

INSTITUTE OF CURRENT WORLD AFFAIRS

WW-21 Eating to Live

Oaxaca, Oaxaca

Mexico

August, 1974

Mr. Richard H. Nolte
Institute of Current World Affairs
535 Fifth Avenue
New York, New York 10017

Dear Mr. Nolte:

Eva was alive and eating a little toasted tortilla when I left San Pedro Mixtepec two weeks ago. She survived the attack of coldness, and weathered another crisis shortly thereafter. She is still bedridden, dehydrated, and vulnerable to infection. In a clinic in Oaxaca, she would be given intravenous solutions and probably be on her feet within a few days. In San Pedro she barely eats enough to maintain herself as she is, gaunt and plaintive. Just before I came down to the Valley to write these newsletters, Abram said Eva had a new problem: at sundown she is overcome by fear, hears voices, and cries.

Looking back over my experience with Eva, I see that I slowed the process of starvation. I cannot say I have reversed it. There are others in San Pedro whom I first saw in the same weak, drawn, limp state, though not quite so severe: three women and one man with "Eva's disease," two children with pneumonia, and an old man with a slow-healing dog bite. These people have gone back to eating solid food. They have gained weight and strength. But Eva and one other woman are still half-starved and dangerously ill, if slightly less sick than when I first saw them.

Why is Eva starving? I think about that alot. These are some of my thoughts.

According to the Mexican National Institute of Nutrition, half the population of Mexico is undernourished. San Pedro is a relatively prosperous village in a relatively poor region. Let me describe what Eva's family

Woodward A. Wickham is an Institute Fellow concerned with the condition of Indians in North America.

ate for one week.

Breakfast, eaten upon arising, about 6:00 a.m.: locally baked buns made of bleached, unenriched white wheat flour, water, and yeast; coffee sweetened with brown sugar; and atole, a gruel made from corn and water.

Brunch, eaten at about 10:00 a.m.: tortillas (the standard Mexican corn pancake); beans cooked with herbs, water, and salt; chili peppers eaten raw as garnish; and coffee sweetened with brown sugar.

Dinner, eaten about 2:00 p.m.: tortillas, beans, chili peppers, and coffee. On Tuesday dinner included a soup made from a corn-meal base flavored with an onion and herbs. On Sunday dinner included a similar soup containing unshelled peas and two eggs for the four diners.

Supper, eaten about 7:00 p.m.: buns and coffee. In addition, all four ate peaches every day. They are in season; there is a superabundance. Within the narrow range of choices, the family had all they could eat of everything but eggs.

What about meat? San Pedro people own cattle, apparently as a form of stored wealth. They graze unattended on the mountain slopes above the village and across the gorge. If a cow or bull dies, it is butchered and eaten. Otherwise, beef is not available. None is imported. Some families keep pigs, goats, or chickens. Only pork and lard are regularly available. Turkeys are raised for slaughter and consumption at weddings, some wakes, and major fiestas. Most families, I gather, eat meat less than four times a month. One woman said she had cash to buy lard once a month, and to buy meat twice a year. Hunting is very rarely productive, but San Pedro men generally carry their rifles when they have business in the high country. Occasionally they come back with a rabbit or small deer. The venison is sold freshly butchered or in strips dried in the sun. A series of poultry epidemics in 1972 and 1973 decimated the chicken population. Now an egg in San Pedro costs one peso or more. In the city of Oaxaca a bigger egg with a thicker shell costs half that much.

The people who have goats and cows do not milk them. In the dry season, milk production would be poor, in any case. In the rainy season, half the year, they might get much needed nourishment and income from dairy animals. Why do they not milk? "It is not customary here." Powdered milk is sold in the shops. I have never seen it in any house but mine. A liter (a little less than a quart) of milk made from the powder costs about six pesos, half a day's wages. There is no cheese, butter, or cream.

One can usually buy the following produce: garlicks, onions, tomatoes, limes. Sometimes one can buy potatoes, chayotes, and fruit according to season. Except for local fruit-- peaches, apples, cherries, quince, this produce is scarce and expensive, a luxury. In the week that I was monitoring Abram's family's eating habits, his wife bought at local shops brown sugar, salt, chiles, two eggs, and two onions. Mescal, the local liquor made from the juice of the maguey, is cheap and popular. Abram bought a half liter that week.

I conclude that the average person in San Pedro risks malnutrition in the best of times, and that Eva and others are ravaged by the aftermath of gastrointestinal disease in part because they are undernourished before its onset.

The critically limited variety of foods in the San Pedro diet makes restoring the malnourished ill to health a test of resourcefulness. In Eva's case, for example, I assumed she needed salt. She had lost salt along with water in the course of her diarrhea, nausea, and fever. By drinking only sweetened tea she was replacing fluid without salt. I was surprised and cheered to find some salt-rich Maggi Chicken Broth cubes on sale at a local store. When I brought one of them to Eva's mother, she made me understand that she had never seen such a thing before. Together we prepared a cup of broth, and I fed it to Eva. She took it stoically, without pleasure. A few minutes later she vomited up a little. After that she could tolerate just half a cup at a time or less. Just a cup or so a day seemed to make Eva feel stronger. But I do not trust my judgement of the effectiveness of the "chicken soup" therapy. It seemed to help, but it was just one of several means we were testing to strengthen her, including medicines and vitamins.

