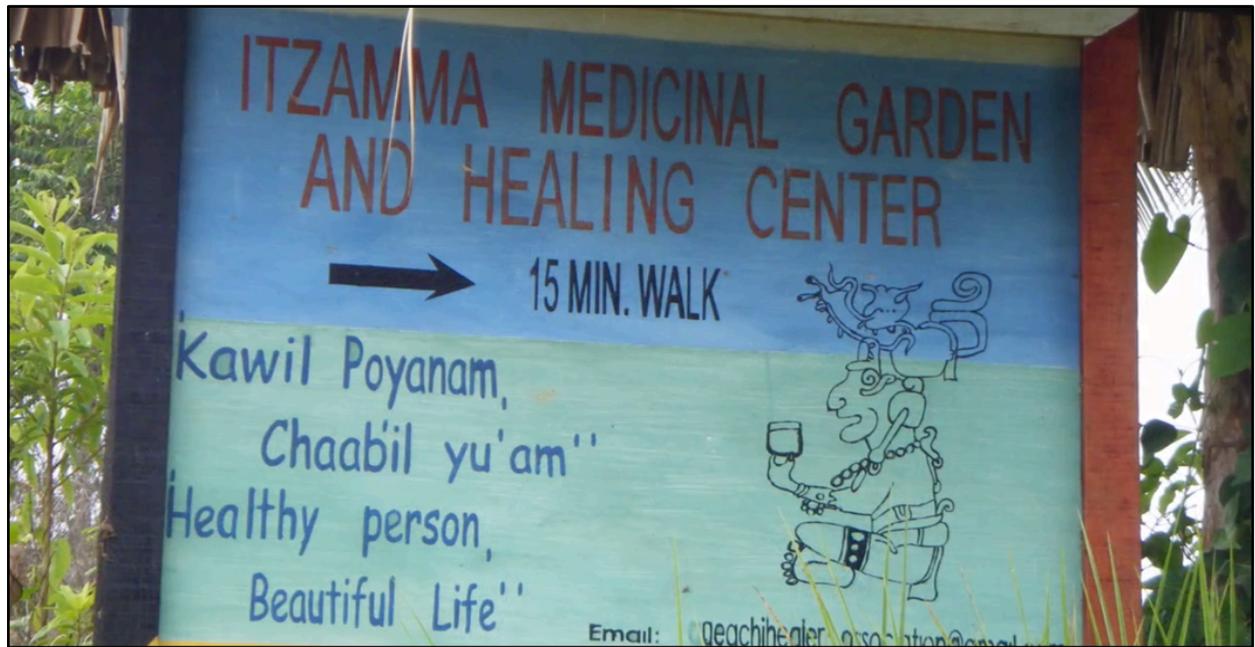


A REPORT ON THE MAYA HEALERS' ASSOCIATION OF BELIZE



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Introduction

History of the Maya Healers' Association of Belize

The idea to form an association started from concerns over the loss of Maya tradition and language caused by the cultural change over the centuries brought by Europeans coming to Belize (Waldram, Cal & Maquin 2009). State policies, churches, and schools were created according to different values which do not promote Maya culture. Some Christian churches, especially evangelical ones, damaged the reputation of healers and with Belize's adoption of biomedicine, many Maya people stopped using their services. The Maya Healers' Association (originally named the Q'eqchi' Healers' Association of Belize but later changed for inclusivity) came together in 1999 as a joint effort of several healers across various villages in Toledo (Waldram, Cal & Maquin 2009:39). The association's primary goal has been to encourage Maya healing among their people and to gain attention from the biomedical community, including healthcare providers and government agencies (Waldram 2009).

