

Sherry Turkle notes that “technologies can be as much an architect of our intimacies as our solitudes” (2008). Prostheses have a moral life (Messinger and Wool 2012). As Adrian insists, such devices could be alienating or even damaging without close attention to the singular contexts. Instead of charity (often known to wound), his mode of exchange turns the prosthetics he creates into something more like a gift, charged with potential reciprocities pressing forward (as Derrida tells us, “*where there is gift, there is time*”) (1992: 41, original emphasis; see Mauss 2000). Adrian’s workshop brings the work of “tinkering” to its most literal, but maybe also its most figurative. Perhaps services like this also become prostheses of sorts for a nation lacking parts.

Herbal Hospital

I heard about another unexpected form of diabetes care while interviewing an East Indian community health worker named Edith, who had worked for decades with Central American immigrants in the banana villages of Stann Creek. Her daughter Lydia arrived midway through our conversation, bringing her mother a bag of mangos. They were both diabetic, and helped each other with insulin shots. Lydia sat on the threadbare red couch. When she heard that we were conducting an interview about diabetes, she immediately removed her sandal to display her foot, which was missing two toes. “The Mennonites saved it,” Lydia said of her foot, which had been necrotic due to diabetic retinopathy. She credited their interventions with the fact that she only had to have some toes taken off instead of the whole foot. She described the “Mennonite Hospital” that she had visited, and their healing process of herbal therapies—both herbal pills and crushing up leaves to apply to her open wound topically. The clinic had also helped her to change her diet, incorporating more raw foods and vegetables, and done something she described as “removing stones.” I had also met two other patients in Stann Creek, one Kriol and the other Garifuna, who told me that Mennonite healing had impacted their lives (one

Seeded Content – From Wikipedia: <https://en.wikipedia.org/wiki/Mango>

Mango trees grow to 35–40 m (115–131 ft) tall, with a crown radius of 10 m (33 ft). The trees are long-lived, as some specimens still fruit after 300 years.^[5] In deep soil, the taproot descends to a depth of 6 m (20 ft), with profuse, wide-spreading feeder roots; the tree also sends down many anchor roots, which penetrate several feet of soil. The leaves are evergreen, alternate, simple, 15–35 cm (5.9–13.8 in) long, and 6–16 cm (2.4–6.3 in) broad; when the leaves are young they are orange-pink, rapidly changing to a dark, glossy red, then dark green as they mature. The flowers are produced in terminal panicles 10–40 cm (3.9–15.7 in) long; each flower is small and white with five petals 5–10 mm (0.20–0.39 in) long, with a mild, sweet odor suggestive of lily of the valley. Over 400 varieties of mangoes are known, many of which ripen in summer, while some give double crop.^[6] The fruit takes three to six months to ripen.

The ripe fruit varies in size and color. Cultivars are variously yellow, orange, red, or green, and carry a single flat, oblong pit that can be fibrous or hairy on the surface, and which does not separate easily from the pulp. Ripe, unpeeled mangoes give off a distinctive resinous, sweet smell. Inside the pit 1–2 mm (0.039–0.079 in) thick is a thin lining covering a single seed, 4–7 cm (1.6–2.8 in) long. The seed contains the plant embryo. Mangoes have recalcitrant seeds; they do not survive freezing and drying.^[7]

Etymology

The English word "mango" (plural "mangoes" or "mangos") originated from the Malayalam word *māṇṇa* via Portuguese (also *manga*) during spice trade with Kerala in

1498.^{[8][9]} The word's first recorded attestation in a European language was a text by Ludovico di Varthema in Italian in 1510, as *manga*; the first recorded occurrences in languages such as French and postclassical Latin appear to be translations from this Italian text. The origin of the "-o" ending in English is unclear.^[10] Mango is also mentioned by Hendrik van Rheede, the Dutch commander of Malabar (Northern Kerala) in his book *Hortus Malabaricus*, a compendium of the plants of economic and medical value in the Malabar, published in 1678.^[11] When mangoes were first imported to the American colonies in the 17th century, they had to be pickled because of lack of refrigeration. Other fruits were also pickled and came to be called "mangoes", especially bell peppers, and by the 18th century, the word "mango" became a verb meaning "to pickle".^[12] In Mandarin Chinese, mango is "芒果", or "*mángguǒ*" in Pinyin. This is most likely a loanword from English.^[citation needed]

