

Gender Violence and the Violence of Gender

CROSSES

One week in April 2000, in the Guatemalan town of Todos Santos, Huehuetenango, stories began to circulate that babies were being taken. Radio stations, the primary means for mass communication in the Indigenous highlands at the time, were broadcasting the news. “Satanists, foreigners—they’re stealing our children.” Parents began to keep their kids inside. By that Thursday, school closures were connected to the threat of kidnapping and people erected barricades to protect their neighborhoods. Rumors spread, as did the fear.

On Saturday morning, a busload of tourists from Japan arrived at the busy mountain market in the heart of the town, where every Saturday vendors came from across the region to sell vegetables and chickens and peddle plastic bowls and batteries. Deep in the crowd, a woman became frightened that the travelers posed a danger to the child strapped to her back, and she reportedly began to scream, “They’ve come to take our babies” (Weissert 2000). The market-goers mistook the Japanese visitors for the rumored Satanists, and by the end of the chaos that ensued, two people were dead.

Saison Tetsuo Yamahiro, who stepped up to protect a friend, was beaten to death with sticks near the tour bus. The driver, Edgar Castellanos, grew up in a Spanish-speaking region on the other side of the country and didn’t know the town well. He ran to get help at the police station, but when the police were unresponsive he kept running. He made it just a few blocks, to a place where the dirt road running through the town sloped steeply downward into cornfields before the crowd caught up to him. People threw stones, doused him with gasoline, and

then lit him on fire. The US State Department report printed shortly afterward said five hundred people from the community were involved (DOS 2001).

In the weeks that followed, both international and Guatemalan newspapers wrote that a mob had become motivated to violence by false rumors of baby snatching. The media described the people as hysterical—a medical condition associated with women and Indigenous people in Latin America since the nineteenth century (Gorbach 2020)—and portrayed them as wild and irrational. Coverage of the incident in *The Guardian* underscored that the community's fear was unfounded: "There have been persistent rumours in some Mayan communities that foreigners come to steal children in order to sell them or their body parts abroad, although no cases have been documented" (Villelabeitia 2000).

Huehuetenango, the state where the lynching took place, is also where Efraín Ríos Montt, one of Guatemala's most ruthless military dictators, was born and raised. For generations, elite landowners from this northwestern part of the country had forced Indigenous families into slave-like conditions of plantation labor. When the Guerrilla Army of the Poor (Ejército Guerrillero de los Pobres) entered Huehuetenango in the mid-1970s, it was welcomed by many highlanders struggling to survive the brutality of Guatemala's oligarchy who saw hope in agrarian reform (see Grandin and Oglesby 2019). The Guatemalan military, backed by powerful corporate interests, opposed this push for land redistribution. Ríos Montt took charge of the Guatemalan army following a coup d'état in 1982, and as the guerrilla resistance in his home state broke out in open rebellion against him, he struck back with deadly force.

Ríos Montt is today widely known for having directed the military devastation of Guatemala's highland countryside in the early 1980s. It was called a scorched earth campaign because, like an angry wildfire, it indiscriminately destroyed anything and everything that stood in its way, stripping the landscape in the hope that nothing—no crops, no resistance—would flourish there again. Working in coordination with the US military, Ríos Montt employed techniques of violence honed by ruthless US officers to cause harm as painfully as possible. Tens of thousands of Guatemalans were murdered under his command, often in gruesome ways, and 1.5 million people were displaced by his genocidal campaign. When the Peace Accords were eventually signed in 1996, they contained an "amnesty law" that made it difficult to prosecute any crime that took place during the armed conflict. At the time of the lynching, not only had Ríos Montt avoided being charged with violence, but he was gearing up to run for the presidency (he would lose decisively in 2003).

The Todos Santos lynching has been extensively analyzed as an outcome of political impunity.¹ The political theorist Carlos Mendoza explained to Daniel Valencia (2011), a journalist: "Lynchings are the result of the state's inability to dispense justice." Mendoza then clarified that *inability* wasn't the right word, since it is not that the state cannot dispense justice but that it will not. The sociologist

Anna Sandoval Girón (2007, 357) has extended the argument, writing that people engage in lynchings because they seek “to create some semblance of normality in their lives in the face of a justice system that has failed them” (see also Sharp 2014). Her broader point is that the justice system may be failing people who it claims openly to be serving, but that does not mean that it is failing. Instead, we can see the lynching as an outcome of a justice system that *effectively* upholds the power of oligarchy by systemically eliciting terror.