The association is structured more as Westernized professional organization with members expected to adhere to collectively determined and peer-enforced rules of conduct. For a healer to join the association, they must have an interest, support the cause, and abide by these rules of conduct, in addition to practitioner expertise. To become registered in the association they have to pass both a knowledge (know more than 150 species of medicinal plants) and a reputational test (where community members are consulted to assure their credibility). The association works in a non-hierarchical manner, meaning that all healers have an equal say in decision-making. Amongst themselves, they give respect to elders and the healers with more specialized knowledge (Waldram, Cal & Maquin 2009:44). Some of the most prominent rules of conduct include: not asking a patient or their family for money and instead accepting whatever is offered; not disclosing when a sickness is caused by *obeah* (witchcraft) to reduce the likelihood of revenge feuds; not performing *obeah*-related practices; not criticizing other members; and keeping to the traditional apprenticeship model of training new healers (where the person interested in becoming a healer selects a master and pays them to share their knowledge in a one-on-one setting).

Registering as an association allowed for the healers to partner with research scientists and receive some funding, a collaboration that provided an opportunity to create a medicinal plant garden to preserve plants which are hard to find or going extinct. This project included gaining 50

acres of land in the Golden Stream area through the consultation and support of the elected alcaldes during that time. The association and their research partners transplanted over one hundred varieties of medicinal plants in the garden which they named Itzamma (De Gezelle 2014). The money needed to transplant the medicinal herbs, build a thatch, purchase necessities to maintain the garden, pay healers for their time, and do research on the chemical composition of plants came from funding provided Dr. John Arnason, a biologist from the University of Ottawa (Canada). He acquired this funding from the government of Canada through several programs: The International Development Research Centre; the Aboriginal Health Research Network Secretariat, and the Natural Sciences and Engineering Research Council. The goal of these funds was to assist the healers to attain their goals rather than to develop patents or otherwise profit from the knowledge cultivated.

The healers felt that this botanical research alone was not sufficiently broad to capture the totality of their treatment approach and requested for another researcher to explore and document those other crucial aspects in a holistic manner. A second partnership began in 2005 with Dr. James Waldram, a medical anthropologist from the University of Saskatchewan (Canada), and co-author of this report. His funding stems from the government of Canada through the Social Sciences and Humanities Research Council of Canada. This research has led to a variety of translational products, including a book about the association called ‘Q’eqchi’ Healers of Belize,’ and the making of a film about Maya Medicine called ‘Healthy People Beautiful Life’ (access to the research, book, and film are provided under the ‘further resources heading’ of this report).

Some healers have passed away since the beginning of this research, and currently there are only four healers left in the association from the original fifteen or so. The collaboration with Dr. John Arnason has now ended because the funding has finished, and he has retired. The partnership with Dr. Waldram continues, however. With the reduction in funding the healers find it difficult to meet, discuss future projects, and maintain the garden’s upkeep.

Some of the projects that have been discussed and were at preliminary stages of accomplishment include discussions with health care professionals about treatment collaboration and building a healing centre in Punta Gorda town near the hospital. While the association helped encourage the practice of Maya traditional medicine, their current standing with few members and little funding, the group is currently experiencing a quiet period with the minimal planning of future projects.

Purpose, Methods, and Outline of the Report

The main purpose of this report is to document the healers' views on the strengths and weaknesses of the association. However, we were encouraged to interview village leaders, including alcaldes, who provided their perspectives on ways of re-thinking what an association may mean and what it could look like. As such, the purpose of this report is twofold: to document what has worked in the association; and to offer insight and recommendations for moving forward. In providing this information, we also hope to dismiss any rumors about the association and its doings.

This report is not a complete list of all the association's activities and goals that have spanned over their twenty years of their existence. The focus here is on activities since the second author became involved in undertaking the cultural aspects of the research.

The structure of the report reflects the issues that emerged during interviews. Ten interviews undertaken specifically for this report are the core of the analysis, but the 15 years of research and activities of the second author and current related work by the first author inform the report. Sources of information are as follows:

1. The five healers from the Maya Healers' Association (MHA): Manuel Baki (since passed), Manuel Choc, José (Emilio) Kal, Francisco Caal, and Augustino Sho.
2. The MHA coordinator: Victor Cal.
3. Pedro Makin, the grandson of the late Albino Makin who helped start the MHA. Pedro has been involved with MHA project and researchers since its beginning.
4. Pablo Mis, the program coordinator of the Maya Leader's Alliance.
5. Two alcaldes: Jan Rash (first alcade of Indian Creek Village) and Alfonso Cal (Alfonso also has ties in the Maya Leader's Alliance).

