Immigrant Health Care Niches: Exploring the Role of Botánicas in Tampa, FL

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ABSTRACT

Botánicas are shops found in most major U.S. cities with a Latino population that carry products and provide services that are essential elements of alternative medico-religious systems that originated in Latin America and the Caribbean. This paper briefly examines the ways in which immigrants in the U.S. utilize traditional or alternative systems of healing, often – and even usually – as a complement to biomedicine. It then summarizes the small amount of literature on botánicas and the role they play in immigrant health in the U.S. This is followed by a discussion of an exploratory research project on botánicas in Tampa, FL, where a number of botánica shops are found in various neighborhoods in the city. A basic description of the shops and interviews with shop owners are presented, followed by a discussion on the potential significance of the geographic location of two particular groups of botánicas is explored.

Introduction

Health care and immigration are two highly polarizing issues in the U.S: who “should”, or should not, have access to health care is routinely debated, while unauthorized immigration is often framed as harmful to the country. While the number of legal immigrants in the U.S. from the Caribbean and Latin America has steadily decreased over the past several decades, the actual resident population from this “sending region” has dramatically increased due to undocumented immigration (U.S. Census Bureau 2009). Immigrants from this sending region are known to use a number of alternative and traditional health systems that now play a role in health care practices of that population in the U.S. With the exception of research that examines how immigrants use the U.S. health care system (Saint-Jean and Crandall 2005; Horton 2004), however, the intersection of health care and the immigrant population is relatively under-researched.
Biomedical health care services are available throughout Latin America and the Caribbean, and, as is the case in the U.S., many people use biomedicine alongside various forms of complementary and alternative medicine (CAM) (Hunt and de Voogd 2005, Balick et al. 2000; Berk et al. 2000). Many CAM models from the Caribbean and Latin America use a more holistic approach than that of biomedicine, focusing not only on physical, but also on mental, and spiritual, health. Curanderismo, Santeria, and espiritismo are examples of health-care models that may be used exclusively or in conjunction with biomedical treatment (Halberstein 2011; Balick et.al 2000).

Botánicas are shops found in most major cities with a significant Latin American population that typically carry items that are essential elements of alternative medico-religious systems like those mentioned above. Botánica customers, as well as the healers that work in or with botánicas, are most commonly immigrants from the many corners of the Caribbean and Latin America (Murphy 2010; Viladrich 2006a; Suro 1991). In the U.S., the botánica represents an integral resource for practitioners and patients who practice such a holistic approach to healing.

In order to better understand the functions of botánicas, interview and geographical data are used here to explore how immigrants in Tampa, Florida, use traditional or alternative systems of healing relative to biomedicine. The geographic location of two particular groups of botánicas in the research area points to their use as complementary to biomedical services provided in the immediate vicinity. This paper presents the results of that study and argues that botánicas are a site of complementary health services, serving populations beyond the Latin American/Caribbean immigrant population, contrary to what is commonly proposed in the literature.

Immigrants and Health Care in the U.S.

There have been a number of studies on the health care practices of both documented and undocumented Latino immigrants in the U.S. (Berk et al. 2000; Hirsch 2003). Undocumented immigrants have been accused of overusing the U.S. health care system in the popular media; however, in their study of health resource use by undocumented migrants, Berk and colleagues (2003) show that this perceived overuse is unlikely. They found that undocumented migrants visited physicians less frequently than either other Latino migrants or the general U.S. population. They also found that undocumented immigrants rarely make use of most public health programs. While some of the perceived barriers to health care access are unique to undocumented migrants (especially the fear of being caught and deported), some also affect the wider Latino immigrant population. These perceived barriers include language differences, lack of insurance or other
cost-related issues, and a set of health beliefs thought to conflict with those of western biomedicine; however, it may be inaccurate to discuss “health beliefs” as a barrier to health care. Many immigrants, documented or not, use some form of CAM in addition to biomedicine, at certain times or for certain purposes.