The lynching happened just weeks before I arrived in Todos Santos with plans to carry out ethnographic fieldwork for the summer. I had briefly visited the town the previous year during a short trip from the colonial-era city of Antigua, where I was living while studying Spanish at one of the city’s numerous low-cost language schools.² I was majoring in human biology, and on learning that the mountain community had a long history of welcoming anthropologists, I declared anthropology as a second major and applied for a research grant from my university that would fund my return.

I had packed the book *The Two Crosses of Todos Santos* (1951), by the US anthropologist Maud Oakes. The cover of this early ethnography, which described the survival of Maya-Mam religious ritual, featured three crucifixes flanking a traditional straw hut in the mist. One cross is tall, made of ancient wood belonging to the ancestors. The other two are short, made of whitewashed adobe belonging to the Catholic Church. In the story Oakes recounted from her fieldwork in the 1940s, the town’s mayor, who was not Maya, had forced the Maya-Mam villagers to tear the wooden cross down, causing rain to stop and corn and animals to die. Against the mayor’s orders, the community banded together to resurrect the cross, rebuilding it on a more solid foundation. “If you imprison us, you will win and we will win. Send us to prison; we have no fear,” the townspeople reportedly told the mayor, who, in the end, let the wooden cross stand (Oakes 1951, 25). The wooden cross symbolized Indigenous people, while the small stone crosses symbolized the non-Indigenous community members. Standing together in the highland mist, they symbolized the meeting of different systems of religions, politics, and thought and the uneasy cultural syncretism that had occurred.

The crosses that greeted me every day that summer were the two small wooden crosses adorned with plastic flowers erected at the spots where Tetsuo Yamahiro and Castellanos had last been alive. Akin to roadside memorials that marked vehicular crashes on the highway entering the valley, the crosses seemed to mark the site of a terrible accident. In an article titled, “Justice in Guatemala Can Be Gasoline and a Match,” the *New York Times* described a scene of cultural confusion: “Government services are few, and police officers and judges often speak only Spanish, rather than the Mayan languages spoken by most residents” (Gonzalez 2003). Yet as I learned more about the lynching, I also came to see that this was not an accidental event arising out of cultural misunderstandings—not exactly, at least. This was a violence *produced* by a political-military system that had, in fact,

taken children from their mothers, wanting women to always be living at the edge of tragedy. This was not an “accident” but systemic cruelty at work.

“Baby snatching” may sound like fodder for conspiracy theories; that is how it was described in the press. But weeks before the lynching, the UN had released a report of a thriving market for illegal adoption in Guatemala, detailing the outright theft of babies from hospitals along with other coercive tactics such as “tricking or drugging illiterate birth mothers into putting their thumbprint on blank pieces of legal paper which are subsequently filled in to read as a consent to adoption” (Calcetas-Santos 2000, 8). A headline in *The Guardian* from July 2000 read: “Guatemalan Babies ‘Sold to Highest Bidders’” (Campbell 2000). The article reported that rates of adoption between 1996 and 1999 had doubled to nearly two thousand babies a year, with agencies earning upwards of \$30,000 for the sale of each baby. By 2010, documents surfaced suggesting that one in every hundred babies born in Guatemala was adopted to persons in the United States, making Guatemalan adoption a \$100 million industry (Gould 2013).

An image of adoption as a voluntary act between consenting adults obscures what was actually happening. Investigative journalists found that many of the thirty thousand Guatemalan children adopted by US parents between 1990 and 2005 had been stolen from their birth families (Acevedo 2019). The historian Rachel Nolan (2020) calls Guatemalan adoption “a tool of political violence.” This was not the “human capital” as potential wage labor I described in previous chapters but the direct theft and sale of Indigenous babies. One of the companies involved in the abductions had deep ties to the Guatemalan government, and unredacted documents named many high-level US officials. Overwhelmingly, the market for international adoption was fueled by conservative antiabortion groups working across the Americas that sought to diminish the reproductive autonomy of Indigenous women (Dubinsky 2010). Their interference in women’s lives came in the form of restricting access to contraception and abortion care—and also by stealing their babies once born.