All interviews were tape-recorded. The interviews completed with Manuel Baki, Manuel Choc, José (Emilio) Kal, and Francisco Caal were completed in Q'eqchi', with Tomas Caal acting as interpreter. Tomas is a Q'eqchi' cultural and language expert with deep knowledge of Q'eqchi' healing, and the son of healer Francisco Caal. The rest of the interviews were completed in English.

The information provided in this report is arranged in categories that emerged from the themes that came up during the interviews. The questions, which framed the interviews, are provided in the 'Appendix' section of this report. Comments and ideas are attributed anonymously to maintain uniformity in the presentation and so that they can be talked about in general rather than linking them to a specific person.

The report is organized into seven sections. The first section looks at why some healers choose not to join an association and the benefits for the healers who did join. The second section looks at the relationship an association needs to foster with alcaides and how this relationship could become stronger. The third section looks specifically at the way things are done, the strengths, and things needing improvement in the Maya Healers' Association, specifically in the domains of its structure, the Itzamma garden, meetings, increasing recognition and interest, and money matters. The fourth section mentions points of critique about the structure of an association. The fifth section offers a brief account of the findings from research by the first author exploring how people use health care services. The sixth section offers concluding remarks. Finally, at the end of the report are three sections providing additional information: 'references,' 'further resources,' and an 'appendix.'

Membership

Reasons Healers Might Not Want to Join

❖ **Issues Relating to Money**

- ◆ Some want to have a set price for their treatments instead of accepting what the patient offers
- ◆ The association does not pay/offer enough money (to be clear, the association does not pay healers for their work with patients; when money is available they receive stipends to attend meetings and group activities, in part to offset their expenses)

❖ **Issues Relating to Change of Traditional Ways**

- ◆ Some believe that healers in the past have always worked individually and, therefore, should not be part of an association
- ◆ Some do not want to follow the rules of an association
- ◆ Some believe that not everyone should have access to become a healer
- ◆ Some believe that the reputation of a healer should evolve through building relationships in the community rather than gaining it from joining an association

❖ **Issues Relating to Confidentiality**

- ◆ Some healers do not want to share their knowledge with other healers because either they believe that:
 - They have more knowledge
 - The knowledge they have is more sacred and can only be shared within family or if they are paid to become a mentor

- A technique, treatment, or plant should not be shared without providing the proper training

❖ **Fear of Consequences of Membership**

- ◆ Fear of being exposed to the public as healers
- ◆ Fear that, within the association, other healers will deny or compete with their knowledge
- ◆ Fear that, outside of the association, healers will be jealous and/or challenge their knowledge through sending them an *obeah*-related sickness
- ◆ Fear of creating partnerships with researchers: Some people believe that healers are ‘selling’ their knowledge

Benefits of Joining

❖ **Knowledge Exchange**

- ◆ Knowledge regarding plants, experiences, treatment cases, and ideas are shared amongst healers
- ◆ All the healers mentioned that this knowledge sharing has helped them in their practice

❖ **Support of Other Healers**

- ◆ Healers shared/received advice about specific treatment cases
- ◆ The more healers come together, the more strength there is to work together to have authorities listen to the group’s concerns
- ◆ To become recognized and create partnerships between healers and medical doctors and government health officials
- ◆ To protest or lobby against authorities who deny their practice as important

❖ **Instilling Credibility**

- ◆ Certification in the association proves a certain standard of competency and sets a standard
- ◆ Identification cards shown to border patrol prove that plants will be used for a treatment instead of selling or transplanting
- ◆ Working with researchers to document ways which Maya treatments and plants are effective

