Dissident Women

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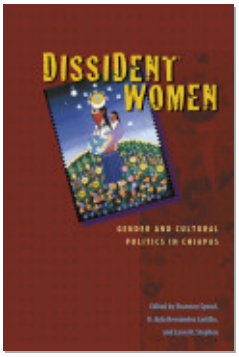

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AUTONOMY AND A HANDFUL OF HERBS

Contesting Gender and Ethnic Identities through Healing

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This chapter is dedicated to Compañera Guadalupe of Altamirano, Chiapas. Lupe was a tireless health promoter and community organizer who died in 2003 of uterine cancer, which went undetected until too late.

The struggle of the Zapatista National Liberation Army (EZLN) has been notable for the large number of indigenous women in leadership roles and its continued discursive commitment to gender equity. Although there has been considerable debate about what this commitment has meant in terms of actual change in gender relations and practices on the ground, it is undeniable that moves toward gender equity have been made and that they are frequently tied to contestations surrounding ethnicity and class. On March 28, 2001, Comandanta Esther became not only the first member of the EZLN but also the first indigenous woman to address the Mexican Congress. This chapter analyzes these changes in gender relations and practices through an ethnographic consideration of a women's herbal medicine training project in a *municipio autónomo,* or autonomous township, of the area known as the Cañadas, the canyons leading to the Lacandon jungle. The EZLN announced the formation of these autonomous townships at the end of 1994, and approximately thirty-three exist to date. I focus on how this health work has empowered Zapatista women to confront and renegotiate gender, ethnic, and class relations within their families, communities, and region—processes that are not without personal consequences. I show how this health work relates to the Zapatista movement's larger goals, the demands for rights and resources in the context of Mexico's neoliberal reforms and state decentralization.[1]

In this chapter I use the term "ethnicity," which has been most commonly associated in Latin America with indigenous peoples, rather than "race," which usually denotes peoples of African descent; however, I employ the term "racism" when describing discrimination based on ethnic status.[2] The conceptual relationships between the terms "ethnicity" and "race," as well as the place of indigenous peoples and Afro-descent peoples in the nation, have not received much attention or analysis in Mexico.

This chapter is based on data and interviews collected between 1997 and 2001 and in 2003 for a project, proposed by township authorities in late 1996, investigating the feasibility of a health program focused on medicinal plants, with community women as the participants. I worked as an adviser on this project for three and a half years. For the first two years, I collaborated with a Mexican colleague, who worked independently of her job at the nongovernmental organization (NGO) Chiltak, based in San Cristóbal de las Casas. After the first year, my colleague returned full-time to Chiltak, dedicating herself to women's reproductive health. Many civil society and solidarity volunteers assisted the project over the years; two Basque women in particular volunteered for extended periods. The resulting program and courses were coordinated closely with regional authorities and the participants and their communities.

The women who participated in this project, called *promotoras de salud* (lay health workers/promoters), began a process of recuperating local medical knowledge as part of a movement toward community self-sufficiency. They characterize themselves as healers who are working collectively and using local natural resources in service to their communities. The valorization of this work by the autonomous township has strengthened indigenous identities through a link to "ancestral knowledge" and cultural practices. Community members describe how these important knowledges and practices fell into disuse (*se perdió*) when they migrated to new ecological regions in search of land and as a result of their overreliance on government health programs. This process implies a critique of the local hegemony of Western medicine, viewed both as a necessity and as a symbol of the mistreatment and oppression of indigenous and poor peoples.

I do not examine the specific local medical practices of the *promotoras* in this zone, although those practices are significant in the context of current debates about biopiracy, traditional medicine, and authenticity. Instead, I focus on women's participation in this project as a transformative process that contributed to the strengthening of women's organizing and altered relations of power at the local and regional levels.

This health work responds directly to the larger goals of the Zapatista movement for indigenous rights and autonomy. In the EZLN's Declaration of War in 1994, health care was one of the main demands. The declaration, written by Subcomandante Marcos in 1992 and published in January 1994 under the title "Chiapas: The Southeast in Two Winds," states:

> Government agencies made some horrifying statistics known: in Chiapas 14,500 people die every year, the highest mortality rate in the country. The causes? Curable diseases such as respiratory infections, enteritis, parasites, amoebas, malaria, salmonella, scabies, dengue, pulmonary tuberculosis, trachoma, typhus, cholera, and measles. Many say that this figure is actually over 15,000 because deaths in the marginalized zones, the majority of the state, are not reported. (Marcos and Ponce de León 2001:31)

"THE MOST VULNERABLE CHILDREN OF THE STATE": MODERNIZATION AND NEOLIBERAL REFORMS

Marcos's statement, meant to show the depths of government disregard, captures the abysmal state of health care in Chiapas. Although statistics vary from source to source, the general situation in Chiapas is alarming. The rate of maternal mortality is 15 to 18 deaths per 10,000 women in the Selva (greater Lacandon jungle) region. In the central and coastal parts of the state, areas with a small indigenous population, the rate is only 3 for every 10,000 women. The rate of infant mortality is 37.6 for every 1,000 births in the Selva region, with prebirth infections and gastrointestinal diseases the leading causes (Tuñon Pablos, Rojas Wiesner, and Sánchez Ramírez 1998). In areas with high indigenous populations, there are elevated incidences of digestive and respiratory illnesses. These preventable and curable diseases are the leading causes of death, despite decades of official policies and programs aimed at improving the health of the indigenous peoples of Chiapas.

During the presidency of Lázaro Cárdenas in the 1930s, fostering an *estado de bienestar* (state of well-being) became a national project. This initiative was coupled with another national project—the targeting of indigenous groups in Mexico for assimilation. The Instituto Nacional Indigenista's (National Indigenist Institute, INI) health program began in highland Chiapas in 1951 with the intention of "bringing the

benefits of modern medicine to the indigenous" (Holland 1963:211).[3] This health program, part of a larger INI project, exposes federal efforts that used improvement in health as a hook to assimilate indigenous peoples to mestizo modernity. The concept of *mestizaje,* or race mixing, was critical to the construction of a postrevolution unitary Mexican national identity (see Brading 1973; Gamio 1916; Hewitt de Alcántara 1984).

Highland communities and state government officials[4] initially were opposed the INI project, but its eventual acceptance assured replication in other parts of the state. INI staff efforts to bring locals into their teams accelerated the project's success. However, the aim of this collaboration was not to share medical practices but to aid in the process of assimilation. "The [indigenous] medical promoter plays an important intercultural role in the contact between indigenous patients and the INI doctors, in that the position of the former is to interpret the concepts of one cultural system in those of the other" (Holland 1963:223). INI doctors characterized most local healers, or *curanderos,* as operating in the magico-religious realm and thus as charlatans.