I might have helped Eva more in those early days by feeding her the broth more than twice a day, but I did not have the time. I tried to wean her by leaving the undrunk half cup for her mother and father to feed her later on, but I did not succeed. When I came back, the broth was always untouched. I would ask the senora to reheat it, then would feed it to Eva, and everyone seemed satisfied. Eva and her family construed the broth cubes as medicine, not food. The family would offer-- but not urge-- corn gruel and tea while I was not there to feed Eva, but they would not offer broth. I introduced it as "a powder that one makes into chicken broth," and I referred to it as "chicken-broth powder," but Abram always called it "soup pills" or "chicken pills." I think he and the senora thought it better not to give Eva "pills"

if I was not present.

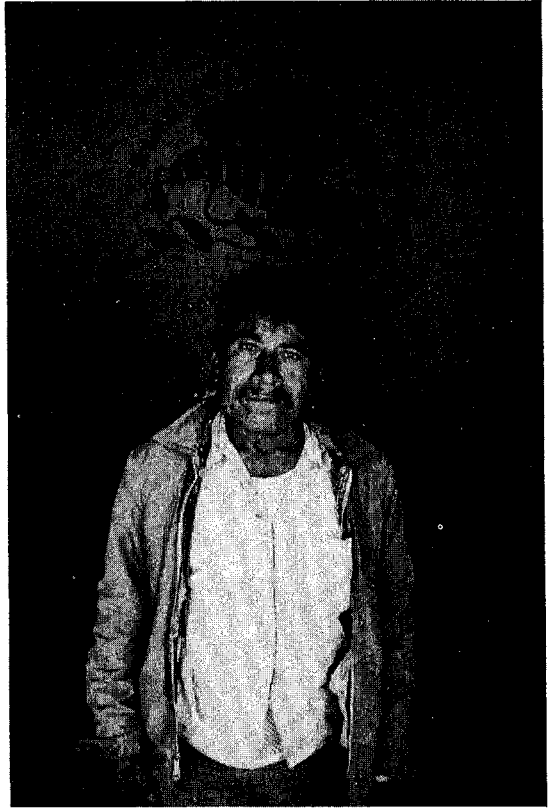
In other households, where the cubes were seen as food, the broth was fed to the ill without complication. I noticed, though, that it was usually made at least half-strength or even more dilute. I asked why. I was told that when these cubes are used in the course of ordinary cooking, one cube is added to a soup for the whole family. Doubtless Eva found the full-strength broth I had been spooning up insupportably rich, but bravely drank it like any unpalatable medicine.

My medical books blithely recommend that lost fluids and sodium be replaced orally when possible with a daily dosage of-- in a typical case-- more than two quarts of a solution of salt, bicarbonate of soda, and sugar in water. I had never tasted such a solution, but I had a strong hunch it would be no more appetizing to Eva than Maggi's Chicken Broth. Then one day at the house of a child recovering from an upper respiratory infection I happened to see an empty bottle of suero.

Doctors in Mexico commonly prescribe solutions of sugar, salt, and water for debilitated patients. The patient takes the doctor's prescription to a pharmacy, where he is given a liter-bottle bearing an elaborate technical label and fitted with a sterile rubber stopper designed to connect with intravenous tubing. The popular name for these solutions is suero (English "serum"), an expensive misnomer that lends the mystique of transfusions to a bottle of sugar-water. People pay eight pesos, more than half a day's wages for (some peasants, for what the doctor and pharmacist know the patient could probably mix up at home for next to nothing. The very cost of "suero" and its space-age packaging raise popular expectations as to its effectiveness. Rural Mexicans have inordinate faith in the curative properties of "suero," injections, and x-rays. I had run into the "suero" cult in the more assimilated Valley, but until seeing the bottle in San Pedro I assumed it had not penetrated the Sierra. I asked the older brother, who had brought the solution to his sick sister, what it is used for.

"It gives strength to the blood." I decided to exploit the inflated reputation of "suero" to increase Eva's intake of water and sodium.

I mixed up a batch and flavored it with Tang (good enough for the astronauts, good enough for Eva). I put it in a likely-looking bottle and brought it to Eva on my next visit. I took care to call it "suero." Abram thanked me earnestly, as he did whenever a new medicine appeared on the scene. Together



we served it up to Eva. She made a little frown with each swallow. After five tablespoons, she refused any more. It sat untouched on their altar for a few days, until I inconspicuously carried it home and poured it on my garden.