❖ **Gaining Funding**

- ◆ Increases possibility for receiving funding to put towards the maintenance of the garden, promotion of their practices, and future project ideas

Things to Consider with Alcades

❖ **How Alcades View Healers**

- ◆ Having healers in the community is important because they help people and they maintain Maya spirituality and healing to help sustain a community's well-being
 - ◆ Healers have the capacity to treat dimensions of spirituality and relationships among people, something doctors are unable to provide
 - ◆ It is not for alcades to police who is a credible healer and who is not, the healers gain their reputation from a community as a whole
- ❖ **How Alcades View an Association**
- ◆ If the association stems from the people themselves, the leaders (alcades and village council) will support them
 - ◆ A healers' association is important because they can share knowledge and support each other and inspire others to continue the practice
- ❖ **Creating Relationships with Alcades**
- ◆ To start an association the people within it need to get the support from alcades
 - ◆ To cultivate a garden, the association needs to ask permission from the alcades to acquire land (there should be no selling of the land and no selling of the plants; these projects are for the community and should remain for the community)
- ❖ **Improving Relationships with Alcades**
- ◆ The alcades should know what the association is, its goals, and its current projects
 - **Critique:** There needs to be a stronger working relationship between the association and alcades
 - **Critique:** Since alcades change over time, it is important that the association, its goals, and its current status are shared with the newly elected leaders
 - ◆ Organizers of the association should find a way to work with and involve alcades
 - **Recommendation:** Alcades can take a role in the protection of the garden if it is in close proximity

The Maya Healers' Association: Strengths & Recommendations

1. Structure of the Association

- ❖ **Relationship Amongst Healers**
- ◆ There is no competition amongst the healers and no undermining of their knowledge
 - ◆ Some healers have a higher level of knowledge, but this is seen by all the healers as a strength of the association
- ❖ **Leadership**
- ◆ A coordinator helps organize meetings, projects, and assists with technical aspects (i.e. securing funding, finding tools, connecting people, etc.)

- ◆ The healers take care of the garden and generate project ideas
- ◆ Decision making happens as through a group consensus where each healer is consulted to give their opinions/ideas
- ◆ An association should meet the needs and priorities of a community and the longstanding practices of the Maya people (while also being flexible to change with the times)

2. The Itzamma Garden

❖ **Benefits of the Garden**

- ◆ Having one place with all the medicinal plants makes it easier for collection
- ◆ Rare plants that are deep in the forest are protected and populated for healers to have easy access and save time

❖ **Garden Layout**

- ◆ When transplanting the medicinal plants, efforts are made to keep their habitat as it was from where they were collected (i.e. do not cut shrubs or trees that act as a canopy, keep them there – only cut if they are blocking the view of the medicinal plant)
- ◆ Have the plants be visible to the healers and visitors
- ◆ Leave enough room between plants
- ◆ Organize the plants in a row (easier to tell it apart from the weeds)
- ◆ Re-transplant a plant if it grows outside of the row
- ◆ Provide a name tag for each plant (scientific name and its common name in Q'eqchi', Mopan, and English) and place it in front of the plant

❖ **Care Involved to Maintain the Garden**

- ◆ It takes 2-3 healers to clear the garden, including cutting the weeds that are not medicinal plants and clearing falling trees and other debris
- ◆ This clearing should be repeated every 3 weeks
- ◆ Stipend to work in the garden was \$10 for around 8 hours of work, but the healers asked for a higher amount since they paid bus fare out of pocket and lost a full day of farming – The price was then raised to \$22
 - **Recommendation:** To sustain the healer and their household (meaning that watching over the garden becomes a full-time job) they would need to be hired with a salary of \$22 for a total of 8 hours a day and a minimum of 5 days a week

❖ **Recommendations**

- ◆ Train volunteers to clear weeds
- ◆ Have more than one person in the garden at a time for security purposes (that way if something happens to one the other can help)
- ◆ Have an elder paired with a younger person who can take on different tasks (such as doing more of the heavy lifting)