An increasing number of studies show that immigrants from throughout the Caribbean and Latin America are not only familiar with biomedicine, but use it either exclusively, or as a complement to other alternative health approaches (Hunt and de Voogd 2005; Hunt et.al. 2000). Indeed, Mexican-American participants in one study saw no particular relevance to questions about traditional attitudes and beliefs about health care and did not see such factors as barriers to biomedical care (Hunt et.al. 2000). Instead of viewing multiple treatment approaches as conflicting, patients often saw the use of numerous treatment approaches as complementary and employed diverse health beliefs simultaneously in the search for optimal treatment (Hunt et.al. 2000). Similarly, Hunt and de Voogd (2005) show that their sample of Latino patients did not hold folk beliefs or other alternative views on their health above their biomedical diagnoses. American clinicians often possess generalized or stereotypical perceptions of Latino culture as religious, male dominated, family centered, and superstitious, among others. While Latino participants in this study cited some of these as factors in the health care decision-making process, they relied on them neither universally nor exclusively (Hunt and de Voogd 2005). This finding reveals that Latinos are more likely to make use of a blend of alternative and biomedical health beliefs and practices than to follow one or the other system.

In fact, this blending of health paradigms has been reported in a number of studies on Latino and Caribbean populations. For instance, in his study on immigrant Haitian men in a detention center in south Florida, Nachman (1993) reported that their beliefs about tuberculosis (TB) causality and treatment did not rely on their traditional beliefs alone. The author admits to initially overestimating the role of traditional beliefs among his participants, and reveals that, conversely, most accepted their biomedical diagnoses. Still, participants continued to hold more traditional beliefs about TB that did not necessarily contradict their biomedical diagnoses. In short, the Haitian men in this study can be seen as blending biomedical explanations and treatments with traditional beliefs and therapies.

Similar blending has been observed in diverse U.S. immigrant populations. For instance, Vietnamese participants in one study sometimes refused to comply with biomedical treatments because medications were seen as too strong and with too many side effects (Ito 1999). These beliefs, however, did not necessarily discount the value or efficacy of the biomedical system, but instead led to a type of blending of traditional health practices with biomedical ones in which pharmaceutical medications were used at patients’ discretion along
with other traditional remedies (Ito 1999). Similarly, Borovoy and Hine (2008) found that elderly Russian immigrants with diabetes incorporated traditional concepts and therapies where the biomedical and traditional systems did not align. Health workers saw their culture as a barrier to effective diabetes management, when, in fact, biomedical treatments were being fit into the Russian traditional system, leading to a unique blend of the two (Borovoy and Hine 2008).

It is apparent, then, that this blending of health models is more the norm than the exception among immigrant populations in the U.S. The factors behind this blending, however, are variable between and within immigrant groups. While some groups may find the side effects of medications too strong, others may feel their system is more effective than biomedical treatments. In her study of healers in botánicas, Viladrich (2006a) reports that some healers promote their traditional methods as superior to biomedicine: they hold that surgery and other invasive treatments along with chemicals and pharmaceutical drugs can be more dangerous. They also decry the for-profit system that is often employed by biomedical practitioners. On the other hand, patients are likely seeking health care that is familiar, appropriate, and effective (if not affordable), all of which leads to a blend of treatments (Viladrich 2006a). The actual composition of the blend depends on the ailment, the person, the setting, and a complex of factors unique to each situation.

An Introduction to Botánicas

It is commonly reported that every city in the U.S. with a substantial Hispanic population will have at least one botánica, and most cities have numerous such shops (Delgado 1998; Gomez-Beloz and Chavez 2001; Suro 1991). Botánicas are not legal medical establishments, but instead are typically registered as religious or herbal shops (Viladrich 2006b). This legal distinction is significant, as botánicas and their employees who offer traditional healing may run the risk of violating medical practice and licensing laws. For example, Mautino (1999) cites two cases in which alternative healers fought the U.S. legal system for years (one for five, and one for 14 years) over charges of providing traditional medical services without a license to practice medicine. Healers who include a deep spiritual element in their practice and therapeutic approach are not generally supported in the U.S., and often encounter legal and cultural challenges (Mautino 1999).

Botánicas are not only sites where alternative forms of healing are supported, but also where they take place. The products botánicas sell correspond to a number of different traditions that have a certain shroud of secrecy around them, perhaps due to the vague legal status that they occupy. Viladrich remarks that the botánica is the “‘visible door’ to the ‘invisible’ world of Latinos’ folk
healing, as their owners and employees provide health services to clients on their premises or refer them to both informal and formal health care providers” (2006b:135). In effect, botánicas are shops that sell a variety of religious and spiritual products and services related to diverse alternative and traditional healing systems. Items such as statues, candles, incense, clothing, herbs and herbal products, stones, beads and jewelry – all imbued with religious and healing properties – are available at the botánica. This wide variety of products provides practitioners and participants with the necessary goods to conduct numerous spiritual and healing rituals across many traditions (Murphy 2010; Suro 1991).