One day I made Jello and tried it out on people I was treating. The children ate it happily. For them it is a treat associated with fairs and fiestas, where it is sold like candy at high prices in little plastic dishes. I have come to count on it for helping children start eating after gastrointestinal troubles. Eva had never eaten it before. I am not sure she recognized it. She chewed each mouthful thoughtfully. When she had eaten about half a cup, she called a halt. She said she did not mind it. I was elated. I left the rest of the Jello on the altar and asked Abram to have his wife see that Eva ate the remainder later that day. When I came back, it was still on the altar. Why?

"She said it fell cold on her stomach." She firmly refuses to eat more. When I left, she was eating tea, corn gruel, and occasionally some toasted tortilla or a soft-boiled egg, all in scant servings. Other foods she invariably rejected as too "hot" or, more often, too "cold."

Why is Eva starving? Because she lives in San Pedro, in Indian Mexico, in Indian North America, where malnutrition is endemic. Because I have not found the appetizing, nourishing liquid she can tolerate in the quantity she needs. Because whatever I feed her is construed as medicine, and her family will not administer medicine to her when I am not there to do so. Because knowing little of Western medicine and practically nothing of local healing, I cannot yet treat people with therapies grounded in both traditions.

Eva's physical state and problems of nourishment must reflect mental states, too. Let me speculate on these imponderables a little. Why is it that her family will not nourish her as I think they could? I am reminded of my first visit to see a woman I will call Ramona. For six months she had been losing weight and strength. She suffered from diarrhea about half the time. She had no appetite. Younger than Eva, she was not so debilitated yet, but she was frail, hypotensive, and slipping into despondency. While I was examining Ramona, her husband, a drunk, questioned me aggressively. He was feisty. I brought out the worst in him, I think. I told him I thought Ramona was very ill, but that with time and careful nursing she could be cured.

"Does that mean you can save her or not?" he asked.

"I can't do it alone," I said. "You and your sister will have to help."

"But we don't know what to do. You know. You get the medicines. I'll pay for whatever medicines you want to give her. Injections. Give her injections to make her strong. I'll pay, don't worry. What are you going to give her?"

"Well, I will probably try different--"

"Well, it's up to you. She's in your hands now." I feel bullied. I say,

"But you and your sister and Ramona-- everyone has to help."

"No, you tell her what to do, give her the medicine. I'll pay. Don't worry."

Ramona has worsened steadily since that visit. She refuses medicine. While I am there, her husband usually lies on a mat at the far end of the room, on his back with his arms folded behind his head and his legs crossed, reminding me that she is worse.

"The sore throat hasn't gone away yet. She still can't swallow," he says.

"What are you going to do now?"

Abram and his wife are not so explicit as Ramona's husband, but I think they want me to take responsibility for Eva's treatment. They want to leave the mysterious business of curing to a healer. I do not mean to imply that they would blame me should she die (as I expect Ramona's husband would). They just



want to fulfill their obligation to do all they can for Eva by keeping me on the case. They leave it to me to take positive action to heal Eva. They will only support her in the most non-reactive fashion. More aggressive nursing might be dangerous to her or them.

Is Eva malingering, appearing to suffer more than she is? She has been frail and sickly all her life. Now she is 40, unmarried, too weak to help with the hard woman's work in the family even before the sickness began. Now that she is mortally ill, she is the object of elaborate rituals every week or so when she reaches a crisis, rituals involving her whole family, neighbors, and, recently, the gringo. Now that she is ill, she sees her interconnection with other human beings portrayed around her in the drama of the death bed. She has caused her father to spend money he does not have. Her mother carries her from the sleeping house to the cooking house and back again through the day, day after day. Her sister gave Eva her bed. Is Eva choreographing a display of filial piety, exacting these devotions from people among whom she feels useless?

Or are they all, Eva and her family, playing out a sequence that would have ended already, perhaps should have ended already, with Eva's death, but for

my intervention? Most frail female children do not survive childhood. Those who do run a high risk of dying in childbirth. Eva may feel she is a burden to her family. They may feel she is, too. She is. Maybe she is starving, maybe she is not pressed to drink and eat, because she is dying.

Just before I left, there was another crisis. Some mourners came to Abram's compound to visit him just after the burial of a young woman who had died in childbirth. When I came by to see Eva, the mourners had just left. Eva was in the cookhouse, where ordinarily her mother would be preparing supper. She was propped against her father again, the printed saints' images scattered on her blanket, candles lighted, mother praying to herself.

"She's going to die," said Abram. She looked all right to me.

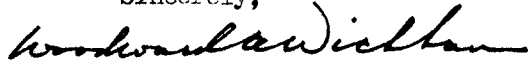
"Why do you say that?"

"People came to visit us-- they had just been with the corpse. Why would anyone do that? Imagine it. Isn't she going to die?"

"I don't think so."

She did not. That was two weeks ago. Tomorrow I am going back up to San Pedro, taking with me solutions and equipment for intravenous feeding.

Sincerely,



Woodward A. Wickham

Received in New York on September 4, 1974.