

The *Ibalois* of Benguet as Active Agents in Health Negotiations

Honey Libertine Achanzar-Labor*

*Corresponding author's email address: hrachanzarlabor@up.edu.ph

Department of Arts and Communication, CAS, UP Manila

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Abstract

Background: The *Ibalois* in La Trinidad, Benguet are witnesses to health negotiations that had been subjected to historical and material change.

Objective: To present indicators of resistance – the struggles, apparent ambivalence, and aspirations of the *Ibaloi* people in relation to health negotiations, as indicative of their being active agents in confronting change. Its ultimate objective was to show how the *Ibalois* have managed to not allow themselves to be subjected to the biological reductionism of “medical gaze” as they assert the value of a number of traditional health and cultural practices amidst historical and material change.

Methodology: A case study research design with Key Informants Interview (KII) as data collection technique was used as design for the study. To collect data, fifteen key informants were interviewed, eight from the folk medical sector and seven from the professional medical sector. Emic viewpoint was used in the presentation of data to analyze cultural phenomena from the perspective of one who participates in the culture being studied. Data from the folk medical sector were triangulated with data coming from local and international studies and with reports coming from the professional health sector: records from *barangay* and provincial health clinics managed by nurses and midwives as well as data coming from a local tertiary hospital and a national media news coverage.

Results: The struggles of the *Ibalois* are acts of resistance as they confront both traditional health practice or change. Their ambivalent emotions manifest creative responses to the diurnal or apparently humdrum occurrences that they encounter. Their aspirations indicate their hope and constant desire for a better future, and particular to this study, better health conditions. Indeed, health negotiations in Barangay Bahong, La Trinidad, Benguet and the continued relevance given to the *mambunong* are not indicative of a petrified indigenous.

Conclusion: Amidst the various historic turns and power shifts in the Cordillera region, the *Ibalois* have portrayed themselves as human agents – not just as one objective force in society - who define their culture (i.e. health practices) themselves in as much as this gives meaning and relevance to their lives.

Keywords: *mambunong (manbonong), material shift, historic turns, cosmopolitan, Ibaloi (Ibaloy), folk health sector*

Introduction

Barangay Bahong, La Trinidad, Benguet has been named the flower capital of the Philippines since it is the source of most flowers sold in shops and stalls in Baguio and Metro Manila. In an SLU-funded study Dr. Hector Guazon conducted on the flower and music industry of the *Ibalois* in La Trinidad, he has shown that the residents have gone through material shifts on their land through historical periods: from the technology which has brought about the rice terraces along with rice planting and use, to the technology related to vegetable farming, and eventually, to flower cultivation [1]. In this paper, its residents were presented as active witnesses to health negotiations amidst change.

In any complex society, Arthur Kleinman has suggested the presence of three overlapping and interconnected sectors of health care - the popular, folk, and professional sectors. Each sector has its own ways of explaining and treating ill health, defining who is the healer and who is the patient, and specifying how healer and patient should interact in their therapeutic encounter [2].

Interactions between two of the three sectors are most apparent in Barangay Bahong. The folk sector of healthcare in Barangay Bahong is represented by the *mambunong*. Deities and/or the name of some ancestors are invoked for health and illnesses in rituals that usually involve the sacrifice of animals and the drinking of *tafey* (rice beer) in the background of prayer chanted by the *mambunong*.

The professional sector is represented by the *barangay* health clinics, secondary health care providers, and tertiary hospitals for in-patients or referral from primary or secondary health professionals.

This paper probed into how the *Ibalois* in Barangay Bahong in La Trinidad, Benguet negotiate with both folk and professional sectors of health amidst material shifts through historical periods.

In 2001, Palaganas discussed how the socialization of indigenous people had been into the mainstream culture dominated by western science and symbols, rather than their own indigenous cultures. This was consequential since local habitats had to lose to encroaching industries and populations, and local peoples had to relinquish precious land, flora, and fauna. Indigenous people stood then to lose increasingly an invaluable part of their heritage and knowledge system [3].

However, Barangay Bahong is a locality that is distinct with only 3% of its residents who are migrants, as reported in the 2015 La Trinidad Socio-economic and Physical Profile by the Municipal Planning and Development Office [4]. The residents, mostly *Ibalois*, have managed to maintain land use and ownership. A look on how health negotiations take place in their community and how the *Ibalois* engage themselves in their own health dramas – their struggles, ambivalent emotions, and aspirations—may, in fact, document the prevalence of indigenous knowledge and practice.