Additionally, many botánicas offer consultations, in which a customer sits with a healer for a diagnostic session, after which some combination of prayers, herbs, and rituals are prescribed to effect a healing.

Suro defines botánicas as “a kind of general store geared towards all things magical and spiritual” (1991:84). He goes on:

In reality, it is a gathering place where…people, for the most part, seek realization of their dreams and aspirations or protection from forces beyond their control. Ultimately, a botánica could be seen as a microcosm of one of the most microcosmic areas of the world – the Caribbean basin. The diversity of the region in terms of synthesized cultures – blending of races, languages, religions – is without precedent as a global melting pot and the botánica is a perfect reflection of this phenomenon. (1991:85)

Suro (1991) emphasizes the supernatural aspect of the botánica’s products and prescriptions, detailing how Latin American leaders, such as Manuel Noriega, Rafael Trujillo, and Francois Duvalier, consulted the types of healers commonly employed in botánicas. The supernatural aspect of the healing systems common to botánicas is an integral part of the holistic approach of such systems: healers treat patients holistically by evaluating the physical, spiritual, and emotional aspects of their patients’ ailments. Health conditions are seen as having natural or supernatural causes and/or symptoms (Viladrich 2006a). These varied causes and symptoms thus require the appropriate avenue of healing.

An important feature of this holistic approach to healing is the use of herbs in a variety of forms, including fresh or dried, or infused into oils and soaps. In fact, the availability of herbal products appears to be at the root of the name of the botánica shop (Suro 1991). Traditional healers often use herbs in their practices and prescriptions, and botánicas offer such healers a place to work and/or a place to refer their patients for the required herbs and preparations. Research by Viladrich (2006a) has shown that most traditional healers in New York City prefer the use of herbal remedies over pharmaceutical drugs, especially for minor conditions. A number of articles in the literature focus on the identity and efficacy of specific herbs that are sold in the botánica (Balick et al. 2000; Hodges and
Bennet 2006). Additionally, most of the herbs and other plant-based products (not to mention other natural objects) available in the botánica have properties that are effective in the natural and supernatural realms. These products and preparations can affect patients in a variety of ways in regard to their health and illness. (Viladrich 2006a). Viladrich (2006a) further explains the “poli-functionality” of herbs, or how herbs have multiple uses and can be effective on both the physical and spiritual levels dependent on their preparation, combinations and application. Herbs can work on each of the physical, spiritual and supernatural levels in an attempt to bring balance to the patients’ lives (Viladrich 2006a). We see, then, that herbs in their various preparations comprise an integral aspect of the botánica and its services.

Still, the literature remains relatively thin in terms of research on botánicas themselves or their customers. There are some studies done in the fields of public health and social work; for example, Gomez-Beloz and Chavez (2001) conducted a study in a botánica in Chicago, in which they interviewed the proprietor of the store as well as 26 of its customers, all but two of whom were born in Mexico. Their study showed that for some people, botánicas offered the only form of health care; while for others, those with access to biomedical care, botánicas offered a complementary option. For all of the participants, the botánica acted as a culturally appropriate source of health care (Gomez-Beloz and Chavez 2001).

Additionally, Gomez-Beloz and Chavez found that people do not use the botánica to address only folk illnesses, as 71 percent of the study participants were seeking treatment for physical ailments, including “asthma, back pain, constipation, cough, intestinal/stomach problems, menopause symptoms, nervous system problems, swollen legs, stretch marks, and being overweight” (2001:543). The botánica also functions to aid in avoiding some of the systemic pressures of the biomedical system that are often faced by health care-seeking immigrants, including issues related to language differences, racial discrimination, transportation, legal status, insurance or lack thereof, time missed at work, inconvenient office hours and long waits for service. Significantly, Gomez-Beloz and Chavez call for a large-scale study of botánicas so as to more fully understand the role they play in the overall health care arena.

