

Chapter 11

**Advances and Challenges  
in Safeguarding Traditional  
Medicine in Curaçao**

*Richenel Ansano*

*National Archeological Anthropological Memory Management*

Sitting on an unwallled cement floor with a coconut frond roof (a recently imported trend in outdoor architecture), a group of about thirty people listened on while a man explained how over one hundred years ago his grandfather gave leaves of the plant they were just now talking about to his donkeys, for strength. This would help them carry their loads much more easily. The fact that it thundered for several seconds at the exact moment the man finished talking was taken as a natural sign of confirmation. Some agreed somewhat jokingly about the thunder; others were quite clear this was a confirmation and matter-of-factly went on with the rest of the conversation; still others wanted the rest of the group to at least reflect on such a relationship with nature a little longer before continuing.

This is one of the latest settings in which traditional medicine, especially herbalism is being explored, safeguarded, revitalized, transformed and shared. The group is *Bo salú ta den bo kurá* (Your health is in your yard) and meets every third Sunday of the month in a space donated for the meetings those Sundays. Medicinal and nutritional qualities of local herbs are discussed, traditional healing wisdom shared, planting methods are shown, local natural products sold and networking happens among healers, agriculturalists, healthy living advocates, community activists, retirees, people from all walks of life. The place is Curacao, and although this kind of exchange is relatively new it is based both on traditional forms and on traditional wisdom, combined with the latest information from the internet, connections to international networks, and environmental science.

Curacao is an island in the Southern Caribbean. Historically, a colony of the Netherlands since 1634, it is now a constituent country of the Kingdom of the Netherlands, along with Aruba, Sint Maarten and the Netherlands. Local traditions have been both asserted and contested intensely in the 19th and 20th centuries. The island saw the arrival of Europeans in 1499. A long, mostly unrecorded history of indigenous pre-European contact cultures, subsequent encounters with European colonialism and transatlantic slavery have determined most of what is seen as 'traditional' today. While there are archaeological, linguistic, and oral historic legacies of the pre-European contact inhabitants today, traditions are mostly based on the inherited ways of the largely African-descendant majority population, and what became of their various cultural contributions as they made a living on the island in contact with especially Dutch, Jewish, Pan-Caribbean and Latin American cultures.

Five hundred years ago the course of history of the Caribbean region was drastically changed by the arrival of Europeans. Subsequent colonization of the region by different European empires introduced both merchant and industrial capitalism, arguably two of the main impulses for creating the modern world. An additional change that proved just as drastic on many levels was the introduction of transatlantic slavery to supply the new plantations, mines, factories, administrative complexes and colonial domestic sphere with labour. This violent history of imposing radical changes in the local community and importing great numbers of Europeans, even more Africans and later people from all other corners of the world, created communities that have been marked by great flux. This mix and flux has brought a great deal of vibrancy to local traditional medicine while at the same time considering the legacy of the Africans in local history as low value because of their historical status as enslaved people before emancipation in 1863.



One of the things the Caribbean region is now known for is its explosive creative diversity, especially its music and dance, from the Cuban *son* to Jamaican reggae, Trinidadian calypso or Dominican *merengue*. Although just as vibrant, Curacao's *tumba*, *tambú* and *seú* are less well known internationally. The fate of these musical genres seems similar to that of their cousins: Curacaoan versus other Caribbean healing systems. Traditional medicine in Curacao shares this colonial and slavery legacy: a visible creative diversity, a persistent African heritage in the midst of multiple global and regional ethnic and cultural contributions, and a history of being little known in the region and elsewhere. This legacy has a conflicted relationship to culture bearers' own knowledge base, and daily usage.

While traditional medicine is still quite vibrant today, it has been persecuted and stigmatized by lawmakers, and has a complicated relationship to conventional medicine. A court case from 1788 illustrates this. Four free and four enslaved Africans were convicted for "lying about making magic and healing people", which occurred at "dance houses" (popular religious gathering spaces) in the island's capital. Most of the practitioners were whipped and then banned from the island. Their traditional costumes, musical instruments, and other ceremonial objects were destroyed and thrown into the sea. The court also found it important to have the practitioners publicly displayed with signs that described them as 'deceivers'. Official attitudes toward traditional medicine have become less openly violent, and the abolition of slavery in 1863 has brought more understanding because African descendants are now also able to contribute to the acceptance of traditional medicine. The ambivalence is still great, however, both with health, public policy and

**Herb stand at a monthly health education gathering on local herbs, vegetables, trees, etc.**

legal professionals and with some tradition bearers themselves, who have been taught in schools, by the media and in many social settings that the legacy of their ancestors was invalid.