Methodology

The paper was conceptualized during the author's participation in a two-week visit to Benguet in June 2016, facilitated by Dr. Hector Guazon for his graduate class on Field Research in UP Diliman, during which the class was introduced to his study entitled "Agents, Places and Practices through the Music and Flower Industry in Barangay Bahong, La Trinidad."

Barangay Bahong is located in the southwestern part of La Trinidad, Benguet. It is three kilometers from the Poblacion, two kilometers from the national highway, three kilometers from the provincial road and Provincial Capitol, and ten kilometers away from Baguio City. It is accessible via Baguio-Bontoc Road or the Camp Dangwa-Bahong-Sadag Provincial Road. Public utility jeeps are available from Baguio to Bahong or via the Camp Dangwa line. Taxis also pass by the *barangay*.

For this study, a case study research design with key informant interview as data collection technique was used. To collect data, fifteen key informants from La Trinidad were interviewed: three of whom were directly introduced by Dr. Guazon, namely, Barangay Captain Belmer Elis, Kagawad Heleena Gadgad (*barangay* committee head on Health and Social Services) and an *Ibaloi* who owned an established flower garden in Barangay Bahong. The rest were folk and professional health workers in Barangay Bahong and its periphery, including the city of Baguio, where health workers (medical doctors) from Pines City Doctors' Hospital were also later interviewed. Only the names of public officials appear in the paper; the names of the rest are withheld.

Emic viewpoint was used in the presentation of data to analyze cultural phenomena from the perspective of one who participates in the culture being studied. Data from the folk medical sector were triangulated with data coming from local and international studies and with reports coming from the professional health sector: records from *barangay* and provincial health clinics managed by nurses and midwives as well as data coming from a local tertiary hospital and a national media news coverage.

The primary concern of the study was the dominant constraints of cultural understanding within cultures, particularly aspects related to health practice, subversive to the idea of culture as being simply reproduced. It makes use of Sherry Ortner's view of people or agents who play with skill in a game of life, with power and inequality. For Ortner, social structure as a kind of sporting arena, playing a game of life in the field, and that the rules are set by the society's structure. But one is a free agent, one may either be carried away or change rules and boundaries by his action.

In his critique of ethnography, Ortner also argues that Geertz's thickness remains at the heart of the ethnographic stance. However, for Ortner, ethnographic thickness is not exhaustiveness of data. Instead, it is the consideration of the cultural richness of a group; it is the incorporation of subjectivity – intentions, desires, fears, projects - of the actors engaged in the drama of life [5].

Resistance studies are thin because they are ethnographically thin: thin on the internal politics of dominated groups, thin on the cultural richness of those groups, thin on the subjectivity – the intentions, desires, fears, projects – of the actors engaged in these dramas. Ethnographic thinness, in turn, derives from several sources

(other than sheer bad ethnography which is always a possibility). The first is the failure of nerve surrounding questions of the internal politics of dominated groups and of the cultural authenticity of those groups, which is raised periodically throughout this essay. The second is the set of issues surrounding the crisis of representation – the possibility of truthful portrayals of others (or Others) and the capacity of the subaltern to be heard – which has just been addressed. Taken together, the two sets of issues converge to produce a kind of ethnographic black hole.

Filling in the black hole would certainly deepen and enrich resistance studies, but there is more to it than that. These ambivalences and ambiguities, in turn, emerge from the intricate webs of articulations and disarticulations that always exist between dominant and dominated. For the politics of external domination and the politics within a subordinate group may link up with, as well as repel, one another; and, as Nandy so eloquently argues, subordinated selves may retain oppositional authenticity and agency by drawing on aspects of the dominant culture to criticize their own world as the situation of domination. In short, one can only appreciate the ways in which resistance can be more than opposition, can be truly creative and transformative, if one appreciates the multiplicity of projects in which those projects feed on as well as collide with one another.

Results

In the 1800s, rice was cultivated on the terraced slopes of Bahong. The rice farmers then, who were immersed in things that had to do with land and everything on it, were attuned to the pleasure of the rice granary guardians and ancestral spirits, and to these, the *mambonong* acted as medium. The *Ibaloi's* agricultural calendar was guided by the cycle of clearing, planting, and harvesting the rice fields, and rituals marked each. Both agricultural bounty and illness were seen as caused by the displeasure of some ancestral spirits and thus, rituals which are meant to appease the spirits had to be carried out. The conduct of these rituals involved the offering of votive objects to these ancestral spirits as prescribed by the *mambonong*, and this may include an animal for butchering and the offering of age-specific clothing, blankets, and *tapuey* or local rice wine.