- ◆ Plant a garden where it is more accessible (regarding its location in comparison to nearby villages)
- ◆ Try to find solutions for outsiders to stop stealing from garden

❖ **If more funding were available**

- ◆ Rebuild the thatch (after the hurricane it was rebuilt with zinc) to represent Maya culture
- ◆ Re-organize the garden and keep cutting the trails so that the medicinal plants stay visible and are properly cared for
- ◆ Cut the plants along the trail that lead to the garden so that there is easier access to the garden
- ◆ Buy new backpack spray pumps
- ◆ Create a secure spot to store the gear and other valuable things

3. Meetings

❖ **Meeting Discussions**

- ◆ Healers meet to discuss things like plans for the garden, educational workshops and the healing centre, where expenses should be allocated, research ideas, projects to expand their acceptance amongst Belizeans, and ideas moving forward with Belizean state healthcare

❖ **Money Matters**

- ◆ If there is no funding available for transportation it is difficult for healers to meet outside of their village
 - **Recommendation:** Pay bus fare for members to meet
 - **Recommendation:** Have all the healers in the same or nearby villages meet and discuss and then send out a representative to talk to healers in other villages
- ◆ Because the meeting spot is often far for many healers they would have to bring their own lunch.
 - **Recommendation:** Build a kitchen by the Itzamma garden
- ◆ Meetings happen only when funding money is available; when funding runs out it is hard to plan meetings and therefore set future goals
- ◆ The person responsible to pay the healers their stipend for upkeeping the garden should both decide and commit to a meeting spot, time, and set dates to give/receive the cash in a timely manner

❖ **How to Better the Means of Communication**

- ◆ If needed, a translator should be present to make sure everyone's thoughts are included
- ◆ Healers and others in the association should have defined roles/tasks and commit to them; If a person cannot commit to the role/task they must let others know before the fact, so proper arrangement can be made

- ◆ Have more updates with what is going on in the association (this includes an increase in meetings as a group and in visits from the coordinator)
- ◆ When a matter is discussed, create a “follow-up” list with a timed outline and a set of future steps for its execution
 - **Critique:** A lot of things were mentioned in the group in which just stayed an idea or took a very long time to get started
- ◆ Some people don’t have an easy means to communicate (example: no access to a phone)
 - **Recommendation:** Regularly schedule meetings to set up a predictable routine
 - **Recommendation:** Find creative ways to let everyone know (example: have a healer who is easily contactable pass word to one who is not)
 - **Recommendation:** Have meetings recorded, so that if anyone misses the meeting the information is still available

4. Increasing Recognition and Interest

❖ **Gaining Interest and Followers**

- ◆ Healers can invite people who want to become healers to learn from a healer in the association
- ◆ Healers can invite other healers to join a meeting and see if they’re interested in joining the association
- ◆ **Critique:** The association needs to find new ways to increase the number of members and its recognition as an association
 - **Recommendation:** Healers could go around to different villages to tell them the goals and benefits of the association
- ◆ The association needs to find ways to gain women healers so that women can feel more comfortable practicing publicly and for male healers to pass on cases to women in which they have more knowledge and training
- ◆ **Recommendation:** It would be helpful to have at least two young university level leaders (maybe even doctors) to learn the ways of the healer and advocate for the strengths of both medical systems

❖ **Projecting and Maintaining an Image**

- ◆ People have heard rumors about the association and do not have a clear idea of what it is about or what it does
 - **Recommendation:** Find ways to clearly communicate the goals of the association to the public to avoid rumors
- ◆ The association did not yet have a breakthrough to working alongside health professionals
 - **Recommendation:** Continue discussions on the idea of healers working alongside doctors with health care personnel and government officials