Newspapers were quick to characterize the townspeople of Todos Santos as hysterical in their worry about baby snatching. Yet the theft of children was happening all around them, and communities had no safe or legal means to resist. From today’s vantage, the fear that babies were being taken does not reflect hysteria but awareness of a violent truth: kidnapping was a political and military strategy to terrorize women, destabilize families, and tear communities apart.

I recount the event of the lynching to place analyses of political injustice in conversation with this book’s discussion of maternal nutrition campaigns in Guatemala. After all, the Todos Santos lynching was centrally a story about the mechanics of social reproduction. Community members could not trust that their babies would not be taken from them because the US and Guatemalan governments were complicit in stealing their children en masse. This theft of children happened locally in Guatemala. It also eventually occurred through forced migration and

family separation policies established by the US and Guatemalan governments that I described at the start of the book and that I circle back to below.

Policy makers involved with the rollout of the Window of 1,000 Days agenda in Guatemala told me that their work was meant to support women and children. Communities were to benefit as well. In fact, one of the broader promises of the intervention was to provide relief so that Guatemalans did not have to flee their homes. This was written into USAID-Guatemala's program statements, with maternal nutrition projects explicitly designed to "reduce illegal migration" through "capacity building" in rural communities.

However, when we consider that the intervention was premised on the idea that mothers who had nourished their communities for generations did not know how to feed their children and that people with deep agricultural wisdom needed to eat state-sanctioned supplements, it becomes clearer why these interventions would fail. Or, to make the same rhetorical shift made in the analysis about lynching above, the antihunger interventions would not *fail* but would succeed in keeping women, particularly Indigenous women, hungry so that a ruling class of politicians and businessmen could thrive.

The basic argument this chapter advances is as simple as it is devastating: We cannot understand the drive to improve motherhood through "better nutrition" in Guatemala if we ignore the policies in place that use motherhood to make women suffer. Nutrition crusades—as Guatemala's national nutrition intervention from 2020 to 2024 was termed—must be understood in the context of a wider war being waged on and through women in Guatemala that forces people into narrowly defined gender roles and then brutally punishes those people who are forced to be mothers.

A second argument, which builds on the first, is that work to advance reproductive justice in Guatemala often occurs through domestic activities such as cooking and feeding that challenge patriarchal models of family and kin. The Truth Commission investigating Guatemala's genocide reported that the massacres, rapes, and disappearances of hundreds of thousands of people were enabled by a "doctrine of superiority" that upheld the values of white heteropatriarchy (CEH 1999, 24). Whiteness, maleness, heterosexuality, and physical and mental "fitness" served as the standards according to which Guatemalans were seen as worthy of full legal and political protection. Deviation from these standards—at home or in public—served as justification for often-violent expressions of domination. Whiteness in Guatemala is often aspirational, so that even those people who defend whiteness will not themselves claim it. But centuries of imperial violence have also made the mealtime structure at the heart of Guatemalan kinship a site where Euro-American fantasies of white superiority play out—and also where it can be resisted and transformed. This chapter tells an historia of confronting these violences by remaking domestic practices in ways that both strengthen community care and transform the terrain of reproductive justice.



FIGURE 14. A health clinic in San Juan displays a poster illustrating the “practices for living better: 1,000 days from pregnancy until two years.” Photo by author, 2017.

PRACTICES FOR BETTER LIVING

“Education.” The Guatemalan USAID employee spoke the word as if it was a full sentence. The intervention she was helping implement in Guatemala’s western highlands was premised on the idea that mothers’ education was lacking, and she offered education as the explanation for why Guatemala’s rates of childhood malnutrition were so high. She planned to lead nutrition classes, teaching women who fell within the thousand-days window how to make healthy foods.