Cultivation

Mirpur Khas Sindh is famous for Sindhri Mango

Close-up of the inflorescence and immature fruits of an 'Alphonso' mango tree

Mangoes have been cultivated in South Asia for thousands of years and reached Southeast Asia between the fifth and fourth centuries BCE. By the 10th century CE, cultivation had begun in East Africa.^[13] The 14th-century Moroccan traveler Ibn Battuta reported it at Mogadishu.^[14] Cultivation came later to Brazil, Bermuda, the West Indies, and Mexico, where an appropriate climate allows its growth.^[13]

The mango is now cultivated in most frost-free tropical and warmer subtropical climates;

explained that the Mennonites had saved her eyes when they were failing due to diabetes; another that they had helped her to have a baby using nutritional and herbal support, after doctors had said this would be impossible). I decided to make a visit to one of Belize's several Mennonite "herbal hospitals" that I kept hearing about. It was located in a tiny northern village.

The earthen road toward Sartejena was grayish white and unpaved but at least freshly graded, looking chalky in comparison to the orange-red soil of Stann Creek. Beyond the fields of sugar cane, it passed through a village called San Esteban, where each grave in the above-ground cemetery had a small triangular altar built into the cement, different than the cemeteries of the south. Many were filled with religious icons, fresh flowers and candles of the Virgin of Guadalupe under their small steeples, looking at first glance like a city of miniature cathedrals. A little later, I suddenly noticed the tractors had metal wheels. We were in Mennonite country.

"Their vehicles can have an engine or rubber tires, but not both," explained the talkative older mestizo man in front of me (because the compressed air to fill the tires is a restricted technology). "We call these one Mechanites, because they like these machines. But some of the stricter kinds won't use any machines at all. Some of them won't even use paint. And the ones at the border who do cocaine crossings and drug stuff we call Moneyites, because of how much money they have now." Besides the bearded driver of a horse and buggy, the only people we saw outside were three young children with white-blond hair in front of a farm. They ran away barefoot into the house, dressed in the suspenders and modest dresses of tiny adults. "They are so pretty, but they always hide," the man said of the Mennonite children. We passed a blue lake. The houses were spread far apart as we drove up the hill, low buildings set back from the road and fields of corn.

After a while, I found the clinic, a sturdy cement building reinforced with rebar to withstand a storm (it doubled as a village hurricane shelter). Disappointed because the clinic looked closed for the weekend, I copied the sign hung on the frame into my notebook:

Open Monday
Tuesday + Wednesday
Offen fuer Deutche
Freitag u Sonnabend

I do not speak German, but a colleague working in Belize who does once described the Mennonite's language to me as reminiscent of "coarse Prussian from the 1830s." The Mennonites have been political exiles for many centuries, originating in an Anabaptist group in which many of the founding leaders were killed for their subversive teachings, a violent history recounted in the 1660s book *Martyr's Mirror*.¹⁰⁷ Survivors scattered across Europe and later the world, developing many sects. Today the Mennonites live in at least 51 countries across the globe, a multiplicity of diasporic histories recently cataloged in the *Mennonite Historical Atlas* (Schroeder and Huebert 1996). During the 2010 census, there were 10,865 Mennonites in Belize, meaning their population in Belize is now coming close to the size of the Garifuna population (13,985), and is already larger than the Yucatec Mayas (2,141) and East Indians (6,486) (Statistical Institute of Belize 2011). Mennonites are known for being very closely tied to their land and protective of their autonomy. By last national count, 6% of Mennonites in Belize had diabetes (Gough et al 2008: 51), the second-lowest rates for any ethnic group besides "White" (the census recording this information does not count the Mennonites as white, even though they have white skin. Caucasian is also a construction that breaks apart.)

A woman named Elizabeth approached me as I was copying into my notebook. She told me that she was from Canada. I would later read that the Mennonite population there originates in a group sent to the gulags of Siberia and Kazakhstan after becoming embroiled in World War II, when Germans invaded the area of the Russian Steps they had been

farming. Many of the Mennonites who made their way to Canada escaped from Western Siberia by dogsled (Schroeder and Huebert 1996). Elizabeth said that she and her husband Isaac together owned the clinic, and asked why I had come. Her striking blue eyes matched her navy blue Mennonite dress precisely, even though she cast them humbly to the grass. I explained my project. Her head was wrapped in a black headscarf held in place by a single bobby pin, and her black apron partially covered the subtle pattern of tiny purple flowers on her dress. She kindly opened the clinic door and led me into a little wooden room that strongly resembled the way I pictured a nineteenth century apothecary.

Behind a counter, there were shelves lined with an endless array of herbal medicine bottles: bee pollen granules, evening primrose oil, horsetail and black cherry concentrate, capsules of manganese and chelated zinc. But intermixed with the “Puritan’s Pride” brand selenium and dolomite bottles there were also a few more decorated boxes, one of Korean Ginseng Tea and another called Nin Jiom Pei Pa Koa, in a lovely red box from Hong Kong. Higher up there was an antique grandfather clock with a gold pendulum, another quartz clock facing it on the opposite wall. Under a red 1988 Physician’s Desk Reference, there was a brown book with a battered but exquisite leather cover, embossed with a gold filigree letter O in the center. Isaac told me the book was over 140 years old. He brought it out and paged through, to the second crumbling page where the introduction was signed Cincinnati 27 November 1863. Those were the only words I could understand (save a handwritten slip tucked between the pages for a recipe containing the English words raspberries, catnip and skunk cabbage); the rest is written entirely in German, in an ornate font. Isaac told me that the book was about herbs, as he returned it to its prominent place on their shelves, next to bag of White Psyllium Husks and another of Black Licorice Root.

Elizabeth brought me in to a back room to show me her special collection of massage oils, which she keeps in a row inside a handmade cabinet and had me guess to see if I could recognize the smells, her hands hiding the label: Lavender and Lemon, Peppermint and

Thieves. “These oils can get so deep,” she told me. In the room she had a massage table alongside a regular bed. As we walked down the hallway I saw her other tiled hospital rooms as well, where patients can stay overnight if they wish. There were two beds with simple bar frames and pristine white sheets in each room, their only decoration another clock and a pink conch shell.

We sat in two handmade mahogany chairs as I told her more about my research. “Diabetes is the most complex disease,” Elizabeth said. “It is difficult to be released.” She did have several patients who no longer needed their medicines though, she said, and even some who no longer needed her herbs. “But when the symptoms come, blindness or wounds and nerve issues and so, these are the last signs,” she explained. “We try to get to the root, to understand why the body is suffering with these signs.” She showed me acupuncture charts of the bottoms of feet and a diagram of the organs attached to the spinal column. There were also diagrams of two eyes sectioned into slivers, which they used to help cure the people who came to the clinic with symptoms of diabetic retinopathy. When I mentioned that the woman I’d met in Independence had spoken of “stones” removed from her, Elizabeth went to a stack of pictures and pulled out two, explaining their scale: “these are a little larger than life. Here, this one is of the real size.” The pictures were of brown egg-shaped lumps, glistening an iridescent but distinct green color with purple around the edges. “These are gall bladder stones,” she explained. “It usually takes one day and one night to pass these.” Kidney stones, on the other hand, had to be treated for a longer period prior to passing, in order to wear down their razor sharp edges. “With that, it comes out more like a dust. Sometimes I tell people to let a glass of their urine sit for half a day, and then you can see it on the bottom.”

Elizabeth next produced an extensive series of photographs documenting patients’ excrement, highlighting certain specimens with their own patterns: bulging and swirled, narrow and ribbed. These forms meant something different, she explained. Next she

handed me an herbs book that spoke of wild carrots and choke cherries, dandelion, cattails and acorns. “These books have taught me a lot,” she said. “But something of experience teaches you too.”

Elizabeth’s husband Isaac was a soft-spoken farmer, keeping his thumbs tucked in his suspenders, although the six languages he spoke (including several registers of German) evinced his family’s global travels and layered histories. His own origins also blended the Mennonites’ seemingly paradoxical history of nomadic staidness. After his family left Mexico, Isaac said, he moved to Spanish Honduras with his parents before finally settling in British Honduras in 1961.

“Probably about 60% of our patients have diabetes,” Isaac estimated. He described a woman who had come to them on the bus from Nicaragua, her knees swollen with uric acid. “She felt good when she left here,” he said. He picked back up a photograph they had on the shelf of a woman with gangrene. In the picture, her foot was black and dead, the toes crusting white. She had spilled boiling water on it, Isaac said, but because of her diabetes she had not been able to feel the injury. By the time she reached their clinic, the woman had already been told the foot would have to be amputated. But Isaac and Elizabeth had worked with her closely during her stay, giving her the same fresh vegetables they ate in addition to her treatments. In another photo, a woman in her 40s wearing an orange American flag t-shirt looks amused, staring down at the dead foot as Elizabeth tends it. “Her flesh came back, and it could feel again,” Isaac said with barely concealed emotion. “The feeling came back. Her sugar was 500 when she came and it was below 200 when she left. It was working.” He shrugged helplessly as he told me that once the lady felt better, she grew tired of looking for vegetables. They heard that long after her foot suffered a relapse, and had to be cut off after all. “But what can one do?” Isaac said. “People also must care for themselves.”

While we spoke, Elizabeth was bustling around mixing the powders of various spices from foil bags. They mix custom-made powdered ingredients specifically for each patient, and then Isaac mixes the various green, brown, and earth-colored dusts together in a plastic bag and pinches the mixture into clear gelatin capsules. “I can do about 200 in an hour,” he explained of his capsule-making. In the room where Elizabeth made her mixtures, she had over 300 ingredients tucked into tiny wooden drawers. There was a scale for measuring powder on silver plate. It rested next to a hemoglobin meter and an unlit oil lamp, its glass lantern patterned with a ring of Spanish dancers. Elizabeth showed me Olive Leaf Powder and Spikenard Root Dust. “It’s what Mary used to wash the feet of Jesus, in His Holy Scripture” she told me of the latter. I could hear the capital letters in her reverent voice. Again and again, when she handed me a bottle or spring, she says the same thing of the herb: “It is so precious.”

Before I left, Elizabeth took me to her garden. Her close ties to the land were integral to the healing vegetables she used in her work. As we stepped between orange and lime trees, she pointed out a new tree she was trying to grow under a wooden crate. Inside, its leaves were yellow, a cracked eggshell next to the young sprig. Elizabeth led me back past the water tank to a fence where wild spinach grew among the sorrowsea, with leaves like feral jigsaw pieces. Next she showed me the nourishing leaves of the yucca and sweet potato that can be eaten like lettuce, and together we picked some for lunch. She also gave me some sticks of it to plant. “To spread its blessings,” she said. (Only the spinach clippings made it through the bus ride back south. I gave them to Sara, who was trying to start a “kitchen garden” of greens growing next to her ramp.) “Sometimes you will see a lot of one herb growing outside a person’s house,” she said, “and by that you will know their sickness. The herbs they need are right there.”

When I said goodbye, Isaac bent down to snap off a twig from a low evergreen bush. “He wants to give this to you to remember him by,” Elizabeth said for him. When I found

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