

¹⁷³ Francisco Belmar and Francisco Barriga Puente, eds., *El Filólogo de Tlaxiaco: Un Homenaje Académico a Francisco Belmar*, 1. ed, Colección Científica ; Serie Lingüística 551 (México, D. F: Instituto Nacional de Antropología e Historia, 2010).

¹⁷⁴ Thomas G. Powell, “Mexican Intellectuals and the Indian Question, 1876-1911,” *Hispanic American Historical Review*, 1968, 19–36.

¹⁷⁵ See Todd Hartch, *Missionaries of the State: The Summer Institute of Linguistics, State Formation, and Indigenous Mexico, 1935-1985* (University of Alabama Press, 2006).

¹⁷⁶ Memo signed by municipal government of Tenango, municipio of Ocosingo, and the INI’s Chief of Salubridad, Ricardo Romero Flores, Salubridad, 1962, 3.0025, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

clinic attendance, workshop attendance, and vaccinations by ethnicity, age, and gender; and it also followed World Health Organization (WHO) guidelines on mortality statistics.¹⁷⁷ Promotores, doctors, and other technical medical staff all took part in the recording of quantitative data on health in this period. The coordinating centers were actually the first unit of the INI to desire to “reduce to numbers the activities developed for indigenous groups” and to form conclusions about future directions on the basis of this rigorous data.”¹⁷⁸ The promotores were charged with collecting data on maternal mortality, laboratory usage, preventative medicine, and “saneamiento del medio,” or environment-targeted health interventions.

The INI also lobbied for decentering language in favor of a broader, cultural-based definition of indigeneity for the 1960 Mexican census. Then director of the San Cristóbal Coordinating Center, Julio de la Fuente, and anthropologist Isabel Pozas co-authored an entire issue of *Acción Indigenista* in 1957 on the theme “el problema indígena and el censo.”¹⁷⁹ Rather than opposing quantitative and qualitative as modes of state-making, they argued for the relevance of their profession as expert interpreters of quantitative evidence, pointing to the on the ground collection of health data in the coordinating centers. They also sought to introduce a definition of indigenous that relied on “culture” rather than “language.” Although unsuccessful in altering the categories in the census, the INI’s arguments for a more flexible and cultural definition of race was indebted to the complex picture of indigenous communities that reflected the importance of culture as an operating category in its field operations. The dynamics of fieldwork anthropology fed the idea that

¹⁷⁷ “Informes,” *Salubridad*, 1951-1963, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁷⁸ “Conclusiones sobre indigenismo” in *Acción Indigenista* 29 (November 1955), 3.

¹⁷⁹ Isabel Pozas and Julio de la Fuente, “El problema indígena and el censo” in *Acción Indigenista* 54 (December 1957).

culture, in addition to bilingualism, was a crucial act of translation that only someone from “inside” a defined indigenous community could provide. But what did the labor of translating culture look like? The next section will discuss how expertise in culture was developed in the context of disease eradication programs, as health intermediaries asserted in practice the importance of cultural knowledge and expertise within Mexican indigenismo.

Local Networks and the Politics of Consent in Infectious Disease Eradication Campaigns

In Mexico, rural public health campaigns were coordinated by the particular state agency with the most feet on the ground, which, in the indigenous populations in the highlands around San Cristóbal after 1951, was the Instituto Nacional Indigenista. Promotores were entrusted with carrying out the routinized vaccinations, usually without the supervision of nurses or doctors. As one case I will narrate shows, health promoters organized, planned, and executed their work days without supervision.

Among the major disease eradication campaigns of the postwar period, medical intermediaries were also prominent in typhus eradication and oncocercosis (river blindness) campaigns in Chiapas in the 1950s. In this period after World War II, great strides were made in eradicating diseases like smallpox, and, in Chiapas, and much of the face-to-face work of education and vaccinating was done by health promoters. In the early years of the INI’s work in Chiapas, there were several major vaccination campaigns alongside a DDT-ization or *dedetización* campaign. On its face, the DDT campaign was the most demanding. Promotores calculated their labor in spraying DDT by the number of people, houses, and pieces of clothing onto which they sprayed with the chemical. In los Altos de Chiapas in the year of 1952, just seven promotores sprayed 10, 781 people, over 1100 homes, and

thirty-one thousand pieces of clothing.¹⁸⁰ Over the next two years, they would spray similar numbers, extending the campaign to households beyond the puestos médicos and unidades médicas. The DDT campaign formed part of the battle against typhus, but it also undoubtedly helped in the fight against illnesses imported from the coffee-growing region where large numbers of men migrated every year. This included malaria, oncocercosis, uncinariosis, and disenterias ambianas, among others.¹⁸¹ It was also one of the most popular campaigns run by the Centro in terms of empirically demonstrating its own effectiveness; in later years, people from the Tzeltal-Tzotzil region would repeatedly petition for the Centro to spray DDT.¹⁸²

Archival research in the INI archives shows that vaccination campaigns were complicated by factors ranging from inebriated personnel to unforeseen effects which seemed to outweigh the benefits of the vaccination. On 25 April 1952, the Jefe of the unidad médica at Chamula, Dr. Ponciano Araujo L., wrote to his boss at La Cabaña to describe an incident that had happened three days earlier. On that morning, the promoters Salvador López Castellanos and Alfonso García Ramos were stationed in the Aldama municipio at the paraje of San Pedro Chenalhó, giving vaccinations. Given the campaigns at the time, the vaccination could have been for diphtheria or tuberculosis, but was most likely against smallpox.¹⁸³ García spent the morning drinking chicha (fermented corn alcohol) with the municipal secretary of Aldama, who sent orders to the surrounding

¹⁸⁰ “Acción integral en salubridad” in *Acción Indigenista* 7 (January 1954), 3.

¹⁸¹ *Ibid.*, 4.

¹⁸² Request for supplies from Chilil unidad médica by Wilfrido González Alpuche, Salubrid, 1.0005, 1952, AHCCTC, CCDISC, San Cristóbal de las Casas, México.

¹⁸³ This campaign dwarfed the others. See note 104, 4. 192 shots of smallpox versus a total of 2945 for tuberculosis and diphtheria combined.

households to show up for vaccinations at around 9:00 AM.¹⁸⁴ A total of four people showed up, and López asked García if he should *apuntar* (take notes) o *vacunar* (administer the injection). García responded that he would take notes, and proceeded to do so. According to López, García had difficulty with his task because he was drunk.¹⁸⁵

At one point, the inebriated García and the local municipal secretary went off to Tzajallumil in the same municipio to attend to the clinic there. López stayed behind, attending to twenty patients between 11:00 AM and 2:00 PM. When García and the secretary returned, they were still inebriated. In López's telling, relayed by the doctor and head of the Chamula unidad médica, García is presented as needlessly aggressive, which leads directly to a confrontation with the other health promotor. García brusquely told off López for not leaving the medicines in the quantities that he had left them in, to which López responded that he "didn't know anything about the pills."¹⁸⁶ Gathering up the box of syringes, tweezers, alcohol, and "the abovementioned pills," García put them in his haversack in a way that disturbed his horse. His actions "gave tremendous fright to a family with two girls" who had come to be vaccinated.¹⁸⁷ López told García that he was scaring people, and thereby putting the mission in danger. Upon saying this, García turned his spurs on the horse, heading in López's direction. Luckily for López, he was protected from García by the handrails of the municipal building. García dismounted and threatened to hit López, and accused him of being the one who was frightening people (something López denied). García remounted his horse and rode towards Tzajallumil. He was not seen again

¹⁸⁴ Correspondence from the Chief of the unidad médica of Chamula to Director of Salubridad and Hygiene and the Director of the San Cristóbal Coordinating Center, 25 April 1952, 1.0017, 1952, Salubridad, AHCCTC, CCDISC, San Cristóbal de las Casas, México, 1.

¹⁸⁵ "En esos momentos ya se encontraba bajo los humos del líquido ingerido." Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Ibid, 2.

until 11 the next morning when he showed up in Tzajallumil. García, finding López doing vaccinations, was still drunk, and soon wandered off to find his drinking companion, the municipal secretary.¹⁸⁸

At the time of the incident, the INI was itself seeking to solve what it saw as the debilitating problem of indigenous alcoholism through a targeted effort to attack the alcohol monopoly of a powerful family.¹⁸⁹ The problem of alcohol was especially upsetting to the author of the memo about the incident because it had the effect of scaring two children, whom the INI was extremely keen to target. Children were a frequent point of contention given for the success or failure of promotores in securing cooperation with the vaccination campaigns. The precise dynamics that underlay rejection of INI in these cases are difficult to systematize. A nurse from Chamula writing in 1956 to the chief of the unidad médica described an incident where the promotores' interaction with children provoked their parents to withdraw them from the campaign against whooping cough.¹⁹⁰ The vaccination process in the pueblo where she was stationed commenced at the beginning of May, when she gathered the villagers together to seek to explain why it was necessary to vaccinate their children, a request to which the parents in the village assented. Three or four days after they initiated the vaccinations, two men confronted the vaccination team, saying that their children were ill and blaming the vaccination. They had even consulted with "their doctor to cure them, and if they did it was [our] fault."¹⁹¹ The incident seemed to spiral from this confrontation.

¹⁸⁸ Ibid.

¹⁸⁹ Lewis, *Rethinking Mexican Indigenismo*, 2018, Chapter Four.

¹⁹⁰ Correspondence between unclear (promotor or nurse) and Chief of the unidad médica Mario López García, 2.0029, 1956 Salubridad, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

¹⁹¹ Ibid.

From this moment, the two men informed their neighbors and these neighbors to even more people not to let their children be vaccinated for it was nothing more than a pretext, and that the intention was nothing more than to make the children sick. They gave us a reception or attitude that was truly hostile when we presented ourselves at their homes wanting to vaccinate, and we were barely able to vaccinate only seventy children.¹⁹²

In June when it came time to give the second dosage of the vaccination, the situation on the ground was even more difficult than when the nurse had first arrived at the beginning of May when the inhabitants of the community knew nothing of their intentions. Part of this was because many of the children had been taken to their home paraje because their parents had only been temporarily living in the community in order to fulfill a religious or civil function which only required them to be present for two or three months. “Despite this, those who were presented showed themselves completely reluctant to accept the vaccination, the efficacy of which we explained to them in vain: that the reaction would only last one or two days without endangering the lives of their children.”¹⁹³ But the promotores only succeeded in giving the second dosage to 32 children, or around 50% of the number that had received the first dosage. The variables affecting the ways in which community consent could be achieved in the project of medical acculturation depended, not always successfully, on the health promotor. It also depended on empirical demonstration of the efficacy of the vaccination.

In July, when it was time for the third dosage of the vaccine, the vaccination team encountered numerous empty houses. Many of those households who had consented to be vaccinated during the first dosage were no longer willing. In total, the promotores were able to vaccinate forty-one children during both July and August. Writing to the chief of the

¹⁹² Ibid.

¹⁹³ Ibid.

medical unidad in Chamula in September summarizing that summer's work, the nurse declared that "taking into account the instability of the residents of the three barrios which compose the pueblo would be to pause the campaign in these barrios and pick it up in those parajes where there is an education promotor. It would also help us greatly if the Teatro Guiñol [puppet theatre] would stage Works related to our labor." The nurse also suggested arranging talks with the parents of children and the principales of the area. She ended her report by saying "this is a difficult problem not only for the rejection and distrust in modern medicine but also for the reaction to it, and attempting to convince people without the prior help just listed would be useless."¹⁹⁴ At this point in the campaign, the nurse recognized that preventative medicine as a concept was something that had to be taught more didactically in order to justify the logic of vaccination and achieve the community's consent to have their children vaccinated.

The nurse indicated not only the numerous problems that arose from vaccinating children but the difficulty of altering a negative perception of institutionalized medicine once an impression had been formed in a community. The vaccination work was also complicated by the mobility of the families, both for economic and civil or religious reasons. And when something did go wrong, such as a bad reaction to the first dosage, INI often found itself in competition with the local medical healers to put things right again. And yet sometimes the promoters' embeddedness in the communities was not enough to secure cooperation and could actually contribute to distrust of the INI. In the case of García and López, the familiarity between García and the municipal secretary actually hindered the success of the vaccination campaign.

¹⁹⁴ Ibid.

The 1956 vaccinations came after the major campaigns to vaccinate against smallpox just a few years earlier, and including vaccinations against tetanus, whopping cough, and diphtheria. The reports regarding the first dosage of the vaccines at the clinic in the paraje of Catixtic also noted resistance from families following the dosage, which was partially addressed through organizing talks with groups and interviews with individual families.¹⁹⁵ These acts of rupture and reconciliation with local communities were largely left to promoters to avoid and, if they happened anyways, it was generally up to them to find a way to ameliorate tensions as a basic part of their job.

Preventative Medicine and Puppet Shows

As María Rosa Gudiño Cejudo showed in *Educacion higienica y cine de salud en Mexico, 1925-1960*, public health interventions mobilized the latest in entertainment technology to spread messages about germs or lice.¹⁹⁶ Historian Nancy Tomes has described the evangelization of the danger of the germ by public health officials in the US resulting from period from the late nineteenth century to the 1930s as putting a focus on “the private side of public health.”¹⁹⁷ Changing people’s everyday practices in cooking, cleaning, and personal hygiene required a shift in a range of household tasks that did not seem to have anything on their face to do with illness. Education in this “invisible danger” of bacteria expanded to rural parts of the developing world in the postwar period. In Mexico, some aspects of rural hygiene, such as the promotion of clean drinking water, involved large community construction projects where residents donated labor and received

¹⁹⁵ Correspondence between Director del Salubridad Roberto Roble Garnica and Director del Centro Alfonso Villa Rojas, Salubridad, 1.0002, 1956, AHCCTC, CCDISC, San Cristóbal de las Casas, México.

¹⁹⁶ María Rosa Gudiño Cejudo, *Educacion higienica y cine de salud en Mexico, 1925-1960* (Ciudad de Mexico, Mexico: El Colegio de Mexico, 2016).

¹⁹⁷ Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass: Harvard University Press, 1998).

free or subsidized building materials. Other practices, such as boiling water before cooking and drinking, required a shift in everyday habits as well as increased expenditure of time or money on firewood. Rural hygiene pivoted on the ability to teach people to fear and thus internalize a desire to avoid the invisible: germs and bacteria. As Claudia Agostoni's history of the effort to end smallpox in rural Mexico in the twentieth century highlights, vaccination was linked to a broader project of evangelizing preventative medicine.¹⁹⁸ This involved not only empirically proving the link between these “invisible animals” and disease, but also stressing particular changes that women, especially, should make to the ways they cooked, cleaned, washed children, and constructed homes.¹⁹⁹ All of this education constituted preventative medicine – an essential complement to the INI's clinical interventions, and the area where its activities came closest to “evangelization.”

Among the activities that constituted the INI's mission in the Tzeltal-Tzotzil region in the 1950s, none appears to have been as effective or popular among both adults and children than the educational puppet shows that were produced and delivered by promotores in Tzeltal and Tzotzil.²⁰⁰ Since the 1930s, health campaigns in rural Mexico had experimented with showing films about hygiene produced by Mexican and Hollywood cinema industries, but in this region of Chiapas, the popularity of films paled in comparison to that of the “técnica Guiñol” (puppet theatre technique).²⁰¹ From photographs published

¹⁹⁸ Claudia Agostoni, *Médicos, Campañas y Vacunas: La Viruela Y :A Cultura de Su Prevención En Mexico, 1870-1952*.

¹⁹⁹ See for example, a monthly summary of activities from 1953: “Informe de las actividades desarrolladas por el personal de la unidad médica de Chilil entre 15 de marzo al 15 de abril del año en curso” by Rafael Mijangos Ross, *Salubridad*, 2.0032, 1953, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁰⁰ Lewis, “Mexico's National Indigenist Institute and the Negotiation of Applied Anthropology in Highland Chiapas, 1951-1954,” 622.

²⁰¹ Gudiño Cejudo, *Educacion higienica y cine de salud en Mexico, 1925-1960*.

of the shows, the enjoyment of the gender-segregated audience is palpable.²⁰² In a 1954 article in *Acción Indigenista*, the author noted how “presenting individual and group problems in merry skits [and] with daring and freedom discuss and ridicule the patterns of behavior and traditional values that were harmful to health has provided experiences and results that are truly astonishing.”²⁰³ Unlike in the Hollywood or even Mexican-produced films, the hand puppets wore the same clothing and spoke the same language as their intended audience. Promotores wrote the scripts, translated abstract scientific and medical concepts, and made people laugh in their own language. They drew audiences to reconsider everyday behaviors by using humor to “ridicule [...] the traditional values of the community.” But in promoting modern values in hygiene, health intermediaries mobilized and deployed intimate knowledge of existing customs and habits.

The INI supported the use of puppet shows for reasons that drew on a budding mid-century scholarly literature connecting the social sciences such as anthropology to the behavioral sciences like psychology. The profile of the INI’s puppet theatre troupe in Chiapas noted how the puppets “broke cultural inhibitions on free emotional expression. The agile exchange of questions and answers, of public confessions and solicitations, of demands and concessions, creates a climate of joy, trust, and intimacy that allows the promotor to pass on information pursued by the health program and rapidly solicit participation in the activities that follow.”²⁰⁴ According to the laudatory article, the dynamic and “agile” exchange between audience and puppets helped to predispose the

²⁰² I am not sure if women and men just sat separately at the same performance or attended different performances, but the photos I have found suggest that at the very least, boys and men never appeared in the same photo with girls and women.

²⁰³ “La Salud” in *Acción Indigenista* 21 (March 1954).

²⁰⁴ *Ibid.*

audience to adopt the technical hygienic lessons embedded in the script. The puppet “is not considered a person but a divine entity that is temporarily assimilated within the social structure of the community.”²⁰⁵ This was only the most obvious case of the INI mobilizing the spiritual values of indigenous cultures to transform the merely technical. Even in its most quotidian details, the puppet theatre sought to connect the names, and clothing, and language to the particular community in the audience. A combination of supernatural, emotional, and quotidian details turned puppets into the INI’s most effective instrument to modify beliefs, practices, and attitudes.²⁰⁶ In other words, the genre sought to both appeal to and transform the culture. Whether it did that depends on your opinion about the separability of medical “cultures” in the first place, but the genre undoubtedly marked an enlarged area of state interest and action on behalf of “modern” medicine through the idiom of culture.

²⁰⁵ Ibid.

²⁰⁶ Ibid.



Figure 3. Two INI Health Promoters, María Antonia González Pérez and José Sánchez Pérez, making puppets before a performance. Source: *Acción Indigenista*, June 1955.

The first-ever performance of the Teatro Guiñol was in the paraje of La Granadilla in the municipio of Zinacantán in October 1954. The star of the show was the wise and communicative *muñequito* (little puppet) named Petul, the Tzotzil equivalent of Pedro.²⁰⁷ The decision to name the puppet Petul was traced in an article written a year after his debut. Pedro Díaz Cuscas was the name of a well-known indigenous visionary from nineteenth-century Chamula whose enduring memory in the area facilitated, in the eyes of the promotores, a warm reception.²⁰⁸ The decision to name the puppet Petul not only points to

²⁰⁷ "Teatro Petul" in *Acción Indigenista* 24 (June 1955), 4.

²⁰⁸ *Ibid.*

the promotores' involvement at all stages of planning the Teatro Guiñol, but the ways in which they deployed their knowledge of their own history, language, and epistemologies to cultivate the audience's engagement and sympathy. But their involvement in education also showed technical/material behaviors and attitudes could not be simply exchanged – traditional for modern - the way Caso had described, without implications for the spiritual aspects of culture.

In a reprinted script from a performance, it is still possible to glimpse the opportunities that promotores had for spontaneity and humor; essential elements to make a pedagogical lesson entertaining. Several insects had gathered for a feast, and that feast was a human body: “Do you know who I am? I am doña Pulga. My full name is doña Pulga Piquete, and my favorite food is the blood of people who don't bathe. My compadres and I love to eat dirty people.”

Doña Pulga's friends, the bedbugs and louse, engage in banter about the delicious feast they're making on the ill Mateo's body. Spotting children from afar, one of the bedbugs begs to eat a little bit more, but is told by the Señor Piojo (louse), “Don't you see that they bathe themselves. Their meat isn't as delicious as Mateo's.”²⁰⁹ Mateo and Candelaria emerge at the side of the box, scratching themselves and each other and complaining. Trying to satisfy their itch, they push themselves to more and more absurd extremes to try and cure it.

This play was not performed in Spanish. Several promotores performed it in Tzotzil. In this iteration, the doctor emerges. “Aha!” he exclaims, “I [...] I will cure you right away. Go call my helpers and they'll cure you. Señor DDT!” DDT makes an appearance on set. Then

²⁰⁹ Ibid, 2.

water. Then a comb. Then some soap. Lining up, military style, they respond “a sus órdenes doctor!” (at your orders).²¹⁰ Louse, flea, and bedbug fight bravely, but are doomed, and Candelaria and Mateo leave feeling like new marching to a rousing tune of (and if you clean up, you’ll live happily, because your head, never will you scratch”).²¹¹ Prepped by humor, the audience was then treated to a litany of recommendations: to bathe and brush their hair, clean the house daily, and wash the clothes with soap.

The theatre helps us to consider the aesthetic dimensions of the modernization project of cultural transformation of health.²¹² In contrast to the adherence to modernist “efficient” architecture of hospitals and clinics – along with their hierarchies – the puppets were integrated within local aesthetics. An important aspect of their appearance was the specificity of their clothes in relation to the area of the performance. In los altos of Chiapas, the different indigenous communities signal their membership through particular clothing, such as the black wool skirts of the women of San Juan Chamula. The staging of the play was simple and portable.²¹³ Audiences also seem to have been gender segregated, though this was never an explicit part of the intentions behind the performances, and it followed a broad gender segregation in much of the INI’s work in education and health, particularly making hygiene an aspect of women’s additional burdens. These included the economic development workshops of the INI where men received technical knowledge about agriculture and women learned to sew.²¹⁴

²¹⁰ Ibid, 3.

²¹¹ Ibid.

²¹² Gudiño Cejudo, *Educación higienica y cine de salud en Mexico, 1925-1960*.

²¹³ Note 131, 4.

²¹⁴ Reports from social workers, Dirección, 2.0050, 1954, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

The four promotores involved in the Tzotzil-language puppet shows were profiled in a 1955 issue of *Acción Indigenista*. Teodoro Sánchez, thirty-one years old, was born in a bilingual community of Ixtapa where he spoke both Tzotzil and Spanish as a child. He served in the army, had visited Mexico City, and now lived in San Cristóbal with a wife and child. In a profile in the INI's official bulletin, the gushed: "Teodoro is ingenious, responding to situations and difficult questions in Tzotzil through puns, imitation, parody, says the right joke and brings to the hearer an effective lesson."²¹⁵ Another man, Pedro Pérez Pérez, was twenty-two years old and from Zinacantán. He began learning Spanish at nine, and his movements had been limited to the area around his home town, but the job as promotor in the theatre involved much travel.

The only woman performer, María Antonia Gonzalez Pérez, was 42 years old. "Until just a few weeks ago, she had not been in either Tuxtla or Mexico City [...] She weaves wool and cotton and learned both Spanish and Tzotzil as a child. "On her depend six people."²¹⁶ This short reference pointed to the INI's powerful economic role for the women who worked in the institution. Much like rural teachers a generation earlier, the role of promotor in health changed the career possibilities for women in rural Mexico; it also changed their relationship to governance in social development, making it more visible. Social development as an area of state action in indigenous communities created a complex dynamic of dependence on early indigenistas. For a small group of women intermediaries who had fewer options for household sustaining wages than men, that dependence could be tied to the survival of an entire household.

²¹⁵ "Teatro Petul" in *Acción Indigenista* 24 (June 1955), 4.

²¹⁶ *Ibid.*

The performers (promotores or nurses) designed and constructed the puppets and their simple sets. They were not just responsible for crafting human representations, but also a variety of insects like fleas and bedbugs, tools like combs and soap, and chemicals like DDT and water. The article noted that “to represent these [items of hygiene lessons] they initially ran into the problem of symbolism [...] This was resolved by letting the indigenous people themselves dictate the terms of the representations for animals and objects, without any outside intervention and foreign help.” Their success in constructing amenable representations after the initial failures of the vaccination program confirmed the effectiveness of the promotores’ cultural understanding of the communities, which went far beyond language, including the translation of chemicals and the illustration of “invisible dangers” of bacteria.²¹⁷

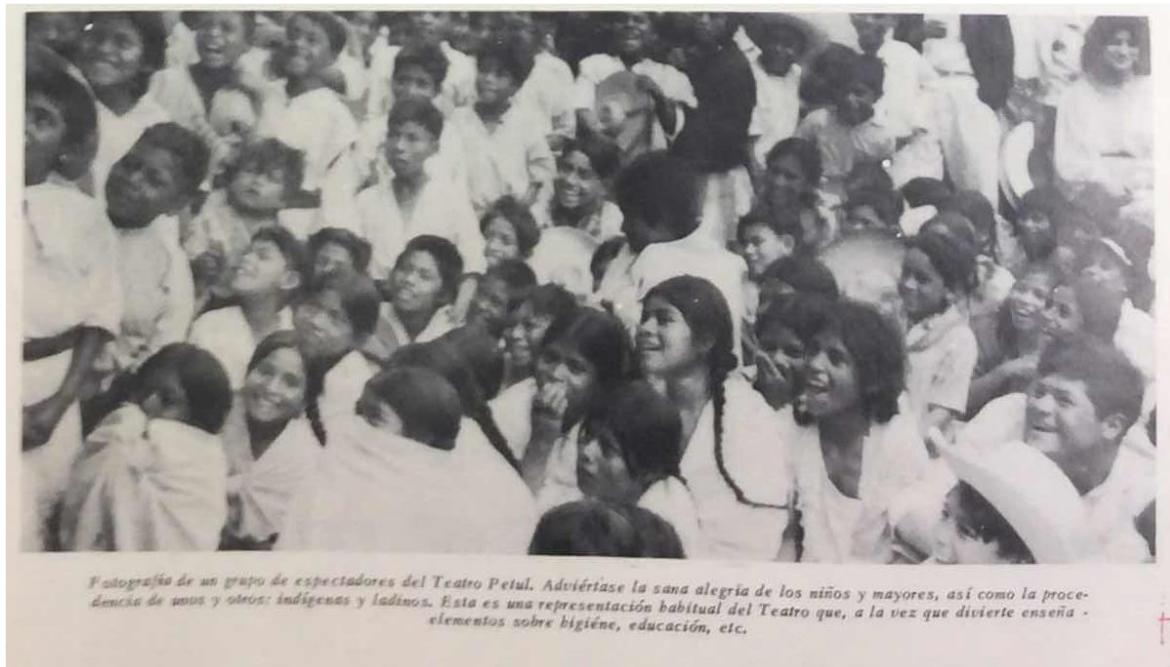


Figure 4. “Photograph of a group of spectators of the Teatro Petul. Notice the healthy joy of children and older people, as well as the origins of the children and others: indigenous and

²¹⁷ “Teodoro Sánchez: Fragmentos de autobiografía,” by Rosario Castellanos and Teodoro Sánchez in *Acción Indigenista* 70 (April 1959), 1.

ladino. This is a typical scene of the Teatro which, at the same time as it amuses, teaches hygiene, education, etc.” Source: *Acción Indigenista*, June 1955.

Conclusion

Medical intermediaries like the INI’s health promoters tell us about historical shifts in the preoccupations of the state. In the 1940s and 1950s, anthropologists engaged in research and practical programs attended to document or direct indigenous acculturation. A major preoccupation in both research and policy was medical attitudes and practices. Intermediaries played a role in the formation of anthropological theory by serving as “informants,” but they were also charged with fulfilling the INI’s modernizing mission. In this chapter, I have emphasized how intermediaries shaped the practice of public policy. Their political positions in this period on traditional medicine do not jump from the sources, but it is clear that health promoters continued to participate or at least tolerate traditional medicine practices; most “evangelization” activities, like puppet theater, focused on preventative, not curative, medicine. In the local medical economy, these health promoters were an access point for information and resources. And they often benefited from this position to ascend their community hierarchy. Their connectedness to a community’s history, governance, and epistemologies made them valuable to the INI and anthropologists seeking “access.” However, for the health promoters, particularly women, these jobs could be essential to sustaining entire households.

The ways in which medical intermediaries crystallized in the political dynamic of the 1940s and 1950s allows us to see how the state enlarged its interest in the social reproduction elements of expanding capitalism. Contrary to modernization theory predictions, traditional medicine did not face in importance in the medical economy. The INI did not have close to enough resources to fill that role. Traditional medicine was, to a

certain extent, actually integrated more deeply into the relationships between indigenous communities and the state. Health promoters lived the reality of medical pluralism while they used the advantages offered with federal state employment to ascend political hierarchies within their own communities.

The intermediary has been deployed as an analytic category for scholarship on indigenous state or imperial relations in Latin America for the colonial and early national period.²¹⁸ In some ways, twentieth-century historians of the Mexican state have preferred narratives of revolutionary or radical student, peasant, or indigenous groups, which more recently have recently been paired with a wave of studies of non-state groups on the right.²¹⁹ But intermediaries are key to grasping the historical shifts in politicization and governance beyond self-named groups or radical heroes, and they shed light on the people who either resisted or consented to the project of medical acculturation in their quotidian lives. The concept of a cultural intermediary emerged at a period in the scholarship on colonial Latin America when historians began using indigenous in addition to Spanish-language sources. Municipal secretaries and other literate, bilingual figures played an official role in colonial governance between indigenous communities and the Spanish crown.²²⁰ Intermediaries did not “represent” one community versus the other, but, as Yanna Yannakakis has pointed out, were simultaneously vulnerable and responsible to the expectations of both communities (or the state and the indigenous community).

²¹⁸ Alida C. Metcalf, *Go-Betweens and the Colonization of Brazil: 1500–1600* (University of Texas Press, 2005); Yannakakis, *The Art of Being In-Between*. For the modern period and the link between intellectual and intermediary, see Gustafson, *New Languages of the State*.

²¹⁹ Jaime M. Pensado and Enrique C. Ochoa, *México Beyond 1968: Revolutionaries, Radicals, and Repression During the Global Sixties and Subversive Seventies* (University of Arizona Press, 2018).

²²⁰ James Lockhart, *The Nahuas after the Conquest: A Social and Cultural History of the Indians of Central Mexico, Sixteenth through Eighteenth Centuries* (Stanford, Calif.: Stanford University Press, 1992).

Medical intermediaries usefully muddy our sense of the distinction between political intermediary and intellectual while asserting the ongoing relevance of colonial and postcolonial theory for indigenous-state relations in Mexico.²²¹ Recent histories of colonial and postcolonial science have demonstrated the importance of the sites and peoples of the Americas in the development of western scientific theories and biomedical cures to illnesses.²²² Indigenous intellectuals in, featured in Joanne Rappaport's ethnography of post-multicultural Colombia, are teachers, students, and NGO workers whose collective efforts around indigenous culture contribute to the maintenance and endurance of that culture.²²³ The medical intermediaries considered here also contributed to the persistence of culture; in fact, they derived their legitimacy in part for a claim to interpret and understand that culture. And in practice they frequently refused to carry out the ideological mission of state medicine, which was to replace traditional medicine.

²²¹ Claudio Lomnitz-Adler, *Deep Mexico, Silent Mexico: An Anthropology of Nationalism*, Public Worlds, v. 9 (Minneapolis: University of Minnesota Press, 2001).

²²² Pablo F. Gómez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (UNC Press Books, 2017); Palmer S, "Migrant Clinics and Hookworm Science: Peripheral Origins of International Health, 1840-1920.," *Bulletin of the History of Medicine* 83, no. 4 (2009): 676–709; Neil Safier, *Measuring the New World: Enlightenment Science and South America* (Chicago: University of Chicago Press, 2008).

²²³ Joanne Rappaport, *Intercultural Utopias: Public Intellectuals, Cultural Experimentation, and Ethnic Pluralism in Colombia*, Latin America Otherwise (Durham, N.C: Duke University Press, 2005).

Chapter Two - Gender, Development, and Ethnography in the Altos of Chiapas, 1940-1960

Introduction

In their April 1959 issue, *Newsweek* magazine profiled the National Science Foundation-funded research of the University of Chicago's Department of Anthropology in the Altos of Chiapas. Based on an interview with the 35-year old anthropologist and University of Chicago Assistant Professor Manning Nash and "his attractive wife," graduate student June Nash, the article asserted the value of having both men and women conduct ethnographic research because it allowed anthropologists to provide a more accurate and complete understanding of cultural change and modernization in "traditional" indigenous communities.²²⁴ While the article portrayed June Nash in terms of her physical attractiveness and subsumed her research contributions under her husband's *apellido*, it also foregrounded her gender identity as crucial for acquiring expertise about cultural change.

Titled "Indians: Witches and Brew," the article popularized an image of fieldwork as a scene of intrepid researchers and unpredictable natives, noting how Manning and "Mrs. Nash... brought Coleman lanterns, notebooks, portable typewriters – but no weapons of any kind."²²⁵ Manning Nash participated in creating the impression for *Newsweek*'s mostly US readers that fieldwork took its researchers far from modern civilization. "These Indians are very much like their Mayan ancestors," said Manning Nash in an interview; their only link with modernity was "communal water pipes at the village corners and a clinic of the Instituto Nacional Indigenista (INI), serviced by a doctor who comes by in a jeep once a

²²⁴ "Indians: Witches and Brew" in *Newsweek* (31 April 1959), 25.33. Norman McQuown Papers, University of Chicago Special Collections, University of Chicago, Chicago USA: 83-84.

²²⁵ *Ibid*, 84.

week.”²²⁶ Conducting interviews and observing their surroundings, a husband and wife team of anthropologists “made it possible for them to see more of Indian society than they might have, and permitted them to cross-check their findings.”²²⁷

At the time of the article’s publication, Harvard University and the University of Chicago were running multiyear ethnographic research projects out of San Cristóbal de Las Casas.²²⁸ Based out of El Rancho Harvard and Casa de Chicago, they collaborated closely with Mexico’s indigenous agency, the INI, which had established its first Coordinating Center in San Cristóbal in 1951. Both Mexican and US-based anthropologists were drawn to the highlands of Chiapas as laboratory for understanding how “traditional” indigenous communities responded to the forces of modernization, including biomedicine.²²⁹ June Nash got her first experience in fieldwork as a graduate student in Amatenango in 1957 and 1958. The approximately four thousand Tzeltal people who lived in Amatenango and its peripheries were famous for their pottery, which was made by local women. Situated off the Pan-American highway about forty kilometers south of San Cristóbal, in the 1950s and 1960s Amatenango exemplified some of the tensions of “cultural contact” that Coordinating Centers were charged with regulating and accelerating.²³⁰

This chapter is organized around two conceptually distinct though, in reality, overlapping spaces of fieldwork: 1) the anthropologist’s fieldwork site and relations between informants, professors, and students and 2) the INI’s organization and provision of

²²⁶ Ibid, 83.

²²⁷ Ibid, 84.

²²⁸ The projects also involved linguistic, historical, and environmental analyses as part of understanding the local cultures in their totality.

²²⁹ Justus Fenner and Dolores Palomo Infante, “El Archivo Histórico Del Centro Coordinador Tzeltal-Tzotzil de Chiapas: Memoria Del Laboratorio Del Indigenismo En México,” *Desacatos*, no. 26 (April 2008): 75–86.

²³⁰ See Lewis, *Rethinking Mexican Indigenismo*, 2018.

health services using local, bilingual medical auxiliaries.²³¹ In the first section, I show how ideas about gender difference helped to shape both the professionalization of anthropology as well as opportunities for indigenous women to work for the INI. I examine three major ethnographic research projects that occurred in los Altos between the 1940s and 1960s: Sol Tax's six-week ethnographic fieldwork school in 1941-1942, and the various research projects in anthropology under the umbrella Harvard and the University of Chicago in the late 1950s and early 1960s.²³² Even if gender was not an automatic category of exclusion or inclusion of the researcher into a local community, ethnographic insights were formed through fieldwork practices that were determined in part by gender difference and relations among researchers and their subjects.

The "field," as Lyn Schumaker proposed in *Africanizing Anthropology*, is not just a group of anthropologists and their polished monographs. Schumaker's attention to the multi-sited nature of expertise and the "material infrastructure" in postwar British anthropology in Africa was an attempt to go beyond the idea of anthropology as a "handmaiden to colonialism."²³³ By writing a history of anthropology from the perspective of fieldwork, we not only get at the messy translation process between the surety of polished publications and field notes or interview transcripts, but we also see how gender formed a factor in even the quotidian uncertainties and adaptations of locating interviews, filling out surveys, and the other practices that defined "observation." The concept of

²³¹ Lyn Schumaker, *Africanizing Anthropology: Fieldwork, Networks, and the Making of Cultural Knowledge in Central Africa* (Durham [N.C.]: Duke University Press, 2001).

²³² The Harvard Chiapas Project lasted from 1957 to 1980 (active for twenty years), and for the period under consideration was led by anthropologist Evon Vogt. The first University of Chicago project in Chiapas named the Man in Nature Project was active between from 1956-1959 (primarily funded by a grant from the National Science Foundation). The second phase of the project run by the University of Chicago Anthropology Department lasted from 1960-1964 and was known as The Chiapas Project (also founded by the National Science Foundation).

²³³ Talal Asad, *Anthropology & the Colonial Encounter* (Ithaca Press, 1973).

fieldwork captures the institutions – principally the INI and the University of Chicago – but also the actors – promoters, social workers, administrators, graduate students, professors – that came together in the various fieldwork sites for studying or practicing medical acculturation in the Altos in the late 1950s and 1960s. Fieldwork, with its connotation of pedagogy and practice, also ties together the themes explored in the sections of this chapter: the INI project of technifying indigenous midwifery, the role of gender and ethnicity in shaping unequal clinic attendance by indigenous women, and the multiple ways the INI Coordinating Center became a site of apprenticeship and gender regulation for both women intermediaries and graduate students.

