

CASE STUDIES

# Traditional Healing Spaces and Community Health During COVID-19: A Qualitative Study of Botánicas in South Texas

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## ABSTRACT

Botánicas are community-based establishments rooted in Latinx and Afro-Caribbean traditions that provide herbal remedies, spiritual counseling, and culturally grounded wellness practices. Although botánicas' role in everyday community health has received scholarly attention, their function during public health crises has received limited empirical attention. This study examines how botánicas in San Antonio, the largest city in South Texas, operated and served their communities during the COVID-19 pandemic, particularly among populations facing barriers to formal health care access. Semi-structured in-person interviews were conducted with owners and staff from five botánicas identified through online listings, community referrals, and neighborhood canvassing. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis following Braun and Clarke's six-phase framework.

Five themes emerged:

- Herbal remedies were used alongside biomedical care, particularly for clients without health insurance.
- Botánicas remained open during the pandemic and adapted operations to maintain safe and accessible services.
- Participants reported increased demand for herbal and spiritual remedies addressing respiratory symptoms, stress, and uncertainty associated with COVID-19.
- Clientele were ethnically, religiously, and generationally diverse, with participants noting increased visits from younger patrons during the pandemic period.

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- Family-run business structures and intergenerational knowledge transmission were central to sustaining both botánica operations and community trust.

These findings suggest that botánicas functioned as informal community health resources during the COVID-19 pandemic, particularly in areas where access to formal health care services was limited. Integrating botánicas into public health planning and emergency preparedness could strengthen culturally responsive crisis response, particularly in communities with limited health care access.

## Context

The COVID-19 pandemic placed unprecedented strain on health care systems worldwide. Hospitals across the United States experienced rapid surges in patient volume, with high rates of severe illness stretching already limited capacity. Early in the crisis, shortages of personal protective equipment (PPE), ventilators, and hospital beds revealed significant gaps in emergency preparedness.<sup>1</sup> Staffing shortages further compounded these challenges, as health care providers struggled to meet escalating demand while intensive care unit (ICU) capacity was quickly exceeded.<sup>2</sup> In the hardest-hit regions, hospitals were forced to make difficult triage decisions regarding access to limited medical resources. The speed and scale of COVID-19 transmission exposed longstanding structural weaknesses in the U.S. health care system, including underinvestment in surge capacity, workforce resilience, and public health infrastructure.<sup>3,4</sup>

During the COVID-19 pandemic, Hispanic communities across the United States experienced disproportionately high rates of infection, hospitalization, and mortality.<sup>5-7</sup> These disparities are influenced by structural and social determinants of health, including overcrowded housing, limited access to health care, and overrepresentation in essential occupations such as agriculture, food service, and manufacturing.<sup>8</sup> Many frontline workers lacked access to paid sick leave and were unable to miss work even when experiencing symptoms.<sup>9</sup> Linguistic, cultural, and legal barriers further restricted access to reliable information, testing, and treatment among monolingual Spanish speakers and recent immigrants.<sup>10</sup> As a result, Hispanic communities experienced a disproportionate burden of illness and premature mortality, particularly among younger working-age adults, reflecting persistent inequities in health care access and broader social determinants of health that were intensified during the COVID-19 crisis.

In South Texas, the impact of the pandemic on majority-Hispanic communities was amplified by longstanding barriers to health-care access, particularly in regions with high uninsured rates, shortages of health-care providers, and limited availability of preventive services.<sup>11</sup> Many counties along the Texas–Mexico border are federally designated as medically

underserved because of persistent resource limitations.<sup>12</sup> These coverage gaps often delay medical care until health conditions become severe, while shortages of clinics and specialists limit the ability of local health-care systems to meet demand.<sup>13</sup> State health officials have also noted ongoing challenges in developing a sustainable health-care workforce and maintaining access to preventive and specialty services in border communities. When COVID-19 spread rapidly through these areas, limited health-care infrastructure and low insurance coverage contributed to delayed testing and treatment, resulting in more severe illness and poorer outcomes.<sup>10</sup>

The Hispanic population in the United States has continued to grow, reaching approximately 65 million people in 2023 and representing roughly 1 in 5 residents.<sup>14,15</sup> Between 2022 and 2023, Hispanic individuals accounted for more than two-thirds of the nation's overall population growth. Despite this demographic expansion, Hispanic communities continue to experience substantial health disparities rooted in structural inequities. Limited access to culturally and linguistically appropriate health care, exclusionary policies, and broader social determinants such as poverty, discrimination, and lack of insurance contribute to the disproportionate burden of chronic and preventable diseases in these communities.<sup>16-18</sup>