Following the design of the Window of 1,000 Days agenda rolling out across Guatemala, she used a standardized, state-sanctioned curriculum, produced in coordination with USAID. A poster titled “Practices for Living Better: 1000 Days, from Pregnancy through the First Two Years,” accompanied the curriculum. Educators would often hang this poster in their consultation rooms or classrooms. It featured an orange wheel with three color-coded sections, marking practices to be undertaken (1) every day, (2) during pregnancy, and (3) during the first two years. Every recommendation but one was accompanied by illustrations of women wearing Indigenous clothing who were culturally coded as “mother.” The recommended practices included the following (my translation from Spanish):

Every day:

- 1) We plan our family to not have successive pregnancies.
- 2) We use and maintain a clean bathroom.
- 3) We keep animals and children apart from one another [this image, which showed children playing in front of caged animals, was the only image to not feature a woman].
- 4) We wash our hands with water and soap.
- 5) We drink boiled or purified water.
- 6) We keep pregnant women and children away from smoke to avoid respiratory illnesses.
- 7) We participate in community activities [the image showed women gathering in a classroom].

During pregnancy:

- 1) We need to prepare a birth plan and a plan for emergency deliveries.
- 2) In the family, we should help the pregnant woman with carrying heavy loads.
- 3) We should recognize danger signals during pregnancy and birth.
- 4) Go to four or more prenatal birth services at the health center.
- 5) Eat better and take vitamins when pregnant.

During the first two years:

- 1) Recognize signals of danger in children.
- 2) Keep feeding the baby when they're sick.
- 3) Take our children to the health center every month.
- 4) Give powdered vitamins in the food to children.
- 5) Give age-appropriate food to the child.
- 6) Care for our newborn and recognize danger signals.
- 7) Give breast milk and only breast milk until 6 months of age.

At classes I attended in the San Juan communities, instructors began their lessons by parroting the government's mission statement, informing their audiences that "a child who has adequate nutrition during his first 1,000 days will develop his full physical and intellectual potential."

Most classes included a cooking lesson in which instructors showed women how to mix the powdered nutrition supplement—a corn-soy blend distributed as a part of the Window of 1,000 Days intervention—into their meals. Instructors would sometimes demonstrate the importance of handwashing with soap and preparing the supplements with boiled water, not tapwater. Most of the time, however, was spent simply reciting the poster's advice.

Instructors were usually young women, raised in the nearby city. They had taken a brief training course that qualified them for the job, but they lacked

firsthand experience in the communities, and none of the instructors spoke Mam. They would read from the nineteen steps highlighting “practices for better living” to the audience of Indigenous women gathered before them. The audience of women, all of whom had huipiles wrapped around pregnant bellies or wore their babies strapped to their backs with colorful shawls, nodded along, staying quiet and polite. They gave no outward sign of impatience, but they also never engaged the instructors in discussion. If they had any questions (What do you mean by “better eating”? How should we pay for the vitamins you suggest we take? What are the “danger signs” in pregnancy or newborn care? What should we do if our house only has a wooden stove and I am the one in my family responsible for cooking?), they kept them to themselves.

Only three of the nineteen illustrations of “practices for better living” included men. First, in the recommendation for monthly health visits, a man points an expectant mother down the path to a small blue public health center. Second, in the guideline cautioning against lifting loads while pregnant, an Indigenous woman stands slightly behind a man who carries a bushel of kindling on his back. Third, in the guideline about birth spacing and family planning, a man stands over a woman as a clinician speaks. With fifteen of the nineteen illustrations explicitly focusing on women’s domestic responsibilities, the poster was not supporting different care needs pregnant women might have, as discussed in the previous chapter. Instead it emphasized a stereotypical vision of motherhood while also transmitting the message that men played a marginal role in raising children. When men were depicted, they held positions of authority, literally standing in front of or over women. The inherent effect of the guidelines was to feed into mother blaming while reinforcing the idea that fathers were not involved.

Health educators themselves often had little faith in the power of their education to change behaviors. They commented to me during interviews that even with schooling, mothers would not do what was asked of them, and they could not be trusted to make good choices about what to eat. This presumed noncompliance served to justify the distribution of the nutrient powders such as USAID’s corn-soy blend. “Supplements are there to fill in the gaps in nutrition education,” explained an employee at USAID who worried that mothers would not have a balanced intake of vitamins and minerals without them. Mothers might not remember what they were taught, or they might be willfully noncompliant. Either way, nutrients and vitamins would compensate for—literally, supplement—their poor dietary practices.