The Mexican state had a deep history of using ethnographic fieldwork to produce knowledge about indigenous communities.²³⁴ The INI Coordinating Center in the Altos continued this tradition of state ethnography in its practice of hiring local bilingual and indigenous employees to work as teachers and medical auxiliaries. These agents for the state’s modernization project resembled the relationship between anthropologist and informant in the context of ethnographic fieldwork; they were supposed to serve as reliable brokers of information because of their cultural insider-ness. While some scholars have emphasized how modernist developmentalism sought to transcend ethnic and gender particularities, the second section of this chapter suggests that both anthropological knowledge production and the state project of modernizing indigenous communities in mid-century Mexico were shaped by gendered practices of fieldwork that prioritized the

²³⁴ Paula López Caballero, Ariadna Acevedo-Rodrigo, and Paul K. Eiss, *Beyond Alterity: Destabilizing the Indigenous Other in Mexico*, 1 edition (Tucson: University of Arizona Press, 2018); Roseblatt, *The Science and Politics of Race in Mexico and the United States, 1910–1950*; Peter Wade, *Race and Ethnicity in Latin America* (Chicago, Ill.: Pluto Press, 1997).

expertise that comes from lived experience and cultural familiarity.²³⁵ Turning attention to the local history of mid-century anthropology and state indigenous policy, I show how the INI emerged as a site for both potentially life-saving employment for some women while also taking on the role of a disciplinary institution through implementing conservative standards for evaluating women's suitability for employment by reconstructing their sexual morality. The practical exigencies of fieldwork helped mold the INI's biomedical model of medical attention to accommodate the interests and demands of indigenous women to be accompanied by other women in encounters with male health workers. Gender was not only crucial to developing state and anthropological expertise in this period, it was also a factor for molding the practices of the modernizing state from the bottom-up.

Attending to gender in the context of INI and anthropological fieldwork has the added benefit of showing the space that developed between acculturation theory and practice. One key lesson is that women's medical labor, which was often necessitated by the need to accommodate women patients, was often integrated in informal and unpaid ways. This sets part of a longer trend that is important to understanding contemporary activism of some midwives in Chiapas against integration. For the INI, training midwives in "technical" obstetrics formed part of a longer state practice of integrating and licensing midwives. Curanderos, on the other hand, were considered to possess spiritual knowledge and local political power. Western medicine, which was technical and scientific, could not simply "replace" spiritual aspects of traditional indigenous medicine. But it could replace the technical aspects of culture. So, the INI sought to provide technical instruction to

²³⁵ Mitchell, *Rule of Experts*; Maria Josefina Saldana-Portillo, *The Revolutionary Imagination in the Americas and the Age of Development*, Latin America Otherwise (Durham [N.C.]; London: Duke University Press, 2003).

midwives on the use of pharmaceuticals, while curanderos were generally left to their own initiative to seek out knowledge and resources of state medicine. However, this understanding of the merely “technical” role of midwives ignored their political and spiritual influence, something that is evident in the field notes of women anthropologists in particular.

Pedagogy and Professionalization: The First Generation of Women Ethnographers and Promotoras de Salud in los Altos

The first part of this section relies on the field notes of anthropologists and University of Chicago doctoral graduate students Calixta Guiteras Holmes, Joan Ablon, and Esther Hermitte. Although the ethnographic fieldwork for her dissertation was completed in the late 1950s under the umbrella of the Casa de Chicago in San Cristóbal, Calixta Guiteras’ first fieldwork experience in los Altos preceded this by more than a decade. She was part of Sol Tax’s first fieldwork school in Zinacantán in the early 1940s, and was selected by Tax to conduct additional six-month long field research the following year. Of the fourteen students taking Tax’s class on ethnography in 1942, there were four women. In addition, to Calixta Guiteras, the other women were Hanna Kirchoff, Barbro Dahlgren, and Sylvia Rendón.²³⁶

The Tax fieldwork school in Chiapas had the support of the Mexican government and was an extension of a class given in the anthropology section of the rural medicine program at the Instituto Politecnico Nacional in Mexico City. In October 1941, a mere two months into giving the class in Mexico City, Tax wrote to his mentor and colleague Robert Redfield about possible problems arising from the presence of women in the future

²³⁶ Letter from Sol Tax to Alfonso Caso, 5 August 1942. Sol Tax Papers, 56.1 Sol Tax Papers, University of Chicago Special Collections, University of Chicago, Chicago USA.

fieldwork school's practical six-week training in Chiapas beginning that December. Sol Tax wrote to Redfield that the students who were going to participate in the trip after it received official approval were "Acosta (Venezuelan), Cámara (Yucatecan), Rosas and Pozas (Mexicans), Carrasco (Spanish), and Dahlgren (Swedish and female). In addition, Anne Chapman (USA) is coming with official approval but at her own expense. Finally, Calixta Guiteras (Cuban) – the wife of Juan Comas – may or may not come."²³⁷ It is telling that Tax only listed the gender of the female participants, but it was suggestive of his special concerns about a mixed-gender school.

Sol Tax went on to write in the same letter to Redfield that "Calixta Guiteras should have been named." The selection committee had assumed that "because she had enough money to come on her own," she did not require their financial support, which was why they did not put her on the class list. Tax feared that Guiteras felt the offense keenly, noting that, "her pride is hurt and she is angry."²³⁸ It is not clear what evidence the committee used to determine Guiteras did not require financial support. It is clear, though, that Guiteras, already an established scholar, was offended by the assumption her contributions to the school were not being legitimized in the same way as her peers.

Tax was eager to finalize Guiteras's participation because he imagined she would provide a stabilizing influence on the other young women attending the fieldwork school. Tax wrote to Redfield that "[he] would like her to come, for of the other two women, one has a reputation for looseness and the other is very young – and Calixta might be a steadying influence – and add, besides, a good mind and genuine interest to the party." He

²³⁷ Letter from Sol Tax to Robert Redfield, 17 October 1942. Sol Tax Papers, 56.1. Sol Tax Papers, University of Chicago Special Collections, University of Chicago, Chicago USA.

²³⁸ *Ibid.*

then requested a 100-dollar fellowship from Redfield for Guiteras, noting that “It is also possible that she cannot afford it as well as some think.” Given the high number of unpaid wives working as “assistants” in fieldwork, it clearly was not expected that a married woman would require subsidization. Tax sought to manage one woman student’s “reputation for looseness” by deploying the steadying influence of another, married, woman. Not only were the women students singled out for possible infringements of sexual morality; they were also charged with the implicit responsibility of managing each other’s behavior.

Calixta Guiteras Holmes, along with her husband, Juan Comas, would prove to be an enduring colleague to both Sol Tax and Robert Redfield in Chiapas. Guiteras was born in Philadelphia. Her mother was a US citizen while her father was Cuban, and the family moved to Havana when she was ten. She earned her PhD at the University of Havana in 1927 but her involvement in revolutionary politics meant that she had to flee to Mexico in 1935. In 1952, Redfield commissioned Guiteras to conduct a study of a “worldview” of a Tzotzil person, taken as he was at that moment with a mid-century interdisciplinary interest in worldview as a rubric for studying culture.²³⁹ Using 1000 dollars from a Ford Foundation grant, the extensive interview that Guiteras conducted with a Tzotzil-speaking indigenous man from San Pedro Chenalhó so impressed Redfield when he read it that he pushed for its publication. Her interview with Manuel Arias Sojóm in 1953 capped almost ten years of working as her “best informant” (she had first made contact with him in 1944 as part of a follow-up research trip to Tax’s fieldwork school).²⁴⁰ The resulting book, which was

²³⁹ Sol Tax, “Afterword,” in *Perils of the Soul: The World View of a Tzotzil Indian* (New York: Free Press of Glencoe, 1961), 346-347.

²⁴⁰ Letter from Calixta Guiteras to Robert Redfield, 6 July 1953. Reprinted in Sol Tax, 358.

published in English as *Perils of the Soul: the world view of a Tzotzil Indian* in 1961 and in Spanish in 1965 by the Mexican state publishing agency Fondo de Cultura Económica, innovated the genre of “community study” by triangulating from a general culture to an individual-focused study of *conceptions*.²⁴¹

Tax was not nearly so troubled about policing the sexual morality of his male students. On the contrary. In an entry in his fieldwork diary from December 6, Tax wrote that “when [he] was in Las Casas three days ago [he] suggested to Urbina [official of state indigenous affairs office] that when the boys come up he introduce them to some of the young ladies in town at the Sunday night dance. Of course, he will do this, and I hope they will have a good time and come back impatient to work.”²⁴² Tax not only was not worried about needing chaperones for the male students. He positively facilitated social encounters between them and the “young ladies” of San Cristóbal. Tax’s different attitudes towards the extra-curricular activities of men and women students shows how ethnographic “access” increasingly pivoted on having both men and women researchers, but that neither the fieldwork schools nor local communities were always ready to accommodate this new professional necessity.

María Esther Álvarez Hermitte arrived in Chiapas to do fieldwork in Pinola in the summer of 1959 and she wrapped up in 1961. Pinola was a mixed Tzeltal and ladino community between San Cristóbal and the Guatemala border. Hermitte had worked as a professor of history in Buenos Aires, but there was no center for teaching social

²⁴¹ “Notes on World View and Principal Concepts.” Reprinted in Sol Tax, 369.

²⁴² “Fieldwork Diary.” Sol Papers 100.1, 7. Sol Tax Papers, University of Chicago Special Collections, University of Chicago, Chicago USA.

anthropology in Argentina until 1958.²⁴³ Hermitte thus trained in the functionalist community standards popular among the University of Chicago and Harvard researchers, but her work on Pinola does not exhibit any tendency to show the indigenous community as “outside” of modernization, a stereotype often associated with community studies from this period.²⁴⁴ Her field notes from Pinola in 1959 and 1960, which were published in 2007 but are also held at the University of Chicago Special Collections, instead show her interests in a diverse community of foreigners, ladinos, and indigenous people. Her informants formed a close-knit circle of principales (senior traditional leaders) with abilities as médicos (traditional medicine doctors). She gets especially interested in the interplay between medicine, politics, and witchcraft (brujería) after a local witch was murdered for echando mal (“casting the evil eye”). Her efforts to understand the social organization of the medical and spiritual world of Pinola intersect with her interest in finding out which witch or act of witchcraft befell the victim, Javier Utrilla. Witchcraft was a powerful front against ladino-ization of the indigenous communities, according to Hermitte.²⁴⁵ Indigenous traditional medicine doctors, especially those with the ability to pulse and detect the origins of the evil eye, played a key role in civic governance and public health at its most basic level, that of bodily security. The principales wielded influence in the political sphere in part for the fear and respect they inspired from their ability to heal and detect evil.

Simultaneously, Hermitte’s field notes attest to the deep and complex integration of state medical resources and epistemologies into the health practices of the indigenous residents of Pinola. On her first day of fieldwork, she recounts how an indigenous midwife

²⁴³ Andrés Fábregas Puig, *Chiapas en las notas de campo de Esther Hermitte* (San Cristóbal de las Casas, Chiapas: Universidad Intercultural de Chiapas, 2007), 25.

²⁴⁴ Fábregas Puig, 27.

²⁴⁵ Fábregas Puig, 33.

asked her to give an injection to a woman patient in order to strengthen her liver.²⁴⁶ At another point, she observes how a diagnosis by a medical doctor of a child provoked a gathering of people to call on the child's spirit for his protection.²⁴⁷ Diagnoses and cures from both traditional and modern medical "systems" could be both appropriated and combined in the everyday practice of medical decision-making.

Hermitte's ability to follow her interest into the links between health and community politics depended on the careful cultivation of her relationship with the *principales*, also known as *mamaretiks* in the locality where she worked. One of the regular modes of *convivencia* between researcher and informant involved drinking alcohol.²⁴⁸ Hermitte had to maintain her balance enough to be able to ask questions and record answers, but the research rewards of being able to catch informants at unguarded moments made it important for her to participate. And although all of the *principales* were men, Hermitte's gender did not form the presumptive barrier that *Newsweek* wrote about with respect to the *Nashes*. Hermitte, working under Professors Julian Pitt Rivers and Norman McQuown, lived her day-to-day life without supervision by a lead researcher. Indeed, her fieldnotes show a preponderance of male informants that undermines the idea of a strict gender binary system in which men worked outside and women inside the home.

Still, Hermitte was not able to live outside of the pressures of local gender norms. In one conversation that involved gossip about a local *gringa*, someone asked her "You (plural, referring to anthropologists in general) like to have people in your house, no?" "Yes," replied Hermitte. The questioner responded, "Ah, because today I heard two women

²⁴⁶ Fábregas Puig, 47.

²⁴⁷ Fábregas Puig, 125.

²⁴⁸ Fábregas Puig, 249.

talking who said there is a gringa in the town who likes to have men in her house, during the night, and they close the doors and nobody knows what goes on.” Hermitte finished her field notes of the day, writing “this is the price that a woman pays for fieldwork in a community where gossip constitutes breakfast, lunch, dinner, supper, and the sheets.”²⁴⁹ Although Hermitte profited from the Chicago connections with the INI and its own local network to secure such valuable contacts, she was not immune from local gossip that took shape around a central part of fieldwork: socializing informally with informants.

In the eyes of both the INI and university-based anthropologists, a gendered political economy bifurcated the practice of cultivating informants and making observations along a gender binary of men and women. To a certain extent, they were correct about the gendered labor economy. Hermitte successfully cultivated male informants, but was also subject to gossip for it. While Villa Rojas was enthusiastic about Hermitte coming to the highlands for both her language and gender, he expressed a belief that fieldwork had to mirror the broader gendered political economy. Nevertheless, as can be seen in both Hermitte’s field notes and Guiteras’ *Perils of the Soul*, women anthropologists also worked extensively with indigenous men. Analysis of INI clinic attendance records and the fieldwork difficulties of William Holland later in this chapter suggest that men anthropologists and medical workers sometimes had more difficulty making relationships with indigenous women informants and patients. Ethnographic “access” for development initiatives and fieldwork schools pivoted on a growing recognition that not only race and culture, but gender difference, had a deep relation to tradition and processes of cultural change.

²⁴⁹ Fábregas Puig, 65.

By the time of El Rancho Harvard and Casa de Chicago in the mid-1950s, the INI was deeply invested in anthropological observation in its area of work in los Altos. The INI played an important logistical role for the Casa de Chicago program. In February 1959, when he was director of the Coordinating Center, Mexican anthropologist Alfonso Villa Rojas wrote to University of Chicago linguist Norman McQuown (“Mac”) about the idea of Esther Hermitte doing fieldwork in Chiapas.²⁵⁰ “Esther Hermitte told me there is a possibility she will do some fieldwork here in Chiapas. The news delights me because apart from being a good friend, it is urgent that ‘una mujer de lengua hispana’ helps to penetrate aspects of indigenous life not yet touched up until now.”²⁵¹ Villa Rojas’s belief that both Hermitte’s gender and her language skills represented a valuable contribution to the US university teams of anthropologists then working in the area of the Coordinating Center hints at how gender was conceived of as a special skill comparable to language ability. After the mid-1950s, the INI in Chiapas had shifted to hiring local indigenous and bilingual employees.²⁵² Rojas’s comments about Hermitte’s gender as an additional quality of expertise suggests that by the late 1950s, the local INI had also absorbed this insight and was actively recruiting women promotoras.

The INI’s interest in integrating and training parteras (midwives) emerged from the practical realization that despite the growth of its medical mission in the Altos in the 1950s, it was failing to get indigenous women to give birth in clinics or switch from using midwives to biomedical doctors. In other areas of healthcare such as vaccinations, in which

²⁵⁰ Letter from Alfonso Villa Rojas to Norman McQuown, 21 February 1959. Norman McQuown Papers: CH39.9. Norman McQuown Papers. University of Chicago Special Collections, University of Chicago, Chicago USA.

²⁵¹ Ibid. In the same letter, Villa Rojas also mentions distributing cheques for a graduate student from the Casa de Chicago funds.

²⁵² Lewis, *Rethinking Mexican Indigenismo*, 2018.

the INI was more successful in reaching indigenous women, the INI turned to a strategy of using the paid and unpaid labor of women to serve as witnesses and intermediaries in encounters between male biomedical workers and indigenous women. Social workers often served as these “gender intermediaries” in health care encounters. Records from the Coordinating Center in San Cristóbal paint a picture of their hiring practices which resonate with the gendered expectations of sexual morality from Tax’s fieldwork school more than a decade earlier. In one hiring effort to get more women social workers in the mid-1950s, an INI social worker used hearsay evidence about an applicant’s sexual morality to comment negatively on her job application. In April 16 1954, she (anonymous) wrote an extensive evaluation of one woman student seeking to join the Internado, Matilde Rodrigues (a pseudonym). Originally from Chanal, a highland Tzeltal-speaking cabecera, Rodrigues was twenty years old and, the report noted, unmarried.

Rodrigues had recently been abandoned by her husband, but according to the social worker’s evaluation, she refused to be forthcoming about why she had broken with her husband. Given the details of the case that emerge from the social worker’s report, it is also possible Rodrigues abandoned her husband. The social worker noted in her report, “the applicant is lively and restless always trying to call attention of the opposite sex, obtaining great acceptance.”²⁵³ Continuing to describe the applicant’s morality: “She is content to have returned home despite this it is notorious that she is independent” and even has “little to do with her family, who are ashamed of her.”²⁵⁴ Part of the interviewing process was an inspection of Rodrigues’ home, which the social worker found clean and orderly. The

²⁵³ “Trabajo Social de 1954,” Dirección, 1954, 2.0050, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁵⁴ Ibid.

social worker ended her report on Rodrigues by signaling that “you can appreciate that for her [Rodrigues] this place [the INI] is a way to acquire comforts with the least amount of effort on her part.”²⁵⁵ The fact that the candidate sought to join the INI “by her own will without taking into account the opinion of her family,” was a dark spot on her application.²⁵⁶ Following up on it, the social worker noted in her report a piece of gossip she had learned: Rodrigues had been abandoned by her husband a month previously, and he accused her of failing to be “ama de casa” (homemaker) as well as of cheating on him with other men.

In addition to a home visit to check the candidate’s cleanliness, the social worker undertook to interview Rodrigues’ estranged mother. While the candidate passed the home inspection, the social worker recommended against hiring her, noting that she had left her husband and was rumored to have cheated on him. This report sheds light on not only the mediation provided by locally situated employees in the recruitment of new employees. It also shows that, in the case of this young woman who had left her husband, the possibility of employment with INI also meant the ability to support herself outside of an estranged family and husband to whom she could not return. After only a few years of existence in the Altos, the INI had become both a disciplinary institution in its hiring practices – adhering to narrow ideals of abnegated femininity for hiring women – while also emerging as a new opportunity, particularly for young people who lacked an independent basis to support themselves in their communities.

Technical Marginalization: The State, Midwives, and Integration

²⁵⁵ Ibid.

²⁵⁶ Ibid.

Social histories of medicine in Latin America have, until recently, largely focused on urban areas.²⁵⁷ Yet recent histories of rural public health have emphasized the importance of economic imperatives in shaping the state's attitudes towards rural medicine.²⁵⁸ As Raúl Necochea López has shown in his study of reproductive healthcare policy in mid- to late twentieth-century Peru, the promotion of family planning could fit into a broad spectrum of political programs, from conservative programs for family improvement from the 1920s to the 1950s to the initiatives of the left-wing dictatorship in the 1970s.²⁵⁹ The arrival of the state in the provision of resources for reproductive health is a defining characteristic of twentieth-century rural health in Latin America.²⁶⁰ At least some of the women in los Altos in this period served by INI programs openly sought increased resources for family planning.²⁶¹

The expanding reach of the Mexican state's biomedical health mission in los Altos during this period relied on the paid and unpaid labor of indigenous and non-indigenous women acting as intermediaries and midwives. Examining the first generation of professional women anthropologists in Colombia in the 1940s, Marcela Echeverri has

²⁵⁷ Diego Armus, *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870-1950* (Durham; London: Duke University Press, 2011); Katherine Elaine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001); Katherine Bliss, "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City," *The Hispanic American Historical Review* 79, no. 1 (1999): 1–40; Sueann Caulfield, *In Defense of Honor: Sexual Morality, Modernity, and Nation in Early-Twentieth Century Brazil* (Durham: Duke University Press, 2000).

²⁵⁸ Bryan Sitzes, "Sanitized Modernity: Rural Public Health in Mid-Twentieth Century Khuzestan," *Iranian Studies* 0, no. 0 (July 5, 2019): 1–30.

²⁵⁹ Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill [North Carolina]: The University of North Carolina Press, 2014).

²⁶⁰ As distinct from the nineteenth century. See Nora E Jaffary, *Reproduction and Its Discontents in Mexico*. (The University of North Carolina Press, 2016).

²⁶¹ "Ponencia: Hace falta planeación familiar en las familias indígenas," 1951, 5.0094, Salubridad, El Archivo Histórico del Centro Coordinador Tzeltal-Tzotzil de Chiapas (hereafter AHCCTTC), Centro Coordinador para el Desarrollo Indígena San Cristóbal de las Casas (hereafter CCDISC), San Cristóbal de las Casas, México.

argued that they helped shape the expanding state social structure to focus on family issues and promoted national integration through a diffusionist approach to cultural change.²⁶² In Mexico, the fieldwork schools in los Altos provided a paradigm for studying gender in relation to cultural change that the INI also adopted in its approach to expanding biomedical care. Within the first year of founding the first INI Coordinating Center in los Altos, a letter from the jefe (director) of the unidad médica (medical unit) in Chamula, a Tzotzil-speaking municipality ten kilometers from San Cristóbal, mentions giving training in how to attend a birth to a local woman who was not one of the promotores.²⁶³ The letter also mentioned “having done labor to have parteras (midwives) attend the unidad médica to receive instructions, including in the use of Ocitocina.”²⁶⁴ Ocitocina was provided in a serum and used to prevent post-partum hemorrhaging. The same letter also mentioned curanderos attending the clinics in search of “assistance, and they also make use of Allopathic therapeutic medicines.”²⁶⁵ Within the first year of establishing the unidad médica at Chamula – site of the INI’s first clinic and which became a model for subsequent clinics – the operating principle of medical pluralism was developing within the INI’s clinics and pharmacies with undeniably gendered dynamics.

The INI’s different attitude towards “integrating” parteras in scientific medicine was in part due to an undervaluing of reproductive knowledge as “technical” and thus less powerfully rooted in “traditional” power hierarchies in medicine and politics. In a 1959 article, Doctor Robles Garnica (Director of Health Services at the San Cristóbal

²⁶² Marcela Echeverri Muñoz, “Antropólogas pioneras y nacionalismo liberal en Colombia, 1941-1949,” *Revista Colombiana de Antropología*, no. 43 (2007): 3.

²⁶³ Letter from Doctor Ponciano Araujo Lacorti to the Jefe de la Sección de Salubridad, 30 November 1951, 1951, 1.0001, Salubridad, AHCCCTC, CCDISC, San Cristóbal de las Casas, México.

²⁶⁴ *Ibid.*

²⁶⁵ *Ibid.*

Coordinating Center in the 1950s) explained how the INI had adjusted its attitude towards traditional medicine providers over its nearly ten years providing health services in los Altos.²⁶⁶

A brief number of experiences seem to indicate that the use of indigenous people identified as curanderos are not useful to the program, at least in the most conservative groups, because their role is to oppose any change. This is because the curandero is something more than just a doctor inside indigenous institutions. He is the repository of traditional knowledge, the only person to whom the Indians turn to, in complete faith, in times of illness. Traditional medicine is more or less integrated within the conceptual system and religious practices of the community and the curandero, repository of medical wisdom or part of it, has, often, the character of a sacred person.²⁶⁷

Disputing the notion that it had been necessary to obtain curanderos' permission before implementing health programs, Robles Garnica noted that "in our areas of work we have seen that despite the pre-eminence of the curandero, it is not necessary to consider [their] opinion for the majority of sanitary actions and, when we do consult their opinion, it is in relation with a concrete problem and for the good of the program."²⁶⁸ Robles Garnica argued that curanderos' utility for the INI was related to their political and spiritual influence, not the effectiveness of their medical interventions. Given the importance of curanderos for the overall success of the INI in indigenous communities, there was no reason to provoke a confrontation, and the two networks of medical providers mostly worked on parallel tracks until the 1970s.

Doctor Robles Garnica's logic for targeting midwifery for technical training pivoted on their status in their community, at least as he understood it. "Although they continue to abide by traditional practices in pre and postnatal care and the birth, many times comadronas (midwives) do not have the superior status of the curandero, they are not as

²⁶⁶ Roberto Robles Garnica, "El programa de salud: La tarea del INI" in *Acción Indigenista* 59 (May 1958).

²⁶⁷ *Ibid.*, 2.

²⁶⁸ *Ibid.*

conservative, and, therefore are prepared to receive some instruction.”²⁶⁹ In the relaunched health division of the Coordinating Center of los Altos in 1956, there was no mention of training curanderos, even though the INI in los Altos saw in their prestige to be a useful asset.²⁷⁰ On the other hand, the relaunched health division explicitly mentioned the training of midwives to help them integrate pharmaceuticals and modern ideas about hygiene into their repertoire.

To a certain extent, Robles Garnica’s view of midwifery’s disconnection from spiritual and political matters is contradicted by the accounts of the practice by anthropologists in their field notes. Despite the INI’s assumption that midwives held little influence on the broader cosmovisión and political hierarchy of indigenous communities compared to curanderos, the records of anthropologists working in los Altos in the late 1950s and early 1960s testify to a range of complex services performed by midwives. In a report composed for the Casa de Chicago’s Mesa Redonda (Round Table Meeting), Roberta Montagu presented a paper which included detailed information on the practices of parteras as well as their social situation in three villages in the Tzeltal community of Ocosingo.²⁷¹ “The parteras are usually the older women. The children address them as *chich*, a grand parental term used only for the partera who delivered the individual. The reciprocal is *kilal*, the term for my grandchild.” The partera “is paid in food, chickens and trago [alcohol], never with money.”²⁷² We see a parallel in the lack of cash payment for partera services in the case of curanderos, who also received food or alcohol but less often

²⁶⁹ Ibid.

²⁷⁰ Lewis, *Rethinking Mexican Indigenismo*, 85-6.

²⁷¹ “Research Papers on the Chiapas Project,” Manning Nash Papers, 10.9. University of Chicago Special Collections, University of Chicago, Chicago USA.

²⁷² Ibid.

cash. Both parteras and curanderos remained in a different economy from the medical services offered by the INI, which charged indigenous peoples a lower rate for its services than ladinos.²⁷³

One of the possible explanations behind the INI's policy of equipping midwives with technical knowledge rested on the presumption that it was a profession disconnected from the social and political system of the community. But evidence from the field notes shows that for parteras, the connection with patients could go much deeper than just assisting with the birth like medical doctors. One of the practices of the midwives observed by Montagu played a role to ensure the child's spiritual safety. Describing a post-birth scenario, Montagu writes how "a thread is soon tied around the baby's right wrist and a shiny hard-shelled beetle is attached to the thread for it to play with. Another thread is tied around the left ankle and glued to the ankle with the father's saliva if he goes away, so that the child will not miss him and its soul go out looking for him. In that case the baby would die."²⁷⁴ In this case, Montague described the postpartum imparting of the two threads as linked to a form of spiritual safety in relation to the child's father. The idea that the father might go away was also undoubtedly present given the migration of men from los Altos to work in lowland plantations for stretches of the year.²⁷⁵ Further, as related by Montagu, the forms of address for the partera likewise denote a long-term and kin-like connection between the partera and the child.

²⁷³ Letter from Ricardo Romero Flores to Dr. Marco Tulio Castro, 13 December 1961, 1961, 1.0005, Salubridad, AHCCTC, CCDISC, San Cristóbal de las Casas, México.

²⁷⁴ Ibid.

²⁷⁵ See Jan Rus, "Local Adaptation to Global Change: The Reordering of Native Society in Highland Chiapas, Mexico, 1974-1994," *Revista Europea de Estudios Latinoamericanos y Del Caribe / European Review of Latin American and Caribbean Studies*, no. 58 (1995), 73.

There is also evidence that points to the political organizing of parteras. Montagu later described an incident where more than one partera helped to evict people from their community, probably Protestant missionaries, who were saying prayers, because “they attract problems.”²⁷⁶ At this time in los Altos, Protestant evangelism was siphoning significant numbers of believers from the Catholic Church and the related “traditional” system of cargo-based community governance.²⁷⁷ Even if these parteras were outside of the community political hierarchy, they commanded sufficient influence to organize the expulsion of new arrivals. Taken together, the information reported by Montagu from Ocosingo pointed out that parteras had a wide-ranging impact in their communities that touched on the same themes of political influence and prestige that the INI exclusively attributed to more male-dominated traditional medicine roles of curandero.

Anthropologists in the Chicago Chiapas Project also showed an interest in inquiring into knowledge about sexual and reproductive health. Esther Hermitte began her report to a group roundtable meeting by stating “there is little knowledge of the cause of fertilization. It has been difficult to talk about this theme with informants and so perhaps what is expressed below could be erroneous.”²⁷⁸ For the most part, people responded to her questions with “pende en Dios” (it depends on God). In Pinola, the comadronas who attended the birth were also all women.²⁷⁹ The father and the partera were in charge of the ceremony of burying or burning the baby’s placenta. Hermitte’s own caution and uncertainty about her description of views on the “ciclo vital” show the reticence of both

²⁷⁶ Roberta Montagu from San Antonio. Norman McQuown Papers: 55.12, 147. University of Chicago Special Collections, University of Chicago, Chicago USA.

²⁷⁷ See Lewis, *Rethinking Mexican Indigenismo*, 38 and 125.

²⁷⁸ “Ciclo Vital,” Norman McQuown Papers: 48, 5. University of Chicago Special Collections, University of Chicago, Chicago USA.

²⁷⁹ *Ibid*, 2.

the researcher and possibly also her informants about discussing fertility. Even as INI administrators and Chicago anthropologists thought gender would help women anthropologists bring more indigenous women onboard as informants, it did not always work out this way. But the fact that fertility exercised such a silencing impact also attests to the unique role of the midwife in this context, for she was the only non-family member present at the birth of the child and carrying out the spiritual tasks, such as burning the placenta, to ensure the child's safety. As shown in Figure 5, the labour of women working in traditional medicine could be easily erased as merely "technical." The photo description reads "curer's wife brews herbs and serves them," rendering merely technical the labor of selecting, preparing, and portioning medicine.



Figure 5. Title “During curing ceremony, curer’s wife brews herbs and serves them.”
Source: Norman McQuown Papers, University of Chicago Special Collections.

The training of parteras was not just a feature of the INI’s work. Other state agencies working in rural Mexico had incorporated training programs for parteras. In 1926, the first programs for training *parteras empíricas* targeting rural areas were developed by the Departamento de Salubridad.²⁸⁰ And by the mid-1950s, the two major health service agencies for rural Mexico - Servicios Médicos Rurales Cooperativos and the Programa de Bienstar Social Rural – had also provided training to parteras empíricas.²⁸¹ The INI and other rural health agencies displayed a common modernist trope in their belief that the apolitical nature of parteras in their communities – and thus the apolitical nature of reproduction – made them more amenable to incorporating new medical technologies.²⁸² As shown in the final section of this chapter, the INI policy also emerged in response to the decisions of indigenous women to avoid the clinics, particularly for reproductive health. Yet, as demonstrated from the ethnographic excerpts from the late 1950s and early 1960s in los Altos presented in this section, parteras exerted a very real influence in spiritual and political spheres. Technical knowledge of reproduction was not neutral in their communities, and was also linked to other political and spiritual roles for the women who monopolized the profession.

Gendered Pathways of Modernization

²⁸⁰ Eduardo Menéndez, *Clases subalternas y el problema de la medicina denominada “tradicional*. Centro de investigaciones y estudios superiores en antropología social (CIESAS). Primera edición 1980, segunda 1981 por convenio con la escuela de salud pública de México (SSA)., 28-29

²⁸¹ Ibid.

²⁸² Bruno Latour, *Science in Action: How to Follow Scientists and Engineers through Society* (Cambridge, Mass.: Harvard University Press, 1987).

A key aspect of modernist development in health in Mexico was the idea of sanitizing the environment (saneamiento del medio).²⁸³ The practice of sanitizing the environment denoted both specific campaigns – such as the spraying of DDT – as well as giving talks on bacteria and coordinating the construction of latrines.²⁸⁴ But the idea of creating a healthier and more productive environment in los Altos was also reflected in the geography of new clinics which radiated outwards from more densely inhabited areas. Indeed, the dynamics of gender and race as relations of power were tied to the ways in which clinics separated patients from their homes and family members.

In this section, I draw on evidence from anthropologist field notes, clinic attendance records, writing by anthropologist and high-level INI functionary Gonzalo Aguirre Beltrán, and internal INI correspondence to show how indigenous women patients experienced the architecture of modern medicine. Historians and anthropologists have noted the existence of sexual violence by ladino men against indigenous women during this period.²⁸⁵ In this section, I analyze evidence of rumors of sexuality and sexual violence linked to male INI medical employees that strongly suggest that fears and rumors associated with state medicine played a key role in shaping indigenous women's unequal access to INI's health services throughout this period.²⁸⁶

²⁸³ Beltrán, *Programas de salud en la situación intercultural*; Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*, Rochester Studies in medical History, v. 8 (Rochester, NY: University of Rochester Press, 2006).

²⁸⁴ Claudia Agostoni, *Médicos, Campañas y Vacunas: La Viruela Y La Cultura de Su Prevención En México, 1870-1952* (Mexico City: Universidad Nacional Autónoma de México, Instituto de Investigaciones Dr. José María Luis Mora, 2016); María Rosa Gudiño Cejudo, *Educación higiénica y cine de salud en México, 1925-1960* (Ciudad de México, México: El Colegio de México, 2016).

²⁸⁵ Mágina Millán, *Des Ordenando El Genero / Des Centrando La Nación. El Zapatismo De Las Mujeres Indígenas Y Sus Consecuencias* (México, D.F. Puebla, Pue México, D.F: Ediciones Del Lirio, 2010); Lewis, *Rethinking Mexican Indigenismo*; Stephen E. Lewis, "Mexico's National Indigenist Institute and the Negotiation of Applied Anthropology in Highland Chiapas, 1951-1954," *Ethnohistory* 55, no. 4 (October 1, 2008): 619.

²⁸⁶ There is also evidence to suggest that ladino status, because of exploitative ladino-indigenous, worker-employer relations in the nineteenth and twentieth centuries, was linked to increased sexual assault against

First Director of the Coordinating Center in San Cristóbal, Gonzalo Aguirre Beltrán wrote in *Regiones de Refugio (Regions of Refuge)* about the dynamics of power and space in modern medicine:

The role of the patient, upon being interned in the hospital, is characterized by their submission to a forced passivity. From the moment the patient loses their clothing, regular food, familiar objects, the affection of their close ones, the chance for any discretionary action, the total loss of initiative in interpersonal relations and, finally, their identity as a person. The hospital demands that the patient modify their patterns of conduct so that they conform with the hospital organization and are submitted to the doctor and the hospital regimen to the point of being converted into a nosological case in which treatment will be regulated exclusively through the therapeutic dictum.²⁸⁷

The spatial dynamics of illness and curing in traditional medicine in the area served by the Coordinating Center provide several points of contrast with what Aguirre Beltrán referred to as liberal medicine.²⁸⁸ In this state medical system, the only relevant factors were the doctor's mind and the patient's body. This neglect of social relations and material and spiritual culture of the patient, as Aguirre noted, reflected a broader division between state medicine and traditional medicine in which the clinic or hospital space created an anonymized and passive patient subject for the doctor to treat through a purely biological, and not social, conception of illness. One of the principal changes to emerge from the re-organization of health services in los Altos in the mid-1950s involved the redesign of clinical areas. As noted by Stephen Lewis, administrators sought to make the clinics more accommodating of family, making available space for prayer, burning incense, and even inviting in traditional healers.²⁸⁹ The sociality enabled by particular spatial configurations

indigenous women. See Mariana Mora, *Kuxlejal Politics: Indigenous Autonomy, Race, and Decolonizing Research in Zapatista Communities* (University of Texas Press, 2017).

²⁸⁷ Gonzalo Aguirre Beltrán, *Regiones de refugio: el desarrollo de la comunidad y el proceso dominical en meztizoamérica* (Universidad Veracruzana, Gobierno del Estado de Veracruz, 1991), 37.

²⁸⁸ Sean Hsiang-lin Lei and Xianglin Lei, *Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity* (University of Chicago Press, 2014).

²⁸⁹ Lewis, *Rethinking Mexican Indigenismo*, 157.

gives a window onto how gender relations of power were reconfigured in and helped to shape the context of medical acculturation.

What was the impact on clinic usage, then, of the fact that the first generation of health promoters in 1951 were all men?²⁹⁰ Scattered attendance records from clinics in the 1950s and 1960s show mild but consistent inequalities in the numbers of men and women using INI health services. The clinic attendance reports from the parajes (smaller population centers) around Chamula provide some insight into this question. In January 1960, 126 men visited the clinic and just 81 women, and this was during the height of the coffee harvest during which a significant number of men were outside their community working on plantations.²⁹¹ In June 1962, 67 men came for services compared to 42 women.²⁹² There is a similar discrepancy in August 1956 in the Chamula clinic, one that was replicated at most of the clinics of INI for the year of 1956.²⁹³ In his dissertation research on the INI's medical acculturation mission in the highlands in the late 1950s, William Holland interviewed two groups: a group of 38 "traditional" believers (35 men and 3 women) from Larráinzar, where there was no medical mission, and compared their views on medicine with the views of larger sample, the vast majority of whom were also men, who attended an INI clinic.²⁹⁴ Whether the vast gender disparity in Holland's interviews reflected usage patterns of the clinics or the ability and desire of the researcher for particular kinds of interviewees, is difficult to know, but it compounds with evidence to

²⁹⁰ "Mis impresiones de los promotores del centro tzeltal-tzotzil, Dirección, 5.0090, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁹¹ "Chamula," Salubridad, 1960, 2.009, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁹² "Chamula," Salubridad, 1962, 2.0016, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁹³ See Salubridad, 1956, 1.0002, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁹⁴ W. R. Holland, "Highland Maya Folk Medicine: A Study of Culture Change" (Thesis--University of Arizona, 1961), 22.

suggest that the INI's mission of medical acculturation required intermediaries not only in language and culture, but also gender, in order to penetrate communities.