That the INI health program began in Chiapas is not a surprise; the state fulfilled a key role in nurturing the image of the indigenous Other in the national imagination. The two defining historical political elements in Chiapas were paternalism and patriarchy. In the 1970s politicians publicly referred to indigenous groups as the "most vulnerable children of the state" (París Pombo 1993:106). Treated as children (and as the failed objects of modernization), the population was deemed by the majority of physicians as responsible for their own ill health because of their ignorance. Emphasis was placed on the importance of education and prevention programs, and the socioeconomic conditions were overlooked. In the 1970s and 1980s, government programs took an intercultural turn, building on the work of the INI and leading to a program of "parallel medicine" that incorporated traditional medicine and plant medicine (Freyermuth Enciso 1993:79–85).

This turn to parallel medicine dovetails with the neoliberal reforms that accompanied Mexico's economic crisis in the early 1980s. It is also part of a broader pairing of neoliberalism and multiculturalism. Over the past few decades, these reforms have ushered in processes of decentralization, with an emphasis on civil society associations, citizen participation, and the increased presence of multilateral organizations. In terms of health, these changes translated into a displacement of state responsibility for health care onto individuals or groups, with an attendant drop in economic resources available for these services. A drive to modernize the institutions of the Cárdenas era by privatizing

services accompanied this displacement (López Arellano and Blanco Gil 1993:25–26).

In the 1990s, these reforms were augmented by a policy of self-help that emphasized individual responsibility for health (López Arellano and Blanco Gil:67). A faith in modernity and progress as cures to all social ills lingers behind these policies; the decentralization of services is championed as the democratization of health care. Dr. Jaime Page Pliego notes:

> What has been said is concretized: on the one hand, in the actions that are directed at the urban and rural marginalized, [toward] mainly self-help and individual and family responsibility in health and the prevention of illness; and on the other, in terms of finances, as year after year they [the federal government] reduce the economic resources for the operation of government and parastate health institutions. Both measures result in the deterioration of the quality of medical attention. (2000:183–184)

Cloaked in a discourse that celebrates indigenous culture, local indigenous healers are a crucial element in the official neoliberal strategy. "The ethnic pluralism of the eighties was curiously like an escape valve in the face of the budgetary pressures of the assistential programs" (París Pombo 200:114). Thus, these programs simultaneously moved the risks and responsibilities of health to local sites and promoted resource-empty multiculturalism.

In this move to decentralization, indigenous women were frequently characterized as the most vulnerable sector. As Nahela Becerril Albarrán and colleagues (2000:369) state, "According to development theory, the woman represents a wasted human resource that should be 'integrated' into production and the market." Indigenous women were also regarded as the most culturally distinct and "backward" of the nation, and as hindrances to progress. Many governmental anti-poverty assistance programs, such as Programa Nacional de Solidaridad (PRONASOL), Programa de Educación, Salud y Alimentación (PROGRESA), and, most recently, Oportunidades, focus on women as their target population. Indeed, the members of the family who are selected to participate in Oportunidades[5] and receive compensation are generally the mothers, "in order to strengthen their position in the family and community."[6] There is a built-in oversight mechanism with a list of conditions for "recertification," a prerequisite for women's continuing participation. Women are required to complete a series of tasks and to maintain certain standards in the home in areas such as hygiene and child care. The overseers are

volunteers, other poor women from the same communities or neighborhoods. This is one of the ways in which the program undermines women's solidarity.

In Chiapas, where rhetoric of the family dominated official political ideology, these programs could be characterized as fulfilling a social welfare mission. However, as París Pombo (1993:103) notes, paternalism and patriarchy "translate into a devaluation of some sociopolitical actors—in particular, Indians and women—contributing to the creation of situations of marginalization and discrimination." In the end, these programs reinforce the socioeconomic inequalities they intend to improve. Rather than focus on and change the underlying reasons for the marginalization and extreme poverty of certain communities in Mexico, the programs imagine individual solutions that still create dependencies and undermine collective social relations.

MIGRATION, AGITATION, AND THE EMERGENCE OF INDIGENOUS MOVEMENTS

The medicinal plant health project took place in the Cañadas, one of the most marginalized regions of Mexico whose historical trajectory has been different from that of the highlands. It is also the region where the EZLN began to organize. In the 1950s, looking for arable land or work on plantations, people from the central highlands and nearby towns, such as Comitán and Altamirano, began to settle in the sparsely populated Cañadas. There was a second wave of migration in the 1960s and 1970s spurred by a nationwide government program that brought mestizos to settle the jungle (De Vos 2000). Families indeed were able to gain land and resources. However, the new settlements also precipitated transformations in community and family structures, including the nature of gendered work as women worked side-by-side with men to clear land and establish their new communities (Garza Caligaris et al. 1993; Leyva Solano and Franco 1996).

These changes served families well after the Zapatista uprising. The Zapatistas took over former plantation and ranch lands, formed Nuevo Centros de Población (New Population Centers), and began rebuilding their lives. The Cañadas area was home to the largest number of *tierras recuperadas,* or "recovered" lands. The newly constructed communities were exclusively Zapatista, although not necessarily composed of people from the same community of origin or ethnic group. For example, the residents of one large community near the town of Altamirano were

Tzeltal and Tojola'bal-speaking peoples from five communities and *ejidos*. Several of the new communities built on recovered lands in the Patihuitz canyon became home to Tzotzil highlander refugees after the Acteal massacre.[7]

Significant shifts in the Catholic Church ran parallel to the process of migration. In the 1960s the diocese of San Cristóbal, under the leadership of Bishop Samuel Ruiz, began to develop a local form of Catholicism influenced by liberation theology and indigenous traditions. The church began to ordain indigenous catechists. Married men's ordainments were often joint appointments, with their wives also agreeing to serve. Later, the Diocesan Council of Women (CODIMUJ) and the Palabra de Dios (Word of God) organized individual women. This evangelizing work was highly successful in the Cañadas, often complementing other organizing around agrarian issues. Women from a variety of rural and urban areas participated in these groups and learned skills such as public speaking, reading, writing, and mathematics.

Migration coupled with the government's assimilationist policies aided in the transformation of the migrants into campesinos (peasants), stripped of their ethnic identities. I am not suggesting that people fully embraced the government's policy of "indigeneity"; however, certain official criteria were internalized and naturalized. Once, when I referred to Aurora[8] as indigenous, she quickly replied, "No, I'm not indigenous. My family used to be Tzeltal, but they moved and I can't really speak [Tzeltal] anymore." Organizing struggles took the form of peasant movements (see Harvey 1998; Mattiace 1998). Many women's first experiences of agitation centered on agrarian demands in organizations such as the Unión de Uniones, although they did not generally serve leadership roles. Many women also joined the EZLN in the 1980s when it was still a clandestine organization, viewing it as a more militant option (pers. com., June 1, 2003).