Despite the introduction of modern medicine and health practices in Bahong through the Public Health campaign, which marked the American Colonial Period in the Philippines, the *mambonong* maintained his/her relevance as the *Ibaloi* continued to produce rice and maintain communion with

their gods and their ancestors. Introduced to them in this period though was an internalizing view of illness causation (i.e. biomedicine) wherein the origins of ill health were mainly located within the individual: illness was presented as a result of personal vulnerability to microorganisms that can be addressed either through medicines (i.e., antibiotics) and/or vaccination [6]. This was something that the *Ibaloi* could not easily adapt to, as they were used to attributing the cause of illness episodes to something external: to the social (witchcraft or ill-will) and supernatural world (displeasure of a spirit or an ancestor). In the first place, their being engaged in rice production required them to continue traditions that involve rice, rice and granary guardians, and ancestral spirits who demanded from them the care of their ancestral land and brethren. Moreover, even conversion to Catholicism among some of the *Ibaloi* was not a detriment for belief in ancestral spirits, as this is not considered anathema to Christianity.

After World War II, which marked the end of American rule in the Philippines, farming activities resumed in La Trinidad and farmers continued planting subsistence crops such as camote and other root crops. Highland vegetables that were introduced by the Americans, Japanese, and Chinese continued to be cultivated. The extensive production of these vegetables led to La Trinidad becoming known as the “Salad Bowl of the Philippines” in the 1950s. From the succeeding decades until the 1980s, many farmers converted their rice fields into vegetable farms. They came to realize that the return of investment with vegetable farming was better since vegetables were grown for a shorter period compared to rice.

This shift to vegetable farming is a shift to a pathway of becoming conditioned by ecology – the small parcel of land and the low yield from rice cultivation was not sufficient to feed a growing family. This has made the *Ibaloi* immersed in a capitalist form of economy, which puts more and more importance on monetary income rather than personal sustenance. Kagawad Heleena Gadgad, head of the Committee on Health and Social Services in Barangay Bahong, said that although most farmers would keep 30% of their vegetable produce for family consumption, whenever the market demand for vegetable rose, they would end up selling everything. This has caused a change in diet – primarily meat-based - which eventually became a lifestyle. The practice of butchering a pig on each day of the week during the conduct of a *canao*, a local ritual, does not help.

In 1975, the people of Barangay Bahong started planting flowers in lieu of vegetable farming. The boom of cut flower

farming and selling enabled farmers in Barangay Bahong to adapt into technologies that helped them produce and earn more. The vast improvement in their economic status allowed them to spend for their children's college education hoping that their diplomas and college degrees would secure their future. But the economic lure and charm of the cut flower business had these college graduates return to Barangay Bahong to plant flowers instead, as they observed that the latter, indeed, made them usually earn better than being employed elsewhere. The success of the cut-flower industry in Barangay Bahong also influenced other college graduates to engage in other forms of business besides flower cultivation instead of practicing their academic expertise and skills. The promise of a better, quicker, and a more assured income from business (as proven by the local cut flower industry) is definitely 'rosier' for them than being employed.

Nowadays, most *Ibaloi* flower farmers in Bahong are well to do, own comfortable houses and personal vehicles, can afford to frequent bars, drink alcohol, and eat fast food. These have led to further changes in diet and lifestyle. It is not surprising that to date, the Cordillera Region, where Bahong is a part of, still has the highest incidence of hypertension in the Philippines (news segment in Umagang Kay Ganda, ABS-CBN Channel 2; aired on 15 July 2016). Interview with the *barangay* clinic personnel reveals that Bahong also has high incidence of diabetes and kidney problems. Diabetes, just like hypertension, is a lifestyle (dietary) disease, while kidney damage occurs slowly over many years often due to diabetes or high blood pressure.

This change in lifestyle and consequent diet is not only vectored by the people's economic prosperity. Tradition is a factor as well since on the occasion of a wake or a *canao*, it may happen that people eat pork meat (*watwat*) for nine straight days. People also eat less vegetable. Despite the presence of vegetable farms in the community, for the farmers, vegetables are better sold than eaten. The people also drink very little water. They have a water system (pumped water) that has been examined to be safe but it is not habitual for them to drink water often. During gatherings, soft drinks or alcohol are served instead of water. During wakes, when meat and *tapuey* or some other substitute alcohol are expected, some of the *Ibaloi* men end up drinking alcohol daily for seven to nine consecutive days.