One of the few clinics to achieve something like gender parity in attendance was located in the municipality of Oxchuc. At the Oxchuc clinic in 1956, unlike in most of the other clinics, a woman was in charge: Doctora Rita Vargas.²⁹⁵ In an internal evaluation of the Oxchuc's clinic work in 1956 by the Director of Health for the San Cristóbal Coordinating Center, Doctor Rita Vargas was noted for "favorably transforming the mental attitude" towards the clinic among a good part of the population, even succeeding in getting parents to bring sick children.²⁹⁶ Through both positive and negative valuations of the INI's medical mission in the 1950s and 1960s, a number of anthropologists and INI doctors and health promoters came to implicitly recognize the importance of gender identity and expertise to the overall success of the medical mission in the Altos.

Clinic attendance numbers where men outnumbered women can perhaps also be linked to the fact that illness itself was understood in a gendered framework. In a report Esther Hermitte prepared on Pinola's medical beliefs and practices for the 1960 meeting of the Highland Maya Seminar at the Casa de Chicago in San Cristóbal, she wrote "hay mucho mal" (there is much evil), and five doctors, three of whom belonged to the same family in the town.²⁹⁷ One common illness identified with "traditional medicine" in Pinola was "disipela," which primarily struck women.²⁹⁸ Hermitte presented to the Seminar her

²⁹⁵ "Clínica de Chamula," 1956, 1.0002, Salubridad Correspondencia, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

²⁹⁶ *Ibid.*, 3. The environment may have been made more favorable for the INI by the work of an SIL nurse in Oxchuc, Florence Gerdel.

²⁹⁷ "Lines of Strain in a Chiapas Community. A Preliminary Report on Research in Villa las Rosas (Pinola), Chiapas" by Esther Hermitte and prepared for the Highland Maya Seminar, 10 February 1960, 41.3, Norman McQuown Papers, University of Chicago Special Collections, University of Chicago, Chicago USA, 2.

²⁹⁸ *Ibid.*, 3.

theory of why disipela primarily struck women. Hermitte related how disipela, in addition to almost only affecting girls and women, was an illness that always happened in social situations.

Hermitte described one case of disipela that afflicted “a pretty twelve-year-old girl” who “went to a fiesta with her father and the men invited her to dance and tried to woo her.” Another case recounted by Hermitte involved “a woman fell in the market and her skirt flew up; another woman was mistreated by her husband in public and a very old woman, skinny and sick, was very upset every time she went to the market where others could look at her emaciated face.”²⁹⁹ Hermitte even admitted that “we ourselves were cause for our comadre getting sick when we approached her in the market, talked to her and even gave her some present for the children. After we left the scene, she was asked many questions about us by onlookers and immediately afterwards she felt the first symptoms of disipela.

As places with a high frequency of social interactions, markets and central plazas provided common venues for picking up disipela. Because men were in the fields all day instead of doing commercial activities in the town, they were less likely to pick it up.³⁰⁰ The symptoms for disipela included a rash on the leg or elsewhere on the body, headache, being flushed, heartburn, and toothache. Hermitte wrote, “the anthropologist herself [Hermitte] was victim of one of these rashes on her legs and duly submitted to a cure.”³⁰¹ The cure involved spraying the sick patient with a mixture of trago (a gulp of alcohol) and sal colorada (colored salt). According to Hermitte, gender also determined who could cure disipela. If the person who caused the symptoms in the patient was a man, then the patient

²⁹⁹ Ibid.

³⁰⁰ Men did however get it from not speaking Spanish well. She refers this to indigenous and ladino tensions.

³⁰¹ Ibid.

should be treated by a man, and vice versa. Apparently, the illness was so common it was even beneath most curanderos' interest.³⁰²

William Holland's analysis of the INI's modernizing mission did not note the existence of gender disparities in clinic usage nor the existence of illnesses with distinctly gendered origins like *disipela*. Yet this vision of medical acculturation in which gender-based issues and conflicts are mostly absent from medicine can be further complexified by examining the records of both other anthropologists, particularly women anthropologists, as well as INI clinic records. Holland's analysis perhaps reveals more about the limitations of the people interviewed, the vast majority of whom were men.

One other male graduate student had to drop out of his fieldwork investigation in Zinacantán because he felt his gender identity put undue burden on his ability to do objective research. Albert Wahrhaftig wrote to the directors of the Chiapas Project on 28 February 1961 about his uncertainties about returning to fieldwork. In addition to uncertainty about whether he could secure permission from the draft board in the United States to stay until January of the following year, he was pessimistic about his ability to get anything done.

I lived in Sisim in the schoolhouse of Martin Gomez, the INI schoolteacher, for a full week. During that time there was no "break" in the reserve of the Pablersos. Although not openly hostile, they have by no means accepted me – a fact which seems to puzzle Martin. Because the men leave to make milpa at daybreak (at a considerable distance from their houses, incidentally), and do not return until dark, my contacts have been restricted to children.³⁰³

Writing about his experiences in the field in February and January for Norman McQuown to use for the March meetings of the Chiapas project, Wahrhaftig made it fairly

³⁰² Ibid, 5.

³⁰³ Albert Wahrhaftig, February 28, 1961, Norman McQuown Papers. Subseries I. Box CH39. Folder 11., University of Chicago Special Collections.

obvious the mission was not going well. When he arrived, all of the men had departed for a fiesta. “Hence we were faced with a ‘power vacuum.’ Word of us had not reached Sisim, no one was there to take responsibility for our presence, and the men could not depart for the fiesta and leave us there with their women.”³⁰⁴ His major problem, as he saw it, was linguistic. “There is simple no alternative to working in Tzotzil, and I don’t trust my ability to pick up the language fast.” He was not optimistic about making up for his linguistic deficits by using interpreters. One potential interpreter “once worked for INI and got a raw deal somehow. Thus, he is leery of this sort of work.” While resident in the house of the INI schoolteacher, and relying on the introductions made by Pitt Rivers through the local INI, Wahrhaftig’s short fieldwork career exemplifies the connections between US universities and the local INI. However, that connection did not always work to the student’s advantage, as their ability to do interviews with informants was subject to community and individual levels of refusal and negotiation. It does seem clear that gender emerged as more of a “problem” than “advantage” for Wahrhaftig, at least in his own account. In his final letter to Norman McQuown on 17 March, 1961, he framed his decision not to return to fieldwork as having more to do with “the fact that this field situation is not appropriate to my major interest in culturally advanced and rapidly changing “peasant” societies.”³⁰⁵ In that explanatory phrase about cultural backwardness, Wahrhaftig covered up his frustrations at gender-based exclusions that prevented him from integrating himself into local networks.

Gender Intermediaries and the Modernizing State

³⁰⁴ Albert Wahrhaftig, “Fieldwork Activities Report,” February 11, 1961, Norman McQuown Papers. Subseries I. Box CH39. Folder 11., University of Chicago Special Collections.

³⁰⁵ Albert Wahrhaftig, March 17, 1961, Norman McQuown Papers. Subseries I. Box CH39. Folder 11., University of Chicago Special Collections.

The category of “intermediary” has been used extensively by historians of indigenous and state relations in colonial Latin America to describe historical actors who mediated between indigenous communities and the state.³⁰⁶ Often educated and almost always bilingual, intermediaries accrued political capital both inside their communities and with the state by filling a particular need for experts created by the gaps of colonial governance. The Mexican state’s desire to modernize medical beliefs sought to transform women’s health care in particular, but the structure of state medicine remained overwhelmingly male. Technical training of midwives helped filled part of this gap. In the context of mid-century Chiapas, midwives were distinct from intermediaries like INI health promoters because they did not work for the state. Yet, they fulfilled a role that, while of key interest, was outside the parameters of the INI’s influence: childbirth. The INI clinic attendance records bear witness to a steady stream of clients, but almost never for childbirth. For the category of “parto normal” (normal birth) in Chilil in 1956, there were no reported cases in an entire month. This was out of a total of 84 visits by women patients and over 150 visits by men.³⁰⁷ Birth remained outside of the state’s medical modernization initiatives in the Altos even as the state did assume a role in giving advice on family planning.

Embedded within the INI’s modernist infrastructure was a potential for provoking tensions between men and women negotiating Mexican social development. From the localist yet male-dominated intermediaries who provided most health services, to the spatial

³⁰⁶ Yannakakis, *The Art of Being In-Between*; Metcalf, *Go-Betweens and the Colonization of Brazil*. See also Rus, Jan, “The ‘Comunidad Revolucionaria Institucional’: The Subversion of Native Government in Highland Chiapas, 1936-1968.”

³⁰⁷ “Informe mensuales clínicas septiembre,” 1956, 2.0300, Salubridad, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

characteristics the modern clinic itself, the INI's medical work created a need for someone who could negotiate the tensions raised by gender difference. In a report from Chamula by the social worker, Matilde Morales Castellanos, it notes that the women of the community were receptive to medical interventions by the INI, but that they regularly asked the social worker to accompany them to the clinic.³⁰⁸ The localness of the male health promotor sometimes also provoked the need for a woman intermediary. In 1953 a woman nurse reported the case of a woman patient who suffered from vomiting attacks. After the nurse could do no more than a house visit, the husband gave permission for his wife to be attended by a male doctor in the clinic, but on the condition that no other men, particularly indigenous men, were present.³⁰⁹ This case is interesting because it shows how the INI, even while it sought to hire bilingual and local health promoters who were integrated in the indigenous community, still needed to find a way to respond to concerns about the gendered dynamics of biomedicine's patient-doctor relationship and clinical space.

Women intermediaries played a role in the success of vaccination campaigns and in facilitating other interactions between men INI health promotores and women patients, yet these gender intermediaries rarely appear in employee lists as doctors or promotores de salud. The dominance of men in nursing, medicine, and INI promoters surely affected the unequal rate at which indigenous women used the INI clinics. But it is also important to consider that indigenous women *did* make use of the INI services by adopting strategies to defuse possible tensions or conflicts. Anthropologist Joan Ablon's field notes from her time

³⁰⁸ Matilde Morales Castellanos. "Informe que rinde la trabajadora social Al Sr. Prof. Fidencio Montes Sánchez de Educación del Centro Coordinador Tzeltal-Tzotzil durante el tiempo comprendido del primer al 31 de enero del año 1954 en el paraje Ichinton, Chamula, Chiapas" Dirección, 2.0050, 1954, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

³⁰⁹ Informes mensuales abril, caso de Agustina Nochan de 25 años, Dirección, 2.0031, 1953, AHCCTTC, CCDISC, San Cristóbal de las Casas, México.

in Amatenango del Valle provide candid interviews with local informants on medicine, sexuality, and gender. Ablon related one conversation with a male nurse who admitted that he found it difficult because of his gender to vaccinate certain women, and he would sometimes get his wife to give a sick woman an injection if she didn't want a man to do it.³¹⁰ He admitted his gender prevented him from serving the INI's most important target in social development policies – women and children – which was why his wife gave the vaccination instead. Gender expertise – or identity - was a quality that could be mobilized by the state as in its expanding project of reordering social reproduction, but it was also a quality that could be invisibilized by operating outside of formal employment, as in the case of this promotor's wife.

Conclusion

The relationship between the INI and the anthropology fieldwork schools that began in the Altos of Chiapas in the early 1940s and endured until the late 1960s shows the relevance of transnational ethnographic knowledge and practices to broader processes of state formation and projects of national integration in twentieth-century Mexico. One of the insights from anthropological fieldwork that shaped the medical policy of the INI in los Altos related to a belief in the importance of not only cultural and language, but gender for allowing “access” to indigenous communities. Vijay Prashad has called the expansion of opportunities for women to work for the state as a result of statist development in the 1950s and 1960s as a period of “state feminism,” whose gains for women were eroded with neoliberal restructurings and erosions of welfare provisions in the 1980s.³¹¹ The case of the

³¹⁰ Joan Ablon Amatenango Field Notes, 1958-59, 408.4, Norman McQuown Papers, University of Chicago Special Collections, University of Chicago, Chicago USA, 69.

³¹¹ Prashad, *The Darker Nations*, 60.

INI in Chiapas provides a perspective on this moment from rural Mexico. Women finally began to gain jobs as promoters within the INI after 1956, but the ongoing gendered dimensions of social reproduction labor – from unpaid wives helping with vaccinations to providing company on visits to strange male doctors – was also noted by observant anthropologists.³¹²

In a major theoretical work on acculturation published in 1957, Gonzalo Aguirre Beltrán explained how acculturation had different impacts on indigenous men and women and their ability to reintegrate into their communities of origin.³¹³ In los Altos, he argued, the most frequent occasion for cultural contact between ladinos and indigenous people was in the context of labor exchange. Indigenous women worked primarily in domestic service, while the most common experience of acculturation for indigenous men was in the context of migratory work, usually agricultural. Beltrán’s geographic frame for this political economy of gender and acculturation drew on his practical experience as the first indigenista to lead the Coordinating Centre in los Altos with its distinctive economy based around seasonal male migration to lowland plantations. During this period of labor migration, both men and women adapted to what he called “occidental” cultural patterns, including the use of “modern” medicine.³¹⁴ But while men were able to return to their communities and participate equally, women who migrated and returned were considered “revestida” (re-dressed). Beltrán wrote that the status of *revestida* indicated a loss of status that was only rectified through marriage to a male member of the same community.³¹⁵

³¹² “La obra del INI en Salud y Educación” in *Acción Indigenista* 59 (May, 1959), 2-3.

³¹³ Aguirre Beltrán, *El Proceso de Aculturación*, 36-40.

³¹⁴ *Ibid*, 37.

³¹⁵ *Ibid*, 38.

In an article published in 1977 in the journal *Development and Change*, June Nash stated that “stereotypes about women’s resistance to change stems from the unilineal view of modernization that posits all cultural traditions of the developing country as obstacles to development.”³¹⁶ In the twenty years between the publications by Beltrán and Nash, Nash proposed a completely different theoretical statement on the relationship between gender and cultural tradition. While Beltrán pointed to the diminishing status of women in their own communities, Nash drew on the scholarly feast that occurred in the 1970s, as scholars across the social sciences sought to understand why modernization had failed to lift up developing countries, to argue that women actually participated in that development in complex and unaccounted for ways. Rather than being impediments to development, women, according to Nash, were being drafted into the labor market. For Nash, a key shortcoming in both the planning and in subsequent analyses of studies and projects in rural development was that they failed to count labor by women as labor. That is, they took a view of the economy which defined labor as commodity reproduction, thus excluding the labor of social reproduction from analyses of capitalism.³¹⁷ In this chapter, we can see the ways gender difference complicated the INI’s medical acculturation agenda, and in the process emerged as an undervalued and peripherally integrated quality of expertise in the state as much as in ethnography.

³¹⁶ Nash, “Women in Development,” 175.

³¹⁷ Ibid, 161.

Chapter Three – The Path to Delegitimize Acculturation: An Intellectual History of Indigenismo in the 1960s and 1970s



Figure 5. Cartoon of an “indigenista” describing a bemused campesino to a tourist, “this is what they are like before they become braceros” (“Y así son antes de irse de braceros”). Cartoon in *Excelsior*, 24 March 1967. Instituto de Investigaciones Antropológicas (UNAM), Archivo Histórico Alfonso Caso, Alfonso Caso Collection Caja 56, Expediente 58. Mexico City, Mexico.

Introduction

This cartoon was published in one of Mexico’s most important, and oppositional, daily newspapers in March 1967. Titled “Indigenista,” the drawing shows the long-time director of the Instituto Nacional Indigenista, Dr. Alfonso Caso, guiding a tourist who is

wearing a portable camera and a floral T-shirt. Caso is providing an introduction to the squatting campesino, who has taken notice of the odd pair with a quizzical expression. The introduction is de-personalized, the kind you would make in a museum pointing to an object or display. Speaking only to the tourist, Caso motions vaguely to the campesino, “Y así son antes de irse de braceros” / “And this is what they look like before becoming braceros.” The pivot for the cartoon is that the INI, once charged with spearheading indigenous integration, is more interested in trafficking in ethnography for foreign tourists than pursuing its mandate of social transformation.

While the image points to a national debate about the INI’s romanticism and ineffectiveness which percolated from the mid-1960s onward, the transnational vectors are also apparent. In this chapter, I show how the controversies and criticisms of Mexican indigenismo in the mid-1960s developed within a global conceptual framework for understanding and talking about the links between development, race, and colonialism. In the above cartoon, the role of the foreign tourist underscores the crisis of rural Mexico in the 1960s. Emigration to the United States, temporary or permanent, grew substantially during the 1950s and 1960s, but the bracero program only provided a “safety valve” for the lack of opportunities and land shortages in rural Mexico up until the year 1964.³¹⁸ By the late 1960s, the INI was a cypher for the Mexican state’s inability to shape its own economic destiny, caught as it was in a dependent situation in global relations of capitalism.

Part of the reason for the vociferousness of the attacks against INI in the 1960s and 1970s had to do with the fact that there were alternatives to either Soviet communism or US

³¹⁸ Michael Snodgrass, “The Golden Age of Charrismo> Workers, Braceros, and the Political Machinery of Postrevolutionary Mexico,” in *Dictablanda: Politics, Work, and Culture in Mexico, 1938-1968*, ed. Paul Gillingham and Benjamin T. Smith, American Encounters/Global Interactions (Durham: Duke University Press, 2014), 175–95.

capitalism that increasingly caught the attention of Mexico's left. In 1955, twenty-nine representatives of newly independent nations from Africa and Asia met in Bandung, Indonesia. Vijay Prashad writes that Bandung "allowed these leaders to meet together, celebrate the formal demise of colonialism, and pledge themselves to some measure of joint struggle against the forces of imperialism."³¹⁹ The meeting has often been referred to as the birth of the nonaligned movement, the Third World, the global south, and it was all these things, although not all at once. The broader Cold War context set the stage for anticolonialism becoming linked to a position of non-alignment in the US and Soviet standoff.³²⁰ Mexico attended the 1962 Cairo Conference on nonalignment. Throughout the 1960s, Raúl Prebisch, Argentinian economist and former employee of the Banco de Mexico, helped articulate an ideology of anti-imperialism and nonalignment through his work on "dependency theory" at the United Nations Commission on Trade and Development (UNCTAD). Dependency theory posited that it was precisely the integration of "undeveloped" nations within global trade that restricted their ability to develop further.

President Adolfo López Mateos (1958-1964) participated in a limited way in the Non-Aligned Movement. As Eric Zolov has written about Mexico in *The Last Good Neighbor*, throughout the 1960s and with room for maneuverability depending on the intensity of Cold War polarization, "Mexican sovereignty was contingent on support for US security interests."³²¹ By the time of the presidency of Gustavo Díaz Ordaz (1964-1970), Mexico honed even closer to the US security consensus, cracking down on rural worker

³¹⁹ Prashad, *The Darker Nations*.

³²⁰ Thomas C. Field Jr, Stella Krepp, and Vanni Pettinà, "Between Nationalism and Internationalism: Latin America and the Third World," in *Latin America and the Global Cold War* (Chapel Hill: The University of North Carolina Press, 2020), 1–14.

³²¹ Eric Zolov, *The Last Good Neighbor: Mexico in the Global Sixties* (Duke University Press, 2020).

and student movements.³²² The 1960s saw a narrowing of possibilities for the left within Mexico, as it split into the New Left, which criticized but did not disavow the state, and those who turned to radical revolution and were subject to an increasing authoritarian national security apparatus.

If the previous two chapters prioritized a fieldwork spatialization, this chapter is focus on the intellectual trajectories of two figures who are critical to understanding the debates about the INI's complicity in colonialism in the 1960s and 1970s: Gonzalo Aguirre Beltrán and Guillermo Bonfil Batalla. While Caso and then Aguirre sought to defend the INI and applied anthropology, Bonfil and other Marxist intellectuals who participated in these public debates about the INI took aim at indigenismo's assimilationist methods and aims. The issue was less a specific INI policy than its general belief that selective acculturation, or the assimilationist trajectory from ethnicity to class, should have any place in indigenous policy. This position was very much the consensus on the Mexican left until the mid-1960s, and the controversy that the INI attracted for pursuing "ethnocidal" methods marked a crisis or rupture in its history.³²³

In a national history of indigenismo still shaped by narratives of the rupture of the 1970s, it is important to recount how the INI's local face did not always reflect the dichotomies of domination discussed in national discourse. At the local level, this period sees a declining investment from the state in the INI while the health promotores take on an important role in mediating between Protestants and Catholics. While the University of

³²² Alexander Aviña, *Specters of Revolution: Peasant Guerrillas in the Cold War Mexican Countryside* (New York: Oxford University Press, 2014); Pensado and Ochoa, *México Beyond 1968*; Zolov, *The Last Good Neighbor*.

³²³ Andrés Medina and Carlos García Mora, *La Quiebra política de la antropología social en México: La polarización (1971-1976)* (UNAM, 1983).

Chicago and Harvard leave their field schools behind, a new school of “alternative” development takes shape in the historic INI Coordinating Center in San Cristóbal. The interlacing of indigenous traditional and allopathic medical beliefs came to the attention of the state through its new development school, setting the stage for subsequent policies that sought to bring traditional medicine “into the light.”

Institutionalizing Division and Discontent in the INI Health Program in Los Altos in the 1960s

Prior to outlining the national and international debates about indigenismo in the 1970s, I want to set up several contradicting features of the INI health program in the Altos as we move out of the 1960s. Health promotores also played a key role in organizing collective sanitation projects by breaching the growing religious divides between Protestants and Catholics within indigenous communities. As Protestants became increasingly alienated from the “traditional” forms of indigenous governance, associated with Catholicism, the INI served as a forum for coordinating, if not paying for, health infrastructure like potable water. At the same time, promotores themselves felt the pinch of precarity within the INI, but they largely kept their protests limited to internal petitions rather than union activism, something which distinguishes Chiapas from the promotores in other regions like Oaxaca.³²⁴

By the late 1960s, state health services for indigenous peoples in the Altos de Chiapas were provided by INI promotores de salud who, along with doctors and medical interns of the SSA (Secretaría de Salubridad y Asistencia), staffed the rural medical clinics (UMRs). Unlike in the field of education, the INI and the SSA collaboration seems to have

³²⁴ Dillingham, “Indigenismo Occupied.”

gone smoothly in health services. While the Secretaria de Educacion Publica (SEP) in some cases had rival schools and competed with the INI in supplying teaching candidates, medical clinics in rural communities were always staffed by a hierarchy of INI promotores while the SSA increasingly supplied medical doctors. The division between preventative and curative medicine also structured the institutional division of labor between the INI and the SSA in the Chiapas highlands, with the INI assuming the bulk of preventative medicine work, which in turn was the prerogative of the health promotores.

Robert Harman, an anthropology graduate student at the University of Arizona, conducted research in the Altos in 1967 and 1968. His thesis, titled *Medical and social changes in a Tzeltal Mayan community*, was published by the SEP and the INI in 1974.³²⁵ Conducting fieldwork among the Tzeltal-speaking people in Yochib, Harman - because he did not speak Tzeltal - redesigned his study away from considering “medical fusion” in favor of studying “social processes.”³²⁶ The model for studying medical change denoted by “fusion” had been pioneered by William Holland more than a decade earlier in his book *Medicina maya en los altos de Chiapas* (also published by SEP in 1963).³²⁷ Harman’s account of medical change was interested in the changing “status” of the curandero as well as the “social context of curing.”³²⁸

Hartman wrote that the arrival of the INI as a new lever of social mobility for younger generations negatively affected the influence of curanderos and witches on the structure of power in the community in the 1950s.³²⁹ Religious beliefs, he argued, provided

³²⁵ Robert Charles Harman, *Cambios médicos y sociales en una comunidad maya-tzeltal* (México, D.F.: Instituto Nacional Indigenista, 1990).

³²⁶ Harman, 49.

³²⁷ William R. Holland, *Medicina Maya en Los Altos De Chiapas*, trans. Daniel Cazes, 1st edition (Instituto Nacional Indigenista, 1963).

³²⁸ Ibid.

³²⁹ Ibid, 176-177.

the main divisions in the social structure.³³⁰ Hartman described how Catholics vastly preferred going to their own clinics while traditional medicine doctors and midwives sometimes went to Protestant-owned clinics.³³¹ The clinic of the INI and the longtime and powerful promotor, José (referred to by his first name), received patients from traditional-religious, Catholic, and Protestant beliefs.³³² José had a large presence in Yochib. He was the richest man, and he was rumored to have seduced his first wife at the the local INI health center.³³³ In the position of health promotor, leveraging the medical resources brought by the INI, José was able to influence and reward perhaps precisely because the growing social divide between Protestants and Catholics made the state a default neutral space. Further, this shows the “intermediation” performed by some INI agents was not just between the state and a monolith community. The above incident illustrates a dynamic of power relations that is far more complex than mediating between a self-contained indigenous “community” and a unified “state.”

This idea that the INI served as a kind of neutral space for collective action across the divide between Catholics and Protestants that came to characterize some parts of the altos de Chiapas after the 1940s is also attested to in the records of the historical archive of San Cristóbal Coordinating Center. For example, in Tenango in the municipio of Oxchuc, in August 1962, a promotor organized a meeting at a federal school between the Catholic and Protestant principales of the locality.³³⁴ The meeting with 56 principales began at 8.00

³³⁰ Ibid, 95-105.

³³¹ Ibid, 106.

³³² Sometimes these categories overlapped.

³³³ Ibid, 94-6.

³³⁴ Jorge Ramos Ruis to Dr. Ricardo Romero Flores, 29 August 1962, 1962, 1.0002, Dirección. Subdirección. El Archivo Histórico del Centro Coordinador Tzeltal-Tzotzil de Chiapas (hereafter AHCCTTC), Centro Coordinador para el Desarrollo Indígena San Cristóbal de las Casas (hereafter CCDISC), San Cristóbal de las Casas, México.

AM. Organized by the INI, the goal was to get cooperation, materials, and labor to protect two sources of water and to construct municipal baths. But the principales (traditional leaders/elders) hesitated to commit to this construction because they had already promised to help build a municipal building and they could not take on more work without neglecting their harvests. Unable to get cooperation from the unified group of Protestants and Catholics, the promotor held separate meetings with them later in the day, after which both groups agreed to distinct but still limited contributions to the construction projects. This incident shows how the INI served as the only viable bridge for getting community-wide cooperation on its sanitary construction projects at a moment of heightened religious polarization.

There were also signs by the 1960s that the basic clinical services provided by the INI since the early 1950s were suffering or inadequate. Historian Stephen Lewis has shown that budget cuts to the INI under President Gustavo Díaz Ordaz in the mid-1960s were devastating in some areas, resulting in the closure of clinics.³³⁵ The number of “consultas” performed by INI medical staff throughout the 1960s and early 1970s is revealing. In 1962, the San Cristóbal Coordinating Center performed 31, 528. The next year, the number dipped to around 21, 000, and it stayed there for the next three years. In 1966, however, the number dropped again, to just over 12, 000 consultations. That is a decline of more than 50% between 1962 and 1966.³³⁶ The next year, consultations were again up to around 20, 000.³³⁷ In the archive, there are frequent reports of poorly maintained or abandoned INI

³³⁵ Lewis, *Rethinking Mexican Indigenismo*, 2018, 189.

³³⁶ Instituto Nacional Indigenista, Sección de Salubridad, “Atención medica del primero de enero del año 1962 al 30 de junio 1966,” 13 August 1966, 1.0015, Subdirección. Correspondencia. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

³³⁷ Nicolas Zavala S. to Profesor Maurillo Muñoz Basilio, [undated], 2. 1968, 1.0003. Dirección. Correspondencia. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

health centers. For example, an internal memo from the Director of the San Cristóbal Coordinating Center to Ricardo Romero Flores from 6 May 1969 requested “giving priority to medical attention to the pueblo of Oxchuc, Chiapas, which seems to have recently been abandoned.”³³⁸

The conditions for medical staff of the INI also became more precarious throughout the 1960s. Although some promotores could still leverage their position to ascend the local economic or political hierarchy, the majority of promotores and other medical staff had to deal with increased responsibilities and incommensurate pay. Perhaps another reason that services of the health section of the San Cristóbal Coordinating Center declined in the mid to late 1960s has to do with the responses of doctors and promotores to the budget cuts.

On 14 May 1965, the doctors of the San Cristóbal Coordinating Center wrote directly to the INI Director, Alfonso Caso, requesting his intercession to the President on issues related to pay and working conditions. They wrote, “the doctors who labor in other dependencias have been receiving as payment of \$350 pesos per hour,” while those of the INI only received \$312.50 per hour worked, “a difference of \$37.50.”³³⁹ The doctors compared their working conditions with short-term medical interns. While the permanent INI doctors received a monthly salary of 2500 MXN, the interns received 1500 MXN.³⁴⁰ But medical interns also received “clean clothing, food, and shelter,” unlike the full-time staff. Category “B” doctors received the same salary as the medical interns, which these doctors asserted was “discrimination.” The doctors in category B were graduates of medical

³³⁸ Prof. Maurillo Munoz Basilio to Ricardo Romero Flores, Memorandum, 6 May 1969. 1969. 1.0012. Salubridad. Coorespondencia. 1969. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

³³⁹ Ricardo Romero Flores, Nicolas Heredia Acevedo, Octavio Pérez Cristobal, Varlos morales Zavala, Luis Pena Mena to Alfonso caso, 14 May 1965. 1965. 1.0007. Salubridad. Correspondencia. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

³⁴⁰ Ibid.

schools, and on the hierarchy of Health Section of the INI they were one step below the Jefe of the Health Section of the Coordinating Center.³⁴¹ But these doctors, while making statements of solidarity with the health promotores, also compared their situation unfavorably with doctors in other federal dependencies because the “social environment in which we work inside the INI can never be comparable to the environment of doctors of IMSS or ISSTE.”³⁴² Their extra duties including working from 12 to 15 hours a day during medical prevention campaigns, and they lacked the ability – unlike doctors working in other state agencies – to supplement their state salaries with private consultations due to the irregular hours and the amount of time required to travel between various clinics. Their final demands included both a reconsidering of how their hours were work were compensated, including taking in account the “unhealthy environment” and consultations held outside regular hours, in addition to equalizing their pay with what other state dependencies offered..

In the 1960s, health promotores were also organizing themselves into unions and demanding rights accorded to employees of other state agencies. The Sindicato Nacional de Trabajadores Indigenistas (SNTI) was officially constituted on 19 May 1963.³⁴³ The union in Oaxaca was the most radical in its attacks on the leadership of the INI, accusing it of discrimination against individual employees and perpetuating a broader inequality between

³⁴¹ Centro Coordinador Indigenista Tzeltal-Tzotzil Sección de Salubridad, “Programa de Salud para 1969,” 8-9. 1969. 3.0032. Salubridad. Campana Epidemiológica. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

³⁴² Ricardo Romero Flores, Nicolas Heredia Acevedo, Octavio Pérez Cristobal, Varlos morales Zavala, Luis Pena Mena to Alfonso caso, 14 May 1965. 1965. 1.0007. Salubridad. Correspondencia. AHCCTT, CCDISC, San Cristóbal de las Casas, México.

³⁴³ Sindicato Nacional de Trabajadores Indigenistas, “Acerca de Nosotros.” Accessed 30 January 2020. <http://sntifstse.org.mx/>

the pay and benefits accorded to INI promotores and similar jobs in other state agencies.³⁴⁴

The union signed an act of accord with the leadership of the INI in 3 August 1970 with President Luis Echeverría.³⁴⁵

The SNTI was slower to get off the ground among San Cristóbal Coordinating Center employees. A letter from a union representative to the new director of the health section, Ricardo Romero Flores, on 9 November 1964 apologized profusely for a delay in getting the union member list to the San Cristóbal Coordinating Center. Other than this, I turned up no local archival references to the union's presence. As historians of Chiapas highlands like Jan Rus have pointed out, the role of indigenous promotor within the INI in this area was still closely linked to advancement within the PRI and local political hierarchies.³⁴⁶ It is possible that the ties between the PRI and the locally powerful promotores created a more tranquil relation between the local San Cristóbal Coordinating Center and the national indigenista union. The national scenario for indigenous employees certainly offered alternatives for more radical activism. As Maria Muñoz has written, in 1960, the Mexican Association of Indigenous Professionals and Intellectuals (Asociación Mexicana de Profesionistas Intelectuales e Indígenas), "the majority of them rural teachers who functioned as cultural brokers themselves, began to demand that indigenous professionals, not government officials, craft official indigenous policy."³⁴⁷

³⁴⁴ Untitled Document. [Undated]. 56.1 Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁴⁵ "Con un arreglo satisfactorio concluyeron las pláticas sobre el conflicto laboral en el INI," *El Nacional*, 3 August 1970. Found in 73.1. Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁴⁶ See Rus, Jan, "The 'Comunidad Revolucionaria Institucional': The Subversion of Native Government in Highland Chiapas, 1936-1968."

³⁴⁷ Muñoz, *Stand up and Fight*.

Although budget cuts seemed to have affected their capacity to staff clinics, the INI promotores did not radicalize through the national union in the way their counterparts in Oaxaca and other parts of Mexico did. Instead, the medical doctors who worked for the INI protested their inferior pay and working conditions in comparison to other state agents, whom they were working more closely with than ever before, by appealing to their Director using internal channels of communication. The rise of Protestantism in the altos de Chiapas since the 1940s seems to have contributed to strengthening the INI's position as a site for collective decision-making. Communities divided by religious divides between Protestants and Catholics tended to divide their loyalties to medical doctors as well. State medicine provided by the INI, in addition to charging less to indigenous peoples, also sidestepped the problem of growing religious divisions within communities served by the Coordinating Center.

Anthropology and Development in Crisis before 1968

By the mid-1960s, the promise of the Mexican miracle had tarnished for the nation's small but increasingly vocal urban middle class.³⁴⁸ Social mobility had stalled, and the appeal of the Cuban Revolution, and the hypocrisy of the Gustavo Diaz Ordaz towards US security objectives, fueled discontent among students and workers in the spring and summer of 1968. On October 2, 1968, just weeks before Mexico City was set to be the first Third World city to host the summer Olympics, the government massacred hundreds of student protesters, their allies, and bystanders in the Tlatelolco housing complex in Mexico City.

³⁴⁸ Louise E. Walker, *Waking from the Dream: Mexico's Middle Classes after 1968* (Stanford, California: Stanford University Press, 2013).

A key insight of the most recent historiography of the 1968 protests in Mexico City shows that student protests were not separate from the context of deep rural unrest. In Chihuahua, Guerrero, and Oaxaca, rural teachers and students were often the targets of counterinsurgency campaigns in the 1960s and 1970s.³⁴⁹ Popular unrest linking urban and rural Mexico intersected with growing disillusion in the Mexican government's corporatist approach to economic development. Import Substitution Industrialization (ISI), which sought modernization through supporting domestic industries, had not succeeded in raising living standards in rural Mexico. Critics of rural development also began to emerge in earnest in the mid to late 1960s. In his 1965 *Democracy in Mexico*, sociologist Pablo González Casanova made the provocative claim that in modern Mexico, "development" had merely assumed the meaning of the word "civilization" during colonial eighteenth-century Mexico.³⁵⁰ The economy, he argued, remained under the control of foreign and national business interests and Mexican caudillos (strong men), and together this anti-nationalist alliance provided the real governing structure for the country.³⁵¹ In contemporary Mexico, González Casanova argued, the Partido Revolucionario Institucional (PRI), which had ruled Mexico since 1929, concentrated all power in the person of the President and extended centralized authority through financial dependence on the center and through authoritarian tactics.³⁵² While the country's economy had grown according to

³⁴⁹ Dillingham, "Indigenismo Occupied"; Carla Irina Villanueva, "'For the Liberation of Exploited Youth': Campesino-Students, the FECSM, and Mexican Student Politics in the 1960s," in *México Beyond 1968: Revolutionaries, Radicals, and Repression During the Global Sixties and Subversive Seventies*, ed. Jaime M. Pensado and Enrique C. Ochoa (University of Arizona Press, 2018), 73–91; Tanalís Padilla, "'Latent Sites of Agitation': Normalistas Rurales and Chihuahua's Agrarian Struggle in the 1960s," in *México Beyond 1968: Revolutionaries, Radicals, and Repression During the Global Sixties and Subversive Seventies*, ed. Jaime M. Pensado and Enrique C. Ochoa (University of Arizona Press, 2018), 53–72.

³⁵⁰ Pablo González Casanova, *La democracia en México* (México, D.F.: Era, 1997), 13.

³⁵¹ González Casanova, 46.

³⁵² González Casanova, 28.

indicators like GNP, that growth was actually developing new centers and peripheries. Thus, he argued, the Mexican political-economic system was characterized by “colonialismo interno.”

