



MAP 1. Guatemala, with key sites indicated.

Prologue

*Dearest daughter
Your death has left
An emptiness in
Our home
Memories in
Our mind,
Your image will live
Forever in the heart
Of your parents,
Siblings, family
And those who knew you.
“Because for me,
To live is Christ
And to die is gain”
(Philippians 1:21)*

EPITAPH FOR CLAUDIA PATRICIA GÓMEZ GONZÁLEZ

In 2019, I visited a cemetery in a Maya-Mam community outside of San Juan Ostuncalco, Guatemala, with Julia Lopez (a pseudonym) and our children. I first met Julia a decade earlier, when she was working as an assistant for a health outreach program in her small community. At the time, I was carrying out fieldwork on the rising diagnosis of obesity, and I had begun to accompany the program on its visits to women and children in rural communities, including Julia's. Public health experts were telling me that obesity was a lost cause in the present: to make an impact on the condition, the field of public health needed to improve nutrition in a period of physiological growth that happened during pregnancy and breastfeeding. They called this period the critical window of development, or, because pregnancy and breastfeeding frequently last about three years, the “window of the first thousand days of life.” My friendship with Julia coincided with my own shift from studying clinicians who were trying to treat obesity in medical settings to studying epidemiologists who saw improving nutrition in the “first thousand days” as the best hope for preventing obesity in future generations.



FIGURE 2. The gravestone of Claudia Patricia Gómez González. Photo by author, 2019.

Julia and I are the same age and my sons match the ages of her younger daughters, so we gather our children together to play whenever my family is in Guatemala. Julia lives at the far edge of a mountainous region marked by development agencies as experiencing tremendous need. According to government statistics, rates of poverty in these mountains are among the highest in the country and rates

of chronic malnutrition are among the highest in the world. Maternal and infant mortality is also high, too many new mothers and their babies dying in childbirth or soon after.

“The people who live here are victims of colonialism,” a health worker once told me, referring to the fact that Maya-Mam communities had fled to some of Guatemala’s coldest, rockiest mountains during the sixteenth-century battles of conquest. The “victim” identity was not one I heard from women in San Juan, who spoke proudly of their survival and endurance. But it is also the case that people often find life in the region punishing today. Everyone has close family members who have left for the US. When I first started traveling to San Juan in 2008, it was mostly men who would migrate. In health clinics in San Juan where mothers went for checkups, office rooms would be full of Guatemalan babies wrapped tightly in fabric printed with the red and white stripes of the US flag—a sign the baby’s father was living in the US. In recent years demographic patterns of migration have changed. Now teenagers, women, and their children were regularly leaving for the US as well.

Julia lives at the end of a dirt path, close to the regional cemetery. Guatemalans bury their dead above ground, so when Julia climbs the stairs to her concrete roof to hang laundry in the sunny breeze, she looks out upon a sea of colorful tombs. The other side of her house is flanked by cornfields, where our kids hide from us when they play. I like it when the kids run around the cemetery, since it is open and we can keep an eye on them. But on that day, we were not in the cemetery because it doubled as a playground. We were there to pay respects to the grave of Claudia Patricia Gómez González.

A twenty-year-old Maya-Mam woman from Julia’s community, Claudia could not find education or employment opportunities in Guatemala. She was gifted in mathematics and hoped to find work as an accountant in the US, where her father had lived for most of her childhood and where her boyfriend lived at the time of her death. Just after she crossed into Texas from Mexico, under the full midday sun, a US border control guard shot her in the head. She had been standing in the vacant field, unarmed. As detailed in court documents, she was a petite woman who posed no threat. A neighbor began to stream the scene on social media as the agent ran off, leaving her to die. “Why do you mistreat them? Why did you shoot the girl? You killed her!” the neighbor shouted into the camera,

Claudia was murdered on May 23, 2018. On May 7 of that year, the US Department of Justice had announced its controversial “zero tolerance” policy. According to international law, people should be able to legally cross any political border to then make a claim for asylum. Contravening this legal standard, US Attorney General Jeff Sessions had declared that the Department of Homeland Security would arrest and prosecute people entering along the southwestern edge of the US, also flaunting that his administration would separate parents from children, deporting parents and sending their children to the Department of Health and Human Services (Blitzer 2019).