In terms of healing practices, these migrations often meant moving to a new bioregion with different plant species. In addition to the migrants' diminished knowledge of their immediate environments, government health programs encouraged their attachment to the social welfare system. In repeated conversations, community members charge that participating in these processes of modernization made them lose ancestral knowledge (*se perdió el costumbre*). This expression of "loss" refers not to a permanent erasure but rather to a state of disuse and devaluation of previous practices and traditions.

It was not just migration and changes in community-state relations that caused the "loss" of this aspect of local indigenous culture. Despite

their benefits, religious groups had a deleterious effect on indigenous healing practices. The labeling of these practices as witchcraft (*brujería*) aided in the replacement of local medicines (Ayora Díaz 2000). Lupe, a health promoter and member of the Palabra de Dios who is in her fifties, told me, "Yes, there are still some old ones around who know the customs, but they don't tell many people because . . . they don't want to be called *brujos* [witches]. I help people, but only if they come to talk to me here [at my house]." When I asked her who would call them *brujos,* she told me that years ago it was the Catholic Church, but, she added, "things are changing, people don't remember anymore." Rosalva Aída Hernández Castillo (1996:38) observes that "the migrations, organizational experiences, religious groups and even the government programs have equally influenced the way in which indigenous men and women conceive of and define their identities."

IDENTITY, AUTONOMY, AND RIGHTS

The character of political opposition has shifted with the introduction of neoliberal reforms and has emerged as a cultural politics of indigenous identity, often transcending regional and national boundaries. Many early mobilizations focused on the "right to have rights" (Álvarez, Dagnino, and Escobar 1998). Lisa Lowe and David Lloyd (1997) point to the nature of state changes as aiding in the opening of spaces that allowed for these kinds of cultural-political struggles to come forward. In the 1990s demands focused on the right to difference, on contesting the nature of national identity, and on resources based on identity.

Many saw the failure of class in the rise of these identity-based movements. Yet the EZLN emerged as a movement that combined ethnic demands with class and gender demands for both rights and resources. Previous peasant movements organized exclusively around class did not speak to the power of racism to structure life in Mexico; race is a lived category of experience and contributes to the force of indigenous movements. Reducing these struggles to an essential class contestation is precisely the type of mistake that feminist scholars have been writing against, pointing out that identities are multiple and that while they may be expressed more strongly through certain categories at certain moments, they are always lived simultaneously (Alexander and Mohanty 1997; Anzaldúa 1991; McClaurin 2001).

In its initial communiqués, the EZLN highlighted concerns such as land rights, structural poverty, and racism and rejected the role of

transnational capital in Mexican social life through privatization and treaties like the North American Free Trade Agreement. These concerns expose the importance of relations outside the community for building identity. Akhil Gupta and James Ferguson (1997:13–14) note, "At issue is not simply that one is located in a certain place but that the particular place is set apart from and opposed to other places. The 'global' relations that we have argued are constitutive of locality are therefore centrally involved in the production of 'local' identities too."

Thus, the EZLN's struggle over regional and national spaces is also a struggle in a global context, drawing from international movements for indigenous rights and treaties (such as the International Labor Organization Convention 169)[9] and contributing to those contestations. Chela Sandoval (2000) refers to this as an "oppositional consciousness" in which the colonized are continually aware of the constructedness of their identities and shift their subjectivities in order to position themselves differently within structures of power. In addition to forging a struggle around indigenous identity at the national and international levels, EZLN demands for territorial autonomy signal a return to the local as a strategic space: autonomy is not just an oppositional form; it also signifies the creation of a new social and political practice.

The EZLN's autonomy project requires the transformation of the relationship of communities to the state. On August 9, 2003, the EZLN took another concrete step toward political self-determination by creating five Caracoles, homes of the Juntas de Buen Gobierno (Good Governance Councils).[10] This change implies the territorial consolidation of an autonomous form of governance, complete with health services and educational and justice systems for the autonomous townships and regions. The juntas are also attempting to create an open and direct relationship with national and international civil society. These new relationships affect the conceptualization of gender relations and identities. As people transform gender relations, new meanings of autonomy emerge, which in turn affect the nature of the project. Collective autonomy does not sacrifice the personal but draws from it. "In this sense, the Zapatista struggle considers the woman part of this project [of transformation] and also the subject of transformation" (Olivera and Ramírez Méndez 2001:37).

Although Zapatista women are distinguished by their participation in their own political movement, they share concerns with other indigenous women. Their struggles resonate across political affiliations and spaces. Some of these predated and contributed to the Zapatista uprising, and others emerged out of or gained new impetus from the

struggle. Examples are the first Indigenous Congress (1974), CODIMUJ, the Congreso Nacional Indígena (founded 1996), and the Coordinadora Nacional de Mujeres Indígenas (founded 1997). The discourses of the EZLN *comandantas* also mention these other relations and are frequently addressed to other indigenous women.

Within the webs of power and "multiple networks of collective obligations and solidarities" (Chatterjee 1998:282) that constitute them as subjects, Zapatista women discuss their identities specifically as indigenous women and call attention to the triple oppression of racism, sexism, and classism. Central to understanding how indigenous women are forging new identities is understanding how one becomes a "woman" through race and class (Mohanty 1991), which is also a geographically constructed process (de la Cadena 2000). This geographic construction is itself also gendered and racialized: the local is configured as a natural "feminine" indigenous space as opposed to a "masculine" white global space (Massey 1994).

Understanding identities as multiple forces us to break from dichotomous characterizations of the local and the global, as well as the community and the state, and to recognize these as mutually constitutive. This relationship is apparent; community identities emerge from the local geographic space and from the global discursive space of belonging to a pueblo or people. As Martha Sánchez Nestor (2003:20), an Amuzga woman who is the general coordinator of the Asamblea Nacional Indígena Plural por la Autonomía (Pluralistic Indigenous National Assembly in Support of Autonomy, ANIPA) and a member of the National Council of Indigenous Women, notes, "Just like self-determination and autonomy, which cannot be put into practice if they do not have a territory, we women cannot put into practice our rights if indigenous peoples (pueblos) don't exist. . . . [The pueblos] will form the basis of these deep changes, since our sons also deserve, as our legacy, a new form of relating to their sisters."