These burdens are further compounded by the underrepresentation of Hispanic professionals in the health-care workforce. Although Hispanic individuals make up a growing share of the U.S. population, only 6.5% of physicians and 7.4% of nurses identify as Hispanic.<sup>19-22</sup> This mismatch between provider demographics and patient populations can undermine patient-provider trust and limit the delivery of culturally responsive care.<sup>18</sup>

Structural disparities are particularly visible in San Antonio, a large metropolitan area in a state that has not expanded Medicaid and has historically underfunded public health systems, further restricting access to affordable preventive services and exacerbating health inequities.<sup>23</sup>

During the pandemic, majority-Hispanic ZIP codes on the city's South Side experienced infection and mortality rates up to 16 times higher than those recorded in wealthier, predominantly non-Hispanic white northern neighborhoods.<sup>23,24</sup> Many residents in these communities worked in essential occupations that could not be performed remotely and frequently lacked employer-sponsored health insurance.<sup>13</sup> This combination of increased exposure risk and limited access to health care magnified the impact of COVID-19 and highlighted the importance of trusted community-based resources.

One culturally appropriate health care option within Hispanic and Afro-Caribbean communities is the botánica.<sup>25</sup> Botánicas are dispensaries located in Hispanic communities throughout the United States that offer herbal medicines, spiritual goods, and culturally rooted counseling services used

in rituals for protection, healing, and emotional support.<sup>26,27</sup> Botánicas are particularly significant among Hispanic American and Afro-Caribbean immigrant communities, including individuals from Mexico, Cuba, Puerto Rico, the Dominican Republic, Haiti, and Nicaragua, and are frequented by individuals seeking support for physical, emotional, and spiritual concerns. Common items sold in botánicas include dried herbs, oils, incense, candles, vitamins, charms, and religious artifacts. Beyond their role as retail establishments, botánicas often function as culturally familiar points of care for immigrants navigating linguistic, economic, and systemic barriers to health-care access.<sup>28</sup> Botánicas became especially visible during the pandemic within local communities as sources of both physical and spiritual support. Many individuals visited botánicas for herbal remedies and spiritual guidance during periods of uncertainty and fear. For example, Botánica Los Misterios on San Antonio's South Side became a widely recognized site of alternative care. Community members sought remedies such as gordolobo in hopes of protecting their families from infection, while Botánica La Caridad reported increased demand for sage used to cleanse homes and ward off illness.

Grounded in longstanding community trust, botánica owners often assume roles that extend beyond selling products. They share health information with clients and integrate guidance from the Centers for Disease Control and Prevention (CDC) with traditional practices familiar to their communities. As a result, botánicas function as informal spaces for physical, emotional, and spiritual support, particularly during periods of crisis. Despite their visibility in immigrant communities and their role during the COVID-19 pandemic, botánicas remain largely absent from public health research and planning. This study examines how botánicas in San Antonio and South Texas operated and served clients during the COVID-19 pandemic. Specifically, this study addresses the following research question: How did botánicas in San Antonio and South Texas operate and serve clients during the COVID-19 pandemic?

## Methods

### *Participants and Site Identification*

Participants were owners or staff members of botánica shops located in San Antonio, Texas. To identify potential study sites, the research team employed multiple strategies to develop a comprehensive list of botánicas operating in the area. First, an internet search was conducted to identify businesses with online listings. Second, two trusted Hispanic community leaders with longstanding knowledge of the local community assisted the research team in identifying additional botánicas. Finally, because botánicas are historically concentrated within particular neighborhoods of the city, the research team conducted field visits to retail corridors in predominantly Hispanic areas to ensure that eligible storefront locations had not been overlooked. These efforts resulted in the identification of 15 botánicas operating in San Antonio. Owners or managers were contacted by telephone and invited to participate

Table 1. Description of Botánicas

Botanica	Years in Operation	Review / Rating Data	Products & Services	Additional Notes
<b>Botanica Virgen de la Merced</b>	Unknown	Health inspections in 2015 (score: 100)	Spiritual goods, folk healing	Open daily (10 AM–7 PM, closed Sun)
<b>Casa Guajardo</b>	Since 1978	Positive Yelp reviews (no aggregate rating)	Candles, incense, herbs, rosaries, medallions, oils, prayer cards	Family business; online storefront
<b>La Fe Herberia</b>	Since 1976	Yelp: 4.0 (≈6 reviews)	200+ dried herbs, candles, statues, oils, religious supplies	One of the oldest herb shops in the city
<b>Botanica La Caridad</b>	~16+ years	Google: 4.9 (n=347); Facebook: 94% recommend	Candles, incense, herbs, cleansings, tarot, misas blancas, spiritual consultations	High community engagement; media coverage during COVID-19
<b>Papa Jim's Botanica</b>	Since ~1979	Limited public data	Candles, oils, herbs, books, statues, spiritual goods	Locally renowned; described as “largest botanica”