Oversight was still needed, however, to make sure that the women and infants consumed the supplements in the intended way. A pervasive myth about hunger is that hungry people do not care too much about the taste of food—that if nutrients are lacking, people will eat whatever they are offered. Those working to deliver nutrient powders in Guatemala knew, however, that taste mattered a great deal. Researchers working in sites of famine have long pointed out that even

hungry people—or maybe *especially* hungry people—care about what they eat.³ As described in chapter 3, anthropologists working in Guatemala in the 1960s and 1970s had helped improve the palatability of nutrition supplements by designing them to mimic the local atole, but policy makers still voiced concern that mothers might not use the powders as they were prescribed; they might, for example, give them to their animals.

I never heard anyone enrolled in the program indicate that they would waste the supplements; they might not have wanted them, but they weren't going to throw them away. Yet regardless of what mothers did—or did not do—with the powders they received, the potential for noncompliance provided justification for monitoring and surveillance. Community health workers had taped hand-drawn maps marking houses of pregnant or breastfeeding women to the walls of the buildings where they worked. They would stop by these women's homes every few weeks to assess the white plastic ten-liter buckets that stored the corn-soy powder, ensuring that roughly the right amount was consumed. If too much or too little was missing, the women were at risk of being flagged for further observation or being expelled from the program.

Why would it matter if they lost access to this program? Why did they come to classes that treated them poorly and taught them little? I asked myself these questions, before learning that expulsion would not only result in the loss of the cooking class or the protein powder, but could mark them as a bad or difficult subject, affecting their standing among health care providers in the region. The classes were held in small rural communities served by a very limited number of care providers. Not attending the classes might bar access to future medical care, with consequences for their children or themselves.

In her work with pregnant persons in the US, the legal scholar Michele Goodwin (2020) shows how prenatal care is caught up in race and class profiling, frequently offering a means for the state to track pregnant women and, ultimately, to “police the womb.” Goodwin writes:

Fetal protection efforts, which are often purported to justify the states' persistent instructions in poor women's lives, serve to mask other politically expedient interests: controlling women and demanding their obedience, gerrymandering, pandering to tough-on-crime strategies, achieving electoral victories, and heightening moral panic. Rarely are the well-being and dignity of babies and children a persistent concern of those politicians who favor punitive interventions in the lives of their mothers. (191)

Surveillance and control was also a central aspect of the Window of 1,000 Days agenda in Guatemala. Alejandra Colom interviewed 120 women from seven Indigenous language groups who had participated in the intervention during the early years of the Pérez Molina and Baldetti administration. Several girls had been raped and then pressured by the mandates of the intervention to embrace their

maternity. Colom (2015, 37) illustrates how the intervention agenda advances a “mother-centric agenda” in which the rights of adolescents are eroded in favor of the rights of the fetus and girls are offered no identity outside of motherhood. Childbearing and child-raising were the only future allowed for them.

At first glance, USAID’s nutrition programs might seem innocent or benign, particularly when juxtaposed to the steady stream of reports of femicide that circulate through public life in Guatemala. Seemingly apolitical drawings of women engaging in “practices of better living” may not seem comparable to *policing* or *violence*. Colom’s discussion of forced motherhood helps make clear the direct linkages between patronizing maternal health campaigns and femicide. She shows how programs that position girls and women as inevitable mothers deny them reproductive autonomy, with painful consequences. As she writes, the program locks Maya women and girls into a future of motherhood, “perpetuating a moral regime that reduces women, including young adolescents, to reproductive roles” (2015, 37). If they are first victims of rape, they also become victims of state health protocols that force them to bear often-dangerous pregnancies and subsequently force them into a life they may not have wanted for themselves, sacrificing their own futures for the good of their children, husband, or country.

TAKING CHILDREN, HURTING FAMILIES

Children frequently featured in publicity advertising the Window of 1,000 Days agenda. My research coincided with a different sort of story about Guatemala children in the news. At the same time that USAID was backing a maternal nutrition program advertised as benefiting women and children, tens of thousands of young people began to migrate from Guatemala to the United States.

After the signing of Guatemala’s Peace Accords in the 1990s, migration rates between Guatemala and the US began to climb, but it was predominantly men who would leave. During Obama’s second administration, news reports began to document teenage migration at first and then the migration of women and younger children. In 2014, as USAID was rolling out its Window of 1,000 Days programs in Guatemala, the press began to write of a “child migration crisis.” At the time, an estimated 120 Guatemalan children, many traveling unaccompanied, were being apprehended at the US border each week. As the Guatemalan Human Rights Commission (GHRC 2014) reported, “Often these children make the journey north not by choice but because they face daily violence and life-threatening poverty; some are literally running for their lives.”

