

## 2. TRADITIONAL HEALING IN THE PROJECT AREA.

Despite the presence of a Health Center in Meilleur, the population continues to rely heavily on various types of folk healers. Though precise information is lacking, it is clear that many illness episodes entail visits to both modern sector and traditional health care specialists. It is not known for certain whether the frequency of visits to modern sector personnel has become greater than the utilization of traditional healers in the region of the project. Because of the presence of exceptionally advanced health facilities, and an apparently exceptional level of material well being in the community, Meilleur is probably an atypical community in this regard. In most rural communities in Haiti, it is without question that those illness episodes involving paid visits to a healing specialist in their majority involve consultation with a traditional healer rather than with a modern physician or health auxiliary. For this reason an understanding of the structure and dynamics of the traditional healing system is of great programmatic relevance.

The system which the author witnessed briefly in Meilleur, though differing in many details from the healing system which he had observed in other parts of Haiti, nonetheless shared certain basic features in common with the healing system that has been reported in other parts of Haiti. There are two features which appear to be of particular relevance to the Projet Intégré and to the proposed project involving traditional healers.

In the first place there is a sharp distinction made by the people between natural healers and supernatural healers. Not all healers deal with spirits; most of them in fact do not. Most traditional healers use a variety of purely natural techniques, involving injections, massaging, herb baths, potions, and the like, to heal illness. That is, the utilization of most of the folk healers does not entail or imply a religious commitment

of any sort on the part of the patient. The distinction between natural healers and supernatural healers will be an important one when it comes to choosing folk healers for possible training. The manner in which this variable may best be handled will be discussed below.

A second important feature of the traditional medical system is the impressive specialization of healing roles which is adhered to by the practitioners and supported by the population. Even within the broad categories of natural and supernatural healers, there are subspecializations. People go to one type of healer when they cut themselves, to another type of healer when they break a bone, and to yet another type of healer when a woman, for example, is unable to become pregnant (or, rather, has a child trapped in her womb, as the local diagnosis usually states). Occasionally a healer will straddle two roles--but then he specifically presents himself as a combined healer. That is, the specialized roles are recognized and adhered to in the community, and each type of healer is given a different name.

This specialization, and the abundance of folk healers, makes Haiti somewhat unusual in New World perspective. This feature of the folk medical system of Haiti calls for a different type of approach to folk healers than would be needed in a setting where the role of folk healers is less clearly defined. These matters also will be discussed in greater detail below.

There are four types of healers who are particularly important in the project region. It will be useful to discuss each of them briefly, as they will be the healers approached for collaboration with the public delivery system.

## 2.1 The Chalatan

The healer who is perhaps the most active competitor of modern doctors, but who is perhaps the greatest potential ally, is the community injectionist who administers a wide variety of injections. He is occasionally referred to in Creole as a chalatan, though this word harbors none of the pejorative connotations implied by the English word charlatan. The word chalatan, however, does not appear to be used frequently by the rural inhabitants. When speaking about this individual, they tend to call him moun ki bay piki; when speaking to him, they will frequently call him doktè or dok.

As far as could be determined, the chalatan generally tends to be a male who has his own syringe and who has generally learned his trade from a relative or from an itinerant, visiting physician (such as a missionary). The chalatan virtually never earns his entire livelihood from this activity. Most of them, rather, are cultivators who give injections as a minor sideline.

Unlike other healers to be discussed below, who frequently claim to have learned their craft during dreams, and who call upon God, saints, and other spirits for at least some of their activities, the chalatan is a truly natural healer. In the research region he tends to restrict his activities to three types of cases: injections administered after bandaging wounds (blèsé), injections against boils (bouton), injections prescribed by the Health Center or other physician. In times past the chalatan would have his own supply of injections which he sold to patients. Though some still keep penicillin and other injections in their homes, more and more the chalatan in the project region is turning into the extension of the modern physician, being called on most frequently to administer injections prescribed by the doctor, rather than independently prescribing injections on his own.

## 2.2 The Granny Midwife.

Deliveries in the rural areas have traditionally been handled by older women who have built up a local reputation as midwives. They are generally called fam saj (or fam chay); in the project region the word matronn has been introduced into local vocabulary, though people tend to apply this label only to fam saj who have been trained (fonmé) at the Health Center.