Delgado and Santiago (1998) worked with a community-based agency, a local university, and botánica shop owners in a predominately Latino section of a northeastern U.S. city. Shop owners were paid to participate in HIV/AIDS workshops where they learned the causes, transmission, symptoms, and testing procedures of the disease. One of the botánica owners referred nine of 53 individuals tested at the participating agency in the three months following the workshop. The authors considered this pilot project a success, and noted that botánica shop owners are valuable local contacts who can provide access to and understanding of community needs and behaviors. This study provides further
evidence that botánicas do play a role in the health care approaches of Latinos and others, and that this role may be complementary to available biomedical services. Botánicas may also be valuable partners in public health initiatives that target Caribbean and Latino populations.

A more recent study by Menard et al. (2010) investigated the feminine hygiene practices of Haitian immigrants in the Little Haiti neighborhood of Miami, Florida. The study took part in two phases. The first was comprised of interviews with Haitian immigrants, and the second interviews with botánica owners on specific remedies and preparations used for feminine hygiene. The study found that the beliefs and practices of Haitian immigrant women closely matched those of botánica owners, suggesting that the botánica is a site from which health information is shared and disseminated to the community.

Viladrich (2006a and b), one of the few anthropologists researching botánicas, has conducted a year-long study in New York City on botánica owners, workers, healers, and customers. She reports that botánica owners and employees tend to keep a low profile, and rely on word-of-mouth for customers to avoid attention from health inspectors and immigration authorities. They must exercise caution in providing services, as they could be cited and shut down for practicing medicine without a license. Further, as some are undocumented or under temporary visas, attention to the botánica puts employees and customers at risk of deportation, all of which confirms the work of Mautino (1999) discussed above. An additional factor that plays into the reluctance of owners, employees, and healers in divulging much information about their products and services is the fact that some botánica products have been found to contain harmful chemicals, such as mercury, and thus have brought negative attention to some botánicas (Riley et al. 2001). Still, botánicas are an important source of information regarding alternative remedies and treatments, which is shared between proprietors and customers over time. In other words, the botánica and its associated practices are not static systems, but instead are open to innovation and newly generated knowledge (Viladrich 2006a).

The work of Viladrich also offers insight into the complex issues surrounding the use of botánicas in the U.S., which has among the most biomedically-oriented healthcare systems in the world. She describes the structural issues at play:

Botánicas’ clients are largely recruited among the uninsured immigrant poor who are more likely to experience the physical and psychological impact of grueling economic conditions, including unemployment, the loss of safety net services, access barriers to health care, discrimination, police brutality and so on. To a certain extent, Latino healers are botánicas’ ethnic gatekeepers that connect
immigrants, like themselves, to alternative networks of care within a culturally meaningful explanatory model of disease and healing. (Viladrich 2006b:143)

Botánicas, then, are not only a place for immigrants and others to seek care, but also a space that offers some semblance of hospitality, familiarity, and safety to vulnerable populations with limited access to biomedical care. The botánica offers immigrants, especially those from throughout Latin America and the Caribbean, quick and appropriate service for and information about emotional and physical ailments in a safe, comfortable environment.

Botánicas in Tampa, FL

My project began as an investigation into the role of botánicas in health care provision for the residents of Tampa, Florida. Botánicas throughout the city were identified through paper and online directories, as well as through “drive-by” searches, in which botánica shops were identified by systematically driving through the city. The “drive-by” search method was based on our knowledge that some botánicas were not listed in online or phone directories. It should be noted that these methods of locating botánicas does not guarantee that we located all such shops in the city; however, we are confident that our search identified all the shops in the areas that encompassed the clusters that are described below. An open-ended interview guide created by the research team was utilized in interviews of two botánica owners. The interviews took place in the respective owner’s shops and were attended by both researchers of the team. While this study must be considered exploratory and is limited by the low number of interviews, we believe that a number of key findings were uncovered that could guide more in-depth research in the future.

The city of Tampa can be considered as having a fairly large Hispanic population, as 58,180 people are of Hispanic or Latino heritage, making up 19 percent of the city’s total population (HCA 2009). It should be noted that the Hispanic population of Tampa is significantly comprised of Cubans, Puerto Ricans, and Colombians, which may differ from other cities in the U.S. (HCA 2009). The literature on botánicas, which notes that botánicas will be present wherever there is a large Hispanic population (Gomez-Beloz and Chavez 2001), is shown to be the case in Tampa, as well. To date, we have identified at least 12 botánicas in Tampa. Some of the 12 known botánicas were discovered through online directories, but were confirmed by driving to and around the locations. This method revealed several botánicas that were not in the directories. Our study has identified two clusters of botánicas on which we have decided to focus our
analysis in an effort to determine the basis of their proximity to each other. Nine of the known botánicas in Tampa are represented in the clusters (Figures 1 and 2).