González Casanova argued that colonialism was not just an external process, affecting relations between nations. In the context of nations with a high degree of ethnic heterogeneity, such as in Mexico, colonialism reproduced internal “peripheries” that take the form of marginalized ethnic groups.³⁵³ In articulating his theory of internal colonialism in contemporary Mexico, González Casanova built on Aguirre Beltrán’s theory of “regions of refuge.”³⁵⁴ Both Aguirre Beltrán and González Casanova premised their theories of internal underdevelopment on the basis of Mexico’s ethnic divisions. González Casanova wrote that Mexico’s pluralist society was formed from “Ladino [or mestizo] Mexico and indigenous Mexico; the super marginalized population is indigenous and the society maintains nearly all the attributes of a colonial society.”³⁵⁵

Critics of the INI also emerged from across the social sciences, in Mexico and globally. Gonzalo Aguirre Beltrán took the lead in public engagement with colleagues from within Mexican anthropology after Caso retired in 1970s and Beltrán assumed the leadership of INI in Mexico City. Relations between Beltrán and his academic critics were exhibited in a variety of public forums, from conferences to newspaper editorials, throughout the 1970s. This period, and the positioning of anthropologists for or against

³⁵³ González Casanova, 89-90.

³⁵⁴ Peter Wade, *Race and Ethnicity in Latin America*, Second edition, Anthropology, Culture and Society (London; New York: New York: Pluto Press ; Distributed in the United States of America exclusively by Palgrave Macmillan, 2010).

³⁵⁵ González Casanova, 98. “El México ladino y el México indígena; la población super-marginal es la indígena que tiene casi todos los atributos de una sociedad colonial.”

official indigenismo, marked the most important *parteaguas* for the discipline of anthropology in Mexico and its relationship to the state since the Mexican Revolution.

Aguirre wrote in an article published in *Anales de Antropología* in 1975 that “1968 will be remembered as critical in the history of the social sciences. The anarchic student movement that started in France and ran quickly through diverse parts of the West, including countries subject to its influence, produced a strong impact on our ideas.”³⁵⁶ In the United States, critics “brought to the surface [anthropology’s] colonial origins and indicted anthropologists as active agents of imperialist penetration.”³⁵⁷ Aguirre attributed the birth of the idea of “antropología comprometida” in Mexico to Andre Gunder Frank and another guest professor at the UNAM, Daniel Cazés, who had also described Mexican anthropology as a “compromised” discipline in the area of indigenous governance because of its relationship to the national state. From various directions and with varying levels of sincerity, the INI in its own way became a proxy for the intellectual predicaments faced by the Mexican left after 1968.

Three years before González Casanova published *La Democracia en México*, anthropologist Guillermo Bonfil Batalla published what amounted to a critique of “applied anthropology,” the discipline closely linked to Mexican state indigenous policy, in an analysis of the state and the case of hunger in an Indigenous community in the Yucatán.³⁵⁸ Guillermo Bonfil Batalla’s professional trajectory sheds light on the unraveling of the nexus of state indigenismo in Mexico, including its internal divisions, in the late 1960s. A

³⁵⁶ Gonzalo Aguirre Beltrán, “El indigenismo y la antropología comprometida,” *Anales de Antropología* 12, no. 1 (1975), 33.

³⁵⁷ *Ibid.*

³⁵⁸ Guillermo Bonfil Batalla, *Diagnóstico Sobre El Hambre En Sudzal, Yucatán. Un Ensayo de Antropología Aplicada. [With Illustrations]*. (151). Instituto Nacional de Antropología e Historia: México, 1962).

graduate of the Escuela Nacional de Antropología e Historia, Bonfil Batalla profited from a scholarship from the Organization of American States to study housing in Bogotá, Colombia.³⁵⁹ In 1959 he returned to Mexico to work for the Rural Section of the Instituto Nacional de la Vivienda while also giving classes at the Escuela de Salud Pública, and in 1960 he assumed a position as an anthropologist at the Instituto Nacional de la Nutrición. In 1962 he returned to the Escuela Nacional de Antropología e Historia as a professor, teaching socio-cultural anthropology research and methods. Between 1963 and 1967, Batalla completed his doctorate in anthropology at UNAM, submitting his dissertation, “Modernización y tradicionalismo. Dialéctica del Desarrollo en Cholula de Rivadavia.”³⁶⁰

After academic appointments in Rio de Janeiro and various institutes and universities in Mexico City, Bonfil Batalla was appointed Director of the Instituto Nacional de Antropología e Historia, a position which he used to create what is now known as the Centro de Investigaciones Superiores en Antropología Social (CIESAS). CIESAS formed a counterweight within Mexican anthropology to the INI tradition of applied social anthropology, focusing more on developing partnerships with indigenous communities and pioneering programs in ethnolinguistics. Although Bonfil would begin to challenge indigenismo from outside Mexico, he actually helped to found CIESAS along with then INI Director, Gonzalo Aguirre Beltrán. Given the vigor of their disagreements, the collegiality within Mexican anthropology, as well as its coziness to the state throughout most of the 1960s and 1970s, is notable.

³⁵⁹ Guillermo Bonfil Batalla to Dr. Mackenzie Pollock, 30 September 1963, 33.811, page 3, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

³⁶⁰ Guillermo Bonfil Batalla, “Modernización y Tradicionalismo: Dialéctica Del Desarrollo En Cholula de Rivadavia, Puebla” (México, UNAM. FFyL, 1970).

According to Gonzalo Aguirre Beltrán, applied anthropology *was* indigenismo.³⁶¹ And the INI became a most inviting target for critics of the reproduction of old peripheries. Critics took aim at the INI's work in Chiapas in particular. On 15 March 1968, the federal deputy from Chiapas, Roberto Coello Lescieur publicly denounced the INI in a letter to President Gustavo Diaz Ordaz.³⁶² "The indigenous people of Chiapas," he wrote, "are living through a critical moment, full of misery, substandard conditions, abandonment, and ignorance, and perhaps the majority of them suffer from alcoholism."³⁶³ In the twenty years that had passed since the founding of the INI, he wrote, the Director Alfonso Caso has used the institution for his "studies and anthropological, ethnic, linguistic and folkloric experiments without practical results for those Mexicans who, on the contrary, remain isolated from progress."³⁶⁴ He accused the INI of knowing and sometimes supporting the production of aguardiente – moonshine - in indigenous zones of Chiapas. "Caso perhaps has no idea of this because he has not visited the state in seven years."³⁶⁵ The consumption of aguardiente in the zone under the mandate of the INI Coordinating Center was a tragedy which "degenerates the [indigenous] race and is pushing it towards extinction."³⁶⁶ The INI under Alfonso Caso had violated the spirit of the law that gave birth to it in 1948, and now it "formed a government within a government."³⁶⁷ Coello singled out the INI's lack of impact in health, describing the situation as "a doctor and intern, without resources or medicine to attend the health of three-hundred thousand potential patients. I ask myself:

³⁶¹ Gonzalo Aguirre Beltrán, *Aguirre Beltrán: Obra Polémica*, 1. ed (Mexico: Centro de Investigaciones Superiores, Instituto Nacional de Antropología e Historia, 1976), 12.

³⁶² Roberto Coello Lescieur to Luis Echeverría, 15 March 1968. 57.4 Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁶³ *Ibid.*

³⁶⁴ *Ibid.*

³⁶⁵ *Ibid.*, 2.

³⁶⁶ *Ibid.*

³⁶⁷ *Ibid.*

how much could the Secretaría de Salubridad y Asistencia have done in a similar lapse of time?”³⁶⁸

Coello also used his newspaper, *La Voz del Sureste*, to forward his attack on the INI and Caso in particular. On 8 April 1968, he published a denunciation of Caso and called on him to resign.³⁶⁹ Coello was also a member of the indigenous issues committee in the Chamber of Deputies, which he made sure to include on the front page of a multi-page article that claimed to expose the failure of the INI in Chiapas. Continuing with the theme of poor medical services that he noted in his letter to the President.

The medical attention which the INI should be providing does not exist, because you cannot call the existence of a service given out of a crappy room in Chilil, pompously called a dispensary, medical service: it has one doctor and one helper, lacking in the most element resources, there are no instruments for surgery or emergencies; the pharmacy has a few prescription samples, most of them expired.³⁷⁰

What needed to happen, according to Coello, was no less than the disappearance of the INI.³⁷¹ Its responsibilities in health and education should be incorporated into the existing government agencies responsible for health, and its resources and equipment and personnel transferred over as well. Coello did not have an issue with the acculturationist tendencies of the INI, but focused on the inefficiency caused by corruption and the misplaced interests of its longtime director, Alfonso Caso. Coello also clearly wanted the SSA to take over the INI’s health mission, painting the institution – but not necessarily the project of medical acculturation – as hopelessly ineffective. The problem was that the INI was not good enough at acculturation to reach its goal of integrating indigenous communities.

³⁶⁸ Ibid.

³⁶⁹ “Que Renuncie Caso. Ha Violado la Ley del INI,” *La Voz del Sureste*, 8 April 1968. 57.4 Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁷⁰ Ibid, 5.

³⁷¹ Ibid, 7.

Alfonso Caso responded to Coello's claims in an internal memorandum in June of that same year.³⁷² He disputed the idea that indigenous Chiapanecos were on the verge of "extinction" because, he wrote, indigenous people "do not constitute a race, but are Mexicans in specific cultural conditions."³⁷³ Furthermore, the birth rate among indigenous Chiapanecos was one of the highest in the nation. He also accused the deputy of a general ignorance of the INI's extensive collaboration with other agencies, including the fact that its efforts had contributed to diminishing the mortality occasioned by respiratory and water-borne illnesses, as well as the definitive extermination of typhus.³⁷⁴ Caso also questioned Coello's motives, noting how before he had become a federal deputy, he had used his magazine to publicly praise the work of the INI. However, after the INI has turned down his offer to buy advertisement of its "good works" in his newspaper, he had started this campaign attempting to delegitimize them and curry favor with other federal agencies, like the SSA.³⁷⁵

Whether the public attacks on the INI by the federal deputy were merely an effort at extortion is difficult to gauge. Certainly, Coello dramatized and exaggerated the failures of the INI, and his prescriptions for its elimination and his comments about indigenous "extinction" were extreme. Still, Coello's articles show that criticism of the INI was not restricted to Marxist sociologists at the UNAM; it was also vulnerable to politicians seeking to dismantle its responsibility and budget.

³⁷² Alfonso Caso, "Memorandum," 27 June 1968, 1. 57.4 Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁷³ *Ibid.*, 2.

³⁷⁴ *Ibid.*

³⁷⁵ *Ibid.*, 4.

The INI was also prepared to go on the offensive against its critics. A mere three days after Coello sent his letter to the President and before he began his campaign in *La Voz del Sureste*, the national newspaper *El Heraldo de México* published a definitive retort of the claims made by the Chiapaneco deputy.³⁷⁶ Founded by Gabriel Alarcón, a businessperson with deep links to the PRI, in 1964, the *Heraldo* in this period was distinguished for its clientelist relationship to political power, particularly in its coverage of the 1968 student movement and government responses.³⁷⁷ The three-page article by Rafael Lizardi Duran was titled “Chiapas, Laboratorio Para la Solución del Problema Indígena: los más Modernos Sistemas de Cultivo, Educación y Higiene.”³⁷⁸ The article opened by declaring that the government was “trying the most effective (adecuado) systems for resolving the indigenous problem,” incorporating into the economic and cultural life of the nation “more than three and a half million people who are Mexican only in name.”³⁷⁹ Tellingly, both Coello and the journalist for a clientelist newspaper concurred that indigenous people constituted a distinct race. But for this journalist, as well as for Caso, the condition of being indigenous still meant being “apart” from Mexico – it was a social condition, not a biological one. The controversy was over *how* to reach integration.

The municipal presidents of the Altos of Chiapas also sought to influence presidential opinion on the claims against the Chiapas INI made by Coello. On July 3rd 1968, a cross-section of presidents representing Tzeltal and Tzotzil communities linked to

³⁷⁶ Rafael Lizardi Duran, “Chiapas, Laboratorio Para la Solución del Problema Indígena,” *El Heraldo de México*, 11 April 1969, 74.3. Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

³⁷⁷ Susana Sánchez Sánchez, “Carta emblemática entre dos poblanos,” *LadoB*, 29 August 2016. Accessed 30 January 2020. <https://ladobe.com.mx/2016/08/carta-emblematica-dos-poblanos/>

³⁷⁸ Rafael Lizardi Duran, “Chiapas, Laboratorio Para la Solución del Problema Indígena,” *El Heraldo de México*, 11 April 1969, 8a. 74.3. Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM

³⁷⁹ *Ibid.*

the INI Coordinating Center in San Cristóbal met in Chamula, a Tzotzil town near San Cristóbal. Following their meeting, they released a statement which they transmitted to President Gustavo Díaz Ordaz via the INI.³⁸⁰ They sent three messages to the President. 1) Recognizing the work done by the INI in education, health, and other areas, 2) rejecting every point made against the INI by Coello, and 3) supporting the INI's ongoing work in Chiapas. The sign of support by many of the municipal presidents who had contact with the Coordinating Center at San Cristóbal complicates, along with the insinuation by Caso that Coello was trying to extort the agency, any straightforward reading of Coello's claims against the INI. They suggest that in the 1960s, the critics of the INI had not yet found their most powerful weapon to delegitimize acculturation: the accusation of ethnocide.

Intra-State Tensions over Acculturation

For the rest of this chapter, I will chart the growing chorus against acculturation from within and outside of the INI during the 1970s, focusing on the accusation of ethnocide and the conflicts and debates over historical materialism (ethnicity versus class identity politics). Using the papers of anthropologist Guillermo Bonfil Batalla as well as the records of the Instituto Interamericano Indigenista (III), I focus on the effect of two international conferences on indigenous liberation, Barbados I held in 1971 and Barbados II held in 1977. In both these conferences, delegates replaced the idea that "expert" anthropologists and the state should determine the priorities of indigenous development with the idea that indigenous peoples themselves should determine development's goals and methods. Guillermo Bonfil Batalla represented Mexico at the first conference and, along with several indigenous Mexican delegates, also attended the second conference. He

³⁸⁰ Municipal Presidents to Gustavo Díaz Ordaz, July 3, 1968, 57-4, Alfonso Caso Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

was a crucial interlocutor between the more conservative approaches still favored by the Instituto Nacional Indigenista for most of the 1970s and an international scene of indigenous politics that accused supposedly postcolonial states, such as Brazil and Colombia, of genocide.

Genocide itself was refigured as a conceptual category during the 1970s in part due to a growing discourse of indigenous rights at the international level. Jeff Benvenuto uses two UN Conferences, one in September 1977 in Geneva, Switzerland and the other in 1981 in San José, Costa Rica to book end a historical process which resulted in genocide becoming “conceptually unmoored from its legalistic restraints.”³⁸¹ At the 1977 International NGO Conference of Discrimination against Indigenous Populations in Geneva, over 50 NGOs and double that number of indigenous delegates convened. The Declaration of Principles expressed an outrage against ongoing colonialism against indigenous populations.³⁸² Genocide, which had officially been codified by the United Nations in 1948, distinguished legally between the destruction of individual lives and cultural genocide or ethnocide.³⁸³ As in Mexico, in international law from the 1950s to the 1970s, indigenous peoples had been subject to “integrationist” policies of indigenous populations.³⁸⁴ Benvenuto notes that modernization theory foresaw the elimination of indigenous culture. While modernization theory did not hold direct sway over the INI, its historical materialism sought to transform indigenous people into a class, to de-ethnicize them by compelling and exchange of traditional culture for modern culture, including in

³⁸¹ Jeff Benvenuto, “What Does Genocide Produce? The Semantic Field of Genocide, Cultural Genocide, and Ethnocide in Indigenous Rights Discourse,” *Genocide Studies and Prevention: An International Journal* 9, no. 2 (October 1, 2015), <https://doi.org/http://dx.doi.org/10.5038/1911-9933.9.2.1302>

³⁸² Benvenuto.

³⁸³ Benvenuto.

³⁸⁴ Benvenuto., 28-29

medicine. The threat of being accused of ethnocide became very real for the Mexican government throughout this period.

The first Barbados congress was organized by the World Council of Churches through its Program to Combat Racism and held in January 1971 in Bridgetown, Barbados. The majority of the participants were professional anthropologists from South America, and the theme of the conference was interethnic relations in South America.³⁸⁵ The conference began with a list of speakers who spoke about relations in the Brazilian Amazon. International church groups had been denouncing the Brazilian government for ethnocide against the indigenous peoples of the Amazon since the late 1960s.³⁸⁶ Meanwhile, without ever intending to go in this direction, the conversation at Barbados I turned towards the general situation of indigenous pueblos throughout Latin America.

Bonfil Batalla, who attended the Bridgetown Conference, recalled that the organizers had not “actually foreseen while organizing Barbados I the preparation of the document that they eventually produced.”³⁸⁷ The issuing of Barbados I Declaration “was a collective decision” among the delegates, according to Bonfil Batalla.³⁸⁸ “In order not to leave the discussion we had had in past days, excessively rich and informative, simply at the level of exchange between us, but rather to produce something more public.”³⁸⁹ The resulting declaration, titled “Declaration of Barbados: For the Liberation of the Indians,” reflected the delegates’ positions as implicated indigenistas, and it aimed to reposition the

³⁸⁵ Guillermo Bonfil Batalla, “Mesa Redonda sobre Barbados,” 11 November 1977, 22.96, page 3, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

³⁸⁶ Ibid.

³⁸⁷ Ibid.

³⁸⁸ Ibid.

³⁸⁹ Ibid.

relationship between indigenous peoples and the state, anthropologists, and churches through ceding space for Indigenous peoples to articulate their specific demands.³⁹⁰

The Barbados I Declaration was critical of indigenista policies, such as those of the INI in bilingual education, for example, but it did not go so far as to call out any nation states by name. Rather, in the Declaration of Barbados I, delegates structured their critique of the genocidal practices of nation states within a larger imperial dynamic and history of capitalist expansion:

The result of this colonial structure is that lands inhabited by Indians are judged to be free and unoccupied territory open to conquest and colonization. Colonial domination of the aboriginal groups, however, is only a reflection of the more generalized system of the Latin American states' external dependence upon the imperialist metropolitan powers. The internal order of our dependent countries leads them to act as colonizing powers in their relations with the indigenous peoples.³⁹¹

The text of the first Barbados Declaration (not yet known as Barbados I), issued at the end of the meeting between the 25 and 30th of January 1971, implicitly accused indigenista policies of being part of an ongoing colonial aggression that had both territorial and cultural dimensions. "The very indigenista policies of Latin-American governments are oriented towards the destruction of aboriginal cultures and are deployed to manipulate and control indigenous people for the benefit of consolidating existing structures."³⁹² The duty of states, religious institutions, and anthropologists was to seek to end this aggression which attacked not only land, but culture. States needed to rupture the internal colonialism of a ruling oligarchic minority compared to the majority of disenfranchised.³⁹³ Another one of the demands made of Latin-American states in the 1971 Barbados

³⁹⁰ Ibid.

³⁹¹ Symposium on Inter-Ethnic Conflict, "Declaration of Barbados: For the Liberation of the Indians," 1971.

³⁹² Barbados Declaration por la Liberación del Indígena, 1971, 29.2449, page 45, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

³⁹³ Ibid, 46.

Declaration was that states “offer indigenous people the same economic, social, educational, and sanitary assistance as the rest of the population.”³⁹⁴ States were seen as having obligations in health and education to the indigenous populations, but these should not be delivered with the means and objectives of cultural assimilation.

The Declaration also linked anthropologists to a dual system of colonial exploitation operating against indigenous peoples. “Since its origin, anthropology has been an instrument of colonial domination: it has rationalized and justified in academic terms, openly or surreptitiously, the domination of one nation over another.”³⁹⁵ However, the Declaration did not mention anthropologists who worked in and for the state in particular. Rather, it focused on the mistaken premises of academic research on indigenous nations by anthropologists, and urged them to turn their efforts towards changing the “distorted view” that the majority of society had of indigenous people.³⁹⁶ It was their duty to denounce genocide and conduct leading to ethnocide, and to take advantage of the current conjuncture to support indigenous communities.³⁹⁷ The Declaration ended with a three-point section titled “The Indigenous Person as Protagonist of Their Own Destiny” in which the signatories said that indigenous liberation was not something that they, as community outsiders, could possibly decide, but they must support indigenous efforts to implement alternative structures to colonial ones.³⁹⁸

After the Bridgetown Conference, the issue of ethnocide was now a concern of the INI. In Alfonso Caso’s papers are newspaper clippings that document the accusations by

³⁹⁴ Ibid.

³⁹⁵ Ibid, 49.

³⁹⁶ Ibid.

³⁹⁷ Ibid, 50.

³⁹⁸ Ibid.

social scientists and missionaries of the Brazilian government's "ethnocidal" policies towards indigenous people in the Amazon. The clippings come at the end of a series folder dedicated to newspaper clippings of accusations of the INI in the late 1960s. Caso resigned from his position soon after, and the directorship of the INI was assumed by Gonzalo Aguirre Beltrán. Aguirre would spend the early 1970s sparring with other social scientists in Mexico and across the Atlantic over whether "ethnocide" was even a legitimate term.

Aguirre used the "foreign" origins of the term ethnocide to cast suspicion on the growing confrontation between acculturationist state policies and the accusation of ethnocide being made against states. French anthropologist Robert Jaulin had organized a convention on ethnocide under the aegis of the French Society of Americanists, and published his accusations against the Brazilian government in a controversial but enormously influential book *La paix blanche: Introduction à l'ethnocide* in 1972. For Aguirre, it was particularly galling that social scientists from colonial powers were criticizing the governments of postcolonial nations for how they sought to integrate their indigenous populations, and he directed his withering prose at Robert Jaulin in particular in a 1975 article.³⁹⁹ "The anti-ethnocidal anthropologist who best conducts this fight against assimilation is Robert Jaulin, who has succeeded in acquiring a group of compatriots who furiously unfurl – after the loss of Algeria - the anticolonialist flag."⁴⁰⁰ In the article, Aguirre diagnosed Jaulin as the source for the accusation of "ethnocide" being flung

³⁹⁹ Gonzalo Aguirre Beltrán, "Etnocidio en México: Una Denuncia Irresponsable," in *La quiebra política de la antropología social en México. (1971-1976). Vol. II* (Mexico: Universidad Nacional Autónoma de México, 1986), 369–83.

⁴⁰⁰ Aguirre Beltrán.

against the Mexican government, which Aguirre traced to a report published the Working Group on Indigenous Affairs in Denmark published earlier in 1974.⁴⁰¹

Aguirre's response to the accusation of ethnocide in 1975 shows how the debate about indigenismo radicalized throughout the 1970s, leaving Aguirre very little ground on which to defend acculturation. The message of Barbados I that called out the participation of national states and social scientists in ongoing physical and cultural colonization against indigenous pueblos was further amplified by a motion passed at the XLI Congreso de Americanistas in September 1974 in Lima which passed a resolution condemning the entwined "Indigenismo y Colonialismo."⁴⁰² Reiterating the idea that indigenous people suffered under a cultural and economic exploitation because of dependent capitalism, the resolution also declared in favor of "the right to recognize and exercise non-occidental medical systems and their inclusion in health governance." They also "absolutely rejected any authoritarian plan to limit births."⁴⁰³

These critiques pointed to both divisions in the left and also Aguirre's deepening conservatism relative to the context around him. Gonzalo Aguirre Beltrán accused the World Council of Churches of seeking to promote Christian Democracy in Latin America. Bonfil Batalla responded to this claim by noting that, given the diversity in the methods and politics of the continental surge of indigenous organizations, they could not possibly all be

⁴⁰¹ Aguirre Beltrán.

⁴⁰² Barbados Declaration por la Liberación del Indígena, 1971, 29.2449, page 53, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁰³ Ibid.

the manipulative results of Christian Democracy.⁴⁰⁴ These kinds of petty accusations became increasingly characteristic of Aguirre's public discourse in the late 1970s.

A Meeting with the President

Another issue that drew public attention and heated debate in Mexico with respect to Barbados I was the relationship between social class and ethnicity and the strategic implications of making one or the other the basis for a politics of decolonization and liberation.⁴⁰⁵ Guillermo Bonfil Batalla summarized Aguirre's position as one in which "ethnic fights do not have legitimacy, they only lead to a division of the working class (or the exploited class), and they were therefore counterrevolutionary or reactionary."⁴⁰⁶ He continued, "What was at stake in accepting or negating the principle ideas of Barbados I and II was the preeminence of ethnicity for organizing political subjectivity and action."⁴⁰⁷ Those who supported political organizing based around ethnicity rather than class were "utopian, romanticist, conservative," among the lighter epithets used."⁴⁰⁸

If one book triggered, or at least came to symbolize the beginning of a "crisis" in anthropology, and in Mexico social thought more broadly, it was *De eso que llaman antropología Mexicana* (What They Call Mexican Anthropology), published in 1970.⁴⁰⁹ The book was a collection of essays on Mexican anthropology, interrogating its role as an

⁴⁰⁴ Guillermo Bonfil Batalla, "La Declaración de Barbados II y la Liberación del Indio," 1971, 83.2377, page 3, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁰⁵ Ibid, 5.

⁴⁰⁶ Ibid, 4.

⁴⁰⁷ Stefan Varese, "Estrategia étnica o estrategia de clase?," 1977, 29.2449, page 45, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁰⁸ Guillermo Bonfil Batalla, "La Declaración de Barbados II y la Liberación del Indio," 1971, 83.2377, page 5, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁰⁹ Leif Korsbaek, "El Comunalismo: Cambio de Paradigma En La Antropología Mexicana a Raíz de La Globalización," *Argumentos (México, D.F.)* 22, no. 59 (April 2009), 117.

agent or source of knowledge for the state. Like Pablo González Casanova and Andre Gunder Frank, not all of the participants of “critical anthropology” were actually employed as anthropologists.⁴¹⁰ Ultimately, their impact was less in delegitimizing anthropology than in deconstructing the notion (and to a certain extent, the reality) of a unitary anthropology.⁴¹¹ But they took as their concrete object of concern indigenismo, and the INI in particular.

Guillermo Bonfil Batalla wrote an essay titled “Del indigenismo de la revolución a la antropología crítica” in *De eso que llaman antropología mexicana*. In it, he wrote that the ideals of Mexican indigenismo had essentially stayed the same since Gamio. In the language of 1970, these goals mounted to something like ethnocide: “the goal of indigenismo, brutally put, consists in achieving the disappearance of the Indian.”⁴¹² He negated the idea of Aguirre of the “isolation” of indigenous people from national life; along the lines of Casanova and Frank, and he asserted that indigenous people were already “exploited in the benefit of the national society.”⁴¹³ What indigenistas were really intending with their policy of integration was an assimilation into the social and cultural values of a post-revolutionary mestizo identity.⁴¹⁴ What was needed, wrote Bonfil, was a “national liberation” of indigenous people, including from the “false consciousness of acquiring a class, rather than a caste, consciousness.”⁴¹⁵

⁴¹⁰ Arturo Warman, ed., *De Eso Que Llamam Antropología Mexicana*, La Cultura al Pueblo (México: Editorial Nuestro Tiempo, 1970).

⁴¹¹ Luis Vázquez León, “Revisitando De Eso Que Llamam Antropología Mexicana Cinco Décadas Después,” *Dialectical Anthropology* 41, no. 4 (December 1, 2017), 337-8.

⁴¹² Bonfil Batalla, Guillermo, “Del Indigenismo de La Revolución a La Antropología Crítica,” in *De Eso Que Llamam Antropología Mexicana* (Mexico City, Mexico: Nuevo Tiemp, 1970), 144.

⁴¹³ *Ibid*, 145.

⁴¹⁴ *Ibid*, 145.

⁴¹⁵ *Ibid*, 157. See also Aguirre Beltrán, “El indigenismo y la antropología comprometida,” 1975.

Aguirre held that the transition from caste to class should occur as part of national integration of indigenous Mexicans – this goal had undergirded indigenista policy since the founding of the INI. Bonfil posited that Aguirre’s historical materialism ignored the impact of both history and language in addition to presuming the isolation of indigenous Mexicans from a development model that did, in fact, already exploit them. By contesting indigenismo’s premise of national integration as a good for indigenous peoples, Bonfil attacked the the INI’s *raison d’être* as imagined by Aguirre and Caso and as practiced for decades in coordinating centers. Bonfil’s position against the INI was less confrontational in its tone than Coello, but the idea he proposed that “extinction” was not only biological against a “race” of people, but it could also be understood as against culture, contested the basic project of state-directed cultural change and put it in the same category as genocide.

President Echeverría sought to strike a more “open” posture to incorporating critiques of the INI while at the same time increasing its budget substantially after gaining office in 1970. By 1975, around 70% of country’s indigenous population was being served by INI coordinating centers.⁴¹⁶ This expansion of the INI was part of a broader expansion of the social safety net under the President, whose neocardenista approach would seek to bring critics into the state and thereby neutralize them. In a special session of the governing council of the INI (composed of the President and the Secretaries of major government departments like the SSA, Gobernación, and the SEP, as well as the leadership of the INI itself) held on 13 September 1971, the most important figures in the debates about Mexican

⁴¹⁶ Article in *El Día*, 28 November 1975 in Archivo General de la Nación, Secretaría de Gobernación Siglo XX, Dirección General de Investigaciones Políticas y Sociales, Caja 1544 A, Expediente 2. While the Budget increases in the 1970s were substantial, they also covered the massive expansion of INI coordinating centers across the country, which means that resources for individual centers were still sometimes scarce for basic necessities. In the case of the CCTT, budget cuts from the late 1960s had been severe. See Lewis, *Rethinking Mexican Indigenismo*, 189.

indigenismo presented their case before the President. Pablo González Casanova, then rector of the UNAM, attended along with the director of the IPN, Manuel Zorrilla Carcaño. Director of INAH, Luis Ortiz Macedo and Eduardo Matos, Secretary of the Sociedad Mexicana de Antropología. Finally, the director of the INI, Gonzalo Aguirre Beltrán, and the subdirector, Alfonso Villa Rojas, were also present.⁴¹⁷ Isabel Kelly, Alejandro Marroquin, then head of Anthropology at the III, and Guillermo Bonfil, in addition to a large group of reporters from Mexico City newspapers, crowded the room in a vigorous session of debate that began at 4:00 PM and ended near 8:00 PM. Gonzalo Aguirre Beltrán opened the list of speakers which also included Pablo González Casanova and President Echeverría.

Gonzalo Aguirre Beltrán opened his speech by proposing a definition of “indio” that specifically sought to undercut the arguments that the category designated an “ethnic identity.” He suggested, instead, that “the term “Indian, imposed by Spanish colonialism, never designated an ethnic condition but a social condition.”⁴¹⁸ Contemporary indigenous communities show considerably ethnic diversity and different levels of evolution, and he mused that indigenous identity could hardly be relevant to them. The INI, founded in 1948, was destined to fulfill the materialist obligations of the Pátzcuaro Conference: “To try to generate change in the ethnic group to elevate its living standards and, on a plane of equality, to eventually form part of the national community.”⁴¹⁹ Gonzalo Aguirre Beltrán continued to rely on the idea of “regions of refuge” to describe the functioning of the coordinating center, while also saying that this did not amount to a “situation of total

⁴¹⁷ Secretaría de Educación Pública, *Ha Fracasado El Indigenismo?: Reportaje de Una Controversia* (Mexico City, Mexico: Secretaría de Educación Pública, 1971), 9-10.

⁴¹⁸ *Ibid*, 13.

⁴¹⁹ *Ibid*, 15.

isolation” from the rest of the national population.⁴²⁰ Rather, these regions were characterized by “stable nuclei situated in a position of domination and giving birth to a dualistic socio-economic structure; while Indigenous people dedicate themselves to agriculture or artisanship, the non-Indigenous are occupied transforming those primary products and selling services.”⁴²¹ The coordinating centers were not intended to rescue “isolated” populations, but to intervene in a system of dual economic exploitation between local indigenous and non-indigenous people, erasing “indigenous” as a marker of domination.

Gonzalo Aguirre Beltrán also challenged comments made by Bishop Samuel Ruiz of Chiapas in the previous week’s issue of the newspaper *Excelsior*. The Bishop was quoted as saying that the INI’s programs generally “do not take into account the cultural situation of each indigenous group,” thus amounting to “ethnocide, a destruction of a culture.”⁴²² Gonzalo Aguirre Beltrán contested the Bishop’s provocative claim that the INI’s methods constituted ethnocide by pointing to the system of indigenous promoters which was pioneered at the in the Altos of Chiapas in 1951. This model of integration was “radical and diametrically distinct o the traditional mode of their ancestors.”⁴²³ He also opposed the claim that Spanish language education was meant to disappear indigenous languages – pointing out that bilingual teachers actually meant that literacy occurred first in the indigenous language before it did in Spanish.

“Regarding the accusation of ethnocide, so similar to genocide” Gonzalo Aguirre Beltrán continued,

⁴²⁰ Ibid, 18.

⁴²¹ Ibid, 19.

⁴²² Quoted in Ibid, 22.

⁴²³ Ibid, 23.

Based on the idea that the Indian problem will cease to be so when the last Indian ceases to exist, it is necessary to make a clarification. The classification of Indio refers to a social condition. We label as Indios the descendants of the original American population who endured the Conquest and remained in colonial dependence which, in the regions of refuge, has endured to our own day.⁴²⁴

The mission of the INI was to terminate the social condition of Indio, which was not an ethnicity but a social condition produced through dependence and subordination. The Indio was not a biological or cultural entity. Thus, indigenista policy aimed to

Introduce in Indian life forms those aspects of modern culture and economy which give communities the political, cultural, and social tools... so that they may generate their own development and in this way an ability to leave a state of dependency and exploitation.⁴²⁵

In his response, Pablo González Casanova commented on Gonzalo Aguirre Beltrán's definition of the Indio and indigenismo. He said,

I believe that the definition of the Indian problem that Dr. Aguirre Beltrán has put forward is very significant in the history of indigenismo, and that it changes the terms of definition of the Indian problem, considerably deepening and improving it.⁴²⁶

In putting forward a definition of the Indio as an object and product of colonization, Casanova continued, “[Gonzalo Aguirre Beltrán] is implicitly and explicitly planting, for many of us, the necessity of a politics of decolonization, that we could consider a politics that becomes and returns to the Indian his status as a political subject.”⁴²⁷ This idea of returning to the Indian his quality as a political actor by convening a congress not of “experts” in the indigenous problem, but of indigenous people themselves, would be unprecedented and most welcome as a step towards decolonization.

⁴²⁴ Ibid, 25-26.

⁴²⁵ Ibid, 26.

⁴²⁶ Ibid, 90.

⁴²⁷ Ibid, 90.

President Echeverría never addressed the critiques of the INI by seeking to reform the institution; instead, he actually significantly increased its funding, fueling its largest and final wave of expansion. His approach to indigenous peoples did not engage the critics of the INI, but it did seek to foment and channel indigenous participation in the Mexican state and its projects of development. María Muñoz has termed this shift in the political dynamic in the 1970s “participatory indigenismo.”⁴²⁸ The decade of the 1970s represented a decisive shift from a seemingly complacent indigenous population to a highly politicized social sector. Luis Echeverría’s so-called participatory indigenismo, part of his populist project, opened a space for indigenous peoples to redefine the ways they engaged with the government, and it led to attempts to reimagine their roles in the social, political, and economic life of the nation.⁴²⁹ The idea of indigenous congresses, mentioned by both Aguirre Beltrán and González Casanova at the meeting, would be implemented later in Echeverría’s presidency. Indigenous bilingual promoters from within the Department of Agrarian Affairs and Colonization (Departamento de Asuntos Agrarios y Colonización, DAAC) contributed to organizing 57 indigenous congresses across Mexico between March and July 1975.⁴³⁰ These congresses led to the formation of the National Council of the Consejo Nacional de Pueblos Indígenas (National Council of Indigenous People, CNPI) in 1975, an organization which was neither totally independent nor entirely co-opted, as María Muñoz has demonstrated.⁴³¹

⁴²⁸ María L. O. Muñoz, *Stand up and Fight: Participatory Indigenismo, Populism, and Mobilization in Mexico, 1970-1984* (Tucson: The University of Arizona Press, 2016).

⁴²⁹ Muñoz, 11.

⁴³⁰ Muñoz.

⁴³¹ Muñoz; María Muñoz, “State Spying on the State: Consejo Nacional de Pueblos Indígenas Meetings in 1980,” *Journal of Iberian and Latin American Research* 19 (July 1, 2013): 62–70, <https://doi.org/10.1080/13260219.2013.805721>.

Echeverría's participatory indigenismo sought to give indigenous Mexicans a greater say within Mexican indigenismo, but it did not seek to fundamentally alter the cardenista objective of "Mexicanizing the Indian." The strategy of Echeverría was not to shutter the INI in the wake of harsh public attacks about the colonialist tendencies of its anthropologists. Rather, he sought to give Indigenous peoples a national representative organization which would be loyal to the state (and thus the INI) while also substantially increasing the budget of the INI.

The School for Regional Development which took shape in the INI Coordinating Center in San Cristobal, had been another subject brought up at the 1971 meeting about indigenismo presided over by Echeverria. The School was the result of a diverse group of thinkers led by Gonzalo Aguirre Beltrán and including Guillermo Bonfil Batalla, Salomón Nahmad, and Arturo Warman.⁴³² The first director was Mercedes Olivera Bustamante, a feminist anthropologist whom Aguirre Beltrán promptly fired.

The School of Development was mostly focused on promotor education – 61 women and 32 men were in the first class of 1972.⁴³³ The School only lasted one year, and then the San Cristóbal facilities were turned back into an INI Coordinating Center. If the school was attempting to fill the role left by the University of Chicago, whose grants to fund subsequent research projects in 1968 and 1970 were unsuccessful, it served far better as a training center for promotores than advanced graduate students in Anthropology. Writing to Beltran on April 14, 1972 – about halfway through the school year – Alfonso Villa Rojas commented that promoter education "was working with total regularity and

⁴³² Alfonso Villa Rojas, "Breve Informe Sobre El Impartamiento de Antropologia de La Escuela de Desarrollo Regional (de Enero 5 a Junio 30 de 1972)," n.d., Direccion. Escuela. Informes. 1972.1.0007., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

⁴³³Ibid.

good harmony between students and professors.”⁴³⁴ There are signs, however, that the School’s anthropological curriculum for graduate students in anthropology was stale. Villa Rojas noted that “the French girl, who went with Montoya to Mexico City, returned a few days ago after a month of vacation.” She was not interested in taking formal classes, but just in fieldwork experience.

