

***Latinos of Boulder County, Colorado,
1900-1980***

**Volume II:
*Lives and Legacies***

**Chapter Three:
*Food, Health, and Medicine***

by

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Chapter 3

Food, Health, and Medicine

The food Latinas/os ate—which often differed from that of Anglos—and the role it played within families were central components of many people's cultural identity. Cooking and eating meals together were part of the gatherings of relatives and friends.¹ Preparing traditional foods with family members for religious holidays remained one of the most enduring features of local Latino life right through the twentieth century, even among families that had adopted Anglo patterns in certain other respects. There were, however, differences in the types of food consumed depending upon the household's economic level and where they were living; as more women began to work for wages outside the home, ease of cooking might supplant a preference for traditional meals. Health care was closely related to cooking, as most medical assistance until the 1970s or 1980s was provided informally at home or within the neighborhood. Traditional remedies were based upon herbs grown and prepared generally by senior women. Only in the later 1970s did more than a few Latino women and an occasional man begin to enter the field of professionalized western health care.

A. Food

Cooking and serving food was almost always done by women. Daily meals were generally quite simple, with more involved items prepared for special occasions. The recipes for favorite dishes were rarely written down but were instead transmitted within families, as older women taught their daughters and granddaughters how to cook.² Normal meals were filling and nourishing but made from inexpensive and often homegrown ingredients. When Teresa Alvarez was living with her

¹ For food's role in social and religious occasions, see Chs. 4A and 5B-C below.

² See, e.g., Vol. I, Ch. 3D.

husband and eight daughters in mining camps or Lafayette during the 1920s and 1930s, she had to feed the family on very limited resources.³ Any purchased food came from local stores, but they sometimes refused to give her credit until her husband's next pay. Every day she cooked beans and potatoes, she kept chickens for eggs and had a vegetable garden, and when she could, she bought milk for the children. Meat was a luxury. Patsy Cordova, when talking about her childhood in Longmont in the 1940s and 1950s, recalled, "Mine was a very loving home. . . . We ate beans and tortillas every day, and I didn't even know that we were poor because we were so rich in things more important than money."⁴

Many families grew their own vegetables. Even if they had ready access to a store, the food sold there was expensive, and the range of items might be limited. Cecelia Arguello said that her mother, who was raising a dozen children on her own in Longmont after her husband died in 1947, "had a natural green thumb. . . . She grew corn and other vegetables that would feed her family through summer and beyond, with what she canned."⁵ Eleanor Montour, explaining that her parents used every inch of their back yard in Lafayette for growing vegetables in the 1950s, pointed out that Latino families from that period should get credit as early practitioners of organic gardening, since they did not use chemical fertilizers or pesticides.⁶

Although many women had to stick to basic cooking because they could not afford luxuries, homemakers among settled second- and third-generation families who had more economic leeway commonly prided themselves on special dishes. In the decades around 2000, younger relatives described with considerable nostalgia the meals formerly prepared by their stay-at-home mothers and grandmothers. Clofes Archuleta lived in the Water + Goss Streets neighborhood in Boulder. Her family thought that her red cooking bowl was magic, for it produced such wonderful food.

Virginia Madrigal Martinez said that her grandmother, Guadalupe Madrigal, another Boulder resident, "was one of the best cooks I have

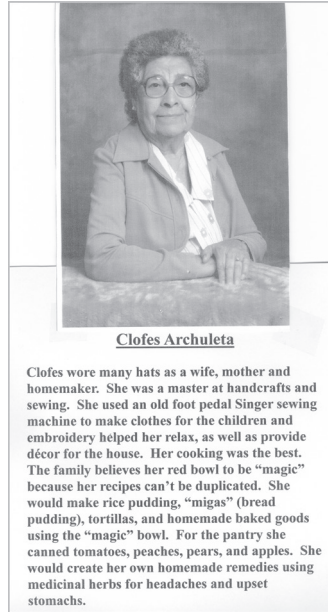
³ Alvarez, Teresa, interview, 1976.