Claudia's murder happened to be broadcast at a moment of salacious political spectacle about immigration, and the tragedy of her death received considerable media attention. Several international newspapers, including *The Guardian*, the *New York Times*, *Al Jazeera*, *Nation*, and even *Teen Vogue*, covered her death. Now that I was back in Guatemala, I wanted to see Claudia's grave for myself, and Julia offered to join me.

The cemetery was quiet, but someone had been there recently as Claudia's tomb was covered with fresh yellow and gold flowers. The gravestone had a colorful photographic reproduction of an image of Claudia inlaid on a light blue oval, as if she were an angel floating in the sky. In the image, she is wearing beautifully embroidered Indigenous clothing, her hands are planted squarely on her hips, and her face looks poised and proud. Julia's nine-year-old daughter stood next to me, facing the photograph. Mirroring Claudia's confident stance, she put her hands on her hips as I read the Spanish etching on the tombstone aloud:

CLAUDIA PATRICIA GÓMEZ GONZÁLEZ
09 February 1998–23 May 2018

*Died in the United States, looking for the American Dream, the victim of a US
migration official, but we will always carry you in our mind and in our heart*
[translated from Spanish]

Julia and I stood for a long time in silence at the grave, our children running off to play hide-and-seek. I wondered if I had ever met Claudia in the time I had spent with health workers in her community, and I thought about how many young women in the San Juan region were good at math and wanted to improve their talents through schooling and employment. When a reporter for *The Guardian* spoke with Claudia's mother, Lidia González, in the days following Claudia's death, she described her daughter in the most hauntingly human terms: "My daughter was naughty and cuddly and playful. She loved to draw and sing" (Lakhani and Dart 2018). It didn't feel right to draw a comparison between Claudia's mother and me given how differently we were positioned in life: my white skin and PhD helped me secure a "knowledge migrant" visa to live and work as a professor in the Netherlands, and my US passport covered in stamps was evidence of years of relatively easy international travel. Still, *naughty and cuddly and playful* is how I might have described my own children.

Julia broke the silence to ask if I wanted to visit another grave. A stone's throw from where we were standing, the body of another twenty-year-old woman who died near the US border had just been laid upon the earth. The grave of Victoria Méndez Carreto was so recent that it still had no tombstone—just the date of interment etched into the rough sand-colored stone. I had heard about

her death from community midwives over the previous days. Victoria was from a hamlet adjacent to Claudia's and, like Claudia, had struggled to be able to envision a future in Guatemala. She had managed to cross into Arizona after a difficult journey north, but she died of dehydration in a deadly desert region not long after making it into the US.

Unlike Claudia's death, Victoria's wasn't filmed on social media and English-language reporters never showed much interest in it. A detail that went unreported in the Spanish-language newspapers but that her neighbors wanted me to know: she was pregnant when she died. She might have made it to safety—after all, her husband, who crossed with her, survived—but there was no water to be found in the desert.

In the two pregnancies I carried to term, I experienced a desperate kind of thirst, a thirst that awoke me at night and caused me to feverishly swallow my own spit in an effort to quench my desire for fluids. After learning of Victoria's death, I could not shake the idea that when she crossed under the relentless hot sun, her metabolism was also working overtime to provide for her fetus (Campbell-Staton et al. 2021). The year before her death, Scott Warren, a geography professor and a member of the nonprofit organization No More Deaths had been arrested for leaving containers with water for people crossing through Arizona's deserts. Mere days after Victoria died of dehydration, a jury had deadlocked on the question of whether Warren had committed a felony by providing water to people in dire need.

No More Deaths had been founded decades earlier in response to the Clinton-era "Prevention Through Deterrence" approach to migration, a set of policies established in the mid-1990s that channeled people crossing to the US from Mexico into what the anthropologist Jason De León (2016) calls "hostile terrain." De León writes, "Since its inception, this approach has redirected migrant routes into the most inhospitable sections of the border, deploying the perilous desert as a tool to prevent entry into the United States." The US Border Patrol estimates that roughly one person has died crossing into the southern border every day for the past twenty-two years (Verini 2020).

Many people commenting on the death of Claudia Patricia Gómez González reflected that "Prevention Through Deterrence" is a cleverly worded misnomer. The aim of Clinton's policy, they argued, was not really to prevent people from crossing the border. Instead the point was to kill those who were vulnerable in a painful and deliberate way and to use their deaths to create instability and fear. The argument that the state has intended harm looks at recent history; only a few decades ago, the US government participated in the massacre of entire Indigenous Guatemalan communities, contributing to the death and disappearance of over 200,000 people, most of whom were Indigenous and poor.