This new form of relating is frequently phrased and understood as "women's rights." These rights include the right to difference; to *dignidad* (dignity), to being respected for who they are; and the right to participate, *caminando parejo*.[11] Accepted internally in March 1993 and made public on January 1, 1994, the EZLN's Women's Revolutionary Law codified many of their demands. These rights grow out of women's day-to-day experiences in combination with reference to abstract laws, such as universal human rights. What is at stake is not just gaining these rights but being able to practice them in the context of their communities. This other sense of "rights" shows that the creation of spaces is as

important as attaining legal recognition. As Margarita Gutiérrez and Nellys Palomo note:

> The spaces that we are constructing at the individual and collective levels try to make visible and define our place as women. In some pueblos, there are specific women's spaces and in others, they exist inside of mixed organizations, where there are women's commissions or women elders' councils. In any of these experiences, we have kept present the notion that our struggle cannot be divorced from the community or from the struggle of our peoples and our brothers. (1999:59)

The process of struggling for these rights contributes to the shaping of women's identities. "Without neglecting other rights, they put emphasis on their political rights, since these encompass their right to have opinions, to decide, to direct, to choose, and to participate in decision making in all areas and levels" (Sánchez 2003:15). The right of indigenous women to participate does not just imply the presence of women in councils, assemblies, or commissions but also the right to make decisions that affect themselves and their communities. The report of a 1993 INI gathering of indigenous women from across Mexico who worked on INI projects emphasized the right to participate throughout the proceedings: "In the community our lives are centered on the respect of our customs, beliefs and how we have the obligation to serve the indigenous community" (INI 1997:30).

When limits are placed on these rights in the name of culture, they are criticized by indigenous women, not to divide their communities, but to make them more cohesive. Female Zapatista leaders have said publicly that they reserve the right to transform the traditions that oppress them as women; they are struggling for liberation. This agency undermines the image of the indigenous woman as merely the transmitter of culture, a view that discounts the continual processes of (re-)creation of both indigenous culture and their own identities. As Consuelo Sánchez notes:

> In this way, far from weakening the ethnic identity of the indigenous women who make critiques, they are more and more conscious of their ethnic belonging and clearly express their desire to reaffirm and strengthen their ethnic identity. However, they add that the capacity of their peoples to mold their identities, with the end of constructing more equitable and tolerant relations, should be promoted. (2003:13)

ORGANIZING FOR HEALTH

Declaration of Moisés Gandhi, February 1997

> Health is the well-being of the people [*pueblo*] and the individual, who have the capacity and motivation for all types of activities whether social or political. Health is living without humiliation; being able to develop ourselves as women and men; it is being able to struggle for a new country [*patria*] where the poor and particularly the indigenous peoples can make decisions autonomously. Poverty, militarization and war destroy health. (Moisés Gandhi Relator@s 1997:229)

At the time of the 1994 uprising, EZLN demands for health care centered on access and availability to Western medicine,[12] which had supplanted many traditional healing practices in the Cañadas. In this region, adequate health care often depends on how close one lives to towns with medical services, whether specialized treatment is available, and who is in charge. Complicating access to health services are health providers' racist attitudes toward their patients, especially at intake: "It is common that these professionals [medical residents] have theoretical deficiencies about cultural aspects, which give place to an insensitive medical practice toward the beliefs and customs of the population" (CONAPO 1994:46).

After the uprising, government health officials began to offer myriad programs to Zapatista communities to combat the idea that the lack of adequate services was one of the factors that had fueled the struggle. However, the EZLN had implemented a policy of refusing all government aid until that aid is distributed equally to all Mexicans. Zapatista communities characterize themselves as being "in resistance." In the autonomous township of 17 de Noviembre (official township of Altamirano), desires for training programs in the use of medicinal plants coalesced after the Mexican Federal Army offensive of February 1995, when people had to flee from their communities into the mountains. Under extreme conditions, without much food or medicine, many became ill. After returning home, community members and regional leaders evaluated the experience and identified the need for the training of local herbalists. Carmen, the women's regional authority organizing the health project, described the feelings of shame that many shared: "So many children were sick and we were in the mountains and knew that there were remedies around us. But we didn't know what they were, so we were afraid to try them."

Government, Catholic Church, and NGO projects had for decades been providing some health promoter training. The EZLN had also been doing clandestine health work since the 1980s, preparing a military sanitary corps. Although a few projects included elements of plant medicine and even acupuncture, health promoters who participated in these projects assert that the emphasis was on mastering the basics of Western medicine. During a meeting (*encuentro*) of ninety-one health promoters and advisers from sixteen different organizations held in the Zapatista community of Moisés Gandhi in 1997, an indigenous participant remarked:

> The old ones used only plants, right now, we are losing this, we're using [pharmaceutical] medicines. But up until now, the old ones still have this knowledge, because it's better. It is necessary that we know the plants that will cure illnesses; suddenly the problems could start again because the government doesn't understand. If the problem of war comes again and we don't know the plants, what are we going to use to cure ourselves [*los indígenas*]? (Moisés Gandhi Relator@s 1997:51)

Although lay health promoter training preceded the uprising, health demands and training projects were now articulating the desire to foster self-determination so as to bolster a regional autonomy project and an emergent indigenous cultural identity. Women, perceived by many as crucial to the preservation and promotion of cultural identities in the home, were also recognized as important to the success of transforming—locally and nationally—these cultural identities.

The project in 17 de Noviembre was earmarked for women participants. In this region, gender-exclusive projects for women were not unheard of, but they were usually in the area of production, such as collectives formed to raise chickens for eggs and meat. Health and education projects were typically male groups; the few women who were involved tended to participate less and to defer to men in discussions. In the first round of our courses, there were about twenty participants; in the second, the number fluctuated between thirty-four and forty. The women were mainly Tzeltal and Tojola'bal and came from a mixture of urban Altamirano neighborhoods, established *ejidos* and communities, and Nuevo Centros. Community and neighborhood assemblies selected two women and named them to be *promotoras de salud*. Thus, their work as promotoras was a *cargo*.

The *cargo* system is part of an indigenous form of governance whose positions of responsibility carry obligations to the community and the

autonomous township. Generally, community assemblies name members to a position. In some communities, generally *ejidos,* assembly attendance is exclusively male. One of the changes instituted by the EZLN was incorporating women into the assemblies. Although this is not always the case, any issue involving women, such as the naming of *promotoras,* will happen at an assembly with all members of the community present. Once named, the person is expected to accept the position. It is also difficult to voluntarily renounce a *cargo*. Indeed, people who do their jobs well are often "promoted" to positions of higher responsibility—whether they want the change or not.

At its inception, this health project was one of many in the region, including an allopathic health-training project (almost exclusively male), an education project, production projects (agrarian and artisanal), and human rights training. Carmen, the women's authority for the region, worked to organize this particular project "because it can help bring the women together, so they can begin to participate and learn many things and not be ashamed." She said that one of the reasons for the selection of women was that it would complement the work of the other health promoters, almost all of whom were men. She explained:

> During the day, the men go to their *milpas* [fields], which are far away from the community, and they don't return until the afternoon. Even the promoters must go to their *milpas*. Sometimes the women leave to gather firewood or to help in the *milpa* when it's time to weed. But their *mero* [real] work is in the home. If someone got injured or became ill in the community, the *promotoras* would be there.