⁴ Cordova, Patsy, interview, c. 1987.

⁵ "Arguello, Alfredo and Donaciana and family, biography." She also raised chickens for eggs and meat. The family got by thanks to government assistance for children.

⁶ In a walking tour of Lafayette with Ana Gonzalez Dorta, a videographer, and Marjorie McIntosh, July 29, 2013; Ana used some of that footage and Eleanor's descriptions in her film, "Lafayette, film of places of historical importance," but not this bit.

***Illus. 3.1. Clofes Archuleta and her
homemaking skills***



ever known. Grams had a knack for cooking, making bread, soup with *albondigas*, *mole*, *tamales*, *enchiladas*, *buñuelos*, and making cheese. I was shown how to cut up a chicken in just a few minutes.”⁷ Virginia especially enjoyed helping her grandmother prepare *buñuelos*. The older woman would make a heavy dough, put a tea-towel on her knee, and stretch the dough across it until it was thin; she would then put pieces of the dough into peanut oil to fry. To enhance the treats, she put cinnamon or an almond-flavored syrup on top. But as time passed, especially as more women took paid employment outside the home, special foods were reserved for holidays and important family gatherings. Virginia said in 2012 that she still made *buñuelos*, but only once a year. Younger Latinas by the 1970s were starting to introduce easily prepared food from other cultures into their families’ menus.

Food was an essential part of hospitality, even if it was simple. Linda Arroyo-Holmstrom, who grew up in the Water + Goss Streets area in the 1960s and early 1970s, said that food was part of the sociability whenever relatives or friends came over to her grandparents’ house.⁸ “Anybody could come in, drop in. . . . I don’t know how they did it,

⁷ “Madrigal family of Boulder, biographies.”

⁸ Arroyo-Holmstrom, Linda, interview, 2013, for this and below.



Illus. 3.2. [Miners at Leyden Mine, Lafayette, 1909?, with lunch buckets](#)

because grandma would start making tortillas—make a big bowl of masa tortillas—and she’d be rolling them, and that stack never grew. One person after another would be taking those tortillas, and so they were feeding everybody.”

Coal miners had special food needs. They generally left home early in the morning after a large breakfast, carrying their lunch and water with them. Teresa Alvarez described what happened on winter mornings when her family was living in Boulder but her husband worked at a mine in Lafayette.⁹ Teresa got up at 4:30 a.m. to “get breakfast for that man of mine.” She made four to six small tortillas and fried “his chile con carne—pork, chili, and beans—and made him tacos” to eat with his coffee. For his lunch, she gave him bread, butter, and lunch meat.

As an older woman, Oli Duncan wrote that she had recently been stunned when she learned the reason for the peculiar design of her dad’s and other miners’ lunch buckets. The pail was cylindrical in shape, with a large bottom part to hold water and a top part for food.

What I did not know was that the bucket was designed with its large reservoir for water in case there was a cave-in and the miner was stranded, needing that water while awaiting rescue. What I

⁹ Alvarez, Teresa, interview, 1977.

also did not know was that, not just Dad, who I thought saved a bit of his lunch as a treat for his children, but miners in general did not eat all of their lunch, again in case of a cave-in; the half sandwich, or whatever, would help sustain them, along with the water, while awaiting rescue—assuming they were alive.¹⁰

Because Latino food was different from what most Anglos ate, it sometimes caused embarrassment or subjected children to ridicule, especially in the decades before Chicano pride. Patsy Cordova said that when her mom was young, “If anyone came unexpectedly at mealtime, the first thing my grandma would say was, ‘Hide the tortillas’—especially if it was an Anglo at the door. . . . My mother still had the same reaction when I was growing up, . . . like it was a crime to have tortillas on your table.”¹¹ A newspaper article about a reunion of old Boulder Latino families in 2003 commented, “Combining Mexican culture with the American way of life proved to be tricky in the 1950s.”¹² Virginia Maestas was quoted as saying that “a stigma against all things un-American kept Hispanics from sharing their language, customs and food.” She remembered her mother hiding tortillas, chile peppers and other traditional Mexican food items when non-Mexicans came into their home. Other people at the reunion recalled that Latino children “ate their lunches in the corner at school to hide their tacos or tortillas. They didn’t want anyone to make fun of them for their different food, language, clothing or skin color.”¹³