❖ **Educational Practices**

- ◆ The association hosted tours of the garden and explained Maya heritage, spirituality, and healing practices to visitors including students from Belize and visitors from other countries
 - The students (elementary and high school level) show interest in learning about plants as medicines
 - Having students and visitors from abroad learn about Maya healing practices puts the work of the healers on a global scale which could influence acquiring funding
 - This helps promote a positive sense of medicinal plants and Maya treatment techniques
 - The tours can spark an interest in individuals to pursue learning more about Maya healing
- ◆ **Critique:** The formality and rigidity of current workshops to try to get young people involved take away from the spirituality inherent in Maya healing
- ◆ **Critique:** It is often older generations (not younger ones) who have an interest in learning and it requires a specific character, therefore, this practice is not for everyone
 - **Recommendation:** Instead of workshops being tailored towards teaching community members, it could be specifically for healers to be trained in leadership skills
 - **Recommendation:** One of the leadership skills could be to engage in dialogue with younger people about issues and ideas and maybe one of these will become inspired to learn

6. Money Matters

❖ Handling Money

- ◆ There needs to be transparency of the money available and where it is going
 - **Recommendation:** Provide receipts
 - **Recommendation:** Have a log book that tracks the finances and expenses

❖ Explaining Payments

- ◆ Thoroughly explain the difference between stipend (i.e. a limited amount of money usually stemming from a funding source) and salary (i.e. a relatively permanent income generated from a stable source)

Critiques Against an Association

❖ Critiques Against its Policies and Structure

- ◆ It is possible that healers do not follow the rules of the association because they practice across Toledo and it is not possible to track what everyone is doing
- ◆ A group needs to be led by the legitimacy of the people and their system of governance and not one that comes from a documentation or a legislative type of paper

- ◆ The area of traditional medicine and Maya spirituality does not require registration, it should not be boxed within controlled ways of governing
- ◆ The need to register as an association becomes urgent when these groups are seeking funding, but there may be ways to get around this
- ◆ The creation of an association sometimes implies definitions, policies, and legal documentation which imposes and constricts the natural, organic evolution of the healer's practice
 - **Recommendation:** Increase efforts to educate healers and the general public on the value of an organization that is recognized by governmental and other funding agencies, including why policies and procedures are necessary
 - **Recommendation:** Identify the current healers who are practicing around the country to support their practice and to negotiate safe spaces for them to feel comfortable to practice
 - **Recommendation:** Adopt “living policies” that are flexible and can accommodate variation in knowledge and practice

A Brief Account of how Q'eqchi' People Use Medical Services

During June to August 2017, research was undertaken in the community of Indian Creek, a predominantly Q'eqchi' Maya community. The guiding research question was, “How do Q'eqchi' make decisions regarding therapeutic options.” To answer this, twenty-nine interviews (eighteen women and eleven men) were completed.

Belize is a medically plural state comprising biomedical care (polyclinic, hospital, Hillside Clinic, private clinics, and pharmacies), Maya medicine (healers and home remedies), other alternative medical systems (such as that of the Garifuna), and personal spirituality (praying, fasting, and visiting a pastor), among others. People are more likely to seek out medical care when there is a rupture in their sense of well-being, such that their sickness interferes with their daily social and economic activities and responsibilities, rather than when they experience physical symptoms alone. The preliminary findings suggest that many Q'eqchi' people will use biomedical, Maya, and personal spiritual options (a home care option) in a complementary fashion, and that their health care decisions are based on three main factors: the available financial resources a patient and their family have or can accumulate; the type of sickness (including its severity) a person has or is suspected to have; and the patient and caretaker's evaluation of a specific treatment's effectiveness. In the cases where a treatment

already in progress is not working the way a patient and their caretakers hope, they will keep searching for another treatment, accessing services in any or all three of these dominant sectors.

Sickness diagnosis is something that is negotiated between the patient, their family, other community members, and medical experts. The Q'eqchi' view biomedical and Maya medical systems as having different knowledge of sickness diagnosis and treatment. As such, they will often use medical systems one after the other in search for an effective treatment, while often simultaneously making use of personal spiritual practices. Depending in part on the negotiated diagnosis, the patient and their caretakers will make a decision regarding the use of either a healer or a physician in a private clinic. But the cost of treatment is also typically considered, and individuals will often access free services first (such as a polyclinic, hospital, and Hillside clinic). If the physician cannot determine the problem or if the given treatment is evaluated by the patient and their family as not effective, the patient will often explore another option, usually one which requires payment for services, either a private physician (fee for service) or a Q'eqchi' healer (payment amounts at the discretion of the patient).