In March 1999, President Bill Clinton acknowledged that the US had played a role in destabilizing Guatemala over the previous decades of armed conflict. The

United Nations Commission for Historical Clarification (CEH)—also called the Truth Commission—had recently concluded its investigation of the war that officially took place between 1960 and 1996. Its investigation revealed that the US government had provided military assistance for training the officer corps in counterinsurgency techniques, “which had significant bearing on human rights violations during the armed confrontation” (CEH 1999, 19). In the 1950s, the US and Guatemalan militaries had worked together to overthrow President Jacobo Árbenz. Árbenz, who was democratically elected in 1951, was advocating agricultural reform and modest land redistribution projects that would benefit Indigenous farmers—a challenge to the power of wealthy US and Guatemalan politicians (see chapter 1). The Truth Commission found that over the decades of warfare that followed, state or paramilitary forces carried out 93 percent of the violence and 83 percent of the victims were Indigenous. The report they authored described the war as a genocide driven by racist prejudice: “The massacres, scorched earth operations, forced disappearances and executions of Mayan authorities, leaders and spiritual guides, were not only an attempt to destroy the social base of the guerrillas, but above all, to destroy the cultural values that ensured cohesion and collective action in Mayan communities” (CEH 1999, 23).

Clinton responded to the Truth Commission’s report: “It is important that I state clearly that support for military forces and intelligence units which engaged in violence and widespread repression was wrong, and the United States must not repeat that mistake” (quoted in Broder 1999). Yet even as Clinton was publicly denouncing US responsibility for the widespread massacre of Indigenous people, he was solidifying the Prevention through Deterrence policy that would cause untold suffering throughout Guatemala’s Indigenous highlands. De León (2016) describes this policy as a “war on non-citizens,” carried out with “offensive, sacrilegious, or inhumane” strategies. We see in the death of young women from San Juan at the US border how more than two decades after the signing of Guatemala’s Peace Accords the same racist prejudices that the UN Truth Commission named as a driving force in Guatemala’s US-backed genocide remain strong.

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Our children hopped from tomb to tomb under the sunny skies, oblivious to the agony of the cemetery. Before long, they grew hungry and skipped back toward Julia’s house, and we followed. Once we had settled in her kitchen, Julia pulled out a bag of potatoes and began to slice them, setting a pan of oil on the low-burning wood stove where it began to pop and sizzle. As if we hadn’t just been standing at the graves of women killed by the deadly passage, Julia told me she too was thinking of leaving Guatemala for the US. Not only was there no longer any work in San Juan Ostuncalco, but there were no possibilities for work. The responsibility to nourish her family fell on her shoulders, and she was finding it more than she could bear.

In the sixteen years Julia and I have known each other, Guatemala has had seven presidents, each with different health cabinets and health agendas. When we had first met, Julia made roughly \$5 per day for her work with the maternal health extension program funded by the administration of Álvaro Colom, Guatemala's president from 2008 to 2012. Only forty-four public hospitals exist for Guatemala's 17 million inhabitants, all located in cities (Ketelhöhn and Arévalo 2016). Small health centers in some rural towns offer basic health services, but many Guatemalans must travel hours for medical care. The Colom administration had envisioned the extension programs as a way to bring health services such as vaccinations, prenatal evaluations, and basic health education programs to rural communities such as those surrounding San Juan, which didn't have easy access to medical centers. The program subcontracted enthusiastic local women who could speak both Spanish and their native language, Mam, to help attract pregnant and breastfeeding women to pop-up health clinics. Julia was part of a small network of Maya-Mam women tasked with recruitment, monitoring, and distributing the protein powders that were a primary part of the care.

Their official title was *promotora de salud*—health promoter—but they often jokingly called themselves *vigilantes de salud*. The phrase “health vigilante” reflected a tongue-in-cheek ambivalence about working in the service of the state, which has long used medicine and health care to explicitly harm Indigenous communities. The historian Martha Few (2015, 17) notes that Guatemalans have experienced centuries of “military occupation of some communities and the prosecution, physical punishment, and jailing of indigenous elites who refused to submit to health care programs.” When I lived in Guatemala between 2008 and 2009, the news was also full of reports of a “crime against humanity” carried out in the name of medicine. In 2005, the medical historian Susan Reverby (2011) had uncovered archives that showed that in the 1940s, US health scientists had injected hundreds of Guatemalans—most from poor, rural communities—with syphilis without their knowledge or consent (see also Cerón 2011). Many people I spoke with were unmoved by President Barack Obama's subsequent apology for this cruel history. They viewed public health with suspicion and medical care as an avenue of state control.