A few women were able to earn money by cooking. During the 1940s Teresa Alvarez paid for two of her daughters to attend Mount St. Gertrude Academy, a private boarding school in Boulder for wealthy Catholic girls, by working as a kitchen helper and cleaner.¹⁴ She remembered peeling large buckets of potatoes, with a nun watching over her to be sure she did everything right. Margarita Solomon, who was born in Juarez, Mexico but crossed the border to El Paso to go to school, married her husband Manuel in 1978.¹⁵ They moved to Longmont, where Manuel had relatives

¹⁰ Duncan, “Dad,” for this and below.

¹¹ Cordova, Patsy, interview, c. 1987.

¹² “Latino reunion” for this paragraph.

¹³ Ibid. For children’s embarrassment, see also Vol. I, Ch. 4B.

¹⁴ Alvarez, Teresa, interview, 1977.

¹⁵ Solomon, Margarita Macias, interview, 2009. Later, workers began to ask Margarita for help, “like buying money orders to send to Mexico, taking letters to the Post Office, or sometimes translating for them to the doctor.” In 1986, after the Amnesty Law was passed, she and her husband, with the approval of the Tanakas, helped farm laborers to complete their applications for citizenship or legal residency and took them in groups into Denver to submit their papers.

who were working for Tanaka Farms.¹⁶ When Manuel later became a foreman and their sons started working in the fields, Margarita made tortillas and burritos to sell to other Latino workers. “I would drive into the fields to deliver burritos and drinks to them. They were always very respectful to me.” In Boulder, Señor Miguel’s Restaurant was operated by Susie Gomez Chacon in the 1970s and later by her brother-in-law and sister, John and Emma Gomez Martinez.¹⁷

Mexican food gradually made its way into Anglo culture. Margaret Lindblom of the St. Vrain Historical Society recalled in 2006 that many years before there had been a tamale wagon on Main Street in Longmont, which she described as the town’s first fast food place.¹⁸ It was presumably frequented by busy Latinas/os, who lacked the time for traditional cooking, as well as some Anglos. Secundino Herrera of Longmont commented in the 1980s,

There is more appreciation for Mexican food today than in the ‘50s. Before, they didn’t think our food was suitable for human consumption. But now that they got used to it and found out the nutritional value and taste, they even recommend it. And the new cafes, even if they aren’t Mexican they still list Mexican food to speculate with it, to capitalize on it.¹⁹

Food remained central to some Latino families into the twenty-first century. Arthur Perez was a chef at one of Boulder’s leading (Anglo) restaurants when he was interviewed in 2013.²⁰ He reported that one of his grandmothers had been a chef, and his grandfather “was an executive chef back in the ‘50s and in the ‘60s, when Hispanics were not supposed to be in the power of management, but he was there (his ice sculptures were in magazines), and that’s something that’s been carried on in the family.” When Arthur was asked about values important to his family when he was growing up in the 1980s and 1990s, he replied,

I’d have to say the one big thing in our family was food. It’s always been food. We’ll have gatherings, and everybody has their own dish that they make, that is specific to their niche in the family,

¹⁶ The Tanakas had come from Japan early in the century as beet workers but later became market gardeners. See Vol. I, Ch. 3A.

¹⁷ Chacon, Susie, interview, 1977, and “Martinez, Emma Gomez, letter to her children.”

¹⁸ “A Rich Heritage,” *Longmont Magazine, Daily Times-Call*, Aug. 12, 2006, p. 55.