Cluster One is in an older section of the city and is mostly on the main east-west artery of W. Columbus Dr. through the neighborhood of Northeast MacFarlane. Of nearly 8000 residents in the neighborhood, 70% are of Hispanic or Latino heritage (5,545), and approximately 3500 people speak Spanish as their primary language (HCA 2009). The per capita income in the neighborhood is $14,489, compared to $22,000 in greater Tampa, and 17% live below the poverty line. The neighborhood is largely high density residential (60.55%) and commercial (19.45%), with just a small amount of recreational space (11%). There are no hospitals in the neighborhood; however, there are a number of private medical offices.

Cluster Two is north of Cluster One, and is on the western edge of the Lowry Park Central neighborhood of Tampa. There are fewer people of Hispanic or Latino heritage here, as only 825 of nearly 2900 residents are Hispanic (29%) (HCA 2009). Fewer still speak Spanish as their primary language (528, or 18%), but they make up a larger percentage of the Hispanic population (64% versus 44% in Northeast MacFarlane). A similar proportion of residents live below the poverty line (18%), although the per capita income is slightly
higher ($16,369). Geographically, the neighborhood is mostly high density residential (65.81%), somewhat less commercial (7.1%), and has significantly more recreational space (22.22%). There are no hospitals in the Lowery Park Central neighborhood either, yet there are, similarly, a number of private medical offices.

Our study began with a preliminary spatial analysis of the area in which the two botánica clusters are located. The combined Hispanic populations of the two neighborhoods make up approximately 11% of the total Hispanic population in Tampa. Such a low percentage implies that there may be other reasons behind the location of the botánica shops. Figure 3 shows the private medical services in the areas around the two clusters of botánicas. “Medical services” is a term that includes anything from a family practitioner to a dentist to a surgical specialist, and is meant to capture the full range of biomedical services in the area. It is clear that the area between the two clusters has a high density of medical service establishments, and could be described as biomedical corridor.

The lack of hospitals in the immediate vicinity of the botánica clusters could be significant to our study for a number of reasons. For instance, hospitals represent a common source of primary care for many uninsured persons in need of care (see Ginde et al. 2012). Because these clusters of botánicas are situated near the types of providers that require insurance, it could indicate that having health insurance does not necessarily influence whether people use alternative health services such as those available through the botánica. Therefore, while likely an important source of care for the uninsured, the botánica may be more important for the alternatives that they offer as opposed to simply a source of care for the uninsured.

Turning back to Figure 3, the blue markers represent the botánicas, and Cluster One can be seen on the southern end of an area with a relatively dense concentration of biomedical services nearby. Cluster Two is at the northern end of
the biomedical services concentration, and slightly more spread out. We propose that the location of the botánicas within such a high-density area of biomedical service establishments further confirms the complementary role that botánicas play in the lives of their customers. While our interviews confirmed the complementary use of biomedical and botánica, further spatial and qualitative research could help confirm these observations.

One botánica in each cluster was selected for this project, and each of the remaining seven botánicas were visited to confirm their products, services, and hours when possible. All of the botánicas sold religious/spiritual items along with an array of herbs and herbal products. Products available to customers included statues and statuettes of saints and other sacred figures (including Hindu, Buddhist, and Native American); candles, incense, urns, and pots in which to burn things; stones, beads, and various metal objects; dried and fresh herbs; herbal lotions, soaps, cleaners and extracts; clothing (robes, hats, skirts), necklaces and amulets; images of saints and other sacred figures; and stick bundles. Consultations were offered in a number of the botánicas, but could not be confirmed in all of them. Consultations are for a variety of advertised purposes, including spell breaking, spirit cleansing, diagnosis of health problems, and to address spirit possessions. The shops’ hours of operation ranged from 9:00 or 10:00am until 5:00-7:00pm, although one shop was observed to be open and active with customers well past its closing time, despite the sign on the door turned to read “closed.”