She also voiced the complaint that "men get all the projects" and that this hurts communities because women are important; they take care of the house, raise children, make sure the family is well nourished, and work in collectives and the church, and they have been responsible for decreasing men's drinking and domestic violence. Although some projects begin as women's projects, she noted that men sometimes advocate for inclusion, or if there are problems with a collective, she said, "rather than help the women solve the problems, men intervene and take it over." Women's right to participate, part of the Women's Revolutionary Law,[13] was an underlying reason for developing projects for women. Becoming a *promotora* is a way for women to organize and contest gender hierarchies publicly—by demanding their right to work for the good of the community through health, just as men have done.

Finally, Carmen told me that the autonomous townships needed to foster self-sufficiency, since "the government programs are only for the rich." "We poor people are left begging for help when we are sick. Right now, there is another hospital run by the nuns [Hospital San Carlos in Altamirano] and they help us, but what will happen if they go? Or stop helping us?" In this area, limited access, high costs, and the availability of privately run charity hospitals led the government to shift the responsibilities and risks for health to local communities. Although the Hospital San Carlos had provided many services free or at minimal cost, at the time of this writing, it had been forced to raise patient fees, and fewer people were able to use its services. Without diminishing the EZLN demands for adequate health coverage for all, regional authorities supported plant-based medicine as a natural resource that anyone could access and use, without having to pay money. In addition to harvesting wild plants, there was a proposal to create medicinal plant gardens, especially in communities with existing women's collective vegetable gardens, making medicinal plants affordable and accessible. Thus, this work brings together issues of gender, class, and ethnicity under the umbrella of autonomy.

My colleague and I began the first course by asking the question, "What do you know already about medicinal plants?" The answer was a resounding silence, which we attributed initially to women's fear of speaking in public. Then we asked, "If someone is sick in your family, what do you do?" Tere, one of the most outspoken women in the course, replied first: "It depends on what the sickness is. If my little son is vomiting, then I go out and get a handful of *mirto* and I boil it with water. Then when it cools, I give it to him, bit by bit." After Tere spoke, more women joined in and related their plant remedies for nausea and vomiting and other illnesses. The resulting discussion and exchange of practical knowledge of medicinal plants and home remedies lasted several hours. Several of the women revealed that they were also *curanderas* and treated illness through religious means, a gift they had received in dreams. A number of others had learned about medicinal plants from family members who were considered skilled herbalists in their areas. Yet others were midwives who used plants in their practice.

What became clear was that the *promotoras* did not view this knowledge of healing as "medicine"; medicine is something done in clinics and hospitals. As one woman protested, "But this is just something we do at home." Although home remedies are frequently the first stage of medical treatment for illness, as mentioned by the *promotoras* and others (see CONAPO 1994), they are not considered actual "medicine"

because they are not done by anyone with specialized knowledge. Even those women who had specialized knowledge were hesitant to see their work as medicine.[14] Building on this discussion, the *promotoras* talked about the nature of health, why their work is important, and their goals for the project, which included the following:

1. Improve health conditions.
2. Regain their traditions.
3. Support women's organizing and participation.
4. Support community self-sufficiency, which leads to autonomy and not dependency.
5. Fight against the *mal gobierno*[15] and its policies.

For many of these women, participation in a course like this was a considerable change, although it was not always recognized as such. Clara, a forty-three-year-old Tzeltal woman who had participated in a previous project, became one of the first *promotoras* in the township. Leaving her home to organize in the region was so significant that she clearly remembered the day she began her work: "I began *caminando*[16] on October 12, 1994." This was a common occurrence.

When the *promotoras* discussed how they could participate to improve community health, most of them emphasized the recuperation of traditional knowledge. Rosa understood this lack of knowledge as colonial subversion: "The *mal gobierno* took this away from us. They convinced us that it was no good. We stopped believing in it. But we know our ancestors knew how to take care of themselves before others came here." The recuperation of this knowledge is also the (re-)creation of indigenous culture. Part of the recuperation involves reaffirming its value and finding ways to treat the illnesses that affect many people—such as *aire* (illness carried by the wind), *susto* (fright), and *ojo* (evil eye)—that are not within the scope of Western medicine. Even if health providers understood these spiritual ailments, hospitals would not have appropriate treatments.

When indigenous women are organizing, they are often at a disadvantage because they are more likely to be monolingual or illiterate (Rojas 1994) and live mainly in rural areas, although in this case, many older women from Altamirano were also illiterate. The *promotoras* recognized that improving these skills would help them to organize more effectively and not feel "left outside." This process unfolded as skills sharing. The communities would name at least one woman, usually a

younger woman, who was literate. In this way, women who were already skilled could participate even if they were unable to speak Spanish or read and write—such as Ana, who spoke only Tzeltal but could identify most of the plants in the area.

Although nineteen-year-old Lucinda was one of the few women to complete primary schooling, she hardly participated in the course at the beginning. Knowing that she had been excited to start the course, I asked her, "Why aren't you speaking up?" She responded, "I'm afraid to say something wrong . . . people will laugh." Women without much experience speaking in public felt ashamed to voice their opinions. Often older women served as an important bridge between women, facilitating communication and setting an example. Alejandra and Hermelinda are both in their sixties and trilingual (Tzeltal, Tojola'bal, and Spanish), and neither could read or write. They had no fear of speaking in public and often provided informal translation during the sessions. By the end of the course, many women had improved their skills and learned to speak in public. As Lucinda noted, "Before we weren't confident. Now we can speak, now the fear is gone, the shame, now we can talk in the assemblies."

Under the larger framework of the identified and accepted need to improve health, this project opened a space to discuss concerns specific to women's health and sexuality, a significant advance. Male health promoters were not often knowledgeable about women's health issues, nor was it generally considered appropriate to discuss these concerns in front of men. At the Moisés Gandhi meeting, participants also voiced their concerns that women avoid going to male health promoters for many illnesses.

Women were unaccustomed to talking about their bodies, even among other women. However, when some of the older urban women began discussing their vaginal infections, other women began to join in. The *promotoras* were especially interested in the types of treatments they could offer that would not involve their patients consulting a male health promoter or going to a pharmacist. Although there were practicing midwives in the area, for most health concerns other than pregnancy women sought treatment at local hospitals and clinics. Many women preferred to suffer their ailments silently, which is not surprising given the bad treatment they often experienced. Most of the *promotoras* had experienced the disregard of their symptoms. They had been told by doctors, "No, you don't have a problem, your head just hurts because of your work," which was coupled with patronizing treatments "Here, have an aspirin [or a B vitamin shot]."