Aside from the three related diseases stated above, Ms. Brenda Satur, an *Ibaloi* and *barangay* midwife in Bahong for 40 years now recalls that there were high incidents of lung cancer in Bahong around 15 years ago. This coincided with the period of what she refers to as "the pioneers," flower

farmers who were responsible for the construction of the first greenhouses in Bahong. They were not aware of the danger of staying inside the greenhouses for long periods of time, drenched with the smell and microparticles of both pesticides and fertilizers. To make things worse, these greenhouses were covered with plastic and not with nets, thus, were not well ventilated. Most of the greenhouses were also just right beside their homes. Ms. Satur also recalls that three professors from Benguet State University who helped introduce these greenhouses to the Bahong community died earlier than most of their peers.

Although Bahong flower farmers are more educated now on the proper use of pesticides and fertilizers, Ms. Satur still refers to some problematic practices, "back in those days, farmers in Bahong simply used focused pumps; now they use power sprays, which are considered more efficient as they covered more ground, but these also made the smell and the particles of the pesticides less contained." It is not surprising that coughs, pneumonia, and asthma are common in the community.

In fact, a survey conducted by Jinky Leilani Lu in 2005 showed that 32% of 109 respondents in Barangay Bahong were symptomatic or had experienced pesticide-related illnesses since their first use of pesticides [7]:

The majority of the pesticides used by the farmers were Categories Ib and II, which were moderately or highly hazardous chemicals. Individuals with signs and symptoms were often centered on the eye, ear, nose, and throat (EENT) (44 reported these symptoms) followed by general and neurologic (16 respondents), and the integumentary (14 respondents). The most common general signs and symptoms manifested were weakness, followed by fatigue and muscle pain, then by chills and fever. The most common EENT manifestations were eye itchiness and blurring of vision. For neurological signs and symptoms, dizziness followed by headaches was reported.

The residents of Bahong today have many options in relation to their choice of health provider. For illnesses which they consider curable and requires drug prescriptions from doctors, they go to either, Pines City Doctors' Hospital or the government-ran Benguet General Hospital. All of the Bahong residents and who author managed to speak with showed preference for Pines City Doctor's Hospital as this hospital does not require long interviews and much paperwork before medical examination or confinement. Besides, most farmers engaged in flower farming can now afford the fees of private physicians.

For some basic and routine procedures, people may simply run to the *barangay* clinic for blood sugar testing, pre-natal checkup, immunization, and occasional birthing carried out in the homes of the patients. According to Ms. Satur, people also come to her for cases that go beyond midwifery such as simple coughs, colds, and cuts. She functions very much like the “community doctor.”

For illnesses that the professional physician is unable to diagnose or on occasions Ibolos fail to get a prescription, the *mambunong* is called. One of the *Ibaloi* flower farm owners interviewed (name withheld) attests to having resorted to this. He recalls being brought to the hospital, took all sorts of medicine, but left without feeling better. He figured that his illness must have been caused by the displeasure of one of their ancestors. Two or three days after a *canao* was conducted, he started to feel better and gradually got well. He attests to having relatives who have responded likewise, recounting, in particular, the case of his cousin who had diabetes and was suffering from its complications. After the conduct of the *canao*, this relative still tested positive for diabetes, but has regained her strength and is now back to selling flowers. He recounts that these two occasions have also made their family to be more close-knit.

He also complains of the expense involved in conducting a *canao* for the sick as this requires not just a pig (in its absence, a chicken or a dog) for butchering, but also wine, blankets, and new clothes for each ancestor to whom the *canao* is being offered. He adds that each of the clothing has to be specific to the age of each ancestor at the time of the offering. When asked whether this should be a reason for stopping the practice of doing the *canao*, he disagreed and said that the *Ibalois* in Sabong always managed to find ways to continue its conduct: “*nahahanapan ‘yan ng paraan*” (there is a way).

The author personally spoke with the 81 year-old *mambunong* in Barangay Bahong during the fourth day of the wake of the relative of a local guide. A seven-day wake was arranged before the conduct of the Christian burial and on each of these seven days, two pigs were set to be butchered (different members of the family were assigned or volunteered a pig each day). Before each butchering, the recital of a *bonong* or ritual prayer was required from the *mambunong*. According to the *mambunong* before praying a *bonong* the prayer for the sick, the patient had to consult first a *mabujon/mambuyon*, a seer, to know what exactly needs to be offered for the cure. In the absence of the *mabujon*, a *mambunong* can decide on the offering herself/himself. The *mambunong* also revealed that when she first dreamt of her call to be a *mambunong*, her

initial response was to hide from the community and she indeed left Bahong for Manila for this reason. She was forced to go back to Bahong to heed her call since she was already getting sick, as what always happens to *mambunongs* when they reject their calling, she said.