The title “vigilante de salud” also speaks to the armed conflict. At the height of the violence the Guatemalan military forced rural—mostly Indigenous—men and boys into a vigilante civil self-defense patrol system (*Patrullas de Autodefensa Civil*). Vigilantes were responsible for surveilling their communities and reporting any suspicious insurgent activities to the military, who then forced the patrols, under threat of death, to engage in horrific war crimes—often against their neighbors or their own family members. Human rights organizations widely denounced the psychological and physical violence wrought by the civil patrols, which created the persistent threat of an “internal enemy” (CEH 1999, 20). Disbanding them while also compensating participants for past work was a major aim of the Peace Accords. Nonetheless, in the postwar period community-run

vigilante patrols persisted. As the anthropologist Ellen Sharp (2014) explains this, vigilante governance has been sustained in Indigenous communities in large part from a sense that official systems of justice and protection were not viable.

As with the civil patrols, women who worked as health vigilantes were often called upon to do community surveillance, monitoring pregnant friends and neighbors and reporting questionable health behavior in their communities to state authorities. The sociologist Abril Saldaña (2014) found during research with health promoters in Mexico that this organizational structure created mistrust among working-class women, weakening much-needed collective ties and community organization. And yet, as with the endurance of vigilante patrols after Guatemala's armed conflict, women have assumed work as health vigilantes because there were few other avenues for employment or channels for organized care. I heard in their self-given title a Faustian bargain: the state could not be trusted by their communities, and vigilantes could not be entirely trusted by their communities, but what else could they do?

In 2012, Julia had worked as a health vigilante for many months without pay before she finally gave up hope of being compensated. When Otto Pérez Molina became Guatemala's president at the start of the year, he took over the health extension program. One of his first acts in office was to abruptly end the program's funding (Orozco 2013), but the women working as vigilantes were not told their services were no longer needed, so they continued to work, not realizing they would never be paid. Not long before our visit to the cemetery in 2019, the same pattern of expected pay not being received occurred yet again. In place of health extension programs, Pérez Molina had handed the care for maternal health in the rural highlands over to the US Agency for International Development (USAID). USAID had promised Julia's community its programs would be there for years when it contracted with Julia. But when Donald Trump became president, he cut the foreign budget, the payments stopped, and, for the second time in recent years, Julia never saw compensation for her labor.

Her salary had been meager, but its loss meant that she was now entirely dependent on her husband, who was frequently absent looking for jobs himself, and their marriage was strained. Her eldest son was severely disabled, and his need for specialty care was growing more acute as he aged. Her nine-year-old daughter was at the top of her primary school class, but this didn't count for much, Julia lamented. Julia too had been a model student, and look where she had ended up, she said, gesturing to the pig in her yard, which she could only afford because it had been gifted by a development organization.

It was just days before the presidential election to replace Jimmy Morales, a television comedian backed by conservative Guatemalan military leaders, who was elected after Pérez Molina was arrested on criminal charges. Ads for politicians were everywhere; even Julia had a poster of a local politician leaning up against her house. But Julia, like every single one of the dozens of people with

whom I spoke leading up to the election, was skeptical that any of it would make a difference. She had once hoped her work as a vigilante might help transform the Guatemalan state's violent history by contributing in a meaningful way to the lives of women in her community, but the years of politicians' false promises left her feeling that her energy was wasted.

She did not yet have much more of a plan when it came to getting to the US than to pack up her family, including her teenage son who could barely walk and her still-nursing youngest daughter, and head north. She had an address of an aunt who lived in Texas and a vague promise that if she showed up this aunt would help her out. She knew her plan did not really make any sense. She also knew the dangers. Claudia's death was the most publicized from her small community this past year, but many other members of the San Juan communities had recently died or disappeared while attempting to migrate and Victoria's grave was still fresh. The cemetery served as a reminder that many US emigrants return in caskets. But when Julia tried to imagine a future in Guatemala, she came up blank. She saw no life there for herself, or her neighbors, or the community's children, whom she loved. She could not see any other decision but to leave.