**Note.** Data compiled from publicly available business directories, Yelp, Google Reviews, official websites, and local media (e.g., [MySanAntonio.com](http://MySanAntonio.com), *Texas Highways*). “Years in operation” is based on founding year or earliest directory listing.

in the study. Five botánica owners agreed to participate. Two owners declined participation due to concerns about protecting the privacy of their clientele, three additional businesses could not be reached by phone and were closed during attempted visits within posted business hours, and five were no longer operating. The participating establishments—Botánica Virgen de la Merced, Casa Guajardo, La Fe Herberia, Botánica La Caridad, and Papa Jim’s Botánica—represent a mix of long-established and more recently established spiritual supply shops in San Antonio. Operational histories ranged from approximately 16 to nearly 50 years. Casa Guajardo (est. 1978), La Fe Herberia (est. 1976), and Papa Jim’s Botánica (est. ~1979) represent longstanding community institutions with deep neighborhood ties, whereas Botánica La Caridad and Botánica Virgen de la Merced reflect more recent expressions of these traditions. Across all sites, core offerings included candles, herbs, oils, statues, and other spiritual supplies. Some locations also offered additional spiritual services, such as cleansing rituals, tarot readings, and misas blancas. Additional descriptive information about participating sites is provided in [Table 1](#). All interviews were conducted in person with botánica owners or staff members and lasted between 15 and 40 minutes.

### ***Ethical Approval***

This study was reviewed and approved by the Institutional Review Board at The University of Texas at San Antonio (Protocol ID: FY22-23-159). All participants provided written informed consent prior to participation and were informed that their involvement was voluntary, that they could decline to answer any question, and that they could withdraw at any time without penalty.

## ***Data Collection***

Data were collected through semi-structured, in-person interviews with botánica owners or staff members. Participants were invited to select the location of the interview within their place of business, and all participants provided consent for audio recording prior to the start of the interview. A semi-structured interview guide was used to ensure consistency while allowing participants to elaborate on topics relevant to their experiences. Interview questions focused on the history and structure of the business, characteristics of the client base, types of herbal and spiritual services provided, and how botánicas responded to community needs during the COVID-19 pandemic. Participants were also asked about the perceived role of traditional and herbal medicine in relation to COVID-19 prevention and treatment. Two members of the research team were fluent in Spanish and conducted interviews or provided clarification when necessary. Two interviews were conducted primarily in Spanish. Spanish-language interviews were transcribed and translated into English for coding, with bilingual members of the research team reviewing translations for accuracy.

## ***Analysis***

All interviews were audio-recorded and transcribed verbatim. The transcripts were analyzed using thematic analysis following the six-phase framework described by Braun and Clarke.<sup>29</sup> This process involved (1) familiarization with the data through repeated reading of the transcripts, (2) generation of initial codes across the dataset, (3) grouping related codes into potential themes, (4) reviewing and refining candidate themes in relation to the coded data and full transcripts, (5) defining and naming themes, and (6) producing the final analytic narrative. Initial coding and theme development were conducted by one member of the research team. A second researcher independently reviewed the coding structure and theme groupings to corroborate the analysis. Through discussion and consensus, the research team refined and finalized the themes reported in the findings. Given the purposive and bounded nature of the sample, data saturation (thematic sufficiency) was assessed through an iterative process of data collection and analysis. As interviews were completed and transcribed, the research team reviewed coded transcripts to determine whether new concepts continued to emerge and whether the data provided adequate coverage of the research question. By the final interviews, no substantively new codes or themes were identified and existing patterns were consistently reinforced, indicating that thematic sufficiency had been reached for this exploratory study.

## **Results**

Five themes emerged from interviews with botánica owners and staff regarding how these businesses operated and served their communities during the COVID-19 pandemic provided in [Table 2](#).