While the School for Development never became a center of anthropological inquiry, San Cristobal began to enjoy a second renaissance for rethinking indigenista and social policy. At the First Indigenous Peoples Congress in San Cristóbal de las Casas, Chiapas in 1974, a Tzotzil delegate, Pedro Juárez, presented a declaration dealing with health from the perspective of “traditional medicine of herbs and the medicine of doctors” / “medicina tradicional de yerbas y por otro la medicina de los doctores.”⁴³⁵ He declared that medical doctors hardly ever left the city, were ignorant of indigenous languages, and treated indigenous people poorly. “For us, it is as if the medicine of doctors does not even exist.” He went on to describe how his people were sold poor or ineffective medicine that they could not afford. Juarez pointed out that herbal medicines were frequently more useful, and yet they were ineffective against epidemics. Acknowledging that such drugs for fighting epidemics were often based on plants, he decried that the lack of knowledge sharing about which were good and which were bad, a critique which targeted both scientific medicine and traditional medicine doctors working with medicinal plants. He advocated a health committee in each community which could oversee both types of medicine, an end to discrimination and disrespect by medical doctors, and for the full

⁴³⁴ Alfonso Villa Rojas to Gonzalo Aguirre Beltrán, April 14, 1972, Direccion. Escuela. Informes. 1972.1.0007., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

⁴³⁵ Pedro Juárez, “Declaración Tzotzil Sobre Salud,” in *La Medicina Invisible: Introducción Al Estudio de La Medicina Tradicional de México* (Mexico: Folios Ediciones, 1983), 11.

integration of both medicines with the collaboration of *curanderos tradicionales*. The Tzotzil delegate to the First National Indigenous Congress also signalled a desire for integration, but pointed to national doctors' prejudice as a part of the problem.

By the time of the second Congreso Nacional de Pueblos Indígenas held in February 1977 near San Felipe del Progreso in the Estado de Mexico, the acculturationists had lost significant ground, not only because of intra-anthropological feuding, but because the critique of indigenismo as colonialist was also being articulated in the indigenous congresses of the 1970s. The Director of the INI, Gonzalo Aguirre Beltrán, was present as delegates critiqued existing indigenous policy, obviously manifested most clearly by the Instituto Nacional Indigenista, and the state governor who also attended the meeting along with the leader of the Confederación Nacional de Campesinos (CNC) through its Secretary General, Oscar Ramírez Mijares. He opened the conference in Santa Ana Nichi by declaring, in a newspaper paraphrasing of the original, "I express my confidence that the resolutions considered by the National Congress will serve as the basis for a program to eliminate situations of internal colonialism and injustice suffered by Indigenous groups."⁴³⁶ The idea of internal colonialism had spread from the universities to the very spaces of controlled representation that the government had thought would demobilize dissent against the state's developmentalist agenda.

The idea that colonialismo interno existed in the contemporary state indigenous policy must have been a hard pill for Gonzalo Aguirre Beltrán to swallow as he sat through the speeches, having published a major book two years earlier contesting the intellectual

⁴³⁶ Sadat Fabila, "Pronunciamiento de Ramírez Mijares. Liquidar el Colonialismo Interno que Agobia a los Grupos Autóctonos," *El Día*, 24 February 1977. Archivo General de la Nación, Secretaría de Gobernación Siglo XX, Dirección General de Investigaciones Políticas y Sociales, Caja 1544 A, Expediente 3.

and political basis of the concept of colonialism interno.⁴³⁷ Yet the concept of internal colonialism had gained currency within Mexico by the late 1970s, even among members of the political establishment. In a secret government report from August 1975, an agent of the state reported on a meeting between a Professor from Young Revolutionaries of Mexico delivering a speech to indigenous youth in the highland Chiapas town of Zinacantán where he accused the state of internal colonialism in its indigenous development policy.⁴³⁸ The Governor of Chiapas attended the same meeting and use the words “internal colonialism” in his speech.⁴³⁹ Although anecdotal, these two instances show the varied directions from which critics of the state – from both within and without – criticized development policy for its internal colonialism.

Within a few days after the conference, major changes were already underway at the INI. Although I do not have the documentation to confirm this, my suspicion is that the plans for such changes, given their scope, were already underway since the handover of power from Echeverría to López Portillo about a year earlier. In a letter written to the Berkeley anthropologist George Foster dated 28 February 1977, Alfonso Villa Rojas, adjunct director of the INI, informed Foster that Ignacio Ovalle Fernandez, Echeverría’s personal secretary, would become the new Director of the INI. His selection marked a generational shift in administration – all of the Director of the INI since 1948 had been associated with the agency from its earliest days. There would also be a name change –

⁴³⁷ Aguirre Beltrán, *Aguirre Beltrán*.

⁴³⁸ “Ni Colonialismo Interno, Ni Externo: MVS [Manuel Velasco Suarez, Governor of Chiapas],” Summary report of article from *El Sol de Chiapas*, 30 August 1975. Archivo General de la Nación, Secretaría de Gobernación Siglo XX, Dirección General de Investigaciones Políticas y Sociales, Caja 1770 C, Expediente 13.

⁴³⁹ “Ni Colonialismo Interno, Ni Externo: MVS [Manuel Velasco Suarez, Governor of Chiapas],” Summary report of article from *El Sol de Chiapas*, 30 August 1975. Archivo General de la Nación, Secretaría de Gobernación Siglo XX, Dirección General de Investigaciones Políticas y Sociales, Caja 1770 C, Expediente 13.

INI's name was officially changed to Plan Nacional de Zonas Deprimidas y Grupos Marginados. Villa went on to write that on the same day in which he wrote the letter, there was a near total replacement of all of the INI's technical staff. Summing up the changes, he wrote "you will perceive that in the present sexenio there will be a total change in that which is referred to as the "enfoque indigenista" (indigenista method), in which anthropologists will no longer have much of a say."⁴⁴⁰ In another letter to Foster dated July 22 1977, Villa Rojas also described his feelings of marginalization from contemporary anthropology. Summarizing the perspectives of seven young anthropologists who now occupied important posts in the (former) INI and had published "Siete Ensayos Sobre Indigenismo," (Seven Essays on Indigenismo). He summarized their book thus: "their central idea is the liberation of the Indian from the scam of dehumanizing occidental culture."⁴⁴¹ With this this methodological shift in anthropology, he predicted that Mexican anthropology would lose the quality of Manuel Gamio and Aguirre.

The INI was incorporated into IMSS COPLAMAR, a state development program that targeted the most underdeveloped zones of the country. Ignacio Ovalle, who was the Director of IMSS, became the Director of the INI as well. The INI did not disappear, but its identity was merged with a development agency that did not target indigenous people specifically. But its main figureheads, the people like Beltrán and Villa Rojas who were most closely associated with the pre-68 INI, did not survive the reform.

Barbados II: Globalization and Indigenization of the Critique of Indigenismo

⁴⁴⁰ Alfonso Villa Rojas to George M. Foster, 28 February 1977, 1. Alfonso villa Rojas Fonds. Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM.

⁴⁴¹ Ibid, 2.

Barbados I had been a closed, working congress, not an open forum.⁴⁴² There was only one observer at the closed working group meeting of Barbados I, and he was an indigenous observer from the United States of America.⁴⁴³ At Barbados II, “among the indigenous representatives,” wrote Bonfil, “some were chosen by their own organizations, others through the authorities of their own groups, and some were also given personal invitations.”⁴⁴⁴ Invitations were thus issued to unitary organizations across indigenous ethnicity, specific ethnic groups, and individuals. Among this latter group was a new generation of indigenous leaders, both professionals and those without formal education, including a good number who had experience working as intermediaries or living in both indigenous and ladino worlds.⁴⁴⁵

The Declaration of Barbados II reflected the unprecedented centering of indigenous voices at an international indigenista conference. Signifying the both the indigenous subject and public imagined in the second declaration, it opened with the address, “Hermanos indios [brother Indians].”⁴⁴⁶ The 28 July 1977 Declaration condemned both the territorial occupation of nation states and the genocidal intentions of indigenista policies towards indigenous culture.⁴⁴⁷ The goal of Barbados II was oriented less towards a declaration of genocide; it was focused on producing concrete strategies towards indigenous liberation. The first and primary necessity was achieving unity of the indigenous population. This

⁴⁴² Guillermo Bonfil Batalla, “Mesa Redonda sobre Barbados,” 11 November 1977, 22.96, page 30, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁴³ Guillermo Bonfil Batalla, “La Declaracion de Barbados II y la Liberacion del Indio,” 1971, 83.2377, page 11, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁴⁴ *Ibid.*, 11.

⁴⁴⁵ *Ibid.*, 12.

⁴⁴⁶ Declaración de Barbados II, 28 July 1977, 29.2485, page 1, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

⁴⁴⁷ “Declaration of Barbados II,” Biblioteca Juan Comas, Instituto de Investigaciones Antropológicas, UNAM, Alfonso Villa Rojas, Caja 2, Expediente 28.

required a consistent, authentic, and clearly ideology. Ideology came from an historical analysis. Culture provided the “*elemento aglutinador*” (cohering element) for a new ethnic consciousness that was pan-American in scope.⁴⁴⁸

The Barbados II Declaration, drafted by Indigenous delegates from across the Americas, characterized a system of domination that kept them divided as operating on physical and cultural planes. Physical domination “expresses itself, in the first place, through the dispossession of land.” European colonization in the Americas marked the beginning of physical domination, and it included not just land, but taking resources, dividing communities from their lands by national borders, and now through exploitative labor conditions in rural and urban areas. This physical domination was global, often carried out by international corporations. Cultural domination “can be considered realized when in the indian’s mentality, it is established that the occidental or dominant culture is the only and highest level of development, in so far as their own culture is not culture but rather the deepest kind of backwardness which they must overcome; this brings with it the separation of members of our communities by way of education.” Finally, the declaration opposed indigenista policies dedicated to “processes of integration or acculturation through diverse national or international institutions, religious missions, etc.”

Written by and for Indigenous peoples, Barbados II is distinct from Barbados I in numerous ways. Barbados I was a condemnation of genocide, anthropological complicity, and a call for greater Indigenous representation. Barbados II was a call to consciousness – to recognize the material and cultural forms of domination were part of a singular system

⁴⁴⁸ Declaración de Barbados II, 28 July 1977, 29.2485, page 4, Fondo Guillermo Bonfil Batalla, Centro de Investigación y Estudios Superiores en Antropología Social (CIESAS), Mexico City, Mexico.

designed to prevent indigenous unity. The extent to which domination was physical, cultural, or both, varied across the continent, but this “division” was actually two sides of the same coin. Domination, in the form of transnational resource exploitation and dispossession, existed across borders. Economic domination was not just the plunder of land and resources, but the systematic undervaluing of indigenous products and labor.

The II Barbados Declaration can also be understood in relation to the debates about caste and class within Mexican anthropology at the time. Beltran saw the purpose of the INI as facilitating a move from a false (because it was from Spanish colonialism) consciousness of indigeneity towards class consciousness as a fulfillment of Marxist historical materialism. He disagreed that the current Mexican state, and the INI, were part of the same colonial trajectory. Colonialism mostly existed in “regions de refugio,” in local relations between Indigenous people and ladinos. For Casanova, and other exponents of the internal colonialism theory, racial difference was produced in Mexico, nationally, the way global inequality reproduced itself in a capitalist system: for the benefit of a few (white) people. In Barbados II, the analysis of oppression avoids the binary of cultural/material domination, and, in doing so, it eliminates the teleological requirement of class formation from scientific Marxism teleology of global revolution. There was no inherent contradiction between ethnicity and class position, but there was a need to oppose state projects of indigenous integration premised on acculturation.

Conclusion

In their Program of Action released in February 1977, the INI rejected the old project of assimilation and described the new policy of the current administration, which “has made explicit the right of ethnic groups to preserve, transform, and develop their culture, without this impeding their social and economic claims in the class structure of

society.”⁴⁴⁹ Cultural development aided in the economic development of indigenous peoples as a class, and vice versa. “In this sense we intend to put an end to compulsive methods and the goals of homogenization and mestizaje cultural, as well as to paternalistic means that supplant the initiative of communities from developing their creative potential.” In one term, the official government position had gone from denying the use of compulsive methods to promising to stop using them. And although nobody yet knew the full implications of a conception of the “nation in a framework of ethnic and cultural plurality” / “personalidad de la nación en un marco de pluralidad étnica y cultural,” the shift to multiculturalism at least symbolically oriented Mexican nationalism and development toward a vision of respecting cultural plurality.⁴⁵⁰

The INI was being affected about ideas like respect for diversity and pluricultural visions of the nation at the grassroots level in the 1970s. Bilingual employees and promotores of coordinating centers in Oaxaca and other states initiated a wave of labor activism that, in addition to targeting working conditions, also spoke out against assimilationist policies.⁴⁵¹ At the Second National Indigenous Assembly in San Felipe del Progreso, which Aguirre attended, indigenous delegates called for the restructuring of the INI in front of the President.⁴⁵² Arriving at the Ceremonial Center of Santa Ana Miché in the Estado de México by helicopter the morning of February 25th, López Portillo performed the delicate act of putting indigenismo on a new track while also recognizing the great work done by President Echeverría in supporting the first national indigenous congress. That the

⁴⁴⁹ Instituto Nacional Indigenista, 656.

⁴⁵⁰ Instituto Nacional Indigenista, 657.

⁴⁵¹ Dillingham, “Indigenismo Occupied.”

⁴⁵² Alva, Fabila, “Ante JLP Los Indígenas Expusieron Sus Problemas Con Toda Crudeza: Solicitaron La Reestructuración Del INI Para Que Responda a Las Exigencias Del Presente y Que Cesen Las Discriminaciones Que Sufren.” *El Día*, February 26, 1977, Secretaría de Gobernación. Investigaciones Políticas y Sociales. Caja 1544 A. Exped 3., Archivo General de la Nación.

President and the former intellectual and administrative leadership of the INI were present during public calls for its restructuring was probably less a surprise than the newspapers made it out to be. The President and the Congreso jointly endorsed his plan for reform of the institution that he presented at the conference. In his speech to the delegates, López Portillo said he had heard the delegates complaints about the INI, which he called “our great shame” (“nuestra gran vergüenza”).⁴⁵³ His speech focused in particular on tackling the “paternalism” of the INI, something he proposed to remedy by putting the emphasis on indigenous initiatives for their own development.

The SNTI for its part issued a statement on 1 March in the newspaper *El Día* in which it affirmed the declaration at the II Congreso that the INI had become “bureaucratized” (“burocratizado”), but that various INI coordinating center staff in Guerrero, Puebla, Chiapas, and other states had intervened to stop violence by the Secretaría de Gobernación, security forces, and the President and had been punished brutally for it.⁴⁵⁴ In the months following the reforms to the INI and its public reorientation towards cultural plurality in early 1977, there was a wave of activism by bilingual, frequently indigenous, state employees. Spy reports compiled by the Dirección de Investigaciones Políticas y Sociales held at the Archivo General de la Nación testify to the ways the government perceived this activism as a threat.⁴⁵⁵ Just two weeks after the Second

⁴⁵³ Speech quoted in Ibid.

⁴⁵⁴ Comité Ejecutivo Nacional, SNTI, “Sindicato Nacional de Trabajadores Indigenistas al Pueblo de Mexico,” *El Día*, March 1, 1977, Secretaría de Gobernación. Investigaciones Políticas y Sociales. Caja 1544 A. Exped 3., Archivo General de la Nación.

⁴⁵⁵ See for example Investigaciones Políticas y Sociales, “10 de Octubre de 1977 - 21.30 Horas. Distrito Federal. En Antonio Caso No. 35, Continuo El IV Congreso de Trabajadores Del Instituto Nacional Indigenista.” (Secretaría de Gobernación, October 10, 1977), Secretaría de Gobernación. Investigaciones Políticas y Sociales. Caja 1544 A. Exped 3., Archivo General de la Nación. Also see documents on the Planilla Verde de Unificación, a working group of the SNTI (Sindicato Nacional de Trabajadores Indigenistas) that fought for labor rights, Planilla verde de unificación, SNTI, “Planilla Verde de Unificación. Manifiesto a Los Trabajadores del SNTI” (Mexico City, Mexico, October 10, 1977), Secretaría de Gobernación. Investigaciones Políticas y Sociales. Caja 1544 A. Exped 3., Archivo General de la Nación.

Congress, the government was investigating Coordinating Center employees in Ocosingo, Chiapas for sheltering a member of the guerilla group “Liga 23 de Septiembre.”⁴⁵⁶ López Portillo’s restructuring of the INI largely amounted to transferring some of its responsibilities to other state agencies like IMSS-COPLAMAR, and wrapping it in the new emphasize on indigenous people mobilizing their cultures and initiatives for their own development. More tangible issues like land reform, the subject of Aguirre’s talk at the Second Congress, were not taken up substantially by his government. Given that the reform of the INI was timed to practically coincide with the Second Congress, indigenous delegates had little chance to intervene or challenge the vague but not necessarily unwelcome reorientation of the INI to promote cultural plurality. But given the tepid endorsement of the reform from within the grassroots of the INI – its bilingual Coordinating Center employees – as well as their participation in anti-government activities on behalf of poor and indigenous people, it is permissible to have a cynical interpretation of this “shift” to neoindigenismo as also a move to counter and silence opposition to the government within the state.

The new changes to the INI following Beltrán and Villa Rojas’s exits from the agency also had implications within the profession of anthropology. In a letter to the director of the coordinating center in Carrillo Puerto, Quintana Roo, Alfonso Villa Rojas described the ruckus that greeted Gonzalo Aguirre Beltrán at a meeting of the Society for Applied Anthropology in Mérida in 1978.⁴⁵⁷ “Surely you have heard about the ranting and

⁴⁵⁶ Investigaciones Políticas y Sociales, “Eduardo Velasco, Supuesto Miembro de La Liga ‘23 de Septiembre,’ Goza de La Protección Del Prof. Mateo Sánchez García, Director de La Escuela Primaria de Este Lugar.” Estado de Chiapas. Información de Ocosingo. (Mexico City, Mexico, March 15, 1977), Secretaría de Gobernación. Investigaciones Políticas y Sociales. Caja 1544 A. Exped 3., Archivo General de la Nación.

⁴⁵⁷ Alfonso Villa Rojas to Villanueva, Vicente, May 4, 1978, Fondos Alfonso Villa Rojas. Caja 8, Expediente 3., Historical Archive. Biblioteca Juan Comas. Instituto de Investigaciones Antropológicas. UNAM.

raving against Dr. Aguirre in Mérida. As you already know, this [ambiguous] provoked Ferré and three other anthropologists to abandon the INI.” Once the most powerful person in applied anthropology, Aguirre now had to contend with public protest at his professional appearances.

Chapter Four – Health Internationalism and Inter-State Solidarity: Traditional Medicine as Sovereign Resource, 1975-1982

On the morning of 22 November 1982, readers of major Mexican newspapers could take a break from reading about the nation's unprecedented debt crisis and plans for the restructuring of the Mexican economy by turning to stories about the powerful benefits of traditional indigenous medicine. The headline from *El Heraldo* announced, "Investigadores del IMSS han Logrado Confirmar Científicamente el Valor Medicinal de Tres Plantas que Estaban Olvidadas" (Researchers of the Mexican Institute of Social Security Have Scientifically Proven the Medical Value of Three Forgotten Plants).⁴⁵⁸ "One of them [the forgotten plants] will replace the famous "Pill," the article's subtitle breathlessly announced.⁴⁵⁹ *El Universal* assumed an even more strident tone, announcing in its headline that "El té de zoapatle, hierba Mexicana, hará olvidarse de las píldoras anticonceptivas" (zoapatle tea, based on a Mexican herb, will make you forget about contraceptive pills).⁴⁶⁰ Although zoapatle was taken as a tea, the Director of the Unidad de Investigación Biomédica en Medicina Tradicional y Herbolaria (formerly the Instituto Mexicano para el Estudio de las Plantas Medicinales, IMEPLAM), Dr. Xavier Lozoya, assured readers "it is enough to take it just once a month."⁴⁶¹ Tapping into a broader cultural desire from the 1970s to "return to nature," the article in *La Prensa* promised that the tea made from the

⁴⁵⁸ "Investigadores del IMSS han Logrado Confirmar Científicamente el Valor Medicinal de Tres Plantas que Estaban Olvidadas." *El Heraldo*, 22 November 1982.

⁴⁵⁹ Ibid.

⁴⁶⁰ "El té de zoapatle, hierba Mexicana, hará olvidarse de las píldoras anticonceptivas." *El Universal*, 22 November 1982.

⁴⁶¹ Ibid.

leaves of the zoapatle plant “will open a new era in contraceptives, one that does not contain hormones.”⁴⁶²

Giving these interviews in 1982, on the eve of the Mexican state’s agreeing to IMF reforms to its public sector but only two months after it had nationalized its banks, the IMEPLAM’s director made the case for traditional medicine as a critical resource by appealing to the political registers of both decolonization and globalization.⁴⁶³ Medicinal plants could help ease dependence on importing pharmaceuticals from private corporations based in Europe and the United States. Yet they might also provide a lucrative basis for increasing industrialized exports. They would help solve the “demographic crisis” by giving a culturally-appropriate mode of birth control for the poor, and yet be easily integrated into existing biomedical paradigms of family planning (“the Pill”). The fact that these plants had been “forgotten” seemingly absolved Lozoya and the IMEPLAM of any proprietary issues related to this fabulous resource. In validating the plants using science, the IMEPLAM simultaneously “discovered” the plant and added all value to it. The spate of publicity in November 1982 mostly renders invisible the contributions of indigenous traditional medicine doctors who played a critical role in identifying potential medicinal plants for the IMEPLAM’s Mexico City laboratory.

When IMEPLAM was founded in 1975 at the Center for Economic and Social Studies of the Third World (CEESTEM) in Mexico City, its mandate was heavily influenced by the critical historical conjuncture of the New International Economic Order

⁴⁶² Ibid. On the “discurso de retorno a la naturaleza,” see Lozoya, Xavier, “A Manera de Presentación,” in *Herbario Medicinal Del Instituto Mexicano Del Seguro Social* (Mexico City, Mexico: Instituto Mexicano del Seguro Social, n.d.), xii.

⁴⁶³ Symbolized by its December 1982 IMF-brokered plan for restructuring the economy around debt servicing.

in the 1970s. The project of decolonizing health in the 1970s was a part of the larger NIEO goal of reordering a global economy. But there were also contradictions within this movement to reform global health and development.

In the last two decades of scholarship on traditional medicine in Mexico, IMEPLAM frequently plays a starring role as the initiator of contemporary medicinal plant research in Mexico. Anthropologist Cori Hayden's 2003 book, *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico*, traces the origins of modern bioprospecting to IMEPLAM's fieldwork among traditional medicine doctors.⁴⁶⁴ While Hayden has also written that the IMEPLAM is part of a lineage of "ethnobotanical inventorying project" that dates to Spanish colonization in the sixteenth century,⁴⁶⁵ the IMEPLAM was also marked by the charged geopolitical context of the 1970s. The goal of the IMEPLAM in its first decade was not just to inventory medicinal plants, but to "develop new therapeutic resources based on coordinated interdisciplinary research."⁴⁶⁶ It pushed for collaboration and solidarity with other research centers in the developing world and hosted international meetings in Mexico City.

This chapter attends to how the IMEPLAM envisioned its research on traditional medicine in the 1970s as it sought to make connections with other scientists researching traditional medicine across the Third World. In April 1977, delegates from nations in Africa, Asia, and Latin America met in Mexico City to share experiences and strategize about the best ways to "integrate" this resource into national development goals. Meeting one year before the full integration of traditional medicine resources was endorsed by

⁴⁶⁴ Hayden, *When Nature Goes Public*.

⁴⁶⁵ Hayden, Cori, "Vinculaciones: Pharmaceutical Politics and Science," 307.

⁴⁶⁶ Hayden, Cori, 305.

delegates at the Conference on Primary Health Care at Alma Ata in 1978, the delegates who attended a 1977 Mexico City meeting on traditional medicine hosted by IMEPLAM show the entwined threads of resource sovereignty and the dream of universal, culturally-appropriate health care. Through examining how the IMEPLAM and other Third World scientists at the meeting negotiated the relationship between knowledge, the state, sovereignty, and development, this chapter excavates how a logic of resource sovereignty took hold within global and domestic health governance in the 1970s.

Resources and National Sovereignty in the 1970s: A View from the Third World

In Mexico, concerns about technological “dependency” on Europe and the United States arose at the end of the nineteenth century during the technocratic “elected dictatorship” of Porfirio Díaz. Díaz’s key advisors, known as científicos, sought material progress through the application of rational principles to the economy and the “integration” of non-rational land tenure or governance systems into one nation. During the Porfiriato, Mexican exports finally caught up to where they had dropped off from its War of Independence more than half a century earlier, and yet foreign capital from Europe and the US gobbled up most of the benefits.⁴⁶⁷ Despite having a plethora of natural resources, Mexico and its elites were caught by a feeling of having to “catch up” to the technical progress of the industrialized west. Edward Beatty has shown how the burst of economic growth in the late nineteenth century actually helped condition a future cycle of technological “dependency.” Liberal capitalism and open markets that characterized the Porfiriato dictated that it was simply cheaper to grow by importing technology and

⁴⁶⁷ John M Hart, *Revolutionary Mexico: The Coming and Process of the Mexican Revolution* (Berkeley: University of California Press, 1997).

expertise than it was by developing at home.⁴⁶⁸ To keep growing, enterprises invested in importing new technologies. Local entrepreneurs, scientists, and inventors in turn had to find ingenious ways to “adapt” the imported technology into local infrastructure. This pattern was interrupted by the decade-long Mexican Revolution from 1910. Violations of sovereignty by the US during the Revolution helped augur a period of statist nationalism that was strongly marked by a desire for economic sovereignty in the 1920s and 1930s as various Mexican intellectuals and politicians proposed new rules for the global economy.⁴⁶⁹ Internally, the idea that natural resources needed to be combined with technical expertise guided post-revolutionary governments as they invested in agricultural science, among other areas. But the problem of technological dependency never went away, and would only gain new meaning after World War II “reconstruction” only reproduced already existing inequalities in global trade.

Argentinian economist and director of the Economic Commission for Latin America Raúl Prebisch helped formulate and diffuse the doctrine of unequal exchange throughout the 1950s and 1960s, laying the intellectual groundwork for Latin America and Mexico to see itself as a member of the Third World.⁴⁷⁰ Unequal exchange between primary product-exporting and industrialized countries which could be explained by the historically uneven development of a global “center” and “periphery.”⁴⁷¹ The first time Prebisch used the

⁴⁶⁸ See Edward Beatty, *Technology and the Search for Progress in Modern Mexico* (Univ of California Press, 2015).

⁴⁶⁹ See Christy Thornton, “A Mexican International Economic Order? Tracing the Hidden Roots of the Charter of Economic Rights and Duties of States,” *Humanity: An International Journal of Human Rights, Humanitarianism, and Development* 9, no. 3 (2018): 389–421, <https://doi.org/10.1353/hum.2018.0020>; Thornton, Christy, “‘Mexico Has the Theories’: Latin America and the Interwar Origins of Development,” in *The Development Century: A Global History*, ed. Stephen J. Macekura and Erez Manela (Cambridge: Cambridge University Press, 2018), 263–82.

⁴⁷⁰ Joseph L. Love, “Raul Prebisch and the Origins of the Doctrine of Unequal Exchange,” *Latin American Research Review* 15, no. 3 (1980), 46.

⁴⁷¹ Joseph L. Love, “Raul Prebisch and the Origins of the Doctrine of Unequal Exchange,” *Latin American Research Review* 15, no. 3 (1980), 52-53.

center-periphery model in print was in 1946, at a meeting of the world's central bankers held at the invitation of the Banco de Mexico.⁴⁷² Prebisch had deep ties to the Mexican government from the 1940s to the 1970s, and his disciples included the Secretario de Hacienda (Minister of Finance) David Ibarra (1977-1982).⁴⁷³ The Third Worldism of Mexican Presidents in the 1970s drew on this ability to unify the history of postcolonial Latin America (independence achieved in the early 1800s) with the decolonized nations of the postwar period by separating the world into developed and underdeveloped nations where the economic growth of the latter was constrained by historically unequal patterns of trade.⁴⁷⁴ This idea of world capitalist development from dependency theory allowed Echeverría do what Eric Zolov has referred to as his “global pivot,” seeking the international limelight as an anticolonial leader.⁴⁷⁵

“Dependency theory” was not a cohesive theory, but a set of descriptive concepts based around a world system analysis of capitalism. More radical intellectuals like Marxist economist Andre Gunder Frank, explained underdevelopment as a legacy of Latin America's integration in, not exclusion from, global capitalist development.⁴⁷⁶ Frank was one of the few dependency school theorists to explicitly address the relationship of contemporary indigenous peoples in Latin America to the model of center-periphery.⁴⁷⁷ For Frank, the “Indian Problem” in Latin America was a product of a model of periphery and

⁴⁷² Joseph L. Love, “Raul Prebisch and the Origins of the Doctrine of Unequal Exchange,” *Latin American Research Review* 15, no. 3 (1980), 54.

⁴⁷³ Eduardo Turrent Díaz, “La Estatización Bancaria En México: Una Interpretación Desde La Perspectiva Del Pensamiento Económico,” *América Latina En La Historia Económica*, no. 36 (December 2011), 161.

⁴⁷⁴ Robert A. Packenham, *The Dependency Movement: Scholarship and Politics in Development Studies* (Harvard University Press, 1998), 17.

⁴⁷⁵ Zolov, *The Last Good Neighbor*.

⁴⁷⁶ Footnote 14 in Stern, “Feudalism, Capitalism, and the World-System in the Perspective of Latin America and the Caribbean,” 834.

⁴⁷⁷ Andre Gunder Frank, Pedro Alvarez Tabío, and Teresa Blanco, *Capitalismo y Subdesarrollo En América Latina: Andrés Gunder Frank. [Capitalism and Underdevelopment in Latin America. Edición: Teresa Blanco y Pedro Álvarez Tabío. (La Habana: Editorial de ciencias sociales del Instituto del libro, 1970), chapter two.*

center in capitalist expansion, not of cultural isolation or insufficient integration into the nation.⁴⁷⁸ Citing historical and anthropological research by Rodolfo Stavenhagen and Eric Wolf, Frank's work integrated indigenous peoples into a Marxist narrative of imperialism, and his argument implicitly critiqued contemporary Latin American nations like Mexico where ideas of cultural isolation had shared space with a goal of capitalist integration that produced the "problem" of indigenous underdevelopment in the first place. This critique by Frank resonated with domestic critics of the Mexican state who, as early as the mid-1960s, had accused it of practicing internal colonialism ("colonialismo interno") against indigenous Mexicans.⁴⁷⁹

During the 1960s and 1970s, Latin American states began to join forces in international institutions with newly decolonized nations from former empires. The Third World movement was politically plural, even more so than the Non-Aligned Movement of countries with whom the Third World was often closely associated. The main reasons for unity during this second era of Bandung had less to do with political independence and more to do with a recognition among developing countries in Latin America, Asia, and Africa, that their interests, and common future, were also linked through the nature of their positions in the global economy. The oil shock of 1973 intensified the appearance of Third World unity and power. Although the NIEO countries were neither homogenous or unified in the 1970s, Samuel Moyn has written that "pivotal for all players were subaltern

⁴⁷⁸ Andre Gunder Frank, Pedro Alvarez Tabío, and Teresa Blanco, *Capitalismo y Subdesarrollo En América Latina: Andrés Gunder Frank. [Capitalism and Underdevelopment in Latin America. Edición: Teresa Blanco y Pedro Álvarez Tabío.* (La Habana: Editorial de ciencias sociales del Instituto del libro, 1970), 88.

⁴⁷⁹ Pablo Gonzalez Casanova, "Internal Colonialism and National Development," *Studies in Comparative International Development* 1, no. 4 (April 1, 1965): 27–37, <https://doi.org/10.1007/BF02800542>; Peter Wade, *Race and Ethnicity in Latin America* (Chicago, Ill.: Pluto Press, 1997); Barbara Weinstein, *The Color of Modernity: Sao Paulo and the Making of Race and Nation in Brazil*, 2015, 9.

entitlements of sovereign states, beginning with those to natural resources and escalating into claims for just distributional structures between rich nations and the rest.”⁴⁸⁰

During the height of Third World solidarity around the NIEO and the Charter of Economic Rights and Duties of States in the spring of 1974, Mexican Foreign Minister Emilio Rabasa explained the NIEO program to the International Law section of the American Bar Association.⁴⁸¹ He underlined the importance of science and technology transmission, fair prices for primary products, submission of transnational corporations to the sovereignty of developing countries, and the need for low or no-interest loans and aid. The recommendations in the NIEO Declaration sought to resolve this technological inequality in part by making a strong stance on self-determination and sovereignty, arguing for the “right of all States, territories and peoples under foreign occupation, alien and colonial domination or apartheid to restitution and full compensation for the exploitation and depletion of, and damages to, the natural resources and all other resources of those States, territories and peoples.”⁴⁸² Strong statements in favor of state ownership of natural resources challenged both foreign state and business interests in having a say in internal economic affairs of each country. The NIEO Declaration also sought to establish mechanisms for “promoting the transfer of technology and the creation of indigenous technology for the benefit of the developing countries.”⁴⁸³

Within institutions associated with the NIEO, the focus was never just on raw materials but also the industrialization of primary products. Relatively early on, the politics

⁴⁸⁰ Samuel Moyn, *Not Enough: Human Rights in an Unequal World, Not Enough* (Harvard University Press, 2018), <https://null/view/title/542457>, 113.

⁴⁸¹ Emilio O. Rabasa, “The Charter of Economic Rights and Duties of States,” *Proceedings of the Annual Meeting (American Society of International Law)* 68 (1974), 302.

⁴⁸² Article II, United Nations Conference on Trade and Development (UNCTAD), “Declaration on the Establishment of a New International Economic Order,” 1974.

⁴⁸³ Section P, United Nations Conference on Trade and Development (UNCTAD).

of technological dependency and resource sovereignty honed in on pharmaceuticals. Passed in Geneva on 25 July 1969 at the twenty second World Health Assembly, Resolution 22.54 called for the establishment of pharmaceutical production in developing countries.⁴⁸⁴ The resolution was motivated by a concern “about the hazards and economic wastage connected with the empirical use of such drugs as long as their efficacy and safety have not been established” and an awareness that “scientific research in this field may yield valuable pharmaceutical products.”⁴⁸⁵ A seminar was held in Geneva the following September to consider the implementation of the resolution. Titled “Traditional Medicines: Pharmaceutical Characteristics, Therapeutic Value, and Potentialities for Future Development,” the purpose of the meeting was to assist the Drug Safety Unit of the World Health Organization (WHO), and its director, Dr. Friebel.⁴⁸⁶ The Drug Safety (now Pharmacovigilance) Unit of the WHO produced standards for nations to follow, and as such it served more as a basis for developing standards for later WHO-funded projects that took shape with the emergence of a Special Programme on Traditional Medicine at that institution in 1976.

The issue of medical technology, or pharmaceuticals, was delicate at home and abroad. On the international front, several key player nations in pharmaceutical production, including the United States and Switzerland, as well as several developing countries, including Mexico, tightened their patent laws.⁴⁸⁷ In Mexico, the price of pharmaceuticals also became an important domestic issue. President Luis Echeverría took steps to limit

⁴⁸⁴ World Health Organization, “Resolution on Pharmaceutical Production in Developing Countries,” July 25, 1969, S-11-87-3. Jkt 1., World Health Organization Archives.

⁴⁸⁵ Ibid.

⁴⁸⁶ Dr. H. Friebel to Dr. H. Hurlimann, August 17, 1970, S-11-87-3. Jkt 1., World Health Organization Archives.

⁴⁸⁷ Nogués, *Patents and Pharmaceutical Drugs*, 3.

foreign ownership of Mexican pharmaceutical companies to 49% and even revoked patent protection for a time in order to encourage a national industry.⁴⁸⁸ Calls for reform in Mexico came not only from the press, consumers, and national pharmaceutical companies, but also from some of the nation's leading economists. In an interview with a journalist from *La Prensa* in October 1975, Rodolfo Becerril Straffon, President of the Colegio Nacional de Economistas, noted that importing foreign technology left Mexico indebted. Furthermore, imported technology did not always work with other infrastructure and technology in Mexico.⁴⁸⁹ He called for the state to invest in producing its own medicines, both as a way to reduce unemployment and to tackle areas of health ignored by transnational companies.

While many trace the birth of contemporary resource nationalism to the 1973 oil embargo by Middle Eastern states, resource nationalism in Mexico actually drew on an earlier experience. President Cárdenas expropriated foreign oil companies in 1938 and created the state oil monopoly, PEMEX.⁴⁹⁰ The issue of sovereignty over key resources took on a new shape within Mexico in the 1970s, though, as a result of both higher oil prices in the 1970s and the energized movement by Third World nations to reform global trade. Historian Christopher Dietrich describes the emergence of a discourse and a politics of “sovereign rights – a diplomacy and, more broadly, a transnational political program that

⁴⁸⁸ Hayden, Cori, “Vinculaciones: Pharmaceutical Politics and Science,” in *A Companion to Latin American Anthropology*, ed. Deborah Poole (Malden, Mass.: Blackwell Pub., 2013), 303, <http://www.credoreference.com/book/wileyclaaa>. See also Laveaga, *Jungle Laboratories*.