The midwife's role traditionally centers around the delivery of children. But she is rightfully treated as a healer, because patients resort to her for other problems as well. She furthermore tends to be a natural healer. Animistic elements generally do not intrude into her diagnosis of what is wrong with the patient. It is true that all of the midwives interviewed claimed to have learned their craft during dreams, and one midwife maintained that the guiding presence of her defunct mother aided her in making each delivery. Midwives will also call upon God at the beginning of deliveries. But there is generally no belief that spirits have actively intervened to produce an illness handled by the midwife. Such illnesses are referred elsewhere.

Her major technique--both diagnostic and therapeutic--is the vigorous massage (raléman). Massaging is frequently done with the aid of local ointments. A very frequent illness which midwives were reported to handle in the project region is perdition (pèdisyon). Many women who would be diagnosed as sterile or subfecund by a modern physician are believed to have a tiny child trapped in their womb. The woman is diagnosed as having an open waist (tay) which prevents the embryo from developing. By massaging and the application of external pressure, the midwife closes the gap and presumably permits the embryo to develop normally.

Many midwives in the project area have been given training in modern delivery techniques and have been supplied with sterile delivery materials. Because the dynamics of this program will likely be repeated when other types of healers are approached, the midwife training program will be given separate attention below.

### 2.3 The Leaf Doctor.

There is a great variety of herb remedies that is used in the treatment of illness in rural Haiti. Many people suspect that chak fèy sé rémèd--every leaf has some medicinal properties. But only a few individuals have the ability to recognize and apply these medicines. Such individuals become mèdsin fèy, literally "leaf doctors."

In contrast to what the author had seen in the Cul-de-Sac Plain, the mèdsin fèy still plays a very important role in the region of the Projet Intégré. People continue to go to him with great frequency. It is not known to what degree he is preferred over modern doctors. There is a belief that certain illnesses can be handled more effectively by the mèdsin fèy, though during interviews these individuals were rather self effacing in comparing their own skills to those of modern physicians.

With surprising frequency it was stated that the mèdsin fèy is skilled in the treatment of tuberculosis. Informants were cautious to say, however, that in serious cases the patient was sent directly to a modern physician. Broken bones are another area of specialization. Most mèdsin fèy appear to be bone setters. Though some do not do this, the setting of bones (maré zo) is not a separate healing role but is generally part of the repertoire of the mèdsin fèy.

Most important, however, is the skill which the m̀̀dsin f̀̀y manifests in the treatment of a malady referred to locally as a foulay. Viewed as a type of internal "sprain," the more serious cases of foulay are believed to occur below the shoulders but above the hips. It appears that a large number of pathologies are interpreted as foulay and are treated accordingly. The craft of the m̀̀dsin f̀̀y is best seen as a sequence of activities involving supply, diagnosis, and actual healing.

To heal a foulay and other maladies, the m̀̀dsin f̀̀y supplies himself with various herbs. Not only must he know the names and uses of the herbs, however. In addition, at the moment of gathering them (kasé f̀̀y) he must commend himself to God and a number of Saints. It is believed that herbs gathered without such invocations will be ineffective, or less effective, in healing illness.

The m̀̀dsin f̀̀y appears generally to have a ready supply of these leaves to prepare for the arrival of patients. When a patient appears, the m̀̀dsin f̀̀y will generally insist on treating the illness in the patient's house. Efforts are usually made to avoid the appearance of giving formal consultations, and above all to avoid having a patient die in the m̀̀dsin f̀̀y's own house.

Diagnosis is generally made by first examining the patient's fingernails, and on occasion the toenails as well. Informants expressed a theory of the human body in which one's "veins" are all construed as leading to and terminating in one's fingernails. The skilled m̀̀dsin f̀̀y need only stand a person in front of him and examine the nails to glean an idea of the part of the patient's body that is ailing.

In this light it appears to be common practice for patients to refrain

from describing their ailments to the mèdsin fèy. A skilled practitioner is supposed to diagnose the ailment without verbal assistance from the patient. (It is quite likely that the reported reluctance of patients to describe their symptoms to modern physicians, or to give different symptoms from the ones they actually feel, may on many occasions be done for precisely this reason.)

Different ailments will call for different remedies. In the case of the foulay, massaging will be done as the first therapeutic step. Soap, bitter orange, and other substances will be used. Massaging will be followed by the delivery of leaf packets (pakèt fèy) for the making of teas. In many cases the mèdsin fèy will prepare a bottled potion called a tizann. The prevailing theory is that the massaging of the body breaks up the internal blood clot caused by the foulay, the massaging of the fingernails in a downward direction gets the blood circulating again, and the drinking of the teas and the tizann dissolves the clot once and for all, causing it to descend and be ejected in the patient's urine.