Colonial and slavery legacies are not the only major historic influences on traditional medicine, however. One other major influence has been Curaçao's small island status. Major flows of ideas, materials, practices from Africa, Europe, Asia, South America and the Caribbean are incorporated into local traditional medicine. While some of this came with the slave trade it is remarkable to see the continuing influence of the indigenous *kaketio* people. They were effectively eliminated through capture and subsequent deportation into slavery in Hispaniola by Spanish colonizers, and the remaining ones were later deported to the South American mainland by Dutch colonizers. Nevertheless, traditional practitioners today still use concepts as *hairu* (air) to describe transmission of illness and to treat the invisible, but still palpable, energetic body. Therapies such as tobacco smoke for treating states of depression and loss of soul also have similar uses today in indigenous communities in the nearby communities of Venezuela and Colombia. Similarities go beyond concepts and therapies to the names of specific herbals and their usage, like in the case of *tebenk*, *túa-túa*, *wayaká*, *mampuritu* and *kuki indjan* which have identical or similar names and uses in indigenous communities elsewhere in the region.

As a small island, Curaçao has maintained a connection to indigenous traditions through various means, including imports by itinerant vendors (even including instances of Columbian/Venezuelan Wayúu, Chilean Mapuche, and other South American indigenous vendors),

Modern packaging for traditional herbs at a local herbalist shop.



imports by herbalists/spiritual centres, imports by individual health seekers, and travels of locals to Venezuelan ceremonial sites of indigenous peoples. A seaborne trade has also existed since pre-Columbian times between Venezuela and Curacao. The current floating market in the city centre, which has also become a picturesque tourist attraction, is a continuation of this long tradition and one of the sources of continuity of indigenous healing herbs. Regional influences are also quite apparent in the use of plants from the Caribbean African Diaspora. These have come in various waves: through trade from the 17th through 19th century as well as migrations during the past three centuries intense traffic and migration between Curacao and English speaking countries because of the oil refinery that was established on the island in the mid twentieth century. Before and even during the establishment of the refinery many men also sought a better future in cane fields in Cuba and in the construction of the Panama Canal. The cane cutters especially had an impact on the cultures of both islands. This can be seen by the influence of Curacaoan herbals in the Oriente province of Cuba and the Cuban influence in Curacao in the use of *rompe zaraguey* and the Cuban *escoba amarga* (bitter broom) becoming Curacaoan *basora liber* (free broom) with similar uses in spiritual healing and removal of spiritual blockages. An additional influence from Venezuela came with the publishing of popular herbalism and spiritual healing booklets in the twentieth century.

The bulk of best known plants, however, are grown locally and have been grown on the island for a long time. This has contributed to a strong sense of the importance of traditional medicine, even when it has been persecuted violently in the past and is officially frowned upon somewhat less intensely in the present. There was a two-fold division of plant spaces: the wild spaces of the *mondi* (bush), *sabana* (savannah), *seru* (hills) and *habrí* (open fields) where plants could be gathered in various ways and cultivated areas of the *kunuku* (small plot of cultivated agricultural land), *hõfi* (orchard) and the *kurá di mata* (garden, literally the “plant yard”). Each had different types of medicinal plants, trees and other medicines. All of these were accessible to the general population. So, a general knowledge base was always readily available. This knowledge base included, among other things: dosages, various methods of usage or modes of application, caution as to adverse effects, possible substitutes, stories about usage experiences, and anecdotes about experiments, exceptional results and unexpected adversities. The household herbal medicine user also knew about cultivation and care of the plants and trees, their seasonal and local geographic availability, different properties of different varieties of the same plant and other relevant issues related to their medicinal use.

Transmission of the knowledge, crafts, skills around diagnosis, medicine gathering, application and evaluation took place through hands-on practice. The most direct way would be through witnessing the actual process of dealing with health and illness. A second way was through instructions from a healer. Sometimes it would be through passing on family lore. At other times diagnosis of an illness would be framed through recounting or indicating common knowledge. The usual phrasing that would start such conversations until recently was *grandinan ta bisa...* (the elders say...). The more common *nan sa bisa...* (they say...) is still in use. These are especially used in preliminary diagnoses of health issues, where family members, friends, neighbours and others offer a first assessment of symptoms and suggestions of treatment. Most of the time, at this level, treatment is determined after listening

to various possibilities offered by different people with their different levels of access to the required knowledge. Most often, the information is used to decide the best course of action between using a home or family remedy, going to a generic community healer or finding a specialist traditional healer.

