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CHC Fellowship Research Summary

**Santeria’s Perceptions of Health and Illness: Implications and Recommendations for Public Health Efforts**

**Purpose**

This essay is a call for greater cultural sensitivity and adaptation in public health initiatives acting in regions highly populated by Santeria practitioners (parts of Cuba, Puerto Rico, Venezuela, Argentina, and the United States). It provides an understanding of health and illness in Santeria, its link to the social dynamics of practitioners, and recommendations developed as a response to these observations that would benefit international health programs in areas where Santeria practice is prominent.

**The Importance of Cultural Competence in Health Care**

The developing world is host to numerous international health care programs. Many of these programs experience little success because their treatment methods are not culturally sensitive and compatible. They fail to recognize the importance and benefits to be gained from a comprehension of the population’s cultural and religious values. Culture serves as a framework in which meaning is given to social interactions and it also influences the understanding of health and illness (Birn, 320). Thus, comprehension of a population’s culture and religion is essential in any cross-cultural health effort, whether international or local.

The following essay integrates medical anthropology as it outlines a culture’s distinct approach to sickness. Instead of taking the views of Western/modern medicine as the only correct method, medical anthropology sees our Western beliefs as one of many
in a web of culturally diverse systems of medicine (Wedel, 6). By studying the beliefs and practices of different cultures (mainly their understanding of health and illness), we can then hope to promote respect, understanding, communication, and delivery across cultural barriers.

**History and Philosophy of Santeria**

Santeria has its origins in the religion of the Yoruba people from West Africa. Yoruba religion recognized hundreds of deities with dominion over certain aspects of nature and human ability (Edmonds and Maldonado, 94). During the Transatlantic slave trade, the Yoruba people took a few of the most popular and important deities with them to the Caribbean. However, in Spanish-ruled Cuba and Puerto Rico, the evangelical motives of the Catholic Church, to which the Spanish were loyal, obligated the conversion of African slaves to Catholicism to “save” them from worshipping to “false” gods. The saving of slaves from damnation was not, however, the only motive at work; the Spanish saw the continuing practice of African-rooted religions as a risk of cultural identification between slaves and possibly revolt against slave owners. The successful revolts that gained Haiti independence from the French gave legitimacy to these fears.

In an effort to dissolve cultural similarities between the slaves, the Spanish outlawed the practice of African religions and imposed stronger policies to promote the conversion of slaves to Catholicism. Slaves were forced to hide their African religions, including Yoruba, and practice Catholicism. The slaves, however, found in the Catholic saints resemblances to their Yoruba deities; this feature facilitated the worship of Yoruba deities under the guise of Catholicism (Edmonds and Maldonado, 99). The similarities between Yoruba deities and Catholic saints, along with the worshipping of both allowed
for the syncretism of the two religions into what became known as Santeria, or Regla Lucumi.

Santeria centers on the worship of and service to the orishas, deities that serve as intermediaries between the supreme-being, Olodumare, and us. The orishas are endowed with ashe, a cosmic energy, by Olodumare; this energy gives each orisha control over specific properties of nature and human ability (Edmonds and Maldonado, 94). Good luck and the accomplishment of good acts requires ashe. Rituals and animal sacrifices in Santeria are meant to increase or balance one’s ashe (Wedel, 1-2; Reyes, 78). In Santeria, an orisha is believed to be able to take many forms; a single or multiple Catholic saints may be associated to a single orisha. Though today’s practitioners pray and perform rituals to images of Catholic saints (as they did in the past), it is the orishas who are in reality being worshipped (Edmonds and Maldonado, 99). From the beginning, Santeria has been most popular among the poor and marginalized, this trend continues to this day.

