Discussions of medicine in Indigenous communities in twentieth-century Latin America often recall the cruel US and Guatemalan doctors who abused soldiers, mental health patients, and incarcerated individuals—many of whom were Indigenous—in Guatemala by painfully and non-consensually infecting them with syphilis. This bone-chilling series of experiments is where David Carey Jr. concludes, rather than begins, his impressive monograph that compares Guatemalan and Ecuadorian medicine, *Health in the Highlands: Indigenous Healing and Scientific Medicine in Guatemala and Ecuador*. The book untangles layered medical environments across Latin America by assessing the two countries’ diversity of health practices in the first decades of the twentieth century. Carey argues that conceptions of race, gender, and geography unique to each nation shaped how medicine was administered, received, and regulated. Carey concludes that conditions were comparatively more tolerant in Ecuador than in Guatemala, where long-standing racist logics ultimately led to the treatment of “marginalized Guatemalans first as test subjects and second, if at all, as patients” (p. 212).

Instead of populating his pages with only university-educated doctors and vulnerable patients, Carey introduces a complex cast of expert healers in Guatemala and Ecuador during the first half of the twentieth century. Carey centers Indigenous and non-Indigenous midwives, medical students, bonesetters, researchers, nurses, *curanderos*, local and national politicians, and doctors to demonstrate that these practitioners learned from a range of sources. Some (*empíricos*) gained knowledge from on-the-ground experience and tradition, while others learned from formal schooling. Patients in both countries moved deftly between Indigenous medicine and “scientific” medicine to seek the most effective care regimen.

Patients’ embrace of plural medicines led to cultures of “hybrid healthcare,” but this hybridity was not without contest. Racism often dictated the treatment of Indigenous—Carey centers Maya in Guatemala and Kichwa in Ecuador—patients and healers, and distinct ethnic relations in each country resulted in divergent historical trajectories of medical care. According to Carey, entrenched class-race hierarchies and centuries of exploitation in Guatemala foreclosed most Maya participation in hospitals and health centers. In contrast, Carey argues that Kichwa *empíricos*, midwives, and patients had increased opportunities in Ecuador, due to greater Indigenous political inclusion that in turn led to their practices being more widely accepted in the context of social medicine.
However, Indigenous practitioners in Ecuador were not viewed entirely without prejudice. To that end, the book carefully lays out the exclusionary structures that denied medical access and autonomy to large populations, which compounded existing class and race disparities. Moreover, financial interests often motivated how doctors and their political allies understood their *empírico* counterparts—profit was the bottom line, and *empíricos* threatened earnings. Despite the limits imposed by discrimination, Carey celebrates the alternative courses that people pursued to practice and receive care, illustrating that healing and medicine were constructed as much in rural communities as they were in laboratories and hospitals.

The historiographies of modern Guatemala and Ecuador rarely converse directly, despite the two countries’ similarities as small yet diverse geographic regions and as homes to large Indigenous populations. Carey presents a compelling comparison of local landscapes, which lays bare the fraught, uneven interactions of “scientific” and Indigenous medicine. Moreover, he moves beyond comparison by underscoring the countries’ shared transnational experience of the Rockefeller Foundation’s public health campaigns, albeit the Foundation operated to differing extents in each place. Rockefeller representatives brought with them a particular set of priorities and prejudices that often linked to US commercial interests, which resulted in a stronger presence in Guatemala than in Ecuador. With this analysis, the book complements recently published scholarship on public health and state formation in Latin America by thinking transnationally and comparatively about the politicized and racialized elements of medicine and public health.[1]

The chapters are conceptualized thematically rather than chronologically. Chapter 1 sets the scene for the subsequent chapters, contextualizing Guatemala, Ecuador, and the Rockefeller Foundation, as well as Maya and Kichwa communities. Control and criminalization of Indigenous healers and other *empíricos* take the stage in chapter 2, demonstrating that science was rarely the only determinant of how healthcare was imparted or regulated. Rather, race and class played an outsized role in informing how practices were accepted or persecuted in both countries, though Carey asserts that the Ecuadorian state was more likely to support Indigenous *empíricos* in areas with minimal access to doctors. Carey highlights the role of midwives (*comadronas*) and nurses in chapter 3, focusing on national concerns over high rates of infant mortality. The divisions between non-Indigenous male doctors and female nurses and Indigenous female midwives expose that gender, in addition to class and race, fell into sharp relief in the world of medicine. Indigenous midwives faced heightened discrimination. Chapter 4 moves away from the precise work of Indigenous healers discussed in the previous chapters, tracing instead the racialized implementation of national and foreign public health campaigns in Indigenous communities. Doctors, officials, and researchers ranged from respecting to tolerating to denigrating Indigenous practices and cultures. Public health campaigns in Guatemala assigned culpability to Indigenous actors for poor health, ignoring the state’s complicity in maintaining economic and social disparities that exacerbated illnesses.

