

2003

On Choosing a Fieldsite for Health Related Research

Anna Waldstein
University of Georgia

Follow this and additional works at: <https://digitalcommons.usf.edu/jea>

Recommended Citation

Waldstein, Anna. "On Choosing a Fieldsite for Health Related Research." *Journal of Ecological Anthropology* 7, no. 1 (2003): 73-76.

Available at: <https://digitalcommons.usf.edu/jea/vol7/iss1/5>

This Field Notes is brought to you for free and open access by the Open Access Journals at Digital Commons @ University of South Florida. It has been accepted for inclusion in Journal of Ecological Anthropology by an authorized editor of Digital Commons @ University of South Florida. For more information, please contact digitalcommons@usf.edu.

FIELD NOTES

On Choosing a Fieldsite for Health Related Research

ANNA WALDSTEIN¹

As anthropologists interested in applying our research to the improvement of health and quality of life, we often find ourselves in places rife with poverty, violence and environmental degradation—not to mention corruption, scandal and controversy. This can make our job not only heartbreaking, but difficult to carry out.

This paper briefly addresses how the selection of a fieldsite for ethnographic research should be based on more than local health issues alone. Failure to make a careful consideration of broader factors that contribute to the focus of one's study can interfere with the success of research. I discuss two field experiences to illustrate this point. The first is research that I attempted to carry out in Chiapas, Mexico. The second example is from research conducted in Zimbabwe. Both projects involved traditional medicine and a great deal of controversy. Only one was successful.

The ultimate goal of my work in Chiapas was to contribute to a more detailed picture of indigenous environmental knowledge by characterizing the relationship between Mayan perceptions of the medicinal plants they ingest and perceptions held by scientists who study these plants in a laboratory. More specifically, my research was designed to answer the question: Do the Tzeltal Maya share folk models of medicinal plant actions and do these models reflect the biological activities of compounds found in such plants?

I planned to work in the Tzeltal community of Ch'ixaltontik, which is a tiny hamlet in the municipality of Tenejapa. The idea was to elicit folk models of medicinal action for a set of common medicinal plants that could be compared with the scientific literature.

I was awarded a grant from the National Science Foundation to do this research. I also received some funding from the Maya International Collaborative Biodiversity Group (Maya ICBG)² project to translate my findings into Tzeltal. Translating my data and results into Tzeltal would have helped the people of Ch'ixaltontik make claims to their intellectual property and give them leverage to determine what kind of medicinal plant research may take place in their community.

The controversy in this case has to do with the politics of medicinal plant research in Highland Chiapas. Drs. Brent and Elois Ann Berlin and their students have studied Mayan medicinal plants in the region for over 20 years. Unfortunately, their most recent project—the Maya ICBG—caused a torrent of argument and misunderstanding. The Maya ICBG was supposed to be a five-year project that would study Maya ethnomedicine, inventory the flora of Highland Chiapas and screen common medicinal plants for biological activities. The project was also designed to develop sustainable, culturally appropriate income-generating opportunities for the Maya. Finally, it was intended to be a model for

¹ University of Georgia, Department of Anthropology.

² The ICBG (International Collaborative Biodiversity Group) program is funded and administered by the National Institutes of Health (NIH) for the purpose of drug discovery and conservation of biological diversity. For each project, NIH requires collaboration between an American academic institution, an academic institution in a foreign host country, and a private drug company. ICBG projects have been the target of international activism by groups that oppose bioprospecting on principle. Although more Maya approved of the project than were opposed to it, the Maya ICBG was terminated in 2001 as a result of intense international opposition (in particular, from the Action Group on Erosion, Technology, and Concentration—formerly Rural Advancement Foundation International—and Global Exchange).

doing ethnobotanical drug discovery fairly. That is, with the explicit aim of sharing benefits equally with indigenous communities.