So long as the patient has the support of others and monetary resources available, they will use all options within and amongst given medical systems until they feel they have achieved a desired state of well-being. While a cure is the ultimate goal of all treatment, a restoration in the sense of well-being, such as the ability to undertake one's expected work or family roles, is evidence of treatment effectiveness and may signal the termination of treatment by the patient.

In many cases, one medical system is often insufficient to meet all a patient's needs, yet there is no meaningful collaboration between medical systems and sometimes within a given medical system. In the absence of a coherent pluralistic medical system, the social sphere, the patient's family and other community members, remains the most critical influence in a person's continuous search for a cure.

Conclusion

Overall, Q'eqchi' Maya communities continue to use the services of healers, and this is an important aspect of their health care. However, the Belize government does not recognize the healers' practice as professional, and some church leaders still condemn the use of their services.

Thus, although Q'eqchi' medicine is used, it still faces struggles in becoming completely accepted.

The idea of a healers' association has its set of critiques which need to be addressed in the commencement of future projects. During the past twenty years, the association has been proactive in generating ideas to support healers' practices. Some of the functions and strengths of the association are highlighted in this report. The healers are proud of the work the group has accomplished, and they have offered ways they believe the association can be improved.

We hope that the information provided will offer guidance for leaders imagining and planning future projects, as well as for anyone interested in gaining a deeper understanding of the association.

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Further Resources

* This is not a complete list of work that has been completed with the Maya Healers' Association.

Videos and Other Resources Available for Free on the Internet:

Cal, Victor, John Arnason, and Todd Pesek

2010 Efficacy of Traditional Medicines: Maya Traditional Medicines and Cultural Development in Belize.

Available at: <https://www.slideshare.net/NAHONews/efficacy-of-traditional-medicines-maya-traditional-medicines-and-cultural-development-in-belize>

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2014 Q'eqchi' Healers of Belize. Saskatoon: AnthroInSight.

A copy is available at the University of Belize in Punta Gorda.

Waldram, James B., and Tomas Caal

2015 Healthy People, Beautiful Life: Maya Healers of Belize. 47 min. Saskatoon: AnthroInSight Productions.

Available at: <https://vimeo.com/122357121> and on Facebook at <https://www.facebook.com/Anthroinsight-1474961999394425/>

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<p>Outline of references: These are listed in alphabetical order and take the general form of: Name of author(s) Year of publication. Title of paper. <i>Name of Journal where paper is published</i> Journal number:Page Numbers.</p>

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Appendix

* These questions were the main prompts but, in each interview, we probed with more detailed questions to get a better understanding of the shared context.

Questions for Healers

1. Can you tell me a little bit about the association?
2. Why did you decide to join the association?
3. What is the group dynamic like in the association?
4. What are some of the strengths of the association?
5. Did anything about the association help you as a healer?
6. Did the garden help you with your practice?
7. If you could change something about the association what would it be?
8. Did you ever have problems with other people judging you for being in the association?
9. Some healers do not want to join the association, why do you think that is?

10. What are your thoughts on new members joining the association?

Questions for Others

1. What are your views about healers?
2. Are healers different than doctors, and if so in what ways?
3. Should the practice of Maya healing become more accessible to youth? Why or why not?
4. Is there a way to change the stigma of healers as ‘obeah-doers’?
5. Is there a way to encourage healers to practice in an open manner?
6. What are your thoughts about the creation of a healers’ association?
7. Why do you think some healers would not want to join an association?
8. Should alcaides have a role in the association? If so, how?
9. What do you think are some of the perceptions people have about the Maya Healers’ Association?
10. What do you think is the goal of the Maya Healers’ Association?