⁴⁸⁹ Antonio Garza Morales, “Debe el Estado Producir sus Propias Medicinas,” *La Prensa*, 30 October 1975, Archivo General de la Nación, Dirección General de Investigaciones Sociales y Políticas, 1786 C. 11, Mexico City, Mexico. See also J. Justin Castro, *Apostle of Progress: Modesto C. Rolland, Global Progressivism, and the Engineering of Revolutionary Mexico* (U of Nebraska Press, 2019).

⁴⁹⁰ James M. Griffin, “Petro-Nationalism: The Futile Search for Oil Security,” *The Energy Journal* 36 (2015), 25.

sought to use state power over natural resources to create what actors at the time described as “an economic equivalent of decolonization” or, more simply, “fair prices.”⁴⁹¹

Indigenous science opened up the possibility of rendering medicinal plants valuable for national development, and they also offered a point of affinity with other Third World states. Mexico and other Latin American states achieved independence more than a century before the political independence of former empires in Africa and Asia around World War II. The first generation of decolonized nation states at first viewed itself distinct from Latin America, and there were very real differences despite similarities in economic “underdevelopment” relative to Western Europe and the United States. Tensions emerged particularly on what indigenous meant in Latin America, especially in relation to state power, as opposed to what it meant in other parts of the world without large and permanent settler populations, or mestizo populations who saw themselves as distinct from indigenous communities. The discourse of internal colonialism, described in chapter three, shows that there was no dominant mode for conceptualizing Mexico’s role in relation to the global economy and its indigenous peoples. Colonialism described the former, but not the latter. The emergence of an inter-state sovereign rights discourse around raw materials was a key point of unity between Third World nations in the 1970s. Yet another part of the petroleum power was that, in the West, there was also a search for non-petroleum forms of energy and products. “Natural” alternatives to petroleum also became a booming market and a way to augur economic sovereignty for developing countries. As global corporations heightened their search for “natural” products, the need to make sure they worked towards national development, and not exploitation, took shape. To secure maximum benefit from raw

⁴⁹¹ Christopher R. W. Dietrich, *Oil Revolution* (Cambridge University Press, 2017), 3.

resources, it was necessary to take the lead on turning them into technology. Continuing a line of inquiry opened up by scholars into subsoil mineral resources, this chapter also furthers our understanding of the links between technology and raw resources in dreams of economic sovereignty.

In the late 1970s, the broader discourse of resource sovereignty and technological independence provided a dynamic intellectual context for scientists seeking to revalorize traditional medicine's using the research capacity of technoscience. Traditional medicine gained notoriety in this period in Mexico not just for motives related to primary material sovereignty, but because traditional medicine plants entwined with a desire to break technical dependence. This changed viewpoint had to do with a broader rethinking of the origins of Western technological supremacy within the developing world. The Mexican government's efforts to exploit traditional medicine as a national resource, seen in the IMEPLAM during the late 1970s, was marked by a paradoxical embrace of Third World anticolonialism and desire to absorb and expropriate indigenous labor and expertise, all in the name of economic decolonization.

During this same period, indigenous peoples used representation in international institutions by mining arguments about sovereignty over resources that they argued were only hypocritically present in the NIEO. In a 1979 request for funding from the Canada International Development Agency (CIDA), the World Council of Indigenous Peoples (WCIP) highlighted the importance of raising their issues about resource sovereignty, particularly in the context of a NIEO.⁴⁹² In the same request, the WCIP said "Developing

⁴⁹² Jonathan Crossen, "Decolonization, Indigenous Internationalism, and the World Council of Indigenous Peoples" (University of Waterloo, 2014), 145.

countries, once colonies of the technological and industrial powers, have become the consumers of the future and seek to institute a second industrial revolution by ravaging tribal areas... The last frontier on earth is now the last home and territories of indigenous peoples. For indigenous peoples throughout the world, the U.N. Declaration on the Establishment of a New International Economic Order could mean their ultimate and final destruction...”⁴⁹³ The position of the WCIP on the NIEO program of resource sovereignty, much like feminist responses to the NIEO states’ sublimation of women’s struggles into global class struggles in international meetings in the 1970s, point to the smothering effect of resource sovereignty on other human rights struggles by the late 1970s.⁴⁹⁴

A Revolution in Global Health? Third World Solidarity and Resource Nationalism at the Instituto Mexicano para el Estudio de las Plantas Medicinales (IMEPLAM)

The IMEPLAM was founded in March 1975 by President Luis Echeverría.⁴⁹⁵ Until 1981, when it incorporated into IMSS, it was part of the Centro de Estudios Económicos y Sociales del Tercer Mundo (CEESTEM). CEESTEM was likewise founded by President Echeverría. As its name suggests, it was a research center devoted to publishing research by and about the Third World. CEESTEM exemplified the push to adopt the signs of Third World internationalism in Echeverría’s government, publishing research on the global economic order. The CEESTEM was shuttered under President Miguel de la Madrid, while IMEPLAM lived on as part of the Mexican Social Security Institute (Instituto Mexicano del Seguro Social, IMSS). Dr. Xavier Lozoya was the founding Director of the IMEPLAM and

⁴⁹³ Jonathan Crossen, “Decolonization, Indigenous Internationalism, and the World Council of Indigenous Peoples” (University of Waterloo, 2014), 146.

⁴⁹⁴ Roland Burke, “Competing for the Last Utopia? The NIEO, Human Rights, and the World Conference for the International Women’s Year, Mexico City, June 1975,” *Humanity: An International Journal of Human Rights, Humanitarianism, and Development* 6, no. 1 (March 16, 2015): 47–61.

⁴⁹⁵ “Editorial,” *Medicina Tradicional*, 1978, Hemeroteca de México, 3.

stayed on until the 1990s. Dr. Carlos Zolla was in charge of the anthropological research section and Dr. Abigail Aguilar Contreras steered IMEPLAM's laboratory. Science, Anthropology, and Medicine were the disciplinary languages of the center.

Delegates from Nigeria, Egypt, Ecuador, Guatemala, China, and India participated in the first truly “global” meeting on Traditional Medicine at CEESTEM in Mexico City in April 1977. There had been regional meetings on traditional medicine in Africa and Asia, but never one that joined all regions of the Third World, including Latin America. Hosted by the IMEPLAM, the event was titled “Evolution of Traditional Medicines in Contemporary Societies (“Evolución de las Medicinas Tradicionales en la Sociedad Contemporánea”). Following the event, the IMEPLAM also published a magazine, *Medicina Tradicional*, which aimed to share news and research from mostly Third World scholars and scientists. The magazine also published edited transcripts of the conversations held between delegates in Mexico City. Focusing in particular on the “forums” or discussions from their Mexico City that *Medicina Tradicional* published, this shows how scientists imagined their role in decolonizing health systems and knowledge hierarchies.

The delegates sought a working definition of traditional medicine that accommodated national distinctiveness as well as a sense of unity. The first topic the delegates treated involved how to define traditional medicine. Lozoya expressed an understand of traditional medicine as the product of mixture (mestizaje) and yet constituted by uniform founding truths, such as the division between hot and cold.⁴⁹⁶ This vision of traditional medicine as a national inheritance reverberates with certain characteristics of post-revolutionary Mexican nationalism that constitute and homogenize the “nation” as the

⁴⁹⁶ George M. Foster, “El Legado Hipocrático Latinoamericano: ‘Caliente’ y ‘Frio’ En La Medicina Popular Contemporánea,” *Medicina Tradicional*, 1979, Hemeroteca de México.

result of mixing of cultures and colonialism.⁴⁹⁷ At the same time, Lozoya sought unity with the other delegates by pointing to a characteristic they shared that differentiated “traditional” systems from biomedicine. Other delegates attested to the existence of a hot and cold dynamic in their indigenous medical systems.⁴⁹⁸ In subsequent issues of *Medicina Tradicional*, noted Berkeley Anthropologist George Foster contributed an article on hot and cold in traditional medicine systems.⁴⁹⁹ The idea that all national medicines were distinct but also constituted by some fundamental truths that contrasted with biomedicine strengthened a binary understanding of medical systems.

The desire to produce a unifying factor for Third World traditional medicine systems in contrast to biomedicine entailed a particular view of the history of science, colonialism, and capitalism. In discussions about colonialism and medicine, traditional medicines “emerged” as the result of an asymmetric relation of power to metropolitan medicine backed by colonial power. The delegates, all scientists trained in biomedicine, they saw their role as producing a reconciliation between biomedical and traditional medical systems. In the first issue of *Medicina Tradicional*, Xavier Lozoya stated the magazine’s mission to undo the effects of colonization on Third World knowledge systems. As capital and technology attempted to discredit traditional medicine as unscientific, the magazine aimed to show the origin, principles, and dynamism of traditional medicine. “For

⁴⁹⁷ The relationship of traditional medicine to national identity has been explored in depth in Mexico by Cori Hayden. She has written about the IMEPLAM project as part of a deep history of ethnobotanical inventory projects that predate Mexican independence. On national identity: “In Mexico, plants – and efforts to consolidate knowledge about them – have held more than a metaphorical relationship to such complicated, racialized projects of consolidating “the nation.” As with 20th century indigenismo’s constitutive ambivalence toward the place of indigenous peoples in the nation (foundational, but consigned to the realm of the folkloric past), so too is the flora nacional an assimilationist narrative.” Hayden, Cori, “Vinculaciones: Pharmaceutical Politics and Science,” 309. See also Rebecca Earle, *The Return of the Native: Indians and Myth-Making in Spanish America, 1810-1930* (Durham, NC: Duke University Press, 2007).

⁴⁹⁸ Conf, “Foro III: Transculturación,” *Medicina Tradicional*, 1977, 83.

⁴⁹⁹ George Foster, “El Legado Hipocrático Latinoamericano: ‘Caliente’ y ‘Frio’ En La Medicina Popular Contemporánea.”

developing countries, Traditional Medicine represents an alternative path in their quest for health based on the cultural inheritance of the nation, linked profoundly to its roots in identity and cosmology.”⁵⁰⁰ Their goal was not to discredit western biomedicine in a kind of “return to nature” mode that, according to Lozoya, reflected foreign and middle class exoticization and romanticizing of Traditional Medicine.⁵⁰¹ Rather, they sought to identify ways to bridge traditional and western medicine, and facilitate the unification of the two systems, by putting traditional medicinal cures through a process of scientific validation. The mission of IMEPLAM was to use science to validate traditional medicine in order to build a new public health system for developing nations based on “the reality of its economic resources and the cultural specificity of its inhabitants” (“la realidad de sus recursos económicos y la cultura e idiosincrasia de sus habitantes”).⁵⁰² It was a precursor to integration. This was a vision of decolonizing development premised on a reconciliation between a native tradition and a foreign one, a process determined entirely by an interdisciplinary and international group of experts and legitimized by the goal of national development.

In addition to delegates from some of the countries already listed, the World Health Organization (WHO) and the Science and Technology Committee of the Organization of African Unity (OAU) also sent representatives to Mexico City. Delegates attended sessions devoted to Scientific Methodology, Taxonomy, Industry, and Perspectives on

⁵⁰⁰ Xavier Lozoya, “Carta a Los Lectores,” *Medicina Tradicional*, 1977, Hemeroteca de México. “Para los países en Desarrollo, la Medicina Tradicional representa una alternativa en su búsqueda de la salud [...] basada en el acervo cultural de un pueblo, ligada a las más hondas raíces de su identidad y dentro de su propia cosmovisión.”

⁵⁰¹ Comité Editorial, “Editorial,” *Medicina Tradicional*, 1978, Hemeroteca de México.

⁵⁰² “Editorial.”

Development, and the discussions involved a significant amount of sharing of experiences. The agenda combined established topics in traditional medicine research such as classification but also signalled a desire to rethink supposedly established conventions of scientific research and industrialization.

Lozoya claimed that IMEPLAM was the first multidisciplinary research project into Traditional Medicine in the Americas, but *Medicina Tradicional* also showcased the deeper wells of experience with such projects that existed in Africa and Asia. In China, efforts to “integrate” Traditional Chinese Medicine with western biomedicine had begun in the 1920s and 1930s.⁵⁰³ In a forerunner of policies of integration, some Indian physicians had also started efforts to “rationalize” indigenous medicine in the 1930s.⁵⁰⁴ The African Union had a committee devoted to traditional medicine, and the first pan-African meeting on medicinal plants and pharmacopeias on the continent was in 1968 in Dakar.⁵⁰⁵ The magazine news board shared news about traditional medicine organizing and policy development across the world. In 1978, the WHO sponsored its second conference on traditional medicine in India in two years; that same year in Brazil, delegates from Mexico to Chile, anthropologists and agronomists, converged on Brasilia in January at the II Congreso Latinoamericano de Botánico.⁵⁰⁶

The relationship between research and industrialization was acknowledged by all as a colonialist one. However, it also raised the issue for the delegates of how they would

⁵⁰³ Sean Hsiang-lin Lei, *Neither Donkey Nor Horse: Medicine in the Struggle Over China's Modernity* (University of Chicago Press, 2014).

⁵⁰⁴ S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65*, 2006 edition (Basingstoke England; New York: Palgrave Macmillan, 2006), 24.

⁵⁰⁵ “Documentos. Organización de La Unidad Africana.,” *Medicina Tradicional*, n.d., Hemeroteca de México, 91.

⁵⁰⁶ “Noticiero II Congreso Latinoamericano de Botánico,” *Medicina Tradicional*, 1978, Hemeroteca de México.

participate in expanding usage of traditional medicine as a resource if not in their role as scientists? After all, the majority of the delegates had biomedical training; they were not traditional medicine doctors. The facilitator of the conference workshops in April 1977 was Dr. G. Mahran, a Dean of the Faculty of Pharmacy at Cairo University in Egypt.⁵⁰⁷ Dr. Mahran posed a question to the delegates that got to the heart of the issue.⁵⁰⁸ If the method of “validation” used in projects for integrating traditional medicine into national health systems was the scientific method, historically linked to industrialization and occidental or conventional medicine, how could they, as Third World countries, differentiate themselves from previous (colonial) botanic expeditions and knowledge extraction projects?⁵⁰⁹

Delegates also pondered ways to decouple science from capitalism. They shared experiences of developing hybrid approaches to research that reversed the standard direction of pharmaceutical research. Dr. Ratsimamanga from Madagascar advocated for such a mixed empirical approach. He related two stories about curanderos accurately diagnosing and managing diabetes and, in another, prescribing a medicinal plant that could act as an insecticide, thus helping to cure the peste (plague).⁵¹⁰ The traditional medicine doctors used terms like evil spirits, while medical doctors described the same phenomena through a language of diet and insecticides, but both methods worked to improve the patient’s management of diabetes. “⁵¹¹Do ancestors and spirits fit within what we call science?” Dr. Ratsimamanga and his team relied on a mix of experimentation and statistics. After identifying a plant that was useful in curing some ailment, they distributed it to more

⁵⁰⁷ “Foro,” *Medicina Tradicional*, 1977, Hemeroteca de México, 45-46.

⁵⁰⁸ Taller de Trabajo No.1, “En Búsqueda de Una Definición de La Medicina Tradicional,” *Medicina Tradicional*, 1977, Hemeroteca de México, 50.

⁵⁰⁹ Taller de Trabajo No.1, “En Búsqueda de Una Definición de La Medicina Tradicional,” *Medicina Tradicional*, 1977, Hemeroteca de México, 50.

⁵¹⁰ Taller de Trabajo No.1, 51-52. “Curandero” is the term used in the Spanish text.

⁵¹¹ Taller de Trabajo No.1, 52.

curanderos. After consulting with these seven curanderos about the effects of the plant, they then began the process of laboratory work to determine if there was an active principle underlying the plant's effect. They reversed the principles of most pharmaceutical research by beginning with human trials and ending with animal ones. Experimentation played a role, but so too did an early empirical statistical analysis in cooperation with curanderos. The fact that curanderos had already arrived at - empirically - cures for diseases recognized by western science meant that their research team did not have to prove the scientific value of the plant in a laboratory before beginning their "trials." This flexibility was one characteristic of a developing decolonial scientific praxis. Yet it was also one which freely absorbed the scientific labor of the traditional medicine doctors as silent partners in the research project.

The meeting attendees in Mexico City politicized the role of scientific method in their work because their own research was frequently opposed to the industrialization of medicinal plants, at least into the existing pharmaceutical industry. Yet the question remained: to what purpose would scientific validation of traditional medicine cures serve if those plants were *already* being consumed, if in unknown quantities? Lozoya framed their slightly paradoxical position as scientists by reference to the practical flow of information gained from laboratory research: "Whom do we have to convince of traditional medicine's value?"⁵¹² The people using the medicine will answer, he surmised, with "of course it works, we've been using it for 300 years." While acknowledging the curiosity of investing in research on plants that were already being used as part of traditional medicine, the goal of reconciliation between the two systems provided the higher moral imperative. Their goal

⁵¹² Taller de Trabajo No.1, "En Búsqueda de Una Definición de La Medicina Tradicional," 52.

as researchers from largely western scientific backgrounds, scientific method, and laboratory techniques, but located in the Third World, was to build a bridge between these two forms of knowledge so that, ultimately, the knowledges could be amalgamated into one system.⁵¹³

But what forms of technology and expertise would be used in this reconciled, decolonized vision of medicine? Would plants be made into pills? In the late 1970s, the pharmaceutical industry was becoming increasingly regulated by patenting across the globe, putting pressure especially on developing countries who imported drugs.⁵¹⁴ The second workshop held at the conference and republished in *Medicina Tradicional* was titled “Medicinal Plants and Industry.”⁵¹⁵ Dr. Mahran opened by linking pharmaceutical development of traditional medicine to the broader development of a pharmaceutical industry in the Third World, a point which was reiterated by Dr. Lozoya and put in relation to the IMEPLAM’s work:

“In our research program, one thing we frequently ask ourselves is: once we have the knowledge, once we can say that this plant, and now I am talking about years in the future because we are not at this stage yet, but once we have a knowledge of plant – should it only be converted into a capsule? Will people who are taking the plant switch to taking the capsule? Our ethnobotanical and anthropological experience tells us no.”⁵¹⁶

Even if they could develop a national pharmaceutical industry, there was no guarantee they could distribute such a capsule to those who needed it and even less certainty that they would take it for the reason that different medical systems had different cultures. Lozoya: “once we have the medicine, we find ourselves repeating exactly the

⁵¹³ Taller de Trabajo No.1, 53.

⁵¹⁴ Julio J. Nogués, *Patents and Pharmaceutical Drugs: Understanding the Pressures on Developing Countries* (World Bank Publications, 1990), 3.

⁵¹⁵ Taller de Trabajo No.1, 55.

⁵¹⁶ Coloquio IMEPLAM, “Las Plantas Medicinales y La Industria. Síntesis Del Taller de Trabajo No. 2, Durante El 2o. Coloquio IMEPLAM,” 58.

same scheme to deliver medicines that culturally, anthropologically and socially, goes totally against the existing mode of medication.”⁵¹⁷

The formation of botanical gardens as part of a cooperative health system was one way out of the science-capitalism dynamic. Guatemalan delegate from the Centro Mesoamericano de Estudios sobre Tecnología Adecuada Dr. Cáceres initiated the conversation on community gardens.⁵¹⁸ He stated that “we cannot deny that in countries that are currently part of the capitalist system, pharmacy is a business. When we talk about pharmacy, we are referring primarily to the pharmaceutical industry.”⁵¹⁹ For him, the question was less one of whether people would accept pills for cultural reasons, but whether they could afford or find accessible the medicinal plants transformed by industrialization into pharmaceuticals: it was an economic and logistical issue.⁵²⁰ For Dr. Cáceres and the staff in Guatemala, the point was to make sure that people could access it, whether it was a tablet, extract, or the plant itself. Delegates were mostly agnostic on the “form” that the medicinal plant took, and even the path of scientific validation it took to get there, so long as they could identify and thus better manage how the plant contributed as a resource to national development objectives.

The delegates shared experiences in developing programs which channelled their research outside of capitalist pharmaceutical production. Dr. Sofowora, Chief of Research in the Faculty of Pharmacy at the University of Ife in Ile-Ife, Nigeria spoke about his experience directing the flow of their research results back to the rural population from

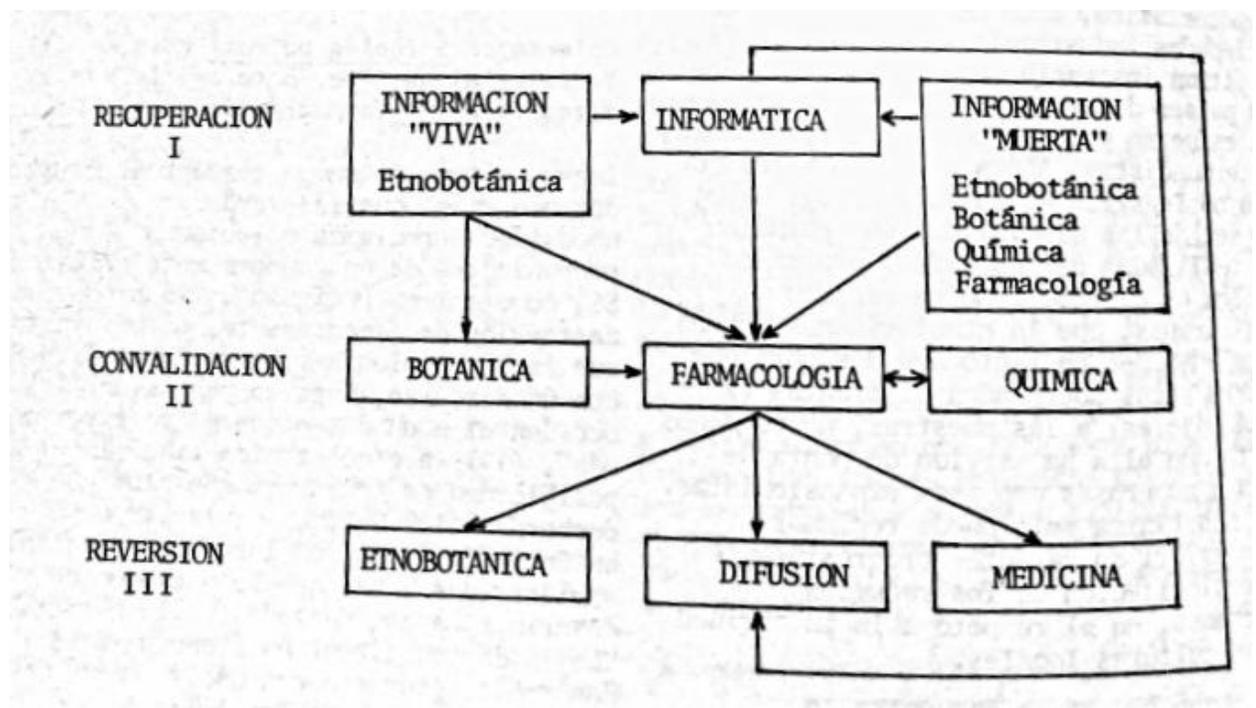
⁵¹⁷ Coloquio IMEPLAM, 58.

⁵¹⁸ Coloquio IMEPLAM, 60.

⁵¹⁹ “No Podemos negar que actualmente, en los países de marco capitalista, la farmacia es un negocio. Por consiguiente, cuando hablamos de farmacia, nos referimos principalmente a la industria farmacéutica.”

⁵²⁰ Coloquio IMEPLAM, “Las Plantas Medicinales y La Industria. Síntesis Del Taller de Trabajo No. 2, Durante El 2o. Coloquio IMEPLAM,” 60.

which they had drawn the knowledge in the first place. They had tried to distribute the knowledge as information pamphlets, but encountered resistance to prescribing them by the medical establishment.⁵²¹ The speakers divided in response to the question of industrialization along two possibilities: development through industrialization or, breaking with the scheme of the scientific method of experimentation and production, letting the population prepare its own cures using information guaranteed by scientific research. The IMEPLAM developed a hybrid approach that attempted to leave open the possibility for industrialization while also facilitating the consumption of medicinal plants in their natural or unindustrialized form. Both in collecting the information and redistributing it, they would rely on Mexico's institutions like the Insituto Nacional Indigenista that had pioneered ethnographic methods in social development.



⁵²¹ Coloquio IMEPLAM, 65.

Figure Six. “Diagramo de fluo de actividades de IMEPLAM.” “IMEPLAM Flow of Activities” from *Medicina Tradicional*, V. II No. 5 1978.

Figure six shows the IMEPLAM’s conceptualization of their activities in terms of extracting and reverting the flow of information about traditional medicine to and from rural communities.⁵²² In the first stage, “recuperation,” they captured both living and dead information. “Living” was conceptualized as the data that came from fieldwork (“datos de campo”) while “dead” was comprised of published sources in history, ethnography, and ecology.⁵²³ The second level of activities concerned laboratory experimentation or validation, “convalidación.” In this stage, the IMEPLAM sought to confirm or disprove data acquired from the first stage through botany and pharmacology and chemistry. “Reversion,” the final stage, included both medicine and botany. That is, both institutional medical services and production of medicinal plants. This was something of a novel twist on ethnobotany, or the ethnographic collection of data on medicinal plant usage that the term typically implied.

For the IMEPLAM, Lozoya’s version of ethnobotany was not just fieldwork to be filtered into pharmacology, but itself an “active and critical science that applied the knowledge of laboratory investigation.” This approach by the IMEPLAM in its early years, which emphasized scientific validation in the interest of increasing universal primary care, brought about one of the distinguishing features of its work: the small-scale botanical garden attached to a rural health center. The botanical garden exemplified the IMEPLAM’s desire to locate its scientific research with ethnographic information in a way that differed from traditional botany. Ethnobotany was the study of not just plants, but *plantas-hombres-*

⁵²² Carlos Zolla and Philippe Lamy, “La Etnobotánica En Relación Con Los Problemas de Salud En México,” *Medicina Tradicional*, 1978, Hemeroteca de México, 26.

⁵²³ Zolla and Lamy, 27.

cultura, which may or may not have a utilitarian or economic end.⁵²⁴ Like ethnography itself, which had “served as the lance for numerous expansionist enterprises. Ethnobotany can only claim *posteriori* its progressive character, in the revaluation of indigenous resources, in respect to the integrity of local cultures.”⁵²⁵ Through revalorizing indigenous knowledge, the IMEPLAM also sought to revalorize the practice of fieldwork, tarnished by critiques of anthropology’s complicity in colonialism.⁵²⁶

The botanical garden exemplified the IMEPLAM’s desire to locate its scientific research with ethnographic information in a way that differed from traditional botany. In its “Practical Guide to Botanical Collection and Conservation,” published in the third issue of *Medicina Tradicional*, the IMEPLAM traced the lineage of its botanical practices to Karl Linnaeus in the 18th century.⁵²⁷ Their work was divided into two areas: fieldwork and office/laboratory work.⁵²⁸ For collection in the field, investigators used a portable press made of three sheets of corrugated carbon on each side of drying paper, or, if nothing else was available, newspaper.⁵²⁹ If they were collecting a small herb, they inserted the entire plant, while larger samples might be represented by a branch or cutting. In order to facilitate the drying of fruit, they also recommended making small incisions. Each collected plant was also accompanied by an ethnobotanical information sheet. The names of the people who did the collecting were noted in a “libreta de campo.”⁵³⁰ Also included were the date, locality (in reference to the village, state, or municipality), altitude, habitat (were they

⁵²⁴ Miguel Martínez Alfaro, “Etnobotánica Un Panorama General,” *Medicina Tradicional*, 1978, Hemeroteca de México, 51.

⁵²⁵ Zolla and Lamy, 25.

⁵²⁶ Asad, *Anthropology & the Colonial Encounter*; Warman, *De Eso Que Llamam Antropología Mexicana*.

⁵²⁷ María de Loudres Rico Acre, “Guía Práctica de Recolección y Conservación Botánica,” *Medicina Tradicional*, 1978, 36.

⁵²⁸ Rico Acre, 36.

⁵²⁹ Rico Acre, 36.

⁵³⁰ Rico Acre, 38.

pristine or developed locations); the biological form (tree, parasite, herb, etc.), color of fruit, as well as any identifying aromas or reactions. Finally, they noted the local name and usage of the plant based on information from locals.”⁵³¹ “Through surveys and questioning of salespeople, traditional medicine doctors, and the general population to learn about the usage and instructions related to the plant, illnesses, and forms of preparation and administration.”⁵³² The final stage was the tagging of all this information to the plant sample in its final destination, the IMEPLAM Herbario (See Figure 7).⁵³³

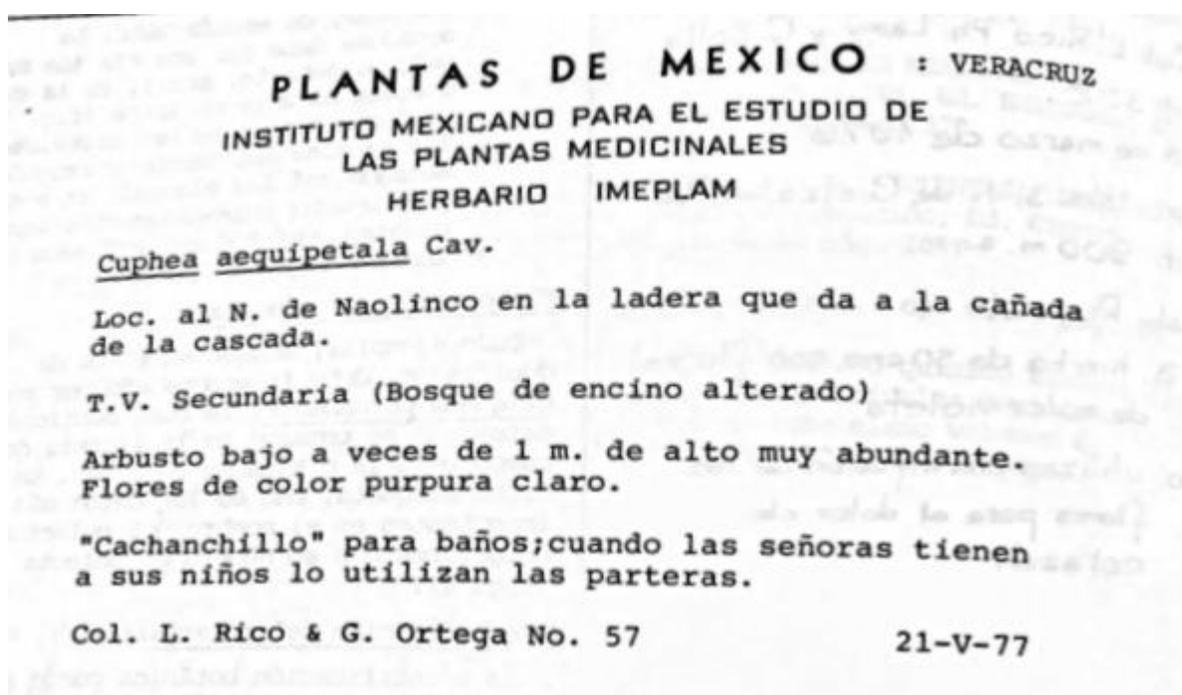


Figure 7. “Etiqueta permanente.” “Permanent tag.” From *Medicina Tradicional* v. I no. 3 1978

Building on an Enlightenment botanical method, the IMEPLAM deployed an ethnobotanical one by incorporating anthropological fieldwork techniques that had so long guided institutional medicine’s presence in indigenous communities through the INI. From

⁵³¹ Rico Acre, 38.

⁵³² IMEPLAM, “Plantas Medicinales Mexicanas Con Uso Popular,” *Medicina Tradicional*, 1978, Hemeroteca de México, 6.

⁵³³ Rico Acre, “Guía Práctica de Recolección y Conservación Botánica,” 40.

field notebooks to the need for getting local intermediaries and interpreters to inform on usage and instructions, the IMEPLAM's ethnobotany was the synthesis of various disciplines but its practices owed most to the tradition of anthropological fieldwork in rural areas. In an article titled "Ethnobotany's Relationship to Health Problems in Mexico," Miguel Martínez Alfaro drew a distinction between ethnobotany and economic botany. Ethnobotany was the study of not just plants, but *plantas-hombres-cultura*, which may or may not have a utilitarian or economic end.⁵³⁴ Martínez traced the development of ethnobotany to the broader geopolitical context of the 1970s.

Some underdeveloped countries with the necessary vegetable resources are concerned with promoting industrialization as the best way to get control over the commercialization of primary and finished productions within the framework of the NIEO. For their part, industrialized countries, concerned with discovering new sources of primary products that are not derived from petroleum, have demonstrated a growing interest in the medical herbarium.⁵³⁵

Through revalorizing indigenous knowledge, the IMEPLAM also sought to revalorize the critiques of fieldwork and anthropology as colonialist. This process of revalidating the indigenous person as an expert on indigenous development that marked the Barbados meetings in the 1970s

As Lozoya put it in a forum in their second issue, diffusion of information back to communities of origin reflected a vision of medicine itself as the product of a mestizaje. "More than integration as such, what is needed is unification, a series of new positions with respect to developing traditional medicine that involves not just observation of a static phenomenon, but the creation and participation in education of the population as a

⁵³⁴ Miguel Martínez Alfaro, "Etnobotánica Un Panorama General," *Medicina Tradicional*, 1978, Hemeroteca de México, 51.

⁵³⁵ Zolla and Lamy, "La Etnobotánica En Relación Con Los Problemas de Salud En México," 21.

whole.”⁵³⁶ The attitude of Lozoya to the issues of industrialization show the importance of considering IMEPLAM as part of a network of Third World research centers. The IMEPLAM’s vision of Mexican medicine as composed of a mestizaje of influences – traditional, or indigenous, and occidental - may have harkened back to Gonzalo Aguirre Beltrán in the 1950s or 1960s, but it was reformulated in terms of Third World solidarity.⁵³⁷

The debate on transculturation signalled the delegates’ sincere desire to philosophically integrate medicines, but they ultimately narrowed the practical solidarity to exchange of plants according to logics of profit and solidarity. Transculturation was the process by which one universal medicine could be achieved. Cuban anthropologists Fernando Ortiz developed the idea of transculturation to describe the cultural and ecological exchanges provoked by sugar and tobacco in Cuba.⁵³⁸ For Ortiz, the blending of African and European cultures resulted in something entirely new. In a conversation on “Transculturation,” delegates described successes and failures trying to grow Mexican plants in Egypt and India. Assuming that the plants could grow in other parts of the world, which was not always the case, they did not always have the same effect because changing ecology shaped their active principles. For this reason, Dr. Ratsimamanga from Madagascar pushed for a Third World scientific collaboration in sharing research, but also in deciding which plants should grow in which countries.⁵³⁹ The deciding factor would not only be the viability and effectiveness of the plant grown, but the economic efficiency involved. Their collaboration was not, however, based around charity. As much as they sought to keep the

⁵³⁶ Conf, “Foro III: Transculturación,” *Medicina Tradicional*, 1977, 84.

⁵³⁷ Aguirre Beltrán, *Medicina y Magia*.

⁵³⁸ Fernando Ortiz and Fernando Ortiz Fernández, *Cuban Counterpoint, Tobacco and Sugar* (Duke University Press, 1995).

⁵³⁹ Conf, “Foro III: Transculturación,” *Medicina Tradicional*, 1977, 75.

prices of plants low, Rasimamanga, mentioning Mexico, also expressed that plant production should also be “profitable for the autochthonous country.”

The ethnobotanical method of the IMEPLAM was premised on managing the circulation of plants and research in international extractive circuits, but it was also premised on its own, internal form of knowledge extraction. In identifying useful plants, the IMEPLAM sought out “specialists like curanderos, hueseros, hierberos, graniceros, culebreros, chamanes, etc.” who possessed the “most exhaustive, systematic, and prestigious” knowledge of the “social group.”⁵⁴⁰ Access to this knowledge, in the context of fieldwork, was inevitably gendered. “It is essentially the women who possess this knowledge.” “The women know more about the plants because they are more likely to be at home, caring for children, and between them they share the knowledge, says Don Gildardo, one of our informants from the Sierra de Puebla.”⁵⁴¹ In an article in *Medicina Tradicional*, Miguel Martínez Alfaro buffered the connection between domestic medicine and plant knowledge by quoting another informant from Hidalgo, “When something bad happens in the home, we tell la señora and she prepares the medicine, it doesn’t matter what plant she uses.”

While the vast majority of delegates at the Mexico City meeting were men, the IMEPLAM was already becoming aware from their ethnobotanical work that most knowledge about plants was possessed by women. Yet gender was generally sidelined in the discussions among delegates. When delegates discussed fertility regulation, the issue of gender was dealt with as a problem of “culture.” Dr. Sofowora from Nigeria repeatedly took issue with framing the problem of transculturation around plant ecology and not

⁵⁴⁰ Zolla and Lamy, 31.

⁵⁴¹ Zolla and Lamy, 32.

around the patient's cultural attitude. "In Mexico the woman knows she can diminish her fertility if she drinks a certain tea; this is something totally different in my country." For Sofowora, the issue of reproductive decisions was outside of the possible effectiveness of the plants. "The elite or people with education in Nigeria, especially people of color, accept the use of contraceptives. But in general, Africans who have not had contact with the West do not feel the same way."⁵⁴² Dr. Dash, representative of the Indian government's family planning office, responded to Sofowora's comments. "In India, since the times of the Vedas, it is customary to bless a couple by wishing them ten or more children." But according to Dash, this also existed alongside cultural imperatives to reduce the number of children based on whether it helped or hindered achieving a higher living standard.⁵⁴³ Ultimately, he cautioned against overthinking the role of "culture" in fertility regulation. As much as they sought to share research, their discussions on "transculturation" hold out the possibility for profit for plant-exporting countries. It is a vision of economic justice tied to resource sovereignty. The idea of national development and class solidarity between Third World nations largely smothered the distinct claims of gender or "culture" – divisive issues internal to their countries – within these discussions. By treating transculturation in medicine as leading teleologically to the transcendence of ethnic and gender particularity, the scientists showed a theory of human subjectivity perfectly adapted to integration in both state and markets.⁵⁴⁴

Conclusion

⁵⁴² Conf, "Foro III: Transculturación," 85.