She hopes that none of her children becomes a *mambunong* for the task of being one is simply too demanding as it requires complete availability at any time of the day. However, she added that her task as a *mambunong* in the community is necessary to cure the illnesses caused by the displeasure of their ancestral spirits.

Ms. Satur, the *Ibaloi barangay* midwife, has three aspirations for Barangay Bahong. First, she hopes that the people of Bahong will eventually achieve 100% Philippine Health Insurance coverage to provide discounts and free services for its citizenry. Although the local government has already sponsored most of the townsfolk, some of the residents were not included in the list.

Second, she dreams of a people who are more health conscious and would have the drive to change their lifestyle: to eat less junk food, to eat less red meat and more of vegetables, to drink less alcohol and more water.

Third, she considers the *mambunong* as part of her identity as an *Ibaloi*. “Without them, we have nothing to share with our children. It would be good if the *mambunong* can be our partner. If they cannot heal the sick, they can come to us. We know that the *mambunong* cannot cure illnesses that require biomedical attention, but their assistance does not cause the people any harm.”

Bahong's Barangay Captain Belmer Elis feels likewise, saying that the *mambunong* is part of their *Ibaloi* tradition. He said that is also necessary for undiagnosed illnesses caused by an ancestral spirit or ill will.

However, there were also ambivalent reactions from some of the residents. The mother of a local guide felt that the expense involved in the seven-day wake of her aunt was burdensome. It involved the butchering of two pigs daily. She eventually considered not doing the *canao*. Her aunt added, “perhaps a simple visit to a doctor when sick, or a Christian wake, would suffice next time.”

The efficient health service system in Barangay Bahong is based on the confluence of the professional health sector (doctors, the *barangay* nurse, and midwife) and the folk

health sector (the *mambunong*). The health system though is also reflective of the people's negotiations with these two sectors and their environment.

Just as residents of Bahong have the option to choose their doctor and hospital, they also have options in their choice of the *mambunong*, depending on the availability, proximity, and capacity. As one *Ibaloi* flower farmer said, "*mas mahirap maghanap ng mambunong na kayang maggamot, kaysa magkasal o magbasbas ng patay.*" This statement indicates that not all *mambonongs* have the same capacities: "It is, indeed, more difficult to find a *mambunong* who can take part in healing than one who can preside in weddings and burials."

The *barangay* nurse, Mr. Michael Amakiw, hopes that there can be a regular, even monthly, community meetings with health practitioners in Barangay Bahong for health updates and information dissemination since the community is not well informed of epidemics. He then shared with us an "innovation" practiced by Barangay Captain Belmer during his term, similar to the conduct of an *umalohokan*, the traditional town crier in ancient Philippine societies. He would go around the *barangay* with a loudspeaker on his hand to update the residents of Bahong with new laws, policies, and upcoming seminars on various topics including health and nutrition, "*Magtatawag siya kung may meeting, may dengue, kung kailangang maglinis, kung may fiesta*" (a call would be made for meetings, dengue epidemic broadcast, invites to community cleaning, and festivities). When asked about the *mambunong*, he said, "I respect the people's beliefs and in their prerogative to see the *mambunong* but I would always tell them to also drop by our *barangay* clinic or consult a doctor when sick."

Dr. Mike Mostales, a pathologist in Pines City Doctors' Hospital, relates that "no significant increase in reported ailments has been noted in La Trinidad after World War II. Common diseases in Bahong include diarrhea and other seasonal ailments, such as asthma and pneumonia during rainy season. Particular to Barangay Bahong and La Trinidad as a whole though are skin diseases (i.e. fungal infection, allergy), which is attributed to their being regularly exposed to plants, fertilizers, and insecticides. Just like the rest of the country, there is a higher incidence of breast cancer among women and lung cancer for men, although there has been a rising incidence of lung cancer among women for the past 15 years due to secondary smoke which becomes more problematic when cigarette filter was introduced as this made particles smaller and harder to eject from the body." The reference to

the past 15 years is notable as this coincides with the number of years in which greenhouses have been used in Barangay Bahong, and thus, the practice of localized irrigation that allowed run-off of fertilizers.