The drug discovery portion of the project attracted the attention of human rights groups who assumed that because the project was funded by the American government it had to be another example of corporate interests out to exploit indigenous people. When the regional Mayan traditional healers association (known by the acronyms OMIECH and COMPITCH) publicly protested the Maya ICBG, activists from the United States and Canada (led by the now defunct Rural Advancement Foundation International) rushed to their aid. The healers, with the help and encouragement of these activists, accused the Maya ICBG of stealing their specialist medical knowledge. It did not seem to matter that the Berlins were interested in the medical knowledge of everyday people and had the unanimous support of numerous Mayan communities in the region. Neither the activists nor the healers cared that the researchers had convinced their corporate partner to give a quarter of all potential profits to the highland Maya and developed means to equitably distribute these profits throughout the region. The healer organization had enough political clout to enlist the support of North American activists who were eventually able to shut down the project.

On its own, my research might not have been controversial. But I was collateral damage in the war against the Maya ICBG. I arrived in Chiapas in May of 2001 and was asked to leave Ch'ixaltontik by the end of June. I wasn't asked to leave because people believed I was there under false pretenses, nor were they afraid I'd steal their knowledge and sell it to the highest bidder. I was asked to leave because someone who didn't like my advisor's project started a rumor that if I was allowed to stay violence would come to Ch'ixaltontik. And you don't make it to adulthood in the Maya communities of Highland Chiapas by taking threats of violence lightly.

I left with nothing but very preliminary data and later moved my project to a Mexican immigrant community in Georgia. Before I left Chiapas I spent several months in San Cristobal trying to figure out what went wrong. Clearly, my association with a large

and controversial project had something to do with it, but it's not the whole story.

Local power struggles and violence, which are a reflection of the extreme poverty in the region, played a big role. The Highland Maya are not always the peaceful, harmonious people that idealists would like them to be. It's not uncommon for Mayan political rivals to go to war with one another around election time. Political factions block roads, burn cars, rape women, beat each other within inches of their lives and then beat each other up again once they're released from the hospital. This was going on in Tenejapa when I had to leave my fieldsite. Someone used rumors and reports of this violence to threaten and intimidate the people of Ch'ixaltontik into stopping medicinal plant research in their community.

The relative isolation of Ch'ixaltontik also played a part. There are no roads that go all the way to Ch'ixaltontik, there's no running water and there's no electricity. Although you can hike from the municipal center to Ch'ixaltontik in a few hours, it's as remote as it gets in the Highlands. I and several other students had an opportunity to work with the Berlins in Chiapas in 1997 and met some outgoing people from Ch'ixaltontik. They had an interest in working with us and seemed to enjoy having researchers around. But I didn't meet the people who never went to the municipal center. When I went to live in Ch'ixaltontik I found that many of the people in that community were very reserved with outsiders, socially isolated and shy. This, along with the fact that my Tzeltal collaborators and I had to communicate using a language not our own (Spanish), made the rapport building process slow and tenuous.

Being asked to leave a community isn't the best thing for a young anthropologist's self esteem. But instead of dwelling on my apparent failure in Chiapas I began to think about other field experiences I've had that were successful, specifically the research I did in Zimbabwe for my undergraduate thesis.

The purpose of my work in Zimbabwe was to investigate the role traditional healers play in AIDS treatment and care. I spent three months of 1993 and two months of 1994 in Harare and conducted interviews with eight urban traditional healers who specialized in AIDS care. I asked the healers ques-

tions about their training, knowledge of HIV/AIDS and treatments for AIDS. I also spent several weeks observing the daily practice of one of my informants and interviewed five of her AIDS patients. I found that traditional healers play several different roles in AIDS care. They are educators, physicians, counselors, religious specialists and providers of palliative care.

The controversy I encountered in Zimbabwe related to tensions between the Zimbabwe National Traditional Healers Association (ZINATHA) and the Ministry of Health over traditional healers' claims of having AIDS treatments. In 1991, the Minister of Health publicly challenged healers to search for a cure for AIDS. Many healers responded to this challenge and went public with claims of AIDS cures and treatments. This caused a huge scandal because these healers had no way to substantiate their claims. By the time I arrived in 1993, there were weekly articles in the papers about traditional healers and AIDS. Healers were accused of claiming they had AIDS cures just to make money and the Ministry of Health worried that even legitimate claims would give people false hopes and less incentive to protect themselves from HIV. In October of 1993, the Minister of Health backpedaled from his challenge and told healers that if they didn't stop claiming they could treat AIDS he would prosecute them under a section of the Nation's public health act that makes it illegal to advertise medicines for sexually transmitted disease.