⁵⁴³ Conf, 87.

⁵⁴⁴ Saldana-Portillo, *The Revolutionary Imagination in the Americas and the Age of Development*.

While integrating laboratory experimentation on active compounds into their work as a means to validate the properties of plants, the IMEPLAM, at least in its first years, was mostly agnostic on industrializing those plants as capsules. Traditional medicine research in 1970s Mexico reconstituted a vision of Mexican identity as mestizaje from the 1930s, it did it using the language of power dynamics that recognized scientific medicine as imbricated in capitalist development to the disadvantage of developing countries. Their role was to develop a decolonial approach in the course of building a bridge between western and indigenous medicine. The flow of information, in turn, was envisioned as returning to the same communities from which it was drawn, but there was an accrual of sovereignty over these plants to the state because of the way the state monopolized science to “add value.” Clearly, this was based on an erasure of the Indigenous participants in the IMEPLAM’s work.

The project of decolonizing health in the 1970s was a part of the larger NIEO goal of reordering a global economy. As pieces of the Third World agenda from the 1970s, ideas about economic sovereignty and health for all – universal primary care - had concrete implications on the design and execution of scientific research. At a time of growing indigenous internationalism, the IMEPLAM’s decolonizing praxis assimilated indigenous knowledge as a national resource to be used in a broader fight of inter-state decolonization without challenging the basic structure of global capitalism.⁵⁴⁵ Third world scientists and intellectuals, armed with biomedical training and motivated to meet the goals of health for all by 2000, sought to reorder the threads of the global medical economy. Their efforts, read against the backdrop of larger changes in global health and the economy since the 1980s,

⁵⁴⁵ Jonathan Crossen, “Another Wave of Anti-Colonialism: The Origins of Indigenous Internationalism,” *Canadian Journal of History* 52, no. 3 (Winter 2017): 533–59, <https://doi.org/10.3138/CJH.ACH.52.3.06>.

failed to form the basis of pharmaceutical independence for developing countries in subsequent decades, although public research projects on medicinal plants sometimes did end up feeding into patents taken out by private companies.⁵⁴⁶

In their discussions, delegates shared their desire that medicinal plants could be integrated into state healthcare without passing through industrialization into pills, thus avoiding the predatory pharmaceutical market. In the late 1970s, both Third World nations and major pharmaceutical players like Switzerland and the United States were tightening their systems of patent control.⁵⁴⁷ During the denouement of the NIEO after 1974 but before the era of structural adjustment triggered by Third World debt crises in the early 1980s, medicinal plants were a silver bullet for some Third World states: through them, states could avoid importing foreign medical technology while also fueling a national industry. The scientists revalorized traditional medicine in global public health and national development in the 1970s. The conversations excerpted here are a window into the intellectual history of science as part of the Third World political project, including the obfuscations about indigenous knowledge sovereignty that underlay Mexico's solidarity with the political project of decolonization.

⁵⁴⁶ Forthcoming work by author.

⁵⁴⁷ Nogués, *Patents and Pharmaceutical Drugs*.

Chapter Five – Laboratories of Medical Multiculturalism: The Rise of Indigenous Doctor NGOs in Chiapas

Introduction

There is a folder series in the health section (Dirección de Mínimos de Bienestar Social) archive of the Tzeltl-Tzotzil Coordinating Center in San Cristóbal labelled “quejas” (complaints). In the folder from 1981, in addition to by now fairly routine complaints about irregular doctor hours and insufficient or expired medicines, the community of Los Chorros in the municipality of Chenalhó contrasted the Mexican government’s failures to staff and supply health centers “while we have fulfilled our community participation: maintaining the highway, maintaining and fixing the medical unit, and forming a botanical garden.”⁵⁴⁸

In the INI coordinating center’s monthly update about its Parallel Medicines program, health staff began noting work completed for its botanical garden, to be named “Bomoletik-Tzobolik,” beginning in November 1980, a full year before the IMEPLAM latched onto the INI Coordinating Center in San Cristóbal as an ideal place to begin its national survey of traditional medicine resources.⁵⁴⁹ Beginning in 1979, the first laboratory of medical acculturation in Mexico became the first laboratory for implementing a program for revalorizing traditional medicine, following guidelines for correcting and storing plant samples that were “recognized by the WHO.”⁵⁵⁰ The guidelines from the World Health

⁵⁴⁸ Miguel (los Chorros) Utrilla to Ricardo (IMSS) García Carreño, September 14, 1981, Dirección. Mínimos de bienestar social. Correspondencia. 1981. 1.0009., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

⁵⁴⁹ Gonzalo Solís, “Informe Mensual Del Mes de Noviembre. Proyecto: Diseño de Medicinas Paralelas.” 1981, Dirección. Informes. 1981. 12.0183., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

⁵⁵⁰ Gonzalo Solís, “Medicina Tradicional - Eslabón Primordial En Los Objetivos Del Programa IMSS-COPLAMAR,” 1981, Dirección. Informes. 1981. 12.0183., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

Organization derived from the project of universal primary care or “health for all by the year 2000.” At the 1978 Conference on Primary Health Care in Alma Ata in the Soviet Union, delegates operated in the spirit of the NIEO, much the same way the delegates to Mexico City’s Traditional Medicine conference in the last chapter operated in a spirit of decolonizing global economic relations through traditional medicine research. At Alma Ata, delegates confirmed that traditional medicine was a key resource for developing nations seeking to expand their health services. The Health Section of the INI Coordinating Center in San Cristobal, that historical laboratory of medical acculturation, was led by Gonzalo Solís, who in turn was inspired by Alma Ata to begin a project of grassroots integration and revalorization, the first of its kind in Latin America. As will be illustrated in this chapter, the botanical garden attached to a local health center (UMR or INI clinic) was a signal part of this effort to integrate traditional medicine into official health services. As part of the “Program of Parallel Medicines,” it was the INI health promotores who, when asked to send 40 samples back to the coordinating center, ended up sending 101.⁵⁵¹ In Tzotzil, Tzobolik means “together,” and the name of this first botanical garden perhaps sought to highlight the cooperative nature of the effort as well as its connection to Tzotzil expertise and history.

“Community participation” had a longstanding tradition in los Altos, as shown in chapter three’s discussion of how promotores’ organized sanitation infrastructure construction projects across religious barriers. That the formation of a botanical garden of medicinal plants could be used as a bargaining chip for updating the existing clinic’s pharmaceutical supply presents some contrast to the image of the rural INI clinic in the

⁵⁵¹ Solis.

1950s and 1960s. This was a new era in which the valorization of indigenous plants by the Mexican state and international community placed new burdens on indigenous communities, and particularly midwives and curanderos, to cooperate with and educate institutional medicine. But the state valorization of indigenous expertise also created new opportunities, including the ability to make claims for increasing state services in exchange for cooperating with the botanical gardens and other projects.

The structure of this chapter will follow the expansion, transformation and narrowing of the state project of traditional medicine integration in Chiapas from the late 1970s to the early 1990s. This period begins with the convergence of José López Portillo's shift towards cultural pluralism and universal primary care, which materializes in the first state projects for integrating and inventorying traditional medicine in Chiapas. I focus on two early meetings of traditional medicine doctors and midwives organized by the INI and the IMEPLAM (its name was changed to the Unidad de Investigación en Medicina Tradicional y Herbolaria, UMTH, in 1982) in 1980 and 1981 in the municipality of Chilil. Drawing out to the national scene, I show how Mexico's debt crisis and IMF-negotiated bailout in 1982 set the stage for a narrowing of primary health care's ambitions at the same time as traditional medicine doctors began to realize the power of their collective organizing. In the context of Mexico's "neoliberalization" under President Miguel de la Madrid (1982-1988), traditional medicine doctors in a variety of communities began to organize their own groups, certifying them as NGOs. The growth of traditional medicine doctor NGOs peaked under President Carlos Salinas (1988-1994), as he sought to incorporate these non-state indigenous groups into Mexican neoliberal multiculturalism. At the same time, his policies sidelined the indigenous and ladino promoters of the INI from the project of integrating traditional medicine in primary health care. The pluralization of

traditional medicine organizations and politics in this period was cut short in 1994, when the Zapatista insurgency led to the withdrawal of the INI's from its historic laboratory. In the wake of this, indigenous doctor NGOs experienced a decline in their national presence and have been compelled to make deeper links to new tourist-cultural economies or international donors in order to build their institutions created in the mid-1980s and early 1990s.

Integrating Traditional Medicine into Universal Primary Care

The first World Health Organization resolution dealing with traditional medicine as an issue of labor and not pharmaceutical research was passed in 1967, when member nations passed a resolution supporting seeing traditional medicinal practitioners as a human resource.⁵⁵² The proposal was led by China, and called for harmonization of state medical services with traditional healing and birth practitioners. The proposal was seconded by other nations who called for action in developing their own traditional or indigenous medical systems.⁵⁵³ In January 1976, the WHO Board produced a plan of action, including: research on existing traditional medicine and healers to determine its relevance to primary health care and to produce suggestions for further action.⁵⁵⁴ Regional subcommittees offered their own recommendations in October 1976, highlighting the need for a “realistic” approach to traditional medicine, concluding that the value of traditional medicine would be identified by modern scientific investigations, which was supposed to aid in the integration of effective traditional medical practices and not harmful ones.⁵⁵⁵

⁵⁵² WHA 29.27.

⁵⁵³ Socrates Litsios, *The Third Ten Years of the World Health Organization, 1968-1977* (World Health Organization, 2008).

⁵⁵⁴ Litsios.

⁵⁵⁵ Litsios.

By the late 1970s, these moves to recognize and regulate traditional medicine research at the WHO laid the groundwork for political moves by Third World nations to integrate traditional medicine into broad global public health policy. As the Thirtieth World Health Assembly in 1977, the WHO permanently assumed its role in standardizing policies and practices related to traditional medicine. The resolution for promoting and developing traditional medicine recognized both the labor and ethnobotanical dimensions of this resource. A resolution dealing with traditional medicine urged developing countries and “interested governments to give adequate importance to the utilization of their traditional systems of medicine, with appropriate regulations as suited to their national health systems.”⁵⁵⁶ The resolution also requested technical and financial assistance in the development of research into “traditional/indigenous systems of medicine.”⁵⁵⁷ The key features of this resolution on Traditional Medicine pivoted on an idea of traditional medicine as labor, primarily in the form of midwives, and the pharmaceutical value of medicinal plants.

In the spring of 1978, member nations of the WHO met at Alma-Ata in the Soviet Union at the International Conference on Primary Health Care. In the Declaration of Alma-Ata, delegates asserted that the current “existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable.”⁵⁵⁸ The Declaration affirmed the importance of universal basic health care as part of the broader program of the New

⁵⁵⁶WHA 30.49. World Health Organization, “Thirtieth World Health Assembly,” Official Records of the World Health Organization (Geneva, Switzerland: World Health Organization, 1977), 29.

⁵⁵⁷ Ibid, 30.

⁵⁵⁸ World Health Organization, “Declaration of Alma-Ata: International Conference on Primary Health Care” (World Health Organization, 1978).

International Economic Order (NIEO). The delegates at Alma Ata defined primary health care as “essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain.”⁵⁵⁹ Primary health care would rely on as traditional medicine practitioners to work as part of a health team composed of Western medical trained doctors, nurses, and auxiliaries.⁵⁶⁰ Thus, from the angle of health labor power and from the angle of traditional plants, the World Health Organization affirmed the strategic incorporation of traditional medicine as people and plants as part of redressing inequality in the global economic order, of which health was one of the most important indicators.

David Tejada de Rivero, a Peruvian delegate to the International Conference on Primary Health Care in Alma Ata, traced the origins of the goal of “health for all by 2000” and primary health care to China’s entry into the United Nations in 1971.⁵⁶¹ Tejada wrote that despite heavy criticism by some actors in international development, such as the Rockefeller Foundation, the WHO persisted in supporting scientific research into traditional medicine throughout the 1970s.⁵⁶² The idea of health for all also drew on a wellspring of other political commitments present in Third World politics. Tejada writes that the ethical and moral ideas behind this goal were “equity, solidarity, and social

⁵⁵⁹ Ibid.

⁵⁶⁰ World Health Organization, “Thirtieth World Health Assembly.”

⁵⁶¹ Tejada de Rivero and David A, “Lo que es la atención primaria de la salud: algunas consideraciones a casi treinta y cinco años de Alma-Ata,” *Revista Peruana de Medicina Experimental y Salud Pública* 30 (June 2013), 284.

⁵⁶² Tejada de Rivero and David A, “Lo que es la atención primaria de la salud: algunas consideraciones a casi treinta y cinco años de Alma-Ata,” *Revista Peruana de Medicina Experimental y Salud Pública* 30 (June 2013), 284.

justice.”⁵⁶³ For Tejada, primary health care was not an inferior substitute or front-line auxiliary for a metropolitan medicine, but a participatory and inclusive social and political project.⁵⁶⁴

Following the 1978 Declaration on Traditional Medicine at Alma Ata, the WHO took responsibility in defining the terms of their integration into national health systems and coordinating research and integration projects between and within countries. It published a newsletter as part of an effort to share information between countries. In a realm of specific policies, it laid out directives on training with the underlying goal, which was to “favourably influence the attitudes of both traditional practitioners and scientific health workers and further refine their knowledge and skills.”⁵⁶⁵ The ultimate goal was to strengthen the links between traditional health practitioners and the state medical system, and this included providing training to doctors and nurses to help change their attitudes, but also providing “technical training” to traditional healers.⁵⁶⁶ In the field of drugs, the WHO’s role was in standardization, providing technical expertise, and encouraging the widest diffusion of research. The ultimate goal for this was to fulfill the long-time requirement of scientific validation of efficacy of drugs, but also to isolate chemically the active medicinal properties so they could be introduced in standardized portions in the health system.⁵⁶⁷

⁵⁶³ Tejada de Rivero and David A, “Lo que es la atención primaria de la salud: algunas consideraciones a casi treinta y cinco años de Alma-Ata,” *Revista Peruana de Medicina Experimental y Salud Pública* 30 (June 2013), 285.

⁵⁶⁴ Tejada de Rivero and David A, “Lo que es la atención primaria de la salud: algunas consideraciones a casi treinta y cinco años de Alma-Ata,” *Revista Peruana de Medicina Experimental y Salud Pública* 30 (June 2013), 286.

⁵⁶⁵ Olayiwola Akerele, “The Best of Both Worlds: Bringing Traditional Medicine up to Date,” *Social Science & Medicine* 24, no. 2 (January 1, 1987), 178.

⁵⁶⁶ Akerele.

⁵⁶⁷ Ibid.

For some observers of Alma Ata, the long-term impact of the project for universal primary health care was compromised by the decline of the WHO in development alongside the rise of the World Bank. The Secretary General of the World Health Organization at the time of Alma-Ata was the Danish Halfdan Mahler (1973-1988), and he faced a difficult decision in negotiating the Cold War politics of where the conference would be held. Although he disagreed with the Soviet Union's top-down and medicalized approach to healthcare, and had worked steadily to integrate Chinese approaches to traditional medicine within primary care, he could not have both Chinese and Soviet participation at the same conference due to the Sino-Soviet split.⁵⁶⁸ Under pressure from the Soviet delegate to the WHO, he selected Alma-Ata as the conference location; China, predictably, refused to participate. Marcos Cueto and others have commented that the absence of China did not particularly moderate the content of the final declaration, and traditional medicine was still given a prominent role.⁵⁶⁹

However, by the following year, a pluralist and participatory vision of primary care was under threat. At a conference hosted by the Rockefeller Foundation in Bellagio, Italy in 1979, a narrowed version of primary care was already being promoted. In attendance were the president of the World Bank and representatives from the Ford Foundation, USAID, and UNICEF.⁵⁷⁰ The conference endorsed the idea of Selective Primary Health Care, which emphasized “pragmatic, low-cost interventions that were limited in scope and easy to

⁵⁶⁸ Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, “The World Health Organization and the Transition From ‘International’ to ‘Global’ Public Health,” *American Journal of Public Health* 96, no. 1 (January 1, 2006), 67.

⁵⁶⁹ Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, “The World Health Organization and the Transition From ‘International’ to ‘Global’ Public Health,” *American Journal of Public Health* 96, no. 1 (January 1, 2006), 66.

⁵⁷⁰ Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, “The World Health Organization and the Transition From ‘International’ to ‘Global’ Public Health,” *American Journal of Public Health* 96, no. 1 (January 1, 2006), 66.

monitor and evaluate.”⁵⁷¹ The World Bank’s influence in health grew throughout the 1980s, as it increasingly assumed a role in advising nations and coordination public health policies.⁵⁷² The compromised vision of health for all by 2000 signaled the dawning neoliberal reshaping of the field of international public health, which would continue to be defined by vertical programs of disease eradication and its priorities determined by major private donors rather than citizens. The WHO had also established two primary modes of traditional medicine integration into health systems – through the labor of individual doctors and midwives and the scientifically-validated usage of medicinal plants. This chapter argues that the birth of NGOs under the rubric of self-development represented another way in which the goal of primary health care was compromised. As doctor NGOs found increasing independence from the state, the state was under less pressure to use traditional medicine to strengthen universal health infrastructure. The pluralization of traditional medicine organizing helped legitimize the decentralization and disinvestment in rural health infrastructure.

The IMEPLAM Goes to San Cristóbal: The Chiapas Origins of a National Traditional Medicine Survey

Primary health care, and its expansion via integration of traditional medicine resources, got a kickstart under President López Portillo (1976-1982). In 1977, López Portillo founded COPLAMAR, the Coordinación General del Plan Nacional de Zonas Deprimidas y Grupos Marginados. In 1980, IMEPLAM was incorporated as a research unit

⁵⁷¹ Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, “The World Health Organization and the Transition From ‘International’ to ‘Global’ Public Health,” *American Journal of Public Health* 96, no. 1 (January 1, 2006), 66

⁵⁷² Gavino Maciocco and Angelo Stefanini, “De Alma-Ata ao Fundo Global: a história da política internacional de saúde,” *Revista Brasileira de Saúde Materno Infantil* 7, no. 4 (December 2007), 480-481.

of IMSS and renamed the Unidad de Investigación en Medicina Tradicional y Herbolaria (UMTH).⁵⁷³ In 1982, the UMTH and COPLAMAR launched a joint project that would seek to increase health coverage in rural areas through research into traditional medicine. The “Programa de Interrelación de la Medicina Tradicional con el Programa Nacional de Solidaridad Social por Cooperación Comunitaria IMSS-COPLAMAR,” or Interrelation Program, had as its fundamental goal the interrelationship of the activities of IMSS-COPLAMAR for ethnobotanical research and knowledge diffusion about traditional medicine. It was Mexico’s first national-level traditional medicine development program that was focused on integration, not botanical research.

However, at the local level, the INI Coordinating Center at San Cristobal and its Health Section under Gonzalo Solís has already been working on a traditional medicine program since 1979. With a staff of one Tzeltal man and two Tzotzil women, the Medicinas Paralelas program was undertaking its own research into traditional medicine resources – both human and botanical resources.⁵⁷⁴ The Parallel Medicines program was closely aligned to the principles of Alma Ata. Through interviews with traditional medicine doctors, by seeking to get them involved on local INI health committees, and encouraging the development of botanical gardens attached to health centers, the program aimed to make the traditional medicine cures and labor more easily integrable in the state health system.⁵⁷⁵

⁵⁷³ I will refer to it as UMTH throughout the rest of this, though its name changes in the following decades - adding Desarrollo de medicamentos in the late 1980s and currently with biomédica in its title.

⁵⁷⁴ Graciela Freyermuth Enciso, *Médicos Tradicionales y Médicos Alópatas: Un Encuentro Difícil En Los Altos de Chiapas*, 1. ed, Serie Nuestros Pueblos (Tuxtla Gutiérrez, Chiapas, México: Gobierno del Estado de Chiapas, Consejo Estatal de Fomento a la Investigación y Difusión de la Cultura : DIF-Chiapas : Instituto Chiapaneco de Cultura : Centro de Investigaciones y Estudios Superiores en Antropología-Sureste, 1993), 49.

⁵⁷⁵ Robert Jaulin, “ETHNOCIDE, TIERS MONDE ET ETHNODÉVELOPPEMENT,” *Revue Tiers Monde* 25, no. 100 (1984): 913–27.

The late 1970s also saw the last rush of social spending by the Mexican government as part of its strategy of containing and controlling dissent. IMSS-COPLAMAR was the star of López Portillo's efforts to expand primary care to rural areas, in a continuation of Echeverría's populist strategy of expanding health services to rural Mexico. The government claimed that between 1979 and 1981, IMSS-COPLAMAR constructed over 2700 units devoted to primary attention (from around 300) and 29 new hospitals, for a total of sixty in the country.⁵⁷⁶ No doubt the earlier incorporation of the INI into COPLAMAR following the 1977 reorganization of the entity meant that at least some of COPLAMAR's "expansion" in these years came from the official integration of the INI's rural health clinics. The two entities being related in the project were UMTH and IMSS-COPLAMAR, but on the ground, the communities who engaged with each other in this project were the INI and traditional medicine doctors from indigenous communities historically served by the coordinating center.

The Parallel Medicines program ended in 1982 when INI funding stopped flowing. However, other state and international agencies were interested in funding this kind of work. In 1983, Solís headed up a project funded by the SSA and UNICEF called "Modelo Alternativo de Salud." The program – which sought to directly integrate indigenous traditional medicine doctors into the SSA's health infrastructure – did not last longer than a year. A lack of clarity on who was responsible for paying traditional medicine doctors, as well as disagreements over their status as underpaid "auxiliaries" within an occidental health system, led to mass renunciations by the participants.⁵⁷⁷

⁵⁷⁶ INI, CNDPI, *Instituto Nacional Indigenista. Comisión Nacional Para El Desarrollo de Los Pueblos Indígenas, 1948-2012*. (Mexico: CNDPI, 2012), <http://www.cdi.gob.mx/dmdocuments/ini-cdi-1948-2012.pdf>, 12.

⁵⁷⁷ Freyermuth Enciso, *Médicos Tradicionales y Médicos Alópatas*, 53.

The IMEPLAM (now UMTH) was also eager to get in on the dynamic growth of traditional medicine development projects taking shape in Chiapas. It partnered with the INI for the first phase of its national survey of traditional medicine resources. The Interrelations Project had three phases. San Cristóbal was headquarters for the first, pilot phase. IMSS and UMTH selected Chiapas and the San Cristóbal Coordinating Center in particular to launch the project due to “the existence of a rich body of traditional medicine [...] and an elevated percentage of indigenous people.”⁵⁷⁸ In the official history of the program, it was admitted that “the IMSS-COPLAMAR program had capitalized on previous experiences, particularly those of the health departments of the coordinating centers” (ie. the Parallel Medicines program). Thus, even as the IMEPLAM and COPLAMAR directed the project from Mexico City, the INI staff throughout Chiapas provided the boots on the ground as well as the expertise on how to identify and organize traditional medicine healers, the historical role of the INI’s “health intermediaries.”⁵⁷⁹

The Interrelations Project claimed itself to be the first project in a Latin American country to seek to integrate traditional medicine within a state health service, although one could argue that the local INI coordinating center had pre-empted them by a few years with its Parallel Medicines Project.⁵⁸⁰ Gonzalo Solís Cervantes, head of the San Cristobal coordinating center’s health section, was also responsible for coordinating the Chiapas side of the Interrelations Project. He outlined the role of the INI within the project to the state

⁵⁷⁸ INI, CNDPI, 17.

⁵⁷⁹ INI, CNDPI, *Instituto Nacional Indigenista. Comisión Nacional Para El Desarrollo de Los Pueblos Indígenas, 1948-2012*, 21.

⁵⁸⁰ Carlos Zolla and Ricardo Hernández Murillo, “Presentación,” *La Medicina Tradicional En Chiapas*, August 1982, Biblioteca Especializada del Hospital General de Zona Núm. 1 Lic. Ignacio García Téllez, 2.

coordinator of the IMSS in a letter in 31 July 1981.⁵⁸¹ Solís wrote that after the health department analyzed their own project in 1980 and 1981, they came to the conclusion that research undertaken so far by the IMEPLAM had been organized too narrowly on the usage of medicinal plants. In discussions with the IMEPLAM, Solís came to a broader set of goals for how to integrate traditional medicine into primary health care, including incorporating traditional doctors, training them in biomedical techniques and frameworks, as well as training medical personnel in conducting a new kind of public health education about the value of traditional medicine.⁵⁸² In seeking to bring traditional medicine, not just plants, as a resource for universal primary care, the INI in Chiapas also expanded the project's scope. In its anticipated budget, it forecasted paying 5 promotores for 50 days of work, medical doctors for 25 days, and supporting traditional medicine doctors for 25 days of structured encounters.⁵⁸³ This was in addition to the labor of medical interns working at rural clinics and the staff of the IMEPLAM. The budget proposal totalled 200,000 pesos, including 113,000 for the establishment of a basic laboratory.⁵⁸⁴

The Interrelations project sought to bring the state health services into closer relationship with traditional medicine system by relying on structured encounters, education, and research. Data about traditional medicine usage was grouped by the zone in which it was collected. Medical interns filled out surveys on the extent of traditional medical usage, and the INI was also involved in facilitating round tables between traditional and institutional medicine doctors, plant identification expeditions, and clinical

⁵⁸¹ Mínimos de bienestar Social, "Proyecto de Diseño de Sistemas de Medicinas Paralelas" (San Cristóbal de Las Casas, Chiapas, México, July 31, 1981), Dirección. Programas. 1981. 12.0182., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

⁵⁸² Mínimos de bienestar Social, 3-4.

⁵⁸³ Mínimos de bienestar Social, 1-2 (budget).

⁵⁸⁴ Mínimos de bienestar Social, 2(budget).

analysis and testing at the San Cristóbal Coordinating Center, to name just a few activities.⁵⁸⁵ The UMR, or, the historic INI medical clinic, served as the administrative contact point for collecting information in the Interrelations Project, and the medical interns who rotated through these clinics every year for their *servicio social* were seen as a key audience to educate about the values of traditional medicine. The goal of the survey was not just collecting information, but educating the next generation of medical doctors about the role played by traditional medicine in serving the health needs of local patients.⁵⁸⁶

During the days of the Parallel Medicine program, the INI had helped to define what was meant by structuring encounters between the two health systems. As it turned out, an essential precursor step to interrelating the two medical “systems” involved systematizing or cohering a unified notion of traditional medicine across differences of gender, language, ethnicity, as well as geographical distance. The first pan-community meeting of traditional medicine doctors took place 21 August 1981 in the Tzotzil poblado of Chilil in the Municipio de Huixtán.⁵⁸⁷ Twenty-nine traditional medicine doctors (iholes) attended from ten surrounding communities. According to the budget proposal prepared by Solís, the early round tables and seminars for the Coordinating Center Staff and traditional health agents discussed some of the same themes as the Third World delegates to Mexico City discussed in the last chapter, with their primary goal being “to connect Traditional Medicine to official health systems.”

⁵⁸⁵ Mínimos de bienestar Social, 5-7.

⁵⁸⁶ INI, CNDPI, *Instituto Nacional Indigenista. Comisión Nacional Para El Desarrollo de Los Pueblos Indígenas, 1948-2012*, 27.

⁵⁸⁷ Gonzalo Solís Cervantes, “La Segunda Reunión de Agentes Tradicionales de Salud. Chilil, Municipio de Huixtán, Chiapas, 12 de Marzo de 1982.,” *La Medicina Tradicional En Chiapas*, August 1982, 8.

The meeting at Chilil was opened by Solís of the INI, anthropologist José Ávila, and promotor de salud from El Pinar Larrainzar, Pascual Hernández López. They opened by defining traditional medicine and primary health care, probably making reference to the 1976 WHO definition of traditional medicine that made it into the 1978 Alma Ata Declaration. They covered the justification for promoting traditional medicine based on its intrinsic benefits, and stressed the desirability of integrating traditional medicine into the state system, including through personnel. The next phase of internal training took place as roundtables and seminars where traditional health agents and promotores de salud analysed bibliographic materials on traditional medicine. They discussed among themselves how to best link traditional medicine to “institutional medicine.” Health promotores from the INI served as translators, relying on their knowledge of multiple languages, and their engagement with multiple medical systems, to translate not only between the IMEPLAM Mexico City staff and local traditional medicine doctors, but also between indigenous doctors who spoke different languages. During these meetings, it seems like that some of the same INI promotores who had been involved in Medicinas Paralelas were also present.

The first meeting in Chilil was followed by a larger one in less than a year. The ambitions for this second meeting manifested both the growing grassroots interest as well as the INI’s partnership with the UMTH’s national survey project. At this point, the “state” provided much of the organizing capacity and direction for traditional medicine doctor organizing in Chiapas. On the day of March 12th, sixty-three men and twenty-eight women “traditional health agents” (language of report) representing thirty-five communities from thirteen different municipalities in Chiapas met for the Second Meeting of Traditional Health Agents. Although they came together to produce a collective statement at the end of the meeting, much of the work was tackled in smaller groups divided by locality, language,

and INI coordinators.⁵⁸⁸ There were nine groups composed of between 7 and 13 traditional health agents and anywhere from one to half a dozen “coordinators,” among whom was always at least one bilingual nurse or promotor. There was one bilingual group for Tzeltal and Tzotzil Maya and one group of Zoque and Spanish speakers. The rest of the participants spoke either exclusively Tzeltal or Tzotzil. Once again, the INI was playing a role in coordinating action across divides of language and religion. Carlos Zolla, an anthropologist, represented the IMEPLAM/UMTH.

The official magazine produced to document the project’s pilot year in Chiapas, August 1982, described the second meeting in Chili as “marking the beginning of the organization of the Traditional Indigenous Medical System, on one hand, as well as the revalorization, recognition, and acceptance of it by the institutional medical system, at an official level, on the other hand.”⁵⁸⁹ The meeting counted on the “active participation of twenty-eight women, traditional health agents all of them.”⁵⁹⁰ It was conducted in Tzeltal, Tzotzil, and Zoque languages, and the hours of round tables and testimony had to be transcribed and translated before they could be published, but the goal of both the meeting and the subsequent publications on the side of IMSS COPLAMAR was to demonstrate that indigenous medicine constituted its own system.⁵⁹¹ Figures 8 to 11 were photos taken at this meeting, the largest and first of its kind in Mexico’s, and, in the minds of the organizers, Latin America’s, modern history.

The photos of the meeting shed light on key dynamics not mentioned in the publication, particularly regarding gender. Immediately clear from the photos is the fact

⁵⁸⁸ Solís Cervantes, 13.

⁵⁸⁹ Solís Cervantes, 9.

⁵⁹⁰ Solís Cervantes, 9.

⁵⁹¹ Solís Cervantes, 10.

that indigenous men and women are largely segregated from each other in the photos taken outside. These more “posed” photos suggest that during the informal moments of the conference, participants divided by gender. The exception to this, as seen in Figure 8, is when one of the organizers was present (Solís is shown in this particular photo). The other two exceptions are during a working session (Figures 10 and 11). Nevertheless, in Figure 10, the women are seated and the men are standing. Given that the official publications about this meeting made no mention of the special significance of gender – indeed, the working groups were separated by language and region, which helps to explain why Figure 11 appears to be the most “integrated” scene that was photographed – the divisions in the photos showcasing more “informal” moments of the conference are interesting. They point to subsequent divisions that will characterize the first indigenous doctor organizations, such as the OMIECH, which until this day has a separate section dedicated to midwives within the more general organization.



Figure 8. Photo from Second Meeting of Traditional Health Agents in Chilil, Chiapas. *La Medicina Tradicional en Chiapas* (4) 1982.



Figure 9. Photo of men playing instruments from Second Meeting of Traditional Health Agents in Chilil, Chiapas. *La Medicina Tradicional en Chiapas* (4) 1982.



Figure 10. Photo of women (seated) and men from Second Meeting of Traditional Health Agents in Chilil, Chiapas. *La Medicina Tradicional en Chiapas* (4) 1982.



Figure 11. Photos from Second Meeting of Traditional Health Agents in Chilil, Chiapas. *La Medicina Tradicional en Chiapas* (4) 1982.

While the organizers of the meeting, Zolla and Solís, foresaw it as an opportunity to “systemize” traditional medicine, the doctors’ collective statement made no such claims. “This is the first time that we have met as “traditional health agents from all across the state.”⁵⁹² The ninety-one signatories (one person did not sign on) to the statement recognized the importance of meeting each other around an agenda of achieving respect by health institutions. “We know that, for the benefit of our communities, all forms of curing

⁵⁹² 91 Traditional Health Agents (signed=, “Declaration from Second Meeting of Traditional Health Agents in Chilil, 12 March 1982,” *La Medicina Tradicional En Chiapas*, August 1982, Biblioteca Especializada del Hospital General de Zona Núm. 1 Lic. Ignacio García Téllez, Mexico City, 16.

must be used. Traditional Medicine is one of those.” But they did not agree to any form of integration, one of the issues brought up by the INI and IMEPLAM organizers. Instead, the doctors ended the statement by expressing hope that this meeting continued to stimulate knowledge about their work, “which forms part of our customs and the life of our communities.” Although agreeing to use the term “traditional health agents” in the document, they signal the oddness of the term traditional health agents by putting it in quotes. The statement acknowledges the importance of all health services, but that this was a relationship based on respect, not necessarily integration.

The statement does not single out medicinal plant research, but this was clearly on the minds of everyone who attended. Medicinal plants were subject to three kinds of attention during the meeting: 1) collecting samples for taxonomic identification and preservations, 2) cultivating certain plants for consumption and scientific samples, and 3) pharmacological testing of plants. All three modes of research into plants occurred in Chiapas in projects that predated this Second Meeting of Traditional Medicine Doctors, although not yet on this scale. The Interrelation Project sought to obtain a very specific kind of collaboration from those whom it sought to identify as traditional health “agents” (note that they were not “doctors”).

The Integration of Botanical Resources in State Organizations

Traditional health agents, along with INI agronomists and promotores de salud, headed up the Interrelations Project collection and study of medicinal plants in los Altos. The plant collections team was tasked with identifying and preserving three different samples which would end up in three different herbarios (herbariums): one at the UMR, one at the coordinating center, and one at the Herbario of UMTH in Mexico City (still

referred to as IMEPLAM in these documents by INI even though its name had changed).⁵⁹³ The method for collecting was designed by the IMEPLAM, and involved the same portable wooden press for drying samples described in the previous chapter. A note was added for the collectors in Chiapas who also had to navigate a damper climate. “It is recommended to change the newspaper daily during the first days of dehydration as not running the papers runs the risk of having them develop fungi.”⁵⁹⁴ The taxonomic classification was done by the UMTH, but they drew their data on ecological and climatic conditions for their samples from the local INI agronomy department staff.⁵⁹⁵

The INI promotores also had to arrange the cooperation of traditional health agents along with their community’s health committee for the cultivation of medicinal plants. The botanical work – another kind of fieldwork for a new era – required the negotiation skills required to undertake other sanitary efforts organized by promotores, but also recalled the role played by promotores in the ethnographic work of US and Mexican anthropologists since the 1950s. For the location and operation of the garden, the IMEPLAM had three general guidelines. The first was to consider the relationship between the plants’ requirements and the terrain where they were being planted. The health committee, promotores, and traditional agents also were encouraged to take watering into account – another part of the daily maintenance of the botanical gardens that was also envisioned by the project. Finally, each plant was accompanied by a tag containing common name, scientific family, place of origin, lifespan, and uses.⁵⁹⁶

⁵⁹³ Mínimos de bienestar Social, “Proyecto de Diseño de Sistemas de Medicinas Paralelas,” 15.

⁵⁹⁴ Mínimos de bienestar Social, 15.

⁵⁹⁵ Mínimos de bienestar Social, 16.

⁵⁹⁶ Mínimos de bienestar Social, 17.

The first issue of the INI magazine, *Traditional Medicine*, dealt with the programs in Chiapas laid out the instructions for the formation of medicinal plant gardens (“huertos de plantas medicinales”).⁵⁹⁷ The project was directed by the UMR doctor, the auxiliary (promotor de salud), one health committee member, and one traditional medicine doctor. Any interested community members, the traditional medicine doctor, and the health committee member selected which plants to grow. Depending on what space was available, the garden would ideally be attached to a health center. Plant specimens were grouped around illnesses. For example, all those plants used for treating digestion issues were supposed to be grouped together. The health committee was tasked with keeping an up-to-date registry giving “the name of the person who donated the materials” as well as the date of the donation.” The guide for promotores ended with a warning that the plants and seeds were property of the community (“IMPORTANTE: El huerto de plantas medicinales y el semillero son propiedad de la comunidad, tanto como de la UMR”). These instructions, alongside the material reality that the “community” possessed all the necessary expertise and labor to carry out the project, indicates that the local INI treated issues of property and ownership of plants cautiously. This issue also reveals that the selection of samples for Herbarias was more optional, directed to “people interested in collaborating to the enrichment of the Herbario of UMTH del IMSS.”