Health and Illness in Santeria

Santeria practitioners believe in an implicit balance of ashe in all things and this carries over to the believed origins of diseases. Disturbance of the natural balance of ashe results in bad luck and malady. Lydia Cabrera’s book “La Medicina Popular de Cuba: Medicos De Antano, Curanderos, Santeros, y Paleros de Hogano” describes the cause of illness as a mystical evil force that upon entering one’s home it, contaminates it and negatively influences the health of the residents (Cabrera, 1-25). Rituals are meant to reestablish this balance but sometimes they alone may not be effective for the real causes of the illness may be present in the discordant social relationships between the ill and others. That is why in Santeria, when someone falls under an illness, what’s important is
not just how he or she got the disease but also why. “It’s not enough to look for a cure if
the underlying causes of the problem have not been identified” (Wedel, 2). This type of
thinking resembles prevention; these people want to know what forces outside of their
bodies, is causing them to be sick, so that they can fix them, restore their balance of ashe,
and keep the sickness from coming back. The sick look into their social relations and
behaviors to find these forces (Reyes, 78). This is radically different from our Western
view of illness as being caused by some pathogenic organism or irregularity in the
biochemical processes of our bodies. In Santeria, “Among people who understand germ
type, imbalance may still be seen as the reason why some people become ill from
microorganisms and some do not” (GOECS, 21).

A Marginalized Religious Group

From a public health perspective, Santeria presents some interesting challenges.
As the majority of this population is poor and marginalized, addressing the health care
needs of these people is an issue of health care disparity. Contributing to this disparity is
the lack of cultural competence by the health care workforce from developed countries.
New culturally sensitive and appropriate treatment methods would do much to mitigate
health care disparity for this cultural group.

The common practice of animal sacrifice by santeros and santeras was previously
a public health concern as demonstrated by the 1992-1993 Supreme Court Case, Church
of Lukumi Babalu Aye, Inc. vs. City of Hialeah (Supreme Court, 1993). The concerns
that had brought this case to trial were ordinances prohibiting the practice of animal
sacrifice in Hialeah, Florida. As animal sacrifice is intrinsic to Santeria practice, the
prohibition of animal sacrifice amounted to the oppression of religious freedom protected
by the 1st amendment. An argument by the City of Hialeah was that Santeria was a cult rather than a religion; Santeria has been the target of religious discrimination. The Supreme Court ruled in favor of the Santeria group.

**Social Relationships in Santeria: Connection to Health**

Santeria creates closely-knit relationships not just between family members but also with people outside the biological family. This is a result of the ritual system that demands frequent interaction between members of a group dedicated to a specific orisha. In doing so, Santeria creates a social safety net weaved by those close relationships. Should someone fall ill, one goes through a babalawo (the equivalent of a priest in Santeria with thorough knowledge of traditional medicine) and gets some traditional treatment. A major misconception about traditional healing that applies to Santeria is that the healers will try to keep one from seeing modern medical doctors. Babalawos, in reality, will oftentimes refer the ill to a medical doctor if they think it would benefit the patient more (Claire, 523).

The familial system in Santeria also serves as a resource-support system by giving one access to objects that one does not have yet may need but someone else in the group does have. The sacrificial system promotes sharing ideals since it teaches people to give without expecting to receive anything in return directly. Instead what one gains from giving is the preservation of balance in one’s social relationships and thus protection from falling victim to sickness or misfortune. This is extremely helpful because in this way Santeria practitioners can support each other through any financial or health difficulties.
Since all the orishas are also connected through various albeit convoluted stories (Reyes, 75), the followers of one orisha can also easily interact with the followers of another. There’s no clashing that occurs between followers of different orishas, so they can all help to support each other.

Recommendations for International Health Initiatives

From Santeria’s religious philosophy – its interpretation of the universe and events – we can discern that the key principle at play is balance. To Santeria practitioners, all actions result in a deviation from or restoring of balance. All events are perceived and interpreted through this “balance framework”. For all practical purposes, this framework provides a structural understanding of life and is ingrained in the minds of santeros and santeras. Health care workers must keep this in mind when providing health care to such people.