The final chapters of the book pair together to contrast national responses to diseases based on geography. Chapter 5 observes how officials characterized typhoid and typhus as highland diseases, which resulted in their specific association with Indigenous communities. Chapter 6 assesses how malaria, as a lowland tropical disease, received significant attention due to its prevalence and the threat it posed to foreigners. However, among the most vulnerable to malaria were Indigenous laborers who migrated to the coasts as a result of land dispossession by national elites and foreign corporations. The public health campaigns undertaken by the two states, with the support of the Rockefeller Foundation, failed to address (and
rarely even acknowledged) the systemic inequalities that put Indigenous communities at greater risk of contracting infectious diseases. Carey concludes with a meditation on the violence of the experiments with syphilis in the early years of Guatemala’s democratic spring (1944-54).

As demonstrated by his previous scholarship, Carey is a master of mixed methods. *Health in the Highlands* benefits from his ability to identify silences in national archival collections in Ecuador and Guatemala, as well as in Rockefeller and university archives in the United States. Although most Indigenous *curanderos* and patients were excluded from these archives, Carey locates their voices in hospital records, police publications, and colonial accounts. He also introduces Maya Kaqchikel narrators from oral histories he conducted in the late 1990s. These oral histories add another dimension to the story by showcasing the historical memory of public health campaigns and their reception. Importantly, the Kaqchikel narrators emphasize how state projects, such as the drainage of lakes and rivers to mitigate malaria, affected Indigenous communities’ relationships not only with their bodies, but also with the surrounding landscape and spirituality.

Among the book’s many exciting contributions is the emphasis placed on Indigenous medical and medicinal knowledges. From the Kichwa, readers learn about arm-to-arm inoculation to protect people who did not have access to vaccines, the use of guinea pigs in massage to return a soul that exited due to *susto* (fright), and the market of cinchona bark to produce quinine for malaria. From the Maya, readers gain an appreciation of the *tuj* (*temascal*, vapor bath)—which has operated as a center of healing since well before European contact—for hosting expectant mothers, bonesetters, the stiff and sore, and many more. Beyond these physical and embodied practices, Carey outlines theories of wellness and illness in Mesoamerica and the Andes, which sometimes mirrored European conceptions, such as the need to balance the humors.

Relatedly, the portrayal of hybrid health as a force that ultimately defied attempts at state and elite control contributes a valuable addition to understandings of syncretism, accommodation, and plurality in Latin American history. Carey illustrates that time and again, patients pursued the remedy that would work, even if it fell within a rival cultural context. Sometimes people sought a doctor; sometimes they consulted an *empírico* or *curandero*. Even Guatemalan dictator Jorge Ubico (1931-44), who promoted the persecution and exclusion of Indigenous healers, sought an Indigenous bonesetter for a foot injury.

Cold War periodizations rooted in the second half of the twentieth century understandably dominate most studies of modern Latin America, especially transnational histories that emphasize themes of revolution, counterinsurgency, and development strategies. Carey presents a refreshing time frame in his focus on the early twentieth century, assessing collisions of state and popular politics during a period often eclipsed by the attention given to the latter half of the century. Similarly, the Rockefeller Foundation looms large in mid-century Cold War memories as an agency touting Green Revolution agricultural innovations, yet Carey reminds readers of its extended presence in the region and earlier interventions in mitigating tropical diseases.

This book invites questions and offers inspiration for future research agendas. What would a transnational history of Indigenous healthcare look like in more proximate geographies? For example, what shared practices would be evident between the Maya of Guatemala and the Maya of southern Mexico? And how has the imposition of a national border between those communities affected their experiences of medicine and its regulation? Additionally, while Carey shows the ways that Rockefeller Foundation agents moved information transnationally, to what extent did Indigen-
ous *curanderos* have the opportunity to circulate and cultivate medical knowledge beyond local and national borders?

In Guatemala, Indigenous midwives continue to face discrimination today. They are recognized as necessary partners in the birthing process by many expectant parents, but they are often rudely rejected in hospitals. In a short documentary, Maya K’iche’ midwife Dominga Coti explains that she has been expelled from health centers for speaking in K’iche’ and wearing her *huipil*. The health center staff dismiss her and her expertise as Indigenous and therefore illegitimate.[3] The histories depicted by Carey endure today with striking continuity. Thus, *Health in the Highlands* supplies a crucial study that supports contemporary fights for the recognition of Indigenous medical practitioners across Latin America.

Notes


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