A special way in which transmission occurs is through dreams. Several people still have healing dreams in which someone close in waking life or a teacher or guide, offers them a course of treatment. Some such dreams are particularly intense in the case of some illnesses and become a call for the person being healed to become a healer. A particularly interesting case of a healing dream from a few decades ago (although not a dream in which the craft was transmitted) was a dream in which someone's great grandfather told her about a medicine that would treat her ailment, and that the medicine is available at pharmacies. The medicine was unknown to any pharmacist she asked on the island. Traveling on a family trip to Suriname, the country her great grandfather came from, she went through the same experience until she met an older pharmacist who explained to her that this was a medication that was well known over 100 years ago, but is not made any more by regular pharmacists and that she needed an old compounding pharmacy to make it for her. Once she was able to find one and get the medication made she was healed of her persistent illness.

Traditional medicine was, and to certain extent still has a multi-tiered and multi-dimensional delivery: household or personal experience is accepted as a common knowledge and action base, while there are general practitioners who give daily consultations to the public, and different kinds of specialists, including midwives, behavioural counsellors, poultice makers, women's healers, men's healers, relational healers and many others. Therapies include herbal healing, massage, smoke healing, ceremonial healing, herbal baths, divining, nutritional healing, spiritual healing, clay healing, sea-based healing and more. Specialists pass on their craft to family members, usually their sons or daughters and sometimes to grandchildren or nieces and nephews. There also seem to have been apprenticeships with a few healers, where young people could learn the skills of the craft. All these relatively informal forms are virtually gone. One additional way of transmitting specialized knowledge that has also almost disappeared is through initiation, and later regular training into the popular religion of *montamentu*. Some practitioners are still trained in this way, especially by becoming assistants to initiates who do healing or spiritual consulting services.

Today, on the surface, traditional medicine in Curacao is a quite varied set of practices. These may include various home remedies as well as healing through devotions to African or Amerindian deities and Catholic saints, religious or spiritual healing ceremonies, and the use of talismans and other objects for health. Further scrutiny shows a set of related skills, ideas about the nature of the world and the role of humans and other beings in it, an ethical framework of human action and relationships, and calendrical events that punctuate the practices and meanings ascribed to health, wellness, healing and sickness. While the origins of most of these practices, skills, ideas and attitudes are undocumented, some references can be found in oral histories and written archives. The most widespread and publicly accessible and accepted practice of traditional medicine, however, is that of herbalism. It has been around for many generations, and was a major influence on the development of the local pharmaceutical industry, although medical



regulations have become more and more adverse to its use. It has become more visible and mainstream starting in the mid-twentieth century. While this higher visibility promotes safeguarding efforts because of greater acceptance in the community traditional herbalism has also come under increasing critique from some members of the conventional medical establishment, causing insecurity in some users and indignation in others.

Different from the 18th century legal persecution that was aimed at blanket controlling of all cultural African expressions that did not serve the plantation economy, this more distinctly medical rejection is framed within some interpretations of conventional worldwide medical-legal frameworks of allopathic medicine. These became more important in the mid-20th century when the local medical system was transformed on a large scale. Public healthcare was reshaped due to the plans to improve the harbor because of the opening of the Panama Canal, the establishment of a refinery, and efforts in improving merchandise transshipment services from Venezuela to the USA. Health care regulations and a Public Health Department, covering many areas of health care were the main signs of this. Medical opinion varies on issues of toxicity and adverse reactions, while some doctors consider any use that is not sanctioned by conventional medicine to be dangerous.

Unfortunately, most medical doctors do not know or understand the practices of traditional medicine, or else focus only on the few cases of adverse reactions because of misuse of medicines known by the community to be harmful when used incorrectly. Many do not even realize the scope of the extensive body of scientific research on traditional or other use of herbal medicines. In such environments, users of traditional

**Local oils for traditional and recent healing practices. The photo was taken at a local herbalist shop.**

medicine do not get the benefit of appropriate, community driven or at least participatory research and policy-making for traditional medicine. They also do not benefit from the protection of world forums, agreements and practices relating to traditional medicine like those promoted by PAHO (the Pan American Health Organization) and the WHO (the World Health Organization) in recognition of the role of traditional medicine.