¹⁹ Herrera, Secundino, interview, c. 1987.

²⁰ Perez, Arthur, interview, 2013, for this and below.

cousins or whatever. And it's always great. . . . Menudo, tamales, every holiday we're making tamales. We're not making one or two dozen, we're making 45!

He felt that the food at gatherings helped to hold his extended family together. Many Latino families now enjoyed going out to eat, especially at Mexican restaurants, and busy women might buy dishes that took time to prepare, like *posole* or *menudo*, rather than cooking them themselves. But traditional foods eaten with relatives and friends retained their cultural value even among families of mixed ethnicities. In 2012 Virginia Madrigal Martinez still prepared *tamales* each Christmas with her children, their spouses (who were from Ireland and England), and her grandchildren.²¹

B. Health and Medicine

Prior to around 1950, and for some families long after that, going to the doctor or a hospital when they were sick or had a minor injury was not an option. Few people had the money or the time to go, professional medical people rarely spoke Spanish, and women might be embarrassed to describe their problems or reveal their bodies to a male doctor. Newly arrived immigrants and migrant workers were especially unlikely to get attention within the formal medical system.

In the traditional method of providing health care, senior women were generally responsible for preparing remedies and tending those who were ill within their families or communities. This is an area where gender and generational factors were intertwined. Some specialists—midwives, *curanderas*, or *curanderos*—served as healers for more than just their own families and neighbors. With deep knowledge of plants and how they could be used, and often with years of experience, they treated people suffering from illnesses, injuries, and emotional problems. They were thus practicing alternative medicine long before it became fashionable. Midwives and *curanderas* commonly delivered babies too. Highly respected within the local community, these Latina elders had passed on their knowledge to selected younger women, ensuring the continuity of assistance. Some of their remedies make excellent sense

²¹ "Madrigal family of Boulder, biographies."

in light of modern scientific understanding, while other seem unlikely to have been effective in narrow medical terms but may well have been important in other ways.

Herbs formed the basis of most customary Latino remedies. George Abila, who grew up in Huerfano County in southern Colorado in the 1910s, listed some of the plants used there: *poleo* (pennyroyal, a medicinal herb in many cultures), *mariola* (sunflower), peppermint, oregano, and *chamiso* (saltbush, an evergreen shrub).²² Roy Maestas said that when he was young, before and after his parents moved the family from northern New Mexico to southern Colorado about 1918, there were no diseases.²³ He could not remember getting seriously ill, which was lucky, since there were no doctors around anyway. Even after Roy's family came to Boulder County, stomach aches and other minor problems were cured with herbs: *chan* (*Hyptis suaveolens*, a relative of mint) and *Artemisia* (in the daisy family). *Aji* (in the pepper family) was good for headaches. Emerenciano Bernal and his wife said they never went to the doctor when they were younger.²⁴ For cuts, they used *osha* (a member of the parsley family that grows only in the Rocky Mountains) and for stomach problems, *mariola*. Later they were able to buy at Latino pharmacies some special medicines made from herbs: "Mexican oil," "Ahusari," "Sanadora," "Espiritos," and "Volcanic oil," the last used for broken wrists.

Sabina Cortez, who raised her own seven children and then seven grandchildren in Longmont, prepared a more elaborate set of medications. As a family member later recalled,

Sabina was an encyclopedia of *remedios* for nearly every ailment. She was a great believer in the curative powers of camphor—as a tea or as an ingredient in any number of her medicinal concoctions. For example, she would add camphor to the potato and vinegar poultice applied on the forehead for headaches. She applied a mustard plaster for sore throats or chest colds. She browned flour in a cast-iron skillet and added cinnamon and water to boil up for a drink to cure diarrhea. Sabina was a big believer in enemas for fevers or constipation. She cooked onions with who knows what as an instant and effective cure for heartburn. She had a "magic plant" in her parlor, which was actually a giant aloe vera plant, good for cuts.²⁵

²² Abila, Mr. and Mrs. George, interview, 1978.