### ***Herbal Medicine as Complementary to Biomedical Care***

Participants consistently emphasized that herbal and spiritual practices were not intended to replace biomedical care. Instead, they described their services as complementary forms of support that could help address health concerns, particularly for individuals facing financial or structural barriers to clinical care. Several owners reported encouraging clients to seek medical attention when necessary while also offering herbal remedies that were perceived as affordable and accessible alternatives. One participant emphasized the distinction between their role and that of medical professionals: *“Tell clients to go to the hospital first. We are not doctors.”*

Others highlighted the financial constraints that often led clients to seek services at botánicas:

*“People come because they can’t afford the copay. Herbal remedies are cheaper.”* Participants also expressed caution when discussing the relationship between traditional healing practices and biomedical treatment. As one owner explained: *“We have to be careful when we begin approaching intersections with modern medicine... I am a spiritualist, I am not a doctor.”*

These accounts reflect a form of medical pluralism, in which individuals draw on both biomedical and traditional healing systems to address health concerns.

### ***Safe and Accessible Services During the Pandemic***

All participating botánicas reported remaining open during the COVID-19 pandemic while implementing operational adjustments to maintain safety and comply with local public health guidance. These adaptations included curbside services, installation of physical barriers during consultations, and increased cleaning and sanitation practices. One participant described the shift to outdoor service delivery: *“We ran curbside service and ran in and out.”* Another participant explained how the shop modified its physical layout and hygiene practices:

Table 2. Description of Qualitative Themes for Botánica Owners and Staff

Theme	Description
1. Herbal Medicine as Complementary to Biomedical Care	Owners emphasized that herbal remedies are not a replacement for traditional medicine but serve as an affordable and accessible supplement, especially for uninsured clients.
2. Safe and Accessible Spaces During the Pandemic	All botánicas stayed open during COVID-19 and adapted operations to comply with safety regulations. Many patrons turned to botánicas due to lack of insurance or inability to afford copays.
3. COVID-19 Treatment Practices	During the pandemic, owners observed increased demand for herbs such as eucalyptus, gordolobo, and ginger, and for spiritual support including candles, sage, and cleansings.
4. Diverse and Expanding Clientele	Each botánica reported serving clients across different racial, ethnic, and religious backgrounds, with many noting a surge in younger customers during the pandemic.
5. Longstanding Family Businesses	Most of the participating botánicas were family-run for decades, fostering multigenerational trust and connection in the community.

*“Put up partitions between consultations... cleaned, disinfected, and made sure it wasn’t too crowded.”* Several owners indicated that clients relied on botánicas because they lacked health insurance or could not afford traditional health care services: *“People come in because they don’t have insurance.”* In some cases, participants noted that certain business licenses allowed them to remain open in compliance with local public health restrictions: *“We were able to stay open during COVID since we had a grocery license.”* These accounts suggest that botánicas remained accessible community resources during a period when many residents faced barriers to conventional health-care services.

### ***Increased Demand for Herbal and Spiritual Support***

Participants described a noticeable increase in demand for herbal remedies and spiritual products during the pandemic. Requests frequently focused on respiratory symptoms or general immune support. Commonly mentioned herbs included eucalyptus, gordolobo, ginger, and purple onion. One participant explained: *“We recommended eucalyptus, purple onion, and ginger for COVID.”* Another participant noted the strong demand for respiratory remedies:

*“People would buy teas to help with breathing and their lungs. Eucalyptus was the most requested.”* Participants also described increased interest in spiritual practices intended to address anxiety and uncertainty during the pandemic. *“Sold about five pounds a month of Eucalypto tea. Also sold a lot of sage to cleanse the air.”* At the same time, some owners clarified that they did not claim to offer specific treatments for COVID-19: *“No specific treatments for COVID, but we continued our usual consultations.”* Together, these observations suggest that botánicas served as sources of both physical and emotional support during a period of widespread uncertainty.

### ***Diverse and Expanding Clientele***

Participants reported that botánicas served a diverse clientele across racial, ethnic, and religious backgrounds. Although many customers were described as Hispanic or African American, owners also reported serving white and Asian clients. Several participants also observed increased interest from younger individuals during the pandemic. One participant described the diversity of customers who visited the shop: *“Of course it’s more Hispanic, but we get all kinds of people, white, Asian, and we teach them a little.”* Another emphasized the longstanding diversity of their clientele: *“Client base is very, very, very diversified... historically more Latin and Afro-Latin populations.”* Some participants also noted shifts in the age distribution of their clientele: *“Client base is 85% Mexican/Hispanic, but we’ve seen an increase in African Americans... teens are now some of our best customers.”* Religious diversity was also frequently mentioned, with participants describing clients who identified with Catholic, Christian, and Santería traditions.