Even with such an environment of practice herbalism and other forms of traditional medicine are experiencing a long period of increased and more knowledgeable use, revival of some older therapies and integration with medical systems, therapies, and healing approaches. Users, who have either lived abroad or are following local health forums, are combining traditional medicine from before the late 20th century with acupuncture, Ayurveda, yoga, South American shamanism, energetic modalities and nutritional approaches such as the use of health supplements, fermentation, juicing, veganism and vegetarianism.

Most of the current safeguarding efforts for traditional medicine occur outside of the implementation efforts of the 2003 Convention. Curaçao started moving toward implementation of the Convention in 2010. In 2012, The Kingdom of the Netherlands ratified the Convention and Curaçao, a constituent country within the kingdom, co-ratified in 2016. As part of the process of implementation Curaçao established a Steering Committee of several community representatives, including the NGO that was most identified with promoting herbalism at that point, Den Paradera. COSs, NGOs and networks of healers, have been instrumental in making traditional medicine more visible in the past

**Recycling and medicinal products at a *bo salú ta den bo kurá* gathering on herbs.**



decades. Practitioners and health seekers have benefited from the more public involvement of NGOs like Den Paradera and Bo Salú ta Den Bo kurá, and the spirituality and healing initiative called Rõndu although the traditional practices have remained quite alive in many ways.

One of the ways the CSO/NGO support has been instrumental is to re-introduce traditional herbalism into the way of thinking and talking about health and illness in everyday settings. From oral history by these CSO's/NGO's and documented practices we know that herbalism was part of the daily routines in homes for a long time. This included infusions of *lamungras*, *oregano*, *yerb'e hole* to start the day, herbal treatments of various kinds, including infusions, poultices, diets, purges, aroma therapy, sweat therapies, and several other kinds of treatments that were in circulation as common knowledge used in the home. These were used for many common physical ailments such as colds, headaches, cuts and minor burns, fever, stomach pains, soreness, etc. They were also used for emotional unbalance, such as when *balorian* was used to support grieving relatives of a deceased person, or *dõrnasol* for depression. Tending to spiritual illnesses included cures for loss of meaning (*temétika*) and protection against the negativity of others (*makurá* and *sentebibu*). This listing is incredibly limited, however, in conveying the extent of the regular, daily, home-based knowledge of traditional herbalism. It was a full-fledged health system. The late priest, author and self made ethnographer and folklorist Paul Brenneker, documented at least 510 local herbs and their uses in the 1950's through 1960's. Author and herbalist Dinah Veeris, owner of Den Paradera, extensively documented a couple of hundred plants, including some that have been imported for centuries and never grew in Curacao. She also compares local uses to regional uses. Reinald Leito and the late Orlando Clemencia have also documented about a couple of hundred plants, their local, regional and international uses, and current international research on some. Towards the end of the 20th century a great deal of this knowledge had become mainly restricted to traditional specialists, with some common herbs remaining in the domestic sphere, but these initiatives are breaking that pattern.

Possible reasons for this restriction of the knowledge from a general public to the specialists include greater influence of medical professions and pharmacies on illnesses and the growth of an alternative medicine supplements industry that offers pre-packaged solutions that attract many users of traditional medicine. Increasing media coverage of some medical practitioners who warn the public that the use of most traditional medicine is not supported by scientific research is a related factor. Changing lifestyles and the medicine market also make the passing on of traditional knowledge more difficult and its use more complicated. Health and illness are being defined more and more from the outset as an individualized medical issue, rather than an issue of culturally meaningful environmental and social-relational issues. Consequently, the approaches to health are also becoming more instrumental and more singularly geared towards eliminating targeted symptoms and include less of the older popular categories of prevention, protection, strengthening, and cleansing.