In 2018, six years into the Window of 1,000 Days agenda, the number of Guatemalan children and families fleeing to the US rose dramatically (Dickerson 2018). That year Trump initiated what became known as the “zero tolerance” immigration policy, introduced in this book’s prologue. That policy separated thousands of migrant children from their parents or caregivers, who were often seeking

asylum on grounds that should have been protected by international law (Burnett 2019). The government held these children in what the Maryland representative Elijah Cummings called “child internment camps” (quoted in Manchester 2018). Even after the zero tolerance policy was officially rescinded, investigative journalists found that the US government was still contracting private agencies to hold Central American children in hotels, operating outside the formal detention regulations. “Parents and lawyers have no way of finding the children or monitoring their well-being while they are in custody,” wrote Caitlin Dickerson (2020) for the *New York Times*. At the end of Trump’s presidency, hundreds if not thousands of children taken by the US government in recent years had yet to be reunited with their parents (Katkov 2020).

Headlines that accompanied stories of child migration bore a striking resemblance to the headlines about forced adoption from decades earlier. A 2000 headline in the *Washington Post* reads: “They were one of the first families separated at the border. Two and a half years later, they’re still apart” (Sieff 2020). The article details the experiences of a young Guatemalan girl who had not seen her mother since they crossed into the US to gain asylum. The US government deported the mother to Guatemala, leaving the daughter with a foster family in the United States—one of more than five thousand Central American children separated from their parents during the Trump administration (Sieff 2020). A headline in *The Guardian* announced, “Children who have been removed from their undocumented parents at the border are being claimed by foster families supported by conservative Christian groups” (Filipovic 2019).

In *Taking Children: A History of American Terror* (2020), the historian Laura Briggs describes international adoption in the second half of the twentieth century as “part of a broader effort to terrorize those who resisted regimes of dehumanization” (17). She points to an explicit US government strategy to remove children from communities that supported Guatemalan agrarian reform and rehome the children with conservative US families. Communities involved in resistance movements were not the only ones targeted. Taking children en masse was a way of destabilizing life throughout the Guatemalan countryside. Briggs explains how this destabilization would force people to migrate, thereby ensuring a steady supply of terrorized and grief-stricken workers who would accept low wages and terrible working conditions in US industries (see also Heidbrink 2020). Her argument is that the family destabilization that results from the systematic kidnapping of children is a long-standing strategy for reproducing the power of US empire.

As I was studying USAID’s efforts to improve the health of women and children through supplemental nutrition, several reports circulated of Guatemalan children dying of medical neglect and abandonment at the US border. Briggs’s (2020) analysis of how child suffering was a political strategy helps reframe the story of their deaths: it shows that children’s deaths were not an accident born from indifference but an explicit outcome of US policy. It is common to hear policy makers

associate chronic malnutrition with abandonment or neglect. The foundation of the Window of 1,000 Days agenda was that the government had for too long overlooked poor, Indigenous children. In contrast, I want to suggest that the governments of the US and Guatemala are not neglecting these children or the communities they are from. Instead, we see how Indigenous children are actively targeted for suffering *because* the well-being, safety, and autonomy of their mothers poses a threat to a political and economic system dependent on underpaid labor. The 2018 news headlines about child separation were an echo of the stories of child abduction that incited the Todos Santos lynching two decades earlier—which were themselves reminiscent of stories told about the military strategically harming Indigenous children during the scorched earth campaigns two decades before that (CEH 1999). The same Guatemalan and US state forces that spoke about using nutrition to help Indigenous families had, for decades, willfully torn Indigenous families apart.