Botánica One is a small shop located in Cluster One, and is reportedly the newest shop in the cluster at three years old. It is located in a strip shopping center with a number of other businesses that cater to the local Hispanic population, including a Latino restaurant, a Latino music store, a calling and mailing shop, a beauty salon, and others with Spanish language signs and names. We interviewed the owner of the shop, who is also a Babalawo, a healer of the If (Santeria) tradition. He has been in the U.S. for 15 years, in Tampa for 13, and appeared to be about 40 years of age. He was at first skeptical of us, as he thought we may have been police investigating his store. He began by describing the store as selling only religious items, and was hesitant to tell us more until we were able to assure him that we were not law enforcement officials. He reported that his customers are from throughout Latin America and the Caribbean: “They’re from all over! I have Cubans, Dominicans, Colombians, Central Americans, Puerto Ricans, Mexicans… They’re from everywhere.” The diversity of the customers also indicates that they practice a variety of religions. He said that most of the customers already know what they want when they come in to the store, and he felt that it was “not ethical ... to ask them what they need the things for.” After talking for a little while, he began to talk more freely, and described his consultation process. He explained that he takes a patient into a back room in the
shop and begins by asking them to describe their problem. He then consults with Orunla (an Ifé saint or deity) who tells him which potions to make, which rituals to assign, or which items the customer must use (and purchase). He emphasized that he tells all of his patients to go to a biomedical doctor first for any physical ailments, and he said that most do.

He told us of two cases, both involving cancer patients who had already seen biomedical doctors. In one case, the patient came to him for a consultation to improve the chances of success of an upcoming surgery to remove a cancerous tumor. He performed a cleansing, gave the woman a potion to drink, and when she went to have the surgery, the tumor was gone. In another example, the owner stressed the importance of belief in the efficacy of his treatments. In this example, he related how a woman who had a cancerous mass on her liver was brought in for a consultation by her boyfriend. He explained her lack of faith in his treatment, and how the boyfriend had convinced her to give it a try. During the consultation, the healer’s deity told him the illness was due to a curse placed on the woman in Cuba by her stepfather. He gave her a potion to drink, and when she went in for surgery, the mass was not there. A while later, the boyfriend returned to the store for a different reason, and the healer asked him about the woman. The man related how the woman’s blood got infected after (or during) the surgery and she died soon thereafter. Asked why he failed to bring the woman back, the boyfriend replied that she did not really believe in the healer. The healer said he could have healed her, and explained how the woman’s lack of faith in the healing ultimately led to her death. These stories illustrate that people seeking out the services provided in a botánica are likely using biomedical services at some point in their treatment.

The botánica shop in which we interviewed the owner was in some ways similar to the other three shops in cluster one, though the other three shops appeared older as they were in clearly more established locations. Each shop sold a similar array of products, although some had a bit more variety. It also appeared that they all offered consultations, although this was not confirmed in one of the shops. In all, three of the botánicas in the cluster were in strip shopping centers with other Latino businesses. The fourth stood alone in a small building. This cluster marked the southern end of what may be described as a biomedical corridor that essentially stops at the interstate highway a few blocks further south.

Cluster Two, located to the north of the first cluster, is slightly more spread out, although this pattern reflects the wider neighborhood in which it is located, where there is less overall density. Four of the five botánicas in this cluster were located in strip shopping malls and surrounded by at least one or two Latino businesses. This area also had a number of businesses catering to an Asian population. The fifth botánica, which we were not able to visit, is located in a large indoor flea market open a few days a week. The botánicas in this cluster
appeared less established, as all but one were in fairly run down shopping plazas, and two offered a lesser array of products. The exception was one well-established botánica that had its own van advertising its services on the side. This botánica was packed full of products, and was located in a busier and better-kept plaza.

We interviewed one botánica owner in this second cluster, a woman of Cuban decent. Her store had been open for under a year, and she was not yet offering consultations, although she was planning to do so in the near future. Still, there was a Santero, a healer of the Santeria tradition, sitting in the store who offered to do a consultation for us. This store had among the greatest array and number of products, but they were all within the same categories of those available in other botánicas. The owner reiterated the diversity of her clientele, explaining: “They are from everywhere. I even have had women from the United States buying candles and incense in here. My customers are all of the people.” When asked about how the customers use the shop and its products for health issues, she believed that everyone used her products in addition to biomedical care. Similar to the botánica interviewed in Cluster One, she did not question her customers about product use, and she also noted how most customers knew what they wanted or needed. Her reported lack of interaction with her customers may have been especially so since she was not yet offering consultations. With the agreement of the Santero, she explained the value and strength of herbs in terms of healing. The Santero even interjected, “With the right herbs, anything can be cured.” Despite its relatively short history, this botánica was among the better stocked with products, and its plan to include consultations indicated that it was likely establishing itself as a well-utilized botánica in the area.