This sense of their vulnerability as poor indigenous women when dealing with medical practitioners intensified when our discussions turned to sex and family planning. Many *promotoras* spoke of cases of nonconsensual insertion of an intrauterine device (IUD) by doctors at government-run clinics after women gave birth, and even of sterilization. Although some of the stories were hearsay—from extended family members or about women from other places—one of the women in the project spoke of her own experience. She began to bleed intensely a few months after giving birth at a local government-run clinic. She went to a hospital run by a private charity for a check-up, and the doctor told her that her IUD was the problem. She was unaware of having an IUD. In spite of these accounts of violation, there was not yet a move to organize public steps to denounce this treatment. Doña Romelia told me, "*Nos da vergüenza* [We feel embarrassed]. We can't tell everyone about these things that have been done to us. We know it's wrong and that we have to complain about the *mal gobierno,* but . . . not yet." The first step was to begin discussing these kinds of concerns with other women.

Upon returning from a course, the *promotoras* would generally call an assembly to report on what they had learned and make plans for community work. In some places, these assemblies re-created the women's space of the courses and could be used to discuss sensitive issues. In others, the meetings were attended by both men and women and focused more on general health. Most people supported the *promotoras*' efforts; however, failing to report back eroded community support. In these cases, the women were criticized for not fulfilling their obligations to the community. In locations where the work advanced, other existing projects were also strengthened and, in turn, supported the health project. In Las Calabacitas,[17] the women's bread collective donated money for the *promotoras*' transportation and even gave them extra money so that they could buy themselves a treat while at the course. Where no projects existed, these health-specific assemblies helped to dispel lingering stereotypes of women as less trustworthy, committed, and responsible. The newfound respect for women's organizing often led to plans for income-producing projects, such as collective gardens, milpas, and bakeries, which had previously been deemed too risky.

While the actual project training was conducted exclusively for women, women's work within their communities was linked to the work of male health promoters, and in a number of cases, knowledge and resources were shared. Promoters in two communities merged their health centers and jointly attended to patients, choosing the best methods of treatment from all the options available. These practices reinforce ideas

of equality, but with difference. In this case, women's work in health in the autonomous township of 17 de Noviembre has changed gendered relations of power in a way that could be characterized as complementary, although not in the essentialized sense that is often portrayed by casting women as the bearer of culture through motherhood (Nash 2001). Instead, it is a complementarity whereby men and women work together toward common goals, each bringing certain culturally defined qualities that the community values, which can also change over time.

POWER PLAYS: MILITARY VIOLENCE, LOOKING FOR NEW HUSBANDS, AND OTHER STORIES

This process of transformation was not without repercussions. The *promotoras* faced numerous internal and external challenges, which underscore the significance of the changes. One state response to women's organizing hinged on the control of women's bodies, instilling fear through the deployment of threats of violence and censure. Soldiers raped three young Tzeltal women at a military checkpoint in Altamirano in June 1994. Although this was the only case of rape that was publicly denounced in this region, women spoke about being constantly harassed at military checkpoints. Others discussed threats by local government collaborators who identified them as Zapatistas. Carmen told me, "They have my photo. Once in Altamirano, I had to run to Alicia's house and hide for hours and then walk [two hours] home at night." In January 1998 the Mexican Federal Army made incursions into a number of villages in this township. Women drove them off; many were beaten in the process. Although the army's day-to-day presence was less in this region than in others, the possibility of violence was always present, part of an official strategy to limit organizing.

In 1999 I traveled to San Emiliano[18] on public transportation. Clara, Rosa, and Ana were surprised and upset that I was alone and set to finding me *compañia*—someone to travel back with. When I asked why, they told me about the *cortacabezas* (headhunters) who were operating in that part of the canyon. The internationally circulated story varies from version to version, but the general narrative in the Cañadas is that a fluctuating number of headhunters (often identified as government supporters) prey on travelers or people out walking at night. After grabbing a person, they chop off his or her head, often leaving the body behind as evidence. A local related story is that the headhunters then sell the skulls to the fed-

eral army for use in bridge construction. The bridge at San Quintin, the largest military base in the jungle, was rumored to have been built with thousands of skulls. Although the *cortacabezas* stories have circulated for years and the Zapatista regional authorities reject them as a government rumor to frighten the people, many still believed them. Certainly, the ongoing low-intensity warfare provided enough instances of violence to sustain people's fear. Aside from official violence, members of opposition parties and other peasant groups had attacked and even killed Zapatistas. Women never travel alone; if their partners could not attend a course, women would find replacements or stay home.

The most common challenge for the *promotoras* was simply the community's lack of support of their work. As Aída phrased it, "No nos hicieron caso" (They didn't pay any attention to us). In many cases, the *promotoras* kept working, despite not receiving bus fare or help with their tasks, believing that the struggle was primary. And as Aída said, "One day people will see their errors."

Another type of control was the assertion of patriarchal rights. The women I interviewed consistently pointed to the right to participate and leave their homes without having to ask "permission" as one of the most significant changes since 1994. Clara, a woman in her mid-forties who moved from an *ejido* to a Nuevo Centro, said:

> Women were like chickens, locked up in the kitchen. Before I was married, I had to ask my father's permission to leave the house to visit my relatives. After I married, I had to ask my husband's permission if I wanted to go to visit my mother or to go into town, so he would know who I was with. . . . Now, women are free to go to meetings to learn, and the only thing stopping them is their own fear.

However, even if their right to leave and organize can no longer be denied, actualizing this right involves extensive negotiation among women, men, and their extended families over chores and taking care of the children.

Maria, in her mid-twenties, was the daughter of a health promoter and had completed health training in nearby Altamirano. Already an allopathic health promoter, her community named her to also become a promoter of medicinal plants. Two years earlier, she had married a former Zapatista insurgent who was initially supportive of her work. After their first child was born, Maria said that her mother-in-law began complaining that a wife should be at home with her children and taking care of her husband. Then she said, "My husband told me I couldn't

leave anymore because I wasn't fulfilling my responsibilities." These responsibilities included making tortillas and food for her family, collecting firewood, and taking care of her son. Her husband threatened to leave her and find "another woman," and his mother threatened to take Maria's son away. After dropping out of courses and leaving her work for six months, she appealed to a community assembly. At the meeting, the local authorities told her husband he could not stop her from serving the community. If he continued, he would be punished. As a result of this assembly, her husband apologized and asked for her forgiveness, and she resumed her health work.