He shared his aspirations for Barangay Bahong and the municipality of La Trinidad as a whole. First, he hopes that the tourism and economic development of Baguio City be extended to La Trinidad as the former is highly congested. In the long run, this would help speed up La Trinidad's economic growth as well. Second, he hopes for the people of Bahong 100% coverage in Philhealth. Lastly, he hopes that their river system will be better protected since Ballili River also passes through Baguio City. Although Baguio Water District (BAWADI) already supplies parts of La Trinidad with water, portions of the municipality still rely on spring and pumped water - the reason why diarrhea and cholera are natural consequences during rainy season. During warm weather, dirt and waste accumulate on the mountaintops. Once it rains, water washes these off causing the initial outpour of polluted water, making the people who depend on it susceptible to diarrhea and other forms of stomach upset. It should be added though that the mountain, the spring, and its rivers are still capable of self-cleansing making the occurrence of diarrhea and cholera epidemic seasonal.

In accordance with their local government code [8], La Trinidad has been provided with five *barangay* health services, a regional health unit, as well as municipal and *barangay* roads to make the province accessible. Such has been the case already in Anceno's study in 2007. In her report, Anceno states that 98.54% of the households in Barangay Bahong had their own transport service [9]. This is consistent with the study results presented in this paper with reference to the ability of the populace to go to tertiary hospitals in Benguet Hospital and even Pines City Doctor's Hospital in Baguio City when needed. Thus, due to this level of accessibility of health providers in Barangay Bahong in La Trinidad, health service is generally preventive in nature, as chronic cases are considered preventable if symptoms of the diseases are detected earlier. In fact, Anceno concludes in her study that setting up more health facilities and roads in La Trinidad are secondary to capacitating more health care providers, improving health services, and providing free or discount-priced medicines.

Conclusion

Indeed, as proposed by Ortner, the cultural richness of a group being studied and the subjectivity – intentions, desires, fears, and projects – of the *Ibaloi* people engaged in the drama of life reveal acts of resistance and engagements which are omitted in most ethnographies.

Their struggles are acts of resistance, which they carry out as they confront either traditional health practice or change. The ambivalent emotions are the nuances in conduct, which manifest creative responses to diurnal occurrences that they encounter. The aspirations indicate their hope and constant desire for a better future, and particular to this study, better health conditions.

Moreover, the pursuit of health in Bahong is life engaging, as its pursuit allows the people to engage with culture, to constantly confront the valuing of their past and their present. This is also shown in their ability to use the traditions of the past in pursuit of health advances (through the *umalohokan*) as well as their ability to use the advances of the contemporary to acknowledge the value of the traditions of the past.

It is life struggling as the people's pursuit of health in Bahong is expressive of their struggle. Due to the expense that is entailed in the conduct of a *canao*, one can sense ambivalent emotions towards its conduct: doing away with the tradition versus pursuing it by all means, *gawan ng paraan*.

It is life aspiring as the people's pursuit of health manifests their aspirations of a healthier lifestyle (i.e., more health conscious, 100% Philhealth coverage). This is also revealed in their openness to maintain some aspects of folk health practice in their path towards asserting themselves as contemporary *Ibalois*.

We see in Bahong an approach to life which is cosmopolitan, moving away from the opinions of particular faith, family, and *barangay* toward an imaginary open to different cultural experiences in ways mere villages are not [10]. Unveiling the particularities within which the people in Bahong translate structures in practice, reveal their cosmopolitan imaginary that is nuanced, novel, and wide-ranging [11].

The study shows that the role of the *mambonong* or the traditional *Ibaloi* priest/priestess in present day Barangay Bahong, La Trinidad continues to be vital; his/her presence is still considered indispensable not just during the rites of burial, thanksgiving for one's produce, and wedding ceremonies, but also for a variety of illnesses, particularly those that cannot be addressed by the physician nor by the local *mamalon* or *masseur*.

The continued relevance given to the *mambonong* is not indicative though of a petrified indigenous. Amidst the various historic turns and power shifts in the Cordillera region, the *Ibalois* have portrayed themselves as human agents – not just as one objective force in society – who define their culture (i.e. health practices) themselves in as much as this gives meaning and relevance to their lives.

Moreover, its prevalence is indicative of how the *Ibalois* have managed to not allow themselves to be subjected to the biological reductionism of “medical gaze” [12]. Healing among the *Ibalois* is not limited to declarations and assessments of symptoms diagnosed by the professional health providers and the submissive acceptance of whatever symptom they may not be able to address. Healing is something pursued and the *mambonong* provides them hope and chance.

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