Most of the Guatemalan children who died in or because of US detention services during the zero tolerance policy did so from common and easily treatable illnesses (Yates-Doerr 2019). In mid-December 2018, seven-year old Jakelin Ameí Rosmery Caal Maquín, from a Guatemalan Q'eqchi' community, crossed into Texas with her father, where they were apprehended by border control and held for several hours at a border station. Jakelin died from a high fever on the bus to the detention center. Days later, eight-year-old Felipe Gómez Alonzo, from a Chuj community in Huehuetenango, also developed a high fever while in detention. He had been in US custody for roughly a week, before dying in New Mexico on Christmas Eve. On Guatemalan Mother's Day, in May 2019, nineteen-month-old Mariee Camyl Newberry Juarez died from respiratory failure, having become severely ill while in US custody. Her mother, who was seeking asylum with Mariee, described being held in very cold cages in Texas, where they were "forced to sleep on a concrete floor" (Slatton 2019). That same month, two-year-old Wilmer Josue Ramirez Vasquez, from the eastern region of Chiquimula, also died from preventable illnesses shortly after his three-day stay in border custody in Texas (Moore and Sacchetti 2019). A few days later, sixteen-year-old Carlos Gregorio Hernandez Vasquez, from Baja Verapaz in central Guatemala, died from the flu while in a small holding cell in an overcrowded processing center in Texas (Moore et al. 2019).

In June 2019, Briseyda Lisseth Chicas Perez, a hometown beauty queen from San Marcos, adjacent to Quetzaltenango, died in the brush in McAllen, Texas, with her eighteen-month-old son, Denilson, in her arms. He died, along with two other Guatemalan children, ages three and twenty months (McDonnell 2019). Three mothers, each with a baby, had successfully crossed the border but became dehydrated while trying to find a place to turn themselves in for asylum. Briseyda's mother explained to a reporter for the *Los Angeles Times* that Briseyda had traveled, despite the dangers, because her six-year-old sister back in Guatemala

needed medical care that their family could not afford. The list of Guatemalan children who have died terrible and preventable deaths near the US border goes on and on. Eventually, the news cycle turned away from these stories, but children did not stop dying at the border. As reported by the Brookings Institution, between 2010 and 2019, the rates of US migration from Guatemala grew exponentially and the casualties also continued to rise (Bermeo et al. 2022).

The Window of 1,000 Days intervention promised to support the health and development of women and children so they could live better lives in Guatemala and not end up dying at US Customs and Border Patrol or while making their way north. The nutrient and education interventions would encourage “practices for better living” so that Guatemalan women and children could “survive and thrive”—another maternal health slogan. But USAID’s interventions also function as an extension of—not an antidote to—the violence against mothers and children seen at the US border. We are not seeing a contradiction in policies but another mechanism for the reproduction of power and capital.

In her ethnographic work on obesity prevention programs, Megan Warin (2020) noticed how often obesity prevention interventions are designed based on the assumption that patients are ignorant and need to be taught how to care about themselves and their health. She developed the idea of “gentle violence” to highlight the interweaving of harm and care that shapes the design of these programs. She writes, “This ‘doing good’ of pedagogic work is misrecognized as neutral and the legitimacy of such knowledge is taken for granted as ‘caring,’ ‘correct,’ and ‘right’ by those who impart it” (663). But their pedagogy is not neutral, she insists, showing how chronic illnesses will be meticulously maintained by the very structures tasked with treatment, prevention, and repair.

Naming paternalistic maternal health nutrition interventions “gentle violence” helps us bracket the question of whether those people who carry out health interventions intend to be caring to focus on how they are nonetheless complicit in harm. The discussion of systemic cruelty that I elaborated in chapter 1 reminds us that we must stay attentive to how broader structures reproduce outcomes that individuals within these structures seem to decry. In the name of “better living,” maternal health interventions treat mothers as if they are responsible for their children’s health, as if their bodies are the key site for intervention, and as if they do not know how to be mothers without the programs’ help. Education is designed to teach women that it is their responsibility to eat better and take vitamins—their responsibility to produce, through their wombs, better babies, better lives, and, ultimately, a better world.

This framing of responsibility positions women—and, following Colom’s observations, we must add girls as well—as secondary to fetal gestation, creating a pathway by which social reproduction is surveilled, monitored, and policed by health workers, who offer little in the way of structural change to better people’s



FIGURE 15. A woman in San Juan Ostuncalco cooks for her extended family. Photo by author, 2016.

lives. Lenore Manderson (2016, 166), an anthropologist who studied maternal health interventions in South Africa, writes that it may be attractive from the vantage point of health workers to focus on the intrauterine environment, but women in poor communities “live in poverty and insecurity, where the idea of taking ‘time out’ to exercise or to purchase, store, and cook foods deemed ‘healthier’ by those who advise them, is fanciful.” Though posed in the language of caregiving, the interventions subordinate women while also holding them responsible for any harm that befalls their children. Mothers are to blame for their children’s illness and poverty, and attention is thereby shifted away from the state.