Most attempts to contain women were not this direct but took the form of rumors, gossip, and criticism. *Promotoras* noted that rumors were not new; before the uprising, there were rumors circulating of infidelity, of women going to town to buy household items but secretly meeting lovers. During the training, the most commonly circulated rumors were that women were going to courses to meet men. Although these rumors, spread by men and women, did not necessarily prevent women from attending courses and meetings, they undermined their standing in the community. The absurdity of the "looking for other husbands" rumor—women travel many hours to work for three days from 8:00 A.M. to 6:00 P.M. and sleep on wooden slats in a cold dormitory with forty other women and their children—did not diminish its force, however. Clara said, "*Da rabia* [It makes us angry]. Here we are suffering to carry out our work. They're jealous." Doña Romelia, a woman in her mid-sixties who said she has dealt with these situations for years while organizing with the Catholic Church, said that she answers, "Who would want another man? One is more than enough to take care of!" This type of accusation was the easiest to level and sustain. No proof was needed; in one case, just the suggestion was sufficient to discourage a woman enough to quit. In some cases, the positive effects of the *promotoras*' work in their communities helped to counteract the rumors.

Other conflicts involved the control of resources. Through the health work, women gained access to materials and knowledge not available to all members of their communities. A goal of the health work was to share the resulting skills with others. Men in a few communities complained that they should have their own courses rather than learn from the *promotoras*. In one community, men's jealousy over the project meant that no women were named to participate. Rumors also circulated that the women were getting paid or taking money. Elsa and Virginia, *promotoras* from the community of Primero de Mayo,[19] showed up at a course agitated. They had been accused of receiving payments

and requested a letter to present at a community assembly stating that they were doing their work voluntarily.

In urban areas, health-related skills have a greater potential for income generation. One woman from an Altamirano neighborhood dropped out of the course and began taking patients for money. Although the other Zapatistas who had supported her work were upset since she kept the course materials that were supposed to be for the use of the whole neighborhood, they had little recourse. In smaller, rural communities, such as the Nuevo Centros, it was easier to hold people accountable for these types of actions. The *promotoras* in Altamirano were also unable to plant gardens—the small amounts of land available to them were unprotected. After planting in a lot given to them by the local Catholic church, the women noticed that someone cut the fencing they had put up. Some months later, they discovered marijuana planted amid their herbs.

Finally, one challenge came as a mixed blessing—positive for the individual women and the EZLN but negative in terms of community health. Because of their outstanding work in this project, a number of skilled *promotoras* were named to other *cargos,* including positions of regional authority. Although women were selected to replace them, the new *promotoras* had to start the course from the beginning, undermining the steps that had been taken to improve the general health of a particular community. However, these changes strengthened women's participation and organizing in the autonomous township and fostered the idea of knowledge as accessible and transferable.

IN SEARCH OF AUTHENTICITY

Another obstacle to *promotoras* gaining respect for their work came, ironically, in the context of efforts that relied heavily on notions of indigenous authenticity intended to protect indigenous culture, intellectual property, and resources. Although scientists have pursued ethnobotanical research for decades, the growth of plant-based medicine over the past few decades into a massive transnational business has led to bioprospecting projects for "miracle cures" and to the near extinction of many wild species. The herbal medicine project in the autonomous township of 17 de Noviembre began shortly before Chiapas became the center of an international controversy in the late 1990s, centered on the Maya International Cooperative Biodiversity Group's (Maya ICBG) bioprospecting project to research, harvest, and commercialize plants in

the highlands. The Maya ICBG project, dubbed "biopiracy" by critics, touched off a firestorm that picked up momentum in 1999 and led to its indefinite postponement.

One of the groups leading the opposition to this project was the Organization of Indigenous Healers of the State of Chiapas (OMIECH) based in San Cristóbal de las Casas. The organization was formed during the shift in health care practices in the 1980s when INI and government projects were integrating groups of local healers. OMIECH, an independent group with its own facilities, opened the Museum of Mayan Medicine in 1997 with the support of foreign donors. Steffan Ayora Díaz (2000:179), a researcher who spent years in the region, criticizes the representations in the museum for fostering "the romantic nostalgia that characterizes the tourist gaze and longs for the traditional 'indigenous' community and the harmony between indigenous culture and nature."

Two groups of *promotoras* traveled to San Cristóbal to visit OMIECH to have an exchange with its members. Although the first visit in early 1999 had been set up months in advance, only members of the OMIECH's women's area received the visitors. However, the entire day was spent exchanging information, discussing concerns, and making contacts. During the second visit in 2000, the women were received by male and female board members and advisers but were treated like outsiders—as if they were visitors from any foreign locale. The *promotoras* were first given a tour of the museum, the medicinal plant garden, and the processing facilities. The tour was conducted as professionally as any tour would be: there were brief explanations in the museum, a few questions were answered about the garden, and plant remedies were offered for sale at the end. After the tour, the group met again with the members of the women's area and had useful discussions, mainly about women's reproductive health.

My point here is not that the *promotoras* were treated poorly; they were not. Rather, they were accorded a certain value status at each visit: during the first, as women and therefore not important; during the second, as "migrants."[20] Although some of the women were *curanderas,* following a religious healing tradition, and others were herbalists trained by family members, because of their social and geographic location, they were not perceived to be authentically indigenous. These experiences and the issues that emerged from the bioprospecting debates raise important questions about how to recognize the rights of indigenous peoples to their knowledges and resources without falling into the trap of predetermined identities.

As Ayora Díaz (2000) discusses, what others believe are "authentic" Mayan practices can influence groups such as OMIECH for a variety of reasons, including mobilizing support to protect their resources from transnational pharmaceutical companies. However, these strategies of "authenticity" can be risky for indigenous peoples' struggles, even though they might help with a particular demand.[21] What if indigenous peoples themselves are attempting to recuperate practices that they view as tied to a pre-Hispanic past, but their goals are to transform these for the present? Can and should this diminish a claim to an indigenous cultural identity and medical practice? Obviously, the *promotoras* also had to contend with what we outsiders brought to their project in the name of supporting their self-sufficiency. Our ideas of herbal medicine quite likely more closely resembled Western clinical models and undercut the women's own contributions to developing a local healing practice and transforming their identities.

"NO HAY PASO POR ATRÁS"

> The only way to obtain what we need is to organize ourselves well, to be strong in our resistance in our autonomous townships. But to be able to do this work it is necessary that we all participate, that everyone make an effort. That we women don't stay behind. Only in this way can our struggle triumph. (Comandanta Rosalinda, Oventic, August 9, 2003)

The *promotoras*' work is part of a movement for self-determination and autonomy; their struggle to improve community health responds to demands for material resources, at the same time that it strengthens their identities and rights. Their work in their communities and neighborhoods was aimed at improving community health by using the recuperated knowledges and practices of their ancestors and blending these with new elements drawn from their encounters with one another and with people from "outside." Through the work, women also gained important skills and carved out significant spaces for women's organizing within their communities and the EZLN as a movement. The themes that emerged from the *promotoras*' performance of skits and plays at cultural events and graduation ceremonies illustrate this multiple process.