²³ Maestas, Roy, interview, 1978.

²⁴ Bernal, Mr. and Mrs. Emerenciano, interview, 1977.

²⁵ "Cortez, Jose Hilario ("J. H.") and Maria Sabina, biography."

Some problems, however, could not be cured. Children living in small, unheated houses with poor sanitation were particularly vulnerable. Maria Medina, born in New Mexico in 1891, had twelve children, three of whom died young: at 7 days, 16 days, and 5 years, all from undescribed illnesses.²⁶ Patrick Arroyo spoke of the dangers for children of pneumonia (one of his brothers died of that illness as an infant) and tuberculosis.²⁷ One of Dora Bernal's infant brothers died of diphtheria while the family was living in the San Luis Valley; her sister-in-law lost two brothers from that disease when they were children, and both of her parents died in the great influenza epidemic of 1918.²⁸

Tuberculosis may have been a particular problem for young people in their teens. Of Teresa Alvarez's ten daughters, one died at birth, one at age 5 of leukemia, and one at 18 of tuberculosis.²⁹ Teresa believed that the older girl caught tuberculosis from Teresa's younger sister, after the family came to Boulder around 1940. She said in 1976 that she had not realized that her sister was contagious, "and maybe even if I would've known, I would've helped out my sister. My poor girl, she was the oldest one and old enough and wanted to help. Wanted to be kind and wanted to do things. . . . Sometimes we do the wrong things." Both Teresa's sister and daughter spent a little time in Boulder's sanitarium, but the family did not have enough money to keep them there, so they were tended at home for the several years before they died. In 1951, Johnny Rodriguez, another teen, went into the sanitarium.³⁰

Several occupations were damaging to the health of Latino men. Coal miners were at risk from pneumonia and tuberculosis, and if they worked for a long period of time, they were likely to develop "Black Lung" disease. This illness stemmed from years of inhaling coal dust, which gradually built up in the lungs and damaged them, making breathing difficult and causing lack of energy and physical weakness. David Toledo, who started working as a miner in 1927, developed Black Lung disease some decades later; in 1966 he applied for compensation due to the illness, but after undergoing a health exam he had to wait three years before receiving a payment.³¹ Mrs. Gomez of Erie, mother

²⁶ Medina, Maria, interview, c. 1978.

²⁷ Arroyo, Patrick, interview, 1989.

²⁸ Bernal, Dora, interview, 1978; Bernal, Mr. and Mrs. Emerenciano, interview, 1977.

²⁹ Alvarez, Teresa, interview, 1976.

³⁰ "Latino youth enters Boulder Sanitarium."

³¹ Toledo, David, interview, c. 1978.

to Emma Martinez and Susie Chacon, told a high school class in 1967 that miners dreaded Black Lung, from which her husband was then suffering.³² Teresa Alvarez, whose husband had Black Lung, said that eventually he became so weak he could not walk down the hall without holding on to the walls, and he was too uncomfortable to sleep.³³

Some of the Latinos who worked with radioactive elements at the Rocky Flats Nuclear Weapons Plant later suffered from acute health problems. Al Cardenas was interviewed in 2004 when he was 70 years old and dying from berylliosis, a lung disease caused by exposure to beryllium.³⁴ He said that people were eager to get jobs at Rocky Flats when he started working there in the 1960s. No one described the risks of working with radioactive materials, and the workers would sometimes sit on piles of uranium ingots. He was very bitter that Rocky Flats had given its employees so little help when they became ill.