### ***Longstanding Family-Run Businesses***

Most participating botánicas were described as family-run businesses that had operated in San Antonio for decades. Owners emphasized the role of family involvement and intergenerational knowledge in sustaining their businesses and maintaining relationships with community members. One participant described the history of their shop: *“My father-in-law started the business in 1976. I’ve been running it for 25 years.”* Another described how long-term relationships developed across generations: *“He’s been here when kids would come with their parents and now those same kids are parents.”* Participants also highlighted different forms of family involvement in operating the business: *“A family business for about 30 years. My godfather and sister run it together.”* Some businesses also evolved over time as family enterprises adapted to changing community needs: *“Started by my parents in 1984 as a grocery store, transitioned into herbs, candles, and oils.”* Although most botánicas were family-run, some had different ownership structures while still maintaining long-term community presence:

*“Not a family business, but we’ve been here over 10 years.”* These narratives illustrate how botánicas function not only as retail establishments but also as enduring community institutions embedded within local social networks.

### **Discussion**

This study examined how botánicas in San Antonio in South Texas operated and served their communities during the COVID-19 pandemic. The findings highlight five interconnected roles that botánicas played during the pandemic: providing herbal medicine as a complement to biomedical care, maintaining safe and accessible spaces, responding to increased demand for herbal and spiritual support, serving diverse clientele, and sustaining community trust through family-run business structures. Essentially, botánicas functioned as culturally embedded community institutions during a period when many residents faced barriers to conventional health care services.

All five participating botánicas remained open throughout the pandemic while modifying their operations to comply with public-health guidance. Participants described implementing curbside services, limiting in-store access, and increasing sanitation practices. Owners and staff emphasized that their continued presence provided a sense of stability at a time when many hospitals and clinics were overwhelmed or inaccessible. In this context, botánicas served as spaces where individuals, particularly those without insurance or reliable access to clinical care, could seek assistance outside formal health-care systems. These findings align with prior research demonstrating that trusted community institutions often remain operational and relied upon during public health emergencies, particularly in underserved communities.<sup>25</sup> Participants also described increased demand for herbal remedies and spiritual goods during the pandemic. Herbs commonly

requested for respiratory symptoms included eucalyptus, gordolobo, ginger, and purple onion, while spiritual items such as candles, sage, and cleansing rituals were frequently used to address stress and anxiety. This pattern highlights how botánicas addressed dimensions of health, particularly emotional and spiritual well-being, that are often less directly addressed within biomedical care. Previous research has similarly documented how traditional healing systems integrate physical, emotional, and spiritual dimensions of health in ways that complement biomedical approaches.<sup>26</sup> Botánica owners consistently framed their services as complementary to biomedical care rather than substitutes for clinical treatment. Participants emphasized that they were not medical professionals and frequently encouraged clients to seek hospital or clinical care for serious conditions. At the same time, owners acknowledged that many clients turned to botánicas because they lacked insurance, could not afford copays, or encountered barriers when navigating formal health-care institutions. These findings reflect the concept of medical pluralism, in which individuals draw on both biomedical and traditional healing systems to address health needs.<sup>25,26,30</sup> The clientele served by the participating botánicas was racially, religiously, and generationally diverse. Although many customers were described as Hispanic or African American, participants also reported visits from white and Asian clients and noted increasing interest among younger adults during the pandemic. Younger customers frequently sought remedies for immune support, stress management, or sleep concerns, reflecting broader trends in complementary and alternative health practices among younger populations in the United States. These patterns suggest that botánicas may function not only as culturally specific healing spaces but also as accessible community resources across diverse populations. Finally, most participating botánicas were longstanding family-run businesses that had operated in San Antonio for decades.<sup>31</sup> Owners described multigenerational involvement in daily operations, with knowledge and practices passed down within families. These family structures contributed to business continuity and reinforced long-term relationships with community members. Previous scholarship has similarly highlighted the role of family labor, cultural knowledge, and community trust in sustaining traditional healing businesses across Hispanic communities.<sup>27, 32</sup>

### ***Limitations***

This study has several limitations worth noting. First, the findings are drawn from a single region in South Texas and may not reflect the diversity of botánica practices across other parts of the United States. Second, data were collected exclusively from botánica owners and staff, which provides insight into business operations and service delivery but does not capture the perspectives of clients. Future research should include interviews or focus groups with customers to better understand motivations for seeking services, levels of trust in botánicas, and perceived health outcomes. Third, the sample

was limited to storefront locations identifiable through online listings or street visibility, which excluded botánicas operating from private residences or informal settings. Finally, the findings reflect responses during a specific crisis period and do not address post-pandemic developments. Longitudinal research could help determine whether the increased reliance on botánicas during COVID-19 represented a temporary response to crisis conditions or part of a broader shift toward community-based healing practices.

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### ***Conflict of Interest***

The identified excerpts used in this study are available from the corresponding author upon reasonable request.

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