Clinical trials of traditional healers' AIDS treatments, led by members of ZINATHA and the Ministry of Health began in the fall of 1993 but the controversy continued on. Many healers in Harare felt betrayed by the Minister of Health and some became wary of talking about their treatments for AIDS. Although I was studying a controversial topic in Zimbabwe, I was able to collect the data I wanted and write a thesis.

When I first went to Zimbabwe I knew I wanted to research traditional medicine, but I didn't know exactly what I wanted to do. So I went to ZINATHA and asked its Secretary of Education for advice. He suggested I study traditional healers and AIDS. Although I was too young to fully appreciate it at the time, this created a mutually beneficial situation.

ZINATHA was willing to provide me with contacts and a research assistant so I could get my project done and I provided them with free labor to research a topic that they wanted to know more about.

Working with a nationally well-respected professional organization and doing a project for that organization (rather than bringing my own project to them) weren't the only factors that contributed to my success in Zimbabwe. I was also working with an urban population that was used to foreigners, during a period of relative economic stability. My informants were well educated and most spoke English fluently. I was able to communicate with them effectively enough to establish trust quickly. Moreover, I was working with a group of healers who were struggling to be seen as equals by the Minister of Health. They recognized that documenting their role in fighting the AIDS epidemic could help them achieve this goal. Finally, because healers were already involved in doing their own clinical research on medicinal plants used to treat AIDS, there was no fear that I might somehow steal their knowledge.

After thinking about what I may or may not have done wrong in Chiapas and what I may or may not have done right in Zimbabwe I came up with a series of questions that I will always ask before I try to do health related research in a new fieldsite. These questions address political, socio-economic and practical issues that could potentially "make or break" a project.

Since the local power struggles in Chiapas presented a problem I'd want to know something about the local politics of any potential fieldsite. Good questions to ask include: How are communities structured and who runs them? A council? A president? A "mob boss?" Do authority figures truly have their people's best interests in mind? Which political and/or environmental issues do you hear about locally? Of course global politics also need to be considered. Which political and/or environmental issues receive the most attention from foreign activists? Will this research place myself and/or the research community into an international controversy? Could political factions create and use a global controversy as an excuse to prevent projects that would give the masses access to resources?

Racism is a complicated issue that plays into local power struggles, violence and xenophobia. Chiapas has the most interethnic tension that I've ever witnessed. Currently Zimbabwe is experiencing similar tensions, but it wasn't as acute eight years ago. Questions to ask about racism include: Is there a lot of interethnic tension? Do people of different ethnic groups associate with one another? How often does one witness and/or hear about acts of racism? Would I ever feel racism directed towards me? Related economic questions to ask include: Who are the poorest and wealthiest people? Is there a lot of socioeconomic stratification? Does economic stratification fall along racial/ethnic lines?

Because I'm specifically interested in traditional medicine, I would also ask a series of questions related to local health care options: What are hospitals and clinics like? Is it expensive to see a doctor? How much do people rely on medicinal plants for primary healthcare? What other types of traditional medicines do you find? Is there tension between biomedical doctors and traditional healers? Are there national and/or regional traditional healer associations? And most importantly, how do they feel about foreign researchers?

Finally, there are a few basic practical issues that one cannot forget to address. How do you ask for permission to work in the community? Who do you need permission from? How easy is it to find field assistants (i.e., people to interpret and translate, find informants, transcribe tapes)? Is it customary to pay informants? How will the answers to these questions affect rapport building? How do people feel about tape-recording and picture taking? Are people generally "extroverted" or "introverted" informants?

The field experiences discussed in this paper relate to traditional medicine and traditional medical practitioners. However, we need to consider local political scenes, global scale events, interethnic tension, economic conditions and social behavior when selecting a fieldsite, no matter what type of anthropological research we wish to do. If there are signs that a fieldsite is unstable it doesn't mean you should avoid it. In fact, it's probably one of the places that needs help the most and will present the most interesting research topics. But you need to go in with your eyes open, anticipate problems before they get out of hand, do damage control and be prepared to change your project so the needs of individuals and communities in the fieldsite are balanced with your own interests.