The results of the survey of traditional medicine resources made during the pilot year of the Interrelations Project in Chiapas provides an unprecedented picture of the medical reality of Chiapas in the early 1980s. In addition to a registry of medicinal plants

⁵⁹⁷ Xavier Lozoya, Carlos Zolla, and Aguilar, Abigail, “Instrucciones Para El Uso Del Material Complementario Del Programa,” *La Medicina Tradicional En Chiapas*, 1982, Biblioteca Especializada del Hospital General de Zona Núm. 1 Lic. Ignacio García Téllez, Mexico City, 27.

and their uses, the doctor-interns of the UMR who carried out the survey also inquired into the curing strategies of plants for diseases and illnesses like “fright” (“susto”).⁵⁹⁸ The UMR personnel collected and identified over 170 species for the UMTH, forming the seed of its encyclopedic inventory of contemporary Mexican *flor medicinal*.⁵⁹⁹ The UMTH staff had worried about possible “resistance.”⁶⁰⁰ Nevertheless, at least according to an official history, “in a period of eight months of intensive work [...] effective interaction by doctors with curanderos or parteras notably increased.”⁶⁰¹ The 887 “terapeutas tradicionales” interviewed by the program “substantially modified the perspective they [the UMR doctors] had on these human resources.”⁶⁰²

Midwives and curanderos among dominated the numbers within traditional medicine healers. The subject of much early anthropological interest, “brujos” or witches, accounted for only 8 of the 887 surveyed.⁶⁰³ Researchers were also surprised by the fact that 550 of those surveyed, or 62%, were women. The subsequent national survey conducted between 1983 and 1985 would bring the national estimate of traditional medicine healers to 66% women, with the role of partera accounting for 53% of the specialities of traditional medicine doctors that they surveyed in the country.⁶⁰⁴ And it was clear that traditional medicine resources did not just supplement western medicine services in rural Mexico; they frequently dominated. In Chiapas, there were a total of 460

⁵⁹⁸ Lozoya L et al., *La medicina tradicional en México: experiencia del Programa IMSS-COPLAMAR* (México, D.F.: Instituto Mexicano del Seguro Social, 1988), 39.

⁵⁹⁹ Lozoya L et al, 32.

⁶⁰⁰ Carlos Zolla and Ricardo Hernández Murillo, “Recomendaciones,” *La Medicina Tradicional En Chiapas*, n.d., Biblioteca Especializada del Hospital General de Zona Núm. 1 Lic. Ignacio García Téllez, Mexico City, 8.

⁶⁰¹ Lozoya L et al., *La medicina tradicional en México*, 28.

⁶⁰² Lozoya L et al, 30.

⁶⁰³ Lozoya L et al, 31.

⁶⁰⁴ Lozoya L et al, 58.

institutional medicine doctors – a little more than 50% of the total of traditional medicine doctors.⁶⁰⁵ As the program of Interrelation narrowed in scope towards a focus on producing publications for medical and popular education, the early projects in botanical gardens and the meetings of traditional medicine doctors lived on and evolved in Chiapas. The Program of Interrelation had shown the political value of traditional medicine knowledge. The meetings and surveys had shown the scale of traditional medicine human resources. But traditional medicine doctors were only beginning to show their power.

Rights and Resources: The Afterlives of Third Worldism in Neoliberal Development

Miguel de la Madrid, who began his sexenio in January 1982, presided over a transfer of wealth from Mexico's poorest (marginally more equitably distributed in the 1970s) to its wealthiest alongside a deepening crisis of unemployment, land shortage and falling wages in rural Mexico.⁶⁰⁶ In August 1982, Mexico officially defaulted on its sovereign debt, accrued especially over the last two sexenios by a state that had financed an expanding social welfare net on the back of high oil prices and cheap credit from US and European banks.⁶⁰⁷ Already feeling the pinch of dropping oil prices in 1980, the government of López Portillo had tried to put a stop to capital flight through peso devaluations and nationalizing the banks. After de la Madrid assumed office, though, he finalized negotiating a package of loans and deferred payments with the IMF. In December of 1982, the IMF approved a nearly 4-billion-dollar loan with requirements for market reforms. This was not the first time Mexico had agreed with the IMF on stabilizing the economy - López Portillo had made an agreement with the IMF when he entered office

⁶⁰⁵ Lozoya L et al, 52.

⁶⁰⁶ Nora Lustig, "The 1982 Debt Crisis, Chiapas, NAFTA, and Mexico's Poor," *Challenge* 38, no. 2 (March 1, 1995): 45–50, 48.

⁶⁰⁷ Walker, *Waking from the Dream*.

during a recession in 1976 - but the program was dropped when the discovery of new oil reserves in 1979 during the “second oil shock” sent prices for oil soaring. But the immediate effects of price increase following the Iranian Revolution was short lived and followed by a decade of oversupply which kept prices low throughout the 1980s. The US and UK commercial banks that held Mexican debt raised interest rates, substantially increasing Mexico’s debt-service burden just as its dependence on oil revenues made it more vulnerable. Mexico’s dependence on oil prices for funding its fiscal expansion in the 1970s had been a point of unity between it and other Third World countries of OPEC, for example. On a global level, the downturn in oil prices in the early 1980s led to hyperinflation, capital flight, higher interest rates, and instances of IMF-brokered financing for several Third World countries in the early 1980s; the ascendant IMF and Washington Consensus dealt a blow to institutions for economic sovereignty like UNCTAD and the NIEO movement, which had no way to compete in articulating a different vision of the global economy.⁶⁰⁸ Abroad, Miguel de la Madrid sought to project an image of Mexico as a “first world striver” or “emerging economy” rather than a Third World leader, a signal of the exhaustion of Third World internationalism and resource sovereignty as a statist political project.

The health sector was particularly hard hit by de la Madrid’s neoliberal orientation, undoing gains in service coverage achieved during the decade of expansion under Echeverría and López Portillo. The package of World Bank recommended reforms included privatization, cuts, and decentralization. With the goal of increasing administrative efficiency and efficient use of resources, decentralization promoted the transferring of

⁶⁰⁸ Vijay Prashad, *The Darker Nations: A People’s History of the Third World* (New Press, 2008), 276-281.

resources and power away from a central state and as close as possible to where those resources were meant to be deployed. As a package of reforms, the neoliberal formula of decentralization had disastrous effects even as it generally failed as politics (de la Madrid only got 14 of 31 states to sign on). As Anne Emmanuelle Birn has noted, by only affecting the SSA and IMSS programs for the uninsured, made sure that only safety-net insurance programs, those for the most vulnerable, would be affected by policies of decentralization.⁶⁰⁹ Of the 14 states that signed on to de la Madrid's reform, problems included responsibilities being transferred to states without the attendant revenue or power to carry out the new responsibilities. "With little fiscal control, higher state accountability was illusory."⁶¹⁰ The plan also intended to keep advanced hospitals under federal control, and was further limited in its scope by the activism of labor unions within the IMSS and SSA.⁶¹¹ Although Chiapas was not one of the states to sign on to the decentralization reform, programs for its uninsured transferred from the INI to COPLAMAR in the 1977 reform were affected by a merger between SSA and IMSS programs in 1984.⁶¹² Compared to the SSA, the IMSS COPLAMAR had a wider coverage of rural areas, better compensation for staff, and more popular clinical services.⁶¹³ The merger was expansive and widely unpopular, contributing to Salinas de Gortari scrapping decentralization reforms when he assumed office in 1988.⁶¹⁴

The transition between the governments of José López Portillo and Miguel de la Madrid showed a qualitative transformation in how the state imagines indigenous

⁶⁰⁹ Birn, "Federalist Flirtations," 87-88.

⁶¹⁰ Birn, 89.

⁶¹¹ Birn, 88.

⁶¹² Birn, 88.

⁶¹³ Birn, 89-90.

⁶¹⁴ Birn, 90.

“participation” within development. Teresa Valdivia Dounce has described this as a shift from “participation” – taking into account the opinion of indigenous peoples – toward “exchange of functions” – essentially seeking to replace the state’s own indigenista functionaries with a new Indigenous bureaucracy.⁶¹⁵ This was not something that was being asked for by Indigenous movements, but it did respond nicely to the need to trim the state for the IMF.⁶¹⁶ The period of the early 1990s saw a national growth in indigenous doctor organizations with national meetings in 1990 and a pan-American meeting in Mexico City in 1992. President Carlos Salinas de Gortari supported these independent organizations and, as the next section details, tried to incorporate them into his vision of Mexican multiculturalism in which culture and indigenous knowledges were not just tools for expanding primary care, but the basis of *autodesarrollo* that would ultimately undermine the need for state intermediaries like the INI.

The Emergence of Independent Indigenous Doctor NGOs and the Marginalization of the INI

After Mexico’s economic crisis and IMF-negotiated restructuring in 1982, it did not abandon primary health care, but sought to achieve it more cheaply by 1) paying less to indigenous traditional medicine doctors via “integration” as inferiors in the state health system. This tactic – which can be seen in chapter two – is not unprecedented. To a certain extent, the state sought to legitimize such moves through public discursive and legal recognition of Mexico’s cultural pluralism throughout the 1980s and 1990s. Cultural rights

⁶¹⁵ Teresa Valdivia Dounce, “Reconocimiento de derechos indígenas: ¿Fase superior de la política indigenista del siglo XX?,” *Nueva antropología* 26, no. 78 (June 2013): 9–41.

⁶¹⁶ “El movimiento indígena nacional había estado exigiendo otras demandas, no había pedido que los pueblos indígenas se convirtieran en funcionarios de gobierno, no era este el tipo de participación que reclamaban. Habían estado exigiendo el respeto y el derecho como pueblos a vivir su vida plenamente y con dignidad y a decidir sobre su propio destino, esto es su derecho a la autonomía y a la autodeterminación. Así que la política de “traspaso de funciones” nada tenía que ver con el sentir del movimiento indígena.” Valdivia Dounce.

occurred at the same time as the socio-economic situation for Indigenous peoples was declining. Thus “integration” also shifted decisively from seeing indigenous peoples’ development as rooted in class formation towards 2) seeing it as a resource for their own and the nation’s development. But this *développement-en-soi* or “development for itself,” as Robert Jaulin called this turn to “ethnodevelopment” in Third World countries in the early 1980s, had an implied referent for what that development should be oriented to: the private market.⁶¹⁷ Finally, 3) the rise of Indigenous traditional medicine NGOs shows the counter-conduct that these dominant discourses of integration also made possible.

In both their targeted opposition to specific neoliberal reforms like “decentralization” as well as efforts to “integrate” them into a state health system, the doctors groups in Chiapas like the Organización de médicos indígenas del Estado de Chiapas (OMIECH) reworked the ideals of primary care around a vision of traditional medicine politics grounded in what Stefano Varese, Guillermo Delgado, and Rodolfo Meyer have called “intellectual sovereignty,” part of an autonomy from both state and market.⁶¹⁸ The authors use intellectual sovereignty to describe the process by which indigenous intellectuals played a role in recuperating indigenous culture in a field “where natives have been previously considered useful – but uneducated and ignorant – informants who could only provide raw material and data to be analyzed only by (white) anthropologists.”⁶¹⁹

⁶¹⁷ Jaulin, “ETHNOCIDE, TIERS MONDE ET ETHNODÉVELOPPEMENT.”

⁶¹⁸ Varese, Stefano, Delgado, Guillermo, and Meyer, Rodolfo, “Indigenous Anthropologies beyond Barbados,” in *A Companion to Latin American Anthropology*, ed. Deborah Poole (Malden, Mass.: Blackwell Pub., 2013), 375–98, 383.

⁶¹⁹ Varese, Stefano, Delgado, Guillermo, and Meyer, Rodolfo, 383.

During the 1980s, net spending on health declined the most for the uninsured as the states and the federal government promised efficiency through decentralization, which often resulted in unworkable and expensive mergers that later had to be undone.⁶²⁰ It became less and less obvious which state development or health agency should be partnered with, and traditional medicine doctors turned to the NGO or civil association form in order to continue existing when, for example, the INI stopped work on the Interrelations Project in 1983. Health governance now became shaped to a greater extent by international donors and organizations. Rather than foreclosing the project of decolonizing health as other scholars have argued, the OMIECH permitted it to live on well past the point when the Mexican state had any interest in keeping it alive. Meanwhile, integration was undermined by its blatant attempts to expropriate the labor and knowledge of traditional medicine doctors.

More than divesting the state of its responsibilities to citizens, the decentralization reform of de la Madrid showed how the Mexican state was governing by diversion, merging and transferring responsibilities during a time of massive cuts to the most vulnerable. It was in the junctures of increasing uncertainty, when official rhetoric of Mexico as a mosaic of diversity and culture as a motor of development was used to justify policies like decentralization, that traditional medicine doctor NGOs emerged as legally formed civil associations (NGOs – “asociación civil”). Between 1983 and 1988, the Interrelations Project was transferred back and forth between the INI and state government responsibility in collaborations with UNICEF.⁶²¹ Following the meeting in Chilil in 1981, for example, a group of Tzeltal doctors formed their own independent organization. In

⁶²⁰ Birn, “Federalist Flirtations.”

⁶²¹ Page Pliego, *Política sanitaria dirigida a los pueblos indígenas de México y Chiapas, 1857-1995*, 42.

1986, with the help of the INI Coordinating Center in Ocosingo, the 48 members formally united as a civil association titled Organización de Médicos Indígenas Tzeltales.⁶²² The project continued much of the same work. Jaime Pliego, who conducted oral history group interviews over two dozen with traditional medicine about this period in the early 1990s, writes that the work in traditional medicine in Chiapas during this period was characterized by “organizing traditional medicine doctors inside indigenous communities, installing medicinal plant gardens, herbolaria pharmacies, exchanging plants between communities, manufacturing plant-based products (secado, jarabes, tinturas, etc., and the period organizing of inter-community and intra-state traditional medicine doctors meetings, with the objective of exchanging knowledge and experience.”⁶²³ The period from 1985 until the mid-1990s was one of the most intense organizing of traditional medicine doctors in Chiapas, although not all organizations were formed from indigenous doctors.

Traditional medicine doctors and midwives, state nurses and INI health promoters, for example, had been meeting with each other in meetings organized by the INI for at least five years before formally organizing as a civil association in 1985, the Organización de Médicos Indígenas del Estado de Chiapas A. C. (OMIECH). The OMIECH is the first traditional medicine doctor official civil association in modern Mexico, and it was formed in the area of that laboratory of medical acculturation-turned-multiculturalism, the Tzeltal-Tzotzil Coordinating Center in San Cristóbal.⁶²⁴ The doctors who formed this first generation were responding to changes made by the state-level SSA, which had operated the program since 1983 when that responsibility was transferred from the INI. The SSA and

⁶²² Freyermuth Enciso, *Médicos Tradicionales y Médicos Alópatas*.

⁶²³ Page Pliego, 42.

⁶²⁴ Page Pliego, 56.

UNICEF program was called “Modelo Alternativo de Salud.” It consisted of two projects, the formation of “auxiliaries in Primary Health Care” (“Técnicos en Atención Primaria de Salud” (TAPs)) and the continuation of work related to existing projects in traditional medicine, which was a continuation of the INI program.⁶²⁵ The SSA was far less popular than IMSS-COPLAMAR and had worse working conditions. Further, its programs to convert traditional medicine doctors into “auxiliaries” in the state system was clearly out of touch with the public expressions of doctors, as seen in meetings such as in Chilil in 1982. When the agreement between the state SSA and UNIF terminated in 1985 and the SSA attempted to renegotiate terms, both its own employees (perhaps who were being transferred from the IMSS merger?) and the indigenous doctors stopped cooperating with the traditional medicine project led by the SSA and UNICEF. The OMIECH began organizing to take over that program that was in danger of having no arm of the state to organize it.⁶²⁶ The SSA remained with the “Technical Assistants” aspect of the program, the part most focused on labor integration.

Without material support from the INI and outside of the SSA-UNICEF program, in their first years the OMIECH received financial support from the Catholic Diocese of San Cristóbal, Pan para el Mundo, the McArthur Foundation, the Chagas Foundation and the Dutch Embassy.⁶²⁷ At first midwives formed a separate organization, but later both midwives and other doctors joined together despite retaining distinct identities within OMIECH.

⁶²⁵ Page Pliego, 55.

⁶²⁶ Page Pliego, 56.

⁶²⁷ Page Pliego, 56.

When Carlos Salinas de Gortari's sexenio began in the aftermath of stealing the election from the PRD candidate, Cuauhtémoc Cárdenas in 1988, he restored funding that allowed the INI Coordinating Centers to restart their programs in traditional medicine. The two organizations now had a cooperative, but administratively independent relationship. The INI was one part of a shifting landscape of state and non-state institutions including SEDESOL and PRONASOL, that the OMIECH worked with in partnership on specific, limited/term projects in the early 1990s. The INI is particularly active in projects with OMIECH during the tenure of Salinas.

One of the ways in which the INI was already exchanging functions with the traditional medicine doctor NGOs was in the transfer of land which would allow OMIECH to become self-sustainable. In San Cristóbal, the INI Coordinating Center gave the OMIECH two and a half hectares of land for a Traditional Medicine Center with a garden and consultation rooms.⁶²⁸ In 1992, the INI protested to IMSS Solidaridad that in a recent publication on midwives and medicinal plants, they had mistakenly attributed authorship to IMSS Solidaridad and not to OMIECH.⁶²⁹ These moves are indicative that within the INI there was a recognition that the newly constituted NGOs were the proprietary authors of traditional medicine knowledge. In official publications funded by INI-SEDESOL, traditional medicine doctors describe the relationship of partnering with the INI in positive terms relative to other government agencies. When the OMIECH publicly opposed a Chiapas state health law in 1990, the doctors agreed that “the INI has supported OMIECH

⁶²⁸ Page Pliego, 58.

⁶²⁹ Georgina Velázquez Díaz to Sebastián Luna Gómez, November 26, 1992, Dirección. Proyectos. 1992. 53.0744., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas.

unconditionally within its limits” (“El INI dentro de sus posibilidades, ha apoyado a OMIECH incondicionalmente”).⁶³⁰

While Salinas was keen to get indigenous organizations onboard with his plan to amend the Mexican constitution in order to formally institutionalize the turn to a “pluralist” identity initiated by López Portillo, indigenous doctor organizations were not automatically amenable to his agenda. In fact, they used the platforms opened up for them to criticize other levels of government. The year after INI’s funding for traditional medicine activities returned in 1989, it helped organize a national conference of traditional medicine doctors in Oaxtepec, Morelos. Two hundred and seventeen doctors from thirty-seven ethnic groups and eighteen states attended.⁶³¹ The Declaration from Oaxtepec denounced the persecution of traditional medicine doctors by the SSA, medical societies, and caciques.⁶³² Doctors who formed the OMIECH and ODETIT had expressed a similar mistrust of the SSA earlier in the 1980s, calling them “enemies of indigenous people” / “enemigo de la indígena.”⁶³³ The SSA’s only traditional medicine program, which involved integrating them as “auxiliaries,” was a key issue in the cleavage between indigenous NGOs and this federal health agency, many of whose functions were also shared by the state of Chiapas following de la Madrid’s decentralization. The INI, which supported the organization of the meeting, pushed the agenda of President Carlos Salinas de Gortari on the agenda.

⁶³⁰ Page Pliego, *Política sanitaria dirigida a los pueblos indígenas de México y Chiapas, 1857-1995*, 92-93.

⁶³¹ Gonzalo Solís Cervantes, “Perspectivas de La Medicina Indígena al Año 2000. Análisis de Una Experiencia Institucional,” in *Memoria Del Taller Sobre Derechos de Los Pueblos Indios y Patrimonio Cultural (28 y 29 de Agosto de 1997)*. DEAS-INAH (*Seminario de Estudios Sobre Patrimonio Cultural*), ed. DEAS-INAH (Mexico City, Mexico: Instituto Nacional de Antropología e Historia, n.d.), 101.

⁶³² “Declaración de Oaxtepec Sobre Medicina Indígena,” in *II Congreso Nacional y I Encuentro Continental de Médicos Tradicionales Indígenas* (Mexico City: Instituto Nacional Indigenista, 1992), 19–24, 20.

⁶³³ Page Pliego, *Política sanitaria dirigida a los pueblos indígenas de México y Chiapas, 1857-1995*, 61.

The Salinas government's specific goal for Oaxtepec turned on a larger part of his indigenous policy: to have the doctors participate and lend legitimacy to the process of making Mexico a culturally plural nation through reforming Article 4 of the Mexican Constitution of 1917. As a result of the botched response to the 1985 Mexico City earthquake, civil society organizations emerged to take the role of the state in providing services as well as to lobby the state as intermediaries on behalf of marginalized groups. Not only had Mexican civil society associations blossomed during the 1980s, they formed a large part of the voices pushing for Cuauhtémoc Cárdenas against Salinas during the election in 1988. Further, the 500th anniversary of the conquest was approaching in 1992, and various international bodies were planning events with indigenous groups to mark the solemn occasion. The particular historical moment of the late 1980s added special pressure for Salinas in his effort to rebrand Mexico as multicultural and the PRI as still capacious enough to absorb the demands of organized indigenous movements.

In 1990, at the II Congreso Nacional de Médicos Tradicionales which met at that historic site of American indigenismo, Pátzcuaro, Michoacán, traditional medicine doctors decided to form a National Council of Indigenous Traditional Medicine Doctors and elaborate a legal stance towards traditional medicine that foment an equitable and respectful relation between official and traditional medicine. Using the support of the INI to hold these meetings, traditional medicine doctor groups from around the country supported unified action, and some even supported legal integration – goals of the INI under Salinas. But they also modified the terms of their participation by arguing that the integration of traditional medicine into health laws did not have to be accompanied by an integration of traditional medicine doctors in state health institutions. To a certain extent, Salinas's attempts to drive traditional medicine doctors into official organizations replicated

Echeverría's strategy on indigenous congresses in the 1970s. Much like the indigenous delegates to those conferences, the doctors used their platforms in ways that made the Mexican government uncomfortable.

In August 1992 in Mexico City, the National Council of Indigenous Traditional Medicine Doctors had its second official and first inter-continental meeting with other traditional medicine doctors and groups from the Americas, the first of its kind. Addressing themselves to President Salinas, “gobiernos de Américas, pueblos indígenas, instituciones interesadas y público en general,” the first point of the Declaration of Mexico City addressed traditional medicine in relation to official health systems.⁶³⁴ “We, indigenous traditional medicine doctors, want our own spaces [...] that are part of a network of clinics, community pharmacies, botanical gardens, and areas for cultivating medicinal plants.” They wanted an “open door” (“puerta abierta”) at the clinics and hospitals of the broader health sector; a role in planning, execution, and evaluation of programs in indigenous regions, but all of this as equal collaborator, not subordinates. “As Traditional Doctors we want to remain organized and independent, at the same time coordinating with health institutions, supported by them, not as employees with less prestige but, on the contrary, with respectful and mutual support.”

The only government singled out in the Declaration, which addressed all governments in the Americas and was signed onto by groups from across the hemisphere, was the state government of Chiapas. Perhaps a signal of the OMIECH's prominence at the national and international level, the Mexico City Declaration addressed a 1990 health law that tried to integrate traditional medicine doctors as auxiliaries in Chiapas: “Efforts to

⁶³⁴ Pueblos y organizaciones de America, “Declaration of Mexico City,” August 15, 1992, Dirección. Proyectos. 1992. 53.0744., Archivo General de la Nación, 1.

integrate indigenous traditional medicine doctors as assistants, auxiliaries or conditional traditional doctors neglect our experience and knowledge, for which we reject initiatives like the health law from Chiapas.”⁶³⁵

One result of de la Madrid’s decentralization policy was that it gave state’s new power to legislate in the health of their citizens. While seeking to integrate them as inferiors, the Chiapas Health Law also forbade state employees, and presumably traditional medicine healers, to be members of any religious group. The vagueness of this particular rule in some cases led to violence against traditional medicine doctors by local officials.⁶³⁶ Referencing international law in human and indigenous rights (ILO 169) and the Mexican Constitution’s own promise to respect cultural pluralism, traditional medicine doctors denied Chiapas’s legal ability to legislate on traditional medicine without their consultation and involvement as independent partners.⁶³⁷ The doctors rejected the an integration which saw them as cost-effective plant and human resources. Traditional medicine doctors did not reject the principle of coordination as an autonomous, equal partner. When they rejected the bureaucratic developmentalist integration, the doctors asserted a different understanding of primary health care’s meaning than the one of neoliberal instrumentalization.

By the early 1990s, doctors’ groups had recognized the value of having allies in the state, such as the INI. Some of the OMIECH decisions in the early 1990s reflect an awareness that continuing to remain independent was tied to self-sufficiency and would depend on more than the state alone. OMIECH had been working on plans for a Center for

⁶³⁵ Pueblos y organizaciones de America, 2.

⁶³⁶ OMIECH, Comentarios al capítulo IV de la ley de salud del estado de Chiapas, entorno a la medicina tradicional – m. en c. Jaime tomas page pliego. Dr. Rafael Alarcón Lavín (CCTT jefe de sección de salud), 1992 1990, Dirección.Varios. 1993.66.0893, Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas, 14.

⁶³⁷ OMIECH, 6-12.

the Development of Maya Medicine since 1990.⁶³⁸ The proposal for the Center was sent to Luis Donaldo Colosio Murrieta, Secretary of Social Development and soon to be assassinated reformist PRI candidate for President, on 5 September 1992, a little less than a month after the pan-American Mexico City meeting. The Center for Maya Medicine was an expansion on the facility established in the lands donated by the INI, and it justified its expansion by pointing to the fact the fact that only 22.5% of Chiapanecos were covered by the public and private health sector.⁶³⁹ Traditional medicine doctors saw a role for themselves in serving the population's health needs, but independently from the health sector. "Taking into account the levels of morbidity and mortality in our region – accentuated by the economic, political, and social crisis – health is a priority; one factor which could contribute to filling this need are indigenous doctors, health promoters, health institutions and the development of the indigenous population."⁶⁴⁰ The Centre aimed to strengthen indigenous medical culture by research, teaching, processing medicinal plants into usable forms, and providing clinical spaces for traditional medicine doctors. The agenda was outward looking to the general population and health system, but was based on the autonomy and control of traditional medicine by the OMIECH. The Center was programmed to have an area as well for commercialization of plants (sales) as well as a section for midwives.⁶⁴¹ Included in the budget was a special section for a phytochemical laboratory.⁶⁴² With the laboratory, the OMIECH aimed to "propel the medicine practiced

⁶³⁸ Organización de Médicos Indígenas del Estado de Chiapas, A. C., "Proyecto: Construcción-Equipamiento Y Funcionamiento Del Centro de Desarrollo de La Medicina Maya, 1993-1998," September 5, 1992, Dirección. Proyectos. 1992. 53.0744., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas, 2.

⁶³⁹ Organización de Médicos Indígenas del Estado de Chiapas, A. C, 3.

⁶⁴⁰ Organización de Médicos Indígenas del Estado de Chiapas, A. C, 3-4.

⁶⁴¹ Organización de Médicos Indígenas del Estado de Chiapas, A. C, 8.

⁶⁴² Organización de Médicos Indígenas del Estado de Chiapas, A. C, "Justification."

by indigenous communities by upholding its scientific validity, and promoting the development of their own technology directed to solving actual problems.”⁶⁴³ The goal for the Center was to be self-sufficient by the year 2000.⁶⁴⁴ The goal of universal primary care had become the goal of self-sufficiency for an NGO.

INI had been good for funding national and international meetings that were also in its own interest, but the OMIECH required economic self-sufficiency to maintain the structure of an NGO, to carry out projects, and to support employees. The Center, which would also sell products and charge entry to the museum, was one way to make ends meet. The National Council (CONAMIT) saw the production and commercialization of medicinal plants under doctor control as part of both research and funding objectives. In the years leading up to 1994, CONAMIT and the INI prepared a proposal for a national program, run by traditional medicine doctors, that would allow CONAMIT itself to carry out other projects. Known as the Programa de Promoción y Producción Herbolaria (PROHERB), the proposal for PROHERB spoke directly to the issue of funding projects in the 1990s. “Traditional medicine is beginning to be recognized in fact if not by right by the National Health System. Despite these advances, the great majority of [traditional medicine organizations] possess a weak economic base, with leads them to depend substantially on external funding, state or philanthropic.”⁶⁴⁵ To counter this, CONAMT and the Subdirección de Salud y Bienestar Social del INI “have been exploring alternatives for the self management of organizations that will permit them in the medium term to carry out

⁶⁴³ Organización de Médicos Indígenas del Estado de Chiapas, A. C.

⁶⁴⁴ Organización de Médicos Indígenas del Estado de Chiapas, A. C, 9.

⁶⁴⁵ Organización de Médicos Indígenas del Estado de Chiapas, A. C. and Instituto Nacional Indigenista (Mexico), “Programa de Promoción y Producción Herbolaria,” 1992, Dirección. Proyectos. 1992. 53.0744., Archive of the Tzeltal-Tzotzil Coordinating Center, San Cristóbal, Chiapas, 1.

their projects.” As far as I can tell, PROHERB, which indeed might have put traditional medicine organizations on a more regular funding stream, never got off the ground.

The Center for Developing Maya Traditional Medicine currently exists (and can be visited) in San Cristóbal. The Women and Midwives Section partnered with OMIECH in the early 1990s, and possess a separate area of the Center dedicated to midwives and the birth process. With some exceptions, the proliferation of traditional medicine doctor organizations from the late 1980s is no longer as prominent as in the early 1990s.⁶⁴⁶ Currently, a constellation of state and non-state actors involved in projects, very few of which have endured as long as the Centro de Desarrollo de Medicina Maya.

* * *

One of the ones which has endured, founded in Tuxpan, Jalisco in 1995, belongs to the first indigenous women who sought to run for Mexican president. In 2018, María de Jesús Patricio Martínez, popularly known as Marichuy, represented the National Indigenous Congress (CNI) as its spokesperson (vocera). A traditional healer from Jalisco, Marichuy has been involved in indigenous politics since attending a meeting with Zapatistas in Chiapas in 1994; she opened her health center the following year. Through her clinic and pharmacy, she became well known regionally while attending national indigenous meetings throughout the 1990s and 2000s. During her run to get on the ballot, Marichuy presented a political vision rooted in rejecting capitalism and ending the exploitation of indigenous territories, but only received about one-third (around 300, 000) of the necessary signature to run as an independent. According to Juan Villoro, she had “already had to achieve

⁶⁴⁶ There are a few projects on intercultural health hospitals in the country and research centers in herbolaria, with varying degrees of doctor involvement and control. See Eduardo Luiz Menéndez, “Salud intercultural: propuestas, acciones y fracasos,” *Ciência & Saúde Coletiva* 21 (January 2016): 109–18.

something even more difficult, unifying indigenous communities around a common objective (“debía lograr antes algo más difícil: unir a las comunidades en objetivos communes”).⁶⁴⁷

Marichuy’s efforts to organize between indigenous communities and the Mexican left were made more difficult by the candidacy of established “outsider” candidate for Movimiento Regeneración Nacional, Andrés Manuel López Obrador (AMLO), who ended up winning. AMLO, a former indigenista employee from the 1970s and mayor of Mexico City, has thrown his support behind the Tren Maya, a tourist development project in southeastern Mexico. Within a broader regional development plan for southern Mexico connecting Cancun and Chiapas and based on oil refineries and tourism, traditional medicine continues to play the role of untapped resource, but not for a health system crippled by decades of neoliberal reforms. The official Tren Maya plan promotes inviting international pharmaceutical companies to “partner” with indigenous doctors.⁶⁴⁸

In 2019, summing up what she learned from the experience of running for President, vocera Marichuy said, “I was chosen to speak, to show that indigenous pueblos are here, that we continue to exist and we continue to have problems. We need to organize ourselves from below and from the left. There is no other way. Together we will help finish this system” (“A mí me tocó hablar, mostrar que los pueblos estaban ahí, que seguían existiendo

⁶⁴⁷ Juan Villoro, “Prohibido votar por una indígena,” *The New York Times*, February 24, 2018, sec. en Español, <https://www.nytimes.com/es/2018/02/24/espanol/opinion/opinion-villoro-marichuy.html>. Villoro also explains that the process for running as an independent set such a high bar that it was more like a “Plan B” for candidates from the main parties.

⁶⁴⁸ Flores Adrián, Deniau Yannick y Prieto Sergio. 2019. *El Tren Maya. Un nuevo proyecto de articulación territorial en la Península de Yucatán*. México: GeoComunes / Consejo Civil Mexicano para la Silvicultura Sostenible.

y teniendo problemas. También, decir que debíamos organizarnos desde abajo y a la izquierda. No hay otra manera. Juntos debemos ir acabando con este sistema”).⁶⁴⁹

⁶⁴⁹ Jorge Morla, “Marichuy: ‘De los indígenas, al Gobierno mexicano solo le interesa el folclore,’” *El País*, October 13, 2019, sec. Internacional, https://elpais.com/internacional/2019/10/12/actualidad/1570904742_707998.html.

Conclusion - 1994 and the (de)Institutionalization of Indigenous Intermediaries

What role does indigenous knowledge play in indigenous integration and national development? The end of acculturation in the 1970s did not signify a “replacement” of acculturation by a homogenous multiculturalism. As the last chapter shows, the 1980s and 1990s were marked by both pluralism, and polarization, between a hard-line integration approach promoted by the SSA and an autonomist, symbiotic approach to relating the two health systems, represented by the OMIECH. Ultimately, though, the dream of incorporating traditional medicine into a universal health system narrowed into a dream of individual self-sufficiency for NGOs while the battle over labor integration continued to affect relations between local and national NGOs and the Mexican state. Perhaps what is most notable in this new era is the lack of indigenous intermediaries from within the state. In the 1970s, the INI on the ground showed itself able to adapt to working with new indigenous doctor NGOs. Its bilingual promoters, within the limits of their position, steered a course away from acculturation and gave concrete, material assistance to the OMIECH in its early years. But the INI no longer plays a central role in health for indigenous peoples in Chiapas.

In 1994, the INI shipwrecked. On 1 January, Zapatista and indigenous allies took over San Cristóbal and other parts of the highlands, declaring the Mexican government’s neoliberal agenda as illegitimate and essentially kicking out of operating in its historic zone of operations. At a time when most leftist guerilla movements around in Latin America had laid down arms and some were saying that US capitalist triumph of the Soviets meant the end of history, Zapatismo, linking anti-globalization activists in Seattle to the indigenous struggles for territory and autonomy in Latin America, marking a birth of resistance to

neoliberalism as well as the resuscitation and transformation of analyses of global capitalism that had fallen out of favor among Third World state during the 1980s. The laboratory of indigenous development became the laboratory of that project's total undoing, including its denials of indigenous territorial and cultural sovereignty.

Neoliberal reforms under Salinas had opened a wound in the Mexican mosaic, showing how hollow its respect for plurality and autonomy was during a time when the pitiful safety net was disappearing. Salinas made key reforms to the collective land arrangement ejido and the North American Free Trade Agreement that truly ushered rural Mexico into neoliberalism after a decade of cutbacks on its health system. The Zapatistas were correct in predicting the devastating effects of privatization and free trade on indigenous people. When the Mexican state finally agreed to negotiate with the Zapatista and indigenous communities, the Mexican government still has not fulfilled on most of what it agreed to, including constitutionalizing the autonomy of indigenous pueblos.

The INI's Director under President Salinas in the early 1990s, Arturo Warman, had been a leading critic of official indigenous in the early 1970s. He even edited the collection *De Eso que llaman antropología* which called the INI's assimilation colonialist. Under Salinas, Warman was also in charge of agrarian reform, and opened the door to privatizing ejido-held lands, one of the few pieces of the revolutionary legacy that still held across the nation. The strands of opposition within Mexican anthropology that opposed the INI in the early 1970s, and had been somewhat successful in changing its course under López Portillo, had borne fruit in an incoherent and increasingly irrelevant institution by the early 1990s. Or at least this is the story of the INI as it is often told, gazing at its main "intellectuals" in Mexico City. But this study has argued for the need to pluralize our intellectual histories of the INI, showing its internal tensions and paradoxes. The growth of

OMIECH demonstrates the unconditional support by local INI promotores, with or without the support of Mexico City leadership.

The INI was always quixotic. It punched far above its weight as a state institution because it invoked a theory of national identity and development that it also sought to put into practice, but it was never huge. Its key theoretical characteristic was that theory developed in the context of practice, and that practice occurred within the broad development goals of a Coordinating Center that depended totally on local staff and a national directorate that was more sensitive to political winds and criticism in Mexico City. It is necessary for historians of indigenismo to look to the regions of indigenismo in order to understand how nation formation efforts materialized in a variety of domains as a result of state agencies like the INI.⁶⁵⁰ The key actors in these everyday acts of state formation were frequently the kinds of promotores de salud. Despite a docile national leadership, the INI on the ground had been linked in its personnel to supporting the Zapatista insurgency. INI health promotores had actually been part of the takeover on 1 January 1994.⁶⁵¹ The same promotores had been some of the most militant members of doctor organizing in the early 1990s as well.⁶⁵² Particular practices that originated in interculturalidad, like the botanical gardens, have endured well past the INI. In Zapatista communities, botanical gardens attached to health centers are common, and patients needing more specialized care are allowed to travel to state hospitals.⁶⁵³

⁶⁵⁰ Paula López Caballero, “Domesticating Social Taxonomies: Local and National Identifications as Seen Through Susan Drucker’s Anthropological Fieldwork in Jamiltepec, Oaxaca, Mexico, 1957–1963,” *Hispanic American Historical Review* 100, no. 2 (May 1, 2020): 285–321, <https://doi.org/10.1215/00182168-8178222>.

⁶⁵¹ Cuevas, JH, “Salud y Autonomía: El Caso Chiapas,” 3.

⁶⁵² Page Pliego, *Política sanitaria dirigida a los pueblos indígenas de México y Chiapas, 1857-1995*. 54.

⁶⁵³ Cuevas, JH, “Salud y Autonomía: El Caso Chiapas,” 5.

The local story of the INI exceeds our assumptions about its limits and decline during after acculturation. The work of local INI staff in organizing traditional medicine doctors and staffing Zapatista clinics shows how the local face of the institution always relied on dynamics that escaped the control and vision of the management or principle “theorists.” Within the INI, ethnicity, gender, and language had been long recognized as essential to completing the practical development agenda of coordinating centers. From the late 1970s on, promotores fought for labor rights within the INI, and in the next decade, they took the lead in organizing talks between traditional medicine doctors across the state. While official multiculturalism concentrated on asserting the value of indigenous culture as an untapped area of expertise for their own development, promotores on the ground also saw establishing relations with traditional medicine doctors as key to an expanded, not diminished state health system.

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