In all of these diagnoses and treatment, the mèdsin fèy is relying strictly on naturalistic concepts. Though animism and magic enter into his original calling--most mèdsin fèy will probably be found to have entered their profession during visions seen while they themselves were seriously ill--and though they call on God and other spirits when cutting leaves and when beginning treatment, nonetheless they will not handle any illness in which evil or mischievous spirits are viewed as being the cause. When such forces are suspected, the patient will resort rather to the fourth major healer type, the gangan.

#### 2.4 The Gangan.

Illnesses that are caused by natural forces will frequently be referred to as maladi Bon-Dyé, or maladi doktè. The illnesses treated by the three specialists mentioned above are all of this type, despite the quasi-religious nature of the calling of the fam saj and the mèdsin fèy. But in rural Haiti very many illnesses are believed to be caused by lower order spirits of one sort or another. Patients who accept the possibility that their illness has such a spiritual or preternatural origin and who participate in the various diagnostic and healing rituals locally prescribed for such illnesses are generally individuals who are involved in the cult referred to usually as voodoo (or vodoun).

Though figures are not available, the author found more than six out of ten households to be open practitioners of this cult in the Cul-de-Sac Plain. In the community of Meilleur, the cult is also prevalent, though more in an underground fashion (an kachèt). The exceptional amount of external aid that has come into this community has in part been associated with religious programs of one sort or another, and leadership in the utilization of these funds has been contingent on an individual's public renunciation of voodoo rites. This has created a climate where individuals are reluctant, ashamed, and perhaps in some cases even afraid to admit to adherence to the folk-cult. Community leaders were openly boastful about how voodoo was on the retreat in this community, creating a climate of general denial of the cult and forcing voodoo somewhat underground.

Such a situation is generally atypical for Haiti. Voodoo rituals are probably enacted by most rural households, principally in matters of illness. In fact most funds spent by peasant families on such rites would probably be found to be spent precisely in the diagnosis and healing of



illness, making of voodoo in its essence a type of folk-healing system. The major source of income for the shamans is clearly healing, and even rites which have no ostensible healing component to them will often be undertaken as preliminaries or grand finales to extended ceremonies that were motivated by a family illness or illnesses. Because of its emphasis on healing, and because of its continuing prevalence, the theories and rites of voodoo should be objectively and dispassionately understood by modern medicine personnel, whatever personal distaste they may have come to feel for the cult.

The three major sources of supernaturally caused illness are the lwa, the vampires (lougarou), and ghosts (mò) which possess people. The lwa are inherited spirits who are generally construed as one's personal ancestors. One inherits spirits from both "branches," maternal as well as paternal, and each branch has a variety of lwa. In addition to the major nations of spirits--the gentle Rada lwa and the more violent Petro lwa--each nation has individually named lwa, such as Ogoun, Bosou, Legba, and others. In case of children's illness, in contrast, resort is frequently made to the construct of the lougarou, a creature that poses as a neighbor or relative in the day, but sucks the blood of children at night. In addition many illnesses are caused in adults by an enemy sending a ghost (mò) to possess the person.

It is seen as being beyond the individual's ken to diagnose the cause of an illness--but an accurate diagnosis is necessary, in order to prescribe the appropriate ritual. It is here that the shaman comes in. Generally referred to as houngan in the literature, and occasionally called bòkò as well, he was generally labelled gangan in the project area. Using a number of techniques, he diagnoses and heals the particular illness.

For purposes of public health programs, it is extremely important to distinguish between famous and powerful gangan whose cult centers attract

patients from distant regions of Haiti and even from overseas, from smaller local gangan. The vast majority of healing rituals in any community will be performed by the latter type.

The four healer types listed above constitute the major specialized healing roles that emerged in the project region. As was mentioned earlier, an individual may straddle two roles, but is then described as being a dual healer. It is the mèdsin fèy role which appears most frequently to be taken on as a sideline by both fam saj and gangan. Other roles tend not to be mixed. It is rare for a mèdsin fèy to give injections. And it is even rarer for a fam saj to function as a shaman, though many shamans are female (and are called manbo rather than gangan), and a few fam saj are males. The shaman and midwife roles, however, rarely appear to be mixed in the same individual.

In summary fashion the preceding paragraphs encapsulate the major features of the folk medical system that must be taken into account by the public sector as it attempts to implement a pilot program that will narrow the gap between these traditional healers and modern sector healing personnel. Discussion will now turn to the design of a model for approaching and training these individuals. Since the research proposed here will be addressed to the pilot program, it is more convenient to discuss the latter before the former.