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Two weeks later, I was back in Oregon when I received a call at my office from the health equity specialist from a nearby hospital. Pregnant women from Guatemala were arriving at the emergency room far along in their pregnancies, if not actually in labor. They had not attended prenatal checkups, and some of the women avoided follow-up appointments. The women primarily spoke the Mayan language Mam, not Spanish, and many had not spent much time in the US. The specialist had read that I worked as an anthropologist in Guatemala and knew I was affiliated with the local university. She didn't know much about the country herself and was looking to help the hospital connect with Guatemalan women living in the community. She thought I might have ideas.

The book that follows is written for many audiences, including academics interested in the intersections of care and violence, international humanitarian workers wanting to learn from past mistakes, and anthropologists reckoning with the limitations and possibilities of their field. It is also written as a response to the health equity specialist's open and sincere query to me about what I had learned from my time in Guatemala that I could share with her and other staff members at her hospital that might improve care for Maya-Mam women.

Since I had moved to Oregon the previous year, I had regularly heard health advocates and community health workers frame the problem of inadequate maternal health care as a problem of miscommunication. When pregnant Maya-Mam women in Oregon did not arrive at the hospital to give birth or to attend prenatal care programs it was because they didn't speak Spanish, let alone English. Likewise, when the COVID-19 pandemic hit, state governments across the West

Coast distributed health information in Mam, hoping to overcome what news reports referred to as the “language barriers” that kept Guatemalans in Oregon from accessing health care services. We are facing “urgent communication issues,” the local newspapers reported (Templeton 2020). This was something I had heard from health professionals in Guatemala for years as well. “Rural mothers need to be educated, they don’t understand,” was the prevailing sentiment driving maternal health nutrition interventions. This narrative placed the origin of the problem in Maya-Mam women’s lack of understanding. But what if they grasp the social dynamics at play perfectly well? What if Maya-Mam women who saw US health care systems as unsafe spaces were right?

The death of Claudia Gómez González has been told as a story of border violence. In the chapters that follow, I suggest it can also be understood as a story about the effects of maternal health science. In Guatemala, there is a graveyard that holds the bodies of young women from a community that the field of international development has for decades prioritized as a site for investment in maternal nutrition. For at least half of the life of Claudia Gómez González and Victoria Méndez Carreto, programs targeted women of reproductive age in their communities with nutrition supplements and nutrition education. The Guatemalan government—and then USAID—delivered this aid to young Indigenous farming women in San Juan with the promise it would better their future. And yet the future that these programs facilitated was so unimaginable that many had no choice but to leave for the US.

The dissonance seen in the US government’s declarations of care and its actions of cruelty was in full effect in San Juan. All around me was visual evidence of USAID’s health projects claiming to make life better for young women. At the same time, the US government was also putting in place policies, such as Prevention Through Deterrence or zero tolerance on migration that would cause the horrific deaths of young women at the border. USAID’s nutrition interventions delivered supplements that promised to “boost the brains” of children in Claudia’s community. And yet an agent of the US government had seemingly casually shot in the head a young, unarmed woman from San Juan who posed no harm. Maternal health programs throughout Guatemala were claiming their work to alleviate hunger would help the lives of malnourished women. But what if the problem was not that women were malnourished but that nutrition was the wrong framing through which to better the world?

The equity worker at the Oregon hospital asked me for insight into how to reach regional Maya-Mam women who didn’t understand what the hospital offered to pregnant women and, as a result, were not making use of the hospital’s maternal health services. This book shifts the premise of this request. It asks its readers to consider that “the problem” of women’s absence in hospital prenatal and delivery care might not be caused by their lack of understanding but because maternal health services are centrally implicated in broader state violence. Maternal

nutrition, as I suggest in the chapters that follow, may not be an antidote but an extension of US warfare in Guatemala, in which harming Indigenous women is central to the design and practice of American empire.

The provocation is to consider that perhaps the necessary changes lie not with women and their bodies and behaviors but with US hospitals and their staff and from there to suggest that healthcare workers must address their own complicity. Does the field of US medicine know Guatemalan history, by which I mean to ask: Does it know its own history? Further recognizing that knowledge is often not used to bring about health equity, it also asks a question about learning more generally: What will it take to be transformed by knowledge of history? Maya-Mam women are radically and actively not reproducing the social world as it has been. How can those working in science, policy, and care delivery also break the cycles of harmful systems? The question is also one for anthropologists, like me, who are invested in the production and reproduction of knowledge: How do nourishing transformations come about?