In summary, through the botánica interviews, it becomes clear that botánicas offer a place where complementary or alternative health care is available. The botánicas’ locations within an area densely populated by biomedical service providers further suggest their complementary or alternative role. While utilized primarily by Latino and Caribbean populations, the botánicas are frequented by populations from a wide variety of backgrounds and are not limited to those who follow medico-religious traditions. The reporting that customers typically know what they want when they come to the botánica points to a number of possibilities: there are traditional healers operating in Tampa outside of any formal business or service provider; knowledge of traditional and alternative healing is fairly widespread in the city, and not limited to the immigrant population; and, the internet may be increasing knowledge of alternative and herbal treatments in the general population. It may also be the case that botánica owners do not report customer interactions for fear of potential legal implications.
Conclusion

A review of the relatively scant literature available, along with the research reported here, reveals that the botánica shop is a site where a form of health care is accessed for a diverse population. Botánicas do not necessarily replace biomedical health services, but typically offer a complementary service, and in situations when biomedicine is too costly or daunting, they do offer an alternative. These shops function to fulfill health care needs that are not addressed by biomedical services, namely the spiritual and emotional aspects of health and illness. While the research conducted for this paper should be considered as purely exploratory, it does confirm the findings of Viladrich (2006a and b) and others discussed above, and also points to a number of important avenues for further research. Botánica owners and employees offer a valuable entrance into the world of traditional medico-religious traditions. They offer a potential avenue in which to study the extent that these traditions are practiced and utilized in Tampa’s immigrant population. Further, because there are a number of botánicas in the city that appear to provide complementary health care options, they could represent important partners in public health programs, such as the one described by Delgado and Santiago (1998). As noted above, the botánica offers a site of entrance to a diverse population that utilizes complementary and alternative health care, which may otherwise be difficult to reach. Bringing botánica workers and owners into partnerships with public health outreach programs could offer sorely needed services to populations in need. Further, such projects could lessen the marginalization of botánicas themselves from the wider health care system within which they operate.

The exact function the botánica plays in the everyday lives of immigrants remains unclear, as they appear to be used for a variety of purposes that varies culturally and individually. Viladrich (2006a and b) reports that botánicas play an important role in providing a space for much-needed social support for immigrants in New York City. Following this vein, Menjivar (2002) has dramatically detailed the role that social support plays in the health of Guatemalan refugee women in Mexico. As sites where immigrants can gather and share information, botánicas may represent more familiar and comfortable places wherein social networks can be accessed and grown, thus potentially further improving health outcomes. In this and other ways, botánica-related research could also prove useful to medical anthropologists and public health researchers. Further research with botánica customers would reveal how botánicas are utilized in peoples’ health care seeking behaviors. Research among customers would also aid in understanding how many people use the botánica as a primary source of health care, as well as the actual composition of this population. As it stands, the number of people without health insurance, as well as the number of
undocumented persons that use the botánicas’ services, is unknown. Research with customers could shed light on this potentially vital site of health care access.

As Gomez-Beloz and Chavez (2001) have noted, if the recent political trend that seeks to limit access to biomedical health care services for immigrants, undocumented or not, continues, botánicas and the services they offer may become an even more vital source of care for those from Latin America and the Caribbean. The fact that at least 12 botánicas currently operate in Tampa, along with the fact that a number are relatively new, offers support to this theory. And while the botánica may offer an important access point to health care, these shops offer a variety of functions, services and products to their customers. As Viladrich (2006b) has pointed out, botánicas are also sites wherein support networks are accessed and strengthened, and where people can find a sense of familiarity and comfort in an otherwise new and unfamiliar country. Indeed, the botánica is a place where traditional healers can supplement their income or make a living, but its role is likely more than that. The botánica is also a place where traditional cultures and practices, and alternative beliefs are accepted and supported. They offer familiarity and support, wherein people outside of the mainstream U.S. can find comfort, understanding, and the health care services they need and desire.

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