The most common dramas were about their treatment in local hospitals, their work in the communities, the criticism leveled at them, and the problem of men's drinking. They drafted me, the only *kaxlan*[22]

present, to participate in a skit about the results of women seeking medical treatment at the local hospital in Altamirano. Aída told me:

> You'll be the doctor first and then the person working in the pharmacy. And you'll pretend you can't see us and make us wait a long time. Then you'll act like we don't know anything and tell us we don't have any problems, it's all in our heads and just give us a prescription. And when we go to the pharmacy, you'll ask for a lot of money and when we don't have it, tell us to go away.

In the plays, each scene has a positive ending: people break loose from their dependence on the government and its hospitals; they learn to value local medicines; the *promotoras* ignore their critics and unite their communities through their efforts; and, by using the Women's Revolutionary Law and education, they defeat alcoholism and domestic violence. These plays attest to the oppressions the women experience and their own sense of the value of their work toward strengthening autonomy.

Margara Millán (1996b) noted that the presence of women's words in the uprising altered the discourse of autonomy; women's actions alter its content and practice. The *promotoras* work with what they consider to be aspects of traditional or local medicine and challenge those who would treat them as children without the ability to respond to their own needs. Reasserting the importance of these healing practices contests the local hegemony of Western medicine, which had supplanted community traditions. The Zapatista communities participating in the project were not rejecting Western medicine as a healing practice but as a space of domination tied to assimilationist and neoliberal policies. Despite the focus on medicinal plants and the circulating desires for authenticity, indigenous identity was not reinforced by the inscription of an essence tied to nature. The majority of *promotoras* in this project saw their work not as a reformulation of what it meant to be truly "Tzeltal" or "Tojola'bal" but instead as a dynamic indigenous Zapatista identity constructed through their gender, class, and ethnic contestations.

One critique of these types of projects that resist neoliberalism through self-sufficiency is that they may ultimately run the risk of reinforcing neoliberalism. This critique certainly warrants more attention than this chapter permits. However, many of the projects that sustain Zapatista autonomy run counter to neoliberalism in significant ways. One is that through their work, the *promotoras* were seeking community solutions to health care needs, rather than individual ones, while actively creating new types of social bonds. Another is that the EZLN

has never withdrawn their demand for high-quality universal health care from the state. Finally, the neoliberal multicultural project requires participation—whether this comes in the form of participating in assistance programs, citizen forums, or voting. By refusing to engage and instead continuing to pursue their autonomy through projects such as this herbal medicine training, the Zapatistas are actively resisting becoming a part of the neoliberal project and are creating new types of community.

NOTES

1. "Neoliberalism" refers here to a series of policies produced according to the logic of transnational capitalism.

2. See Wade 1997 for an in-depth discussion of the terms "race" and "ethnicity" and their uses in Latin America.

3. All translations from the Spanish are mine, unless otherwise noted.

4. See Rus 1994 for a more in-depth discussion of the relationship between the INI and Chiapas state politics.

5. For more information and publications, see www.oportunidades.gob.mx/. The institutional program for *Oportunidades* 2002–2006, part of the National Development Plan 2002–2006, can be located on this site.

6. From the *Oportunidades* web page "Who Are We?"(www.oportunidades.gob.mx/htmls/quienes_somos.html).

7. On December 22, 1997, a heavily armed group of local paramilitaries killed forty-five men, women (four of whom were pregnant), and children in the highlands village of Acteal. Another twenty-one people were severely wounded. Those who were killed were members of the pacifist religious group Las Abejas (the Bees).

8. To protect their privacy and security, I have used pseudonyms for the women I interviewed.

9. This convention concerning tribal and indigenous peoples and their culture and rights was adopted in 1989 and entered into force on September 5, 1991. Mexico was the first signatory in Latin America in 1990.

10. There is not yet a common usage translation for this phrase. I have chosen to translate *Juntas* as "councils" since it reflects the type of structure in practice, and although *Gobierno* could also be translated as "government," the term "governance" more closely captures a sense of process, which is a key element.

11. Literally, "walking equally," used to mean organizing and advancing on an equal basis with men.

12. Although not the most exact term, it is often used. "Cosmopolitan" (Ayora Díaz 2000) and "allopathic" are used less frequently. In Chiapas, I frequently heard the term "pharmacy medicine."

13. "Fourth: Women have the right to participate in the affairs of the community and hold positions of authority if they are freely and democratically elected" (*El Despertador Mexicano,* January 1, 1994).

14. Stanley Millet, affiliated with the Instituto Mexicano de Medicina Tradicional (Mexican Institute of Traditional Medicine), discusses the usage of terms for what has been called "traditional" medicine and notes, "There are many ways in which health and sickness can be understood and dealt with. Some are simple; some are complex. However, one way of understanding health and sickness and dealing with it has become hypertrophied and has monopolized the name of medicine. That is the real problem with which we deal" (1999:205).

15. Literally, "bad government," shorthand for the Mexican federal and local government. Now juxtaposed to the Good Governance Councils.

16. Literally, "walking," used to mean working for her community.

17. For the security of community members, I have replaced small village names with pseudonyms.

18. Pseudonym.

19. Pseudonym.

20. When discussing the work of this project with a medical anthropologist working in the highlands in 2003, she disparagingly referred to groups in the Cañadas as "migrants"—with the coded meaning, not the "real" thing.

21. A Global Exchange memo circulated on the Internet in September 2002 belies this danger. While the situation of the communities threatened with eviction in the Montes Azules Reserve is critical and the government's divide-and-conquer strategy has been highly effective, I believe that the problem cannot be couched in "good Indian/bad Indian" terms. This leaves the door open for questioning the authenticity of all groups of indigenous peoples. I heard the main argument of the memo being used publicly by NGOs and Zapatistas to undercut the Lacandon people's claims to the jungle because they were not *originally* from there:

> Unfortunately, the current situation in Montes Azules is plagued by a number of myths. The first is the so-called Lacandon Indians *[sic]* are the "true" inhabitants of the region. In reality, the Lacandons were eradicated roughly three hundred years ago at the hands of the Spanish conquerors. The indigenous peoples currently living in the region, in fact, originated from eastern Campeche and are actually of the Caribe Indigenous People. Evidence reveals that the Caribes migrated to the Lacandon jungle over the last two centuries. The Mexican government used the misnomer "Lacandon" to refer to them and granted them huge land concessions in one of the most fraudulent land distribution schemes in Mexican history.

22. *Kaxlan* is a Tzeltal word that has a number of related meanings; it can mean "outsider," "rich person," or "mestizo," depending on the context.