EVERYDAY ILLNESS, REVOLUTIONARY CARE

In the summer of 2019, after months of reading news about Guatemalan children being separated from their parents at the border or dying from easily preventable illnesses, I returned to Guatemala with my own children, then six and three years old. While there I acquired an infection that was treated by an elderly woman from a K’iche’ family. In attending to my wound, Carla demonstrated her tremendous care work expertise. And yet her skills are ignored in the Window of 1000 Days agenda, which promotes an entirely different vision for care.

• • •

I heard a knock on my door. When I answered Carla was standing in the dim light with a bowl of hot fragrant liquid, waiting to be let in.

Earlier in the week I had cut the side of my foot on the edge of a metal door. The cut wasn't deep, but it had pulled off a sizable chunk of skin. Now the oozing wound had become a worrisome color of green and I could not step on my foot with my full weight without pain.

"Sit down," Carla motioned me toward a chair. "We need to take care of this."

I sat as she helped me slide my shoe and sock off my foot, dipping a washcloth in the hot bowl. Just after the accident, she had cautioned me to take care of the cut, gently disapproving of my decision to pack my three-year-old with me on a trip to the San Juan mountains the next day. I had dressed the wound to protect it from the dusty travel, but she thought it also required rest, and the growing infection was an indication she had been right.

We had attended a birthday party that afternoon, where she saw I was struggling to carry my son. Though years of diabetes complications had made her frail and she walked with a limp, she confidently took him from my arms and set him on his feet, putting his chubby hands in hers so I could steady myself.

I had protested at first. "We're okay," I had insisted. My husband, who was with us at the party, echoed my sentiments, telling Carla, "Emily's got it, she's tough." I think he thought he was defending me, but when Carla insisted on helping me anyway, I realized I was glad to hand my son off to someone else.

Carla pressed the washcloth over my cut, and as the heat and pressure made me wince she squeezed my knee to draw my attention from the pain. Now, in the quiet of the bedroom, she repeated what my husband had said earlier: "Emily's tough." Then she added an exasperated "Ha!" I was surprised by the undertone of anger, since she was usually the portrait of a caring housewife—always working, always doting on her husband, children, and grandchildren. Food was prepared before anyone else was awake; dishes were scrubbed, dried, and put away; the shelves were always full of fresh produce, warm tortillas waiting in the basket on the table when meals were served.

That I am able to think of all these actions in passive tense—as things that just happened—speaks to the work she put into making the household run. She did not ever complain publicly, but now, in the quiet room with just the two of us, she let loose a biting feminist critique: "This idea that women are so tough, that women can do it all? As if work comes naturally to us, as if we are not beaten down by the process? Well, the fact is that they say this because they don't care if we are suffering."

. . .

When Carla married she quit her job as a hotel cleaner and began to take occasional boarders into her home, which had two back storage rooms that she had converted into pleasant bedrooms. Some of her guests are Guatemalan students

who arrive to study at the universities in the city, but many come from outside of Guatemala: backpackers, volunteers at one of the many NGOs in her neighborhood, or travelers introduced to her through word of mouth. Caring for boarders is a way Carla, who has no other income, can gain some financial independence from her husband. And indeed, it is clearly work to care for others as she does. Still the work is not purely transactional. In part this is because she does not have a preset rate; her guests pay by donation. The logic of transactional exchange also does not apply because her work is predicated on building relations. She keeps a notebook of the names and birthdates of guests who have stayed with her so she can remember them. She has taped pictures of her guests next to pictures of her four children and five grandchildren on the walls near the table where people gather to eat.

My picture and pictures of my partner and children show up in numerous places in her home. I have known Carla since I first stayed with her family in 2008, when my sister had come to visit me and we needed a place with two rooms. I have lived with her family for months at a time over a period of many years, watching as her once-young daughters have grown, achieving awards in primary and secondary school, graduating from college, and eventually securing professional jobs. Her daughters are quick to cite their father's intellect and ingenuity for their accomplishments