Efforts that attempt to discredit Santeria’s explanations for the causes of illness and subsequently aim to “educate” practitioners as to the “true” biological cause of their illness would probably amount to failure. This is because such efforts are equivalent to devaluing Santeria culture and would demonstrate a lack of understanding of these people and their way of life. This would ultimately result in a distrust of people involved in these efforts. Without trust between the people providing health care and those receiving it, treatments are likely to be ineffective.

Instead, doctors must tailor their explanations regarding the causes of illnesses to fit within the balance framework. To this effect, babalawos would be of great use, as they possess a deep understanding of the religious philosophy and the traditional healing of symptoms. Thus, they would be ideally suited to translate explanations of modern
medical treatments into ones that incorporate balance. This is not as arduous a task as it may seem. After all, one of the qualities that make healthy life possible is homeostasis or the maintenance of stability of physiological processes within an organism. Loss of such stability leads to aberrant conditions or symptoms. Thus, the weakening of the body resulting from HIV infection can be explained as dynamism between agents of the immune system and invading viral particles that are succeeding in deteriorating it. Conditions such as diabetes or hyperthyroidism which result from hormonal irregularities can be understood as an imbalance in hormone levels which, because of their general effects on several physiological functions, results in a widespread dysfunction in the body. The therapeutic benefits of drug regimens can be described as facilitating the reestablishment of the natural homeostasis of the body and can also be explained in greater detail depending on the functions of the drugs. Such explanations of the causes of illnesses and their treatments are more likely to be understood and accepted, as they are reminiscent of the usual balance framework with which Santeria practitioners understand all other phenomena.

Partnering with babalawos as health care workers in Santeria prominent areas would also likely improve health care quality and efficacy in these regions. Recruiting traditional healers as members of the health care work force is not a new concept. Such policies have been employed in Haiti where vodou priests have assisted in increasing the number of children receiving vaccines (Muula, 1). It is a misconception that most traditional healers disapprove of modern medicine, babalawos for instance have no reservations about recommending the sick to modern medical doctors if they believe it would benefit the patient more. Thus, babalawos could be important assets for improving
the quality and efficacy of health programs and partnering with them should not be difficult.

Perhaps single acts that would have the greatest efficacy in demonstrating that foreign-sponsored clinics respect and understand the cultural values of the Santeria dominant area in which it resides would be the sponsoring of holidays, specifically commemorative days to orishas that are considered to be the most influential to health, i.e. the Day of San Lazaro (representing the orisha, Babalu Aye). As such festivities can be financially burdensome due to all the materials and animals that must be bought for ritualistic purposes, a show of monetary support for such events in neighborhoods adjacent to these clinics would give local community members trust in the clinic, its health care workers, and its methods of modern medicine. Once trust with foreign health care workers is established, medical prescriptions and community-health recommendations will be more likely to be adhered to.

Another tactic that might increase cultural sensitivity in Santeria communities might be the garnishing of specialized health centers with images of orishas with domain over the specialization. For instance, a maternity clinic may be embellished with paintings of Yemaya, the orisha of maternity and motherhood. Depending on the space available within these health care buildings, a room may be reserved as the location of a shrine, dedicated to the orisha, where family members of the patient could pray. This may provide psychological comfort to the patients and their families and add trust in modern medical doctors.

Conclusion
Santeria has, for centuries, constituted a pseudo health care system in that it provides a social and financial safety net for its followers. It has benefitted practitioners by providing health and financial security to their lives. Although the religion presents challenges in the distinct interpretation and understanding of illnesses, that Santeria practitioners possess, and in turn requires culturally appropriate treatment responses, several recommendations have been provided here to address this issue. Further evidence-based research is needed to know whether these recommendations would be successful if implemented. If proven, however, these recommendations provide methods that will increase cultural sensitivity and aid in international health program planning and policy making.

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Moddu cue (Thank you)

References


7. Church of Lukumi Babalu Aye, Inc. v. City of Hialeah. No. 91-948