These medicinal categories have remained important even as some of the visible forms and resources have changed. For example, with the oral history, information sharing gatherings, and the attention traditional medicine has received in the mass media during the past few decades, the information on specific plants, treatments and results is

much more available to a general public. In certain cases, this means that the plant uses and practices around cultivation and care of plants that were regionally specific are becoming more generalized. Similarly, practitioners, health seekers, home users and health coaches are combining traditional knowledge with international medicinal knowledge. In one case, a local practitioner combines deep medicinal knowledge of local plants with Ayurvedic medicine. In another instance, monthly gatherings on plants and their medicinal and health promoting properties combines traditional knowledge from Curaçao and the rest of the Caribbean and Latin American regions, with scientific data from international sources. While these transformations bring in new elements they are still framed by the practitioners and users through concepts of prevention, protection, strengthening, and cleansing mentioned above, and by other concepts and categories that have been part of the traditional approach to medicine for centuries. Some of these concepts and categories relate to the way medicine should be prepared from plants, including dosage and strength (e.g. numbers of leaves and brewing time for an infusion as well as length of time needed to drink the medicine), plant specificity (if it should be collected from a hillside or flat areas, or what colour the leaves should be and what parts of the plant should be used for what type or level of illness), patient diversity (gender, age, or personality type), and in some cases, what a plant might be offering the health seeker.

A few years ago I was driving around with a now deceased healer who had belatedly learned the trade through memories of his grandmother's plant knowledge, reading the collected information from oral histories, getting informed by older healers, and receiving intuitive messages from plants. It was remarkable to see how many calls he would get on his mobile phone for advice, how specific and detailed were his questions about the condition afflicting the caller and how specific he was about dosage, based on local tradition. He refined his recommendations based on answers he got from the caller, and would caution that Haitians, Colombians and Portuguese use plants differently. With one caller he indicated that her story might indicate a use that is closer to her ethnic background as a foreigner but that, mostly, she needed to consider changing her diet before trying to use single herbs for those symptoms. It was also noticeable that all the dozen or so callers this healer spoke to were given free advice and told where they could get free remedies in nature or for very cheap from local sellers. Only a few were told they needed more serious attention, and would have to make an appointment for a better assessment or for soul healing.

The complexity, fluidity and specificity of traditional herbal medicine in Curacao still has not been recognized by its critics who see the artistry, disconnection from the scientific community and diffuse lines of transmission as reasons for banning it. One of the potential roles of the Convention then becomes supporting the communities of practitioners and health seekers by underscoring the actual life world of traditional medicine. The community has done a lot to preserve traditional medicine in its many forms, especially herbalism. At the same time, some of the specifics of the practice might get lost in the process. Similarly, traditional information on plant toxicity, plant-food interactions, how to mentally and spiritually prepare to take medicine, or how plant medicine relates to ancestors and to the Earth are probably less widely circulated than they were when transmission was more informal and one-on-one. Safeguarding might also have a critical role in preserving

regional specificities, strengthening awareness about important lines of transmission, and highlighting dynamic recent changes. It would certainly help clarify that traditional medicine is many things, including an area of knowledge about life, a craft, and a way to relate to community and nature. Like the *tambú* music of Curacao, traditional medicine is an example of how community heritage has kept on living despite all odds.

## RÉSUMÉ

La complexité, la fluidité et la spécificité de la phytothérapie traditionnelle à Curaçao n'ont toujours pas été reconnues par ses détracteurs qui lui attribuent un caractère artisanal et déconnecté de la communauté scientifique, utilisant ce prétexte pour l'interdire. L'un des rôles potentiels de la Convention est de soutenir les communautés de praticiens et de chercheurs en santé en mettant en avant l'actualité de la médecine traditionnelle. La communauté a fait beaucoup pour sauvegarder la médecine traditionnelle sous de nombreuses formes, en particulier l'herboristerie. Dans le même temps, certaines spécificités de la pratique pourraient se perdre dans ce processus. De même, les connaissances traditionnelles sur la toxicité végétale, les interactions entre les plantes et les aliments, la façon de se préparer mentalement et spirituellement à prendre un traitement ou comment la médecine végétale se rapporte aux ancêtres et à la Terre sont probablement moins répandues que lorsque la transmission était davantage informelle et directe. La sauvegarde pourrait également jouer un rôle essentiel dans la préservation des spécificités régionales, en renforçant la prise de conscience du rôle de la transmission sans oublier les évolutions récentes. Cela permettrait de mettre en avant la richesse et la complexité de la médecine traditionnelle, qui est à la fois un domaine de connaissances sur la vie, un métier et une façon d'être en relation avec la communauté et avec la nature. L'exemple de la musique *tambú* qui accompagne la médecine traditionnelle de Curaçao illustre la façon dont le patrimoine communautaire a continué à vivre malgré les désaccords.