Concern with the lives of migrant workers on the part of established Latino families in the 1970s included their health.³⁵ A Migrant Health Clinic was operating in Longmont by 1977, while in Lafayette, Alicia Juarez Sanchez—a compassionate and forceful local woman—created the Clinica Campesina Family Health Services.³⁶ The Clinica was originally intended primarily for agricultural workers and current and former miners, but later it treated all low-income people. It provided care by Spanish-speaking professionals, helped people get prescription medications, and did health checks and gave immunizations to children so they could register for school and take part in sports. The Clinica also connected families with other forms of assistance, including the Community Action Program, the Employment Agency, Social Services, and Safe House. Located initially in a small house, it moved to a custom-designed modern building in which such groups could hold their meetings and activities. In recognition of Alicia Sanchez's contribution to the community, a new elementary school in a Lafayette neighborhood with many Latino children was named after her in 1986.

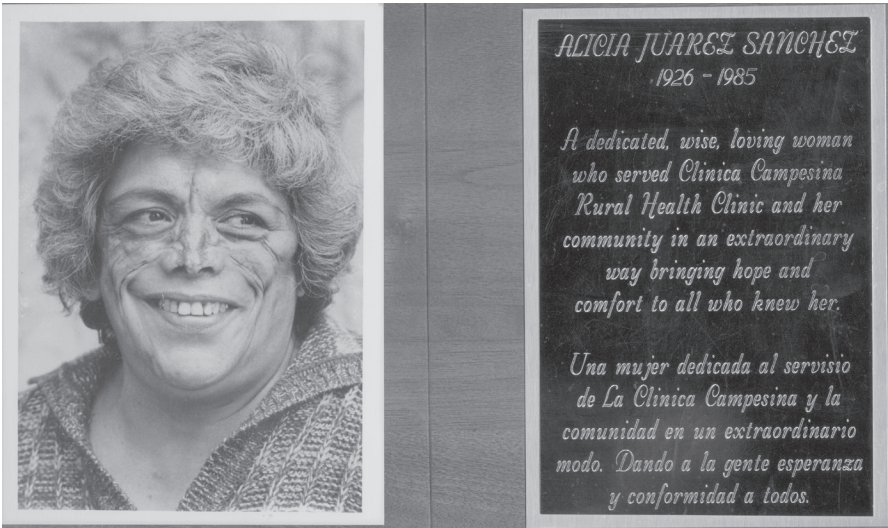
³² Adelfang, ed, *Erie*, p. 41.

³³ Alvarez, Teresa, interview, 1976. He had died by the time she was interviewed in 1976, and she received a monthly benefits check from the mine.

³⁴ Cardenas, Alfonso, interview, 2004. For Rocky Flats, see Vol. I, Chs. 5A and 6C.

³⁵ See Vol. I, Ch. 6B.

³⁶ "Migrant Health Clinic gives guidance, care" and see "Five generations." Her face bore the marks of having had lupus as a child. The two clinic buildings and Sanchez Elementary School are shown in a film made in 2013, narrated by Alicia's daughter, Eleanor Montour: "Lafayette, film of places of historical importance."



Illus. 3.3. Alicia Juarez Sanchez and her award

Few Latinas in Boulder County held recognized health-related positions even within the traditional system. In northern New Mexico during the decades around 1900, being a midwife or *curandera* was a respected position for women, one that gave them considerable independence and authority. Emma Suazo Valdez said that her maternal grandmother, Antonia Chavez de Montoya, was a midwife in the area around Taos and Española from when she was in her 20s into her 90s.³⁷ “She would ride her mare as far as twenty miles to deliver babies,” and she ushered into the world nine of Emma’s thirteen siblings before the family moved to Longmont in 1942. Elvinia (“Bea”) Martinez Borrego’s grandmother was a midwife for many years, living until she was 105!³⁸ None of the interviews done in the later 1970s and 2013 said that in Boulder County, designated Latinas had been responsible for giving health care and delivering babies. Further, as more people began to go to doctors or hospitals during the second half of the twentieth century, the role of older women as healers weakened. Informal midwives/*curanderas* nevertheless continued to provide assistance to some people.³⁹

³⁷ Valdez, Emma Suazo, interview, c. 1987.

³⁸ “Borrego, Albert and Elvinia (“Bea”) Martinez, biography.”

³⁹ A community service worker reported in 2013 that new immigrants living in mobile home communities in Longmont knew who the local *curanderas* were; they went to them for medical advice and asked them to come when a woman was in labor.

The field of professionalized western medicine offered relatively little employment for local Latinas/os until the 1970s, mainly because most jobs required specialized education. No Latinas/os were listed in *Polk's City Directories* as working in health-related fields prior to 1940, with a gradually increasing number of women hired thereafter, mainly by hospitals.⁴⁰ In 1946, one woman was a nurse at the tuberculosis sanitarium in Boulder, and one Longmont woman was studying nursing.⁴¹ Ten years later, Boulder was home to three nurses, and Longmont had one nurse and one female X-ray technician. Susie Espinoza was a Certified Nursing Assistant at Mesa Vista Sanitarium in Boulder, which cared for Navajo children from New Mexico and Arizona who had tuberculosis; she often brought some of them home with her for meals and to play with her own children.⁴² The medical employment situation had changed little by 1965: two nurses and three nurse's aides in Boulder, and two nurses in Longmont.⁴³

By 1975, however, we see a good deal of expansion, especially for women, thanks to the larger number of people completing high school and going on to higher education.⁴⁴ Lafayette had its first participant, a dietary aide who worked at Longmont United Hospital. Boulder now had three nurses and a medical aide, while Longmont had one nurse, three nurse's aides, a physician's assistant, a medical assistant, and a dietary aide, all women, plus one male X-ray technician. By the later 1980s, Gregory Jaramillo, who was later to be the director of the Salud Family Health Clinic in Longmont, was beginning his formal medical training, which included getting his M.D. at the University of Colorado Medical School and doing his residency at the Clinica Campesina in Lafayette.⁴⁵ In the next generation, many more Latinas/os were to move into health-related careers.

Although the particular kinds of food favored by Latinas/os could at times cause embarrassment, loyalty to traditional dishes remained strong across the generations. Even in the later twentieth century,

⁴⁰ See Vol. I, App. 3.2. For the *City Directories*, see Ch. 2, note 35 above.

⁴¹ See "Occupations and Employers, Three Towns, 1946," "Occupations and Employers, Three Towns, 1955," and "Occupations and Employers, Three Towns, 1965" for this paragraph.

⁴² "Asusena 'Susie' Espinoza."

⁴³ For successful efforts to become an LPN, see Mary Martinez, Ch. 6A below.

⁴⁴ "Occupations and Employers, Three Towns, 1975."

⁴⁵ Jaramillo, Gregory, interview, 2013.

preparing traditional foods continued to be a prized component of special gatherings and celebrations, including in families where women worked outside the home and normally had little time for elaborate cooking. The distinctive roles of senior women as sources of knowledge about recipes and remedies for traditional healing declined over time, but healthy and flavorful “Mexican” food and wise use of medicinal herbs may be seen as legacies to the wider community. The entry of Latinas/os into jobs within the western system of health care was delayed by requirements for formal training.

List of Illustrations, with Credits

All the images listed below are hyperlinked to their original online sources. They can be viewed by clicking on the underlined blue text at the end of each entry. Those that have a reference number beginning with “BCLHP” are on the Boulder County Latino History website:

<http://bocolatinohistory.colorado.edu/>

It contains hundreds of additional photos and other types of material as well.

- 3.1. Clofes Archuleta and her homemaking skills. Courtesy of Becky Archuleta. [BCLHP-FP-218](#).
- 3.2. Miners at Leyden Mine, Lafayette, 1909?, with lunch buckets. Courtesy of Lafayette Public Library. LPL, LP03660.
<http://www.cityoflafayette.com/PhotoViewScreen.aspx?PID=502>
- 3.3. Alicia Juarez Sanchez and her award. Courtesy of Eleanor Montour.
[BCLHP-FP-171](#).

Sources

Explanations

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LM. Longmont Museum

LPL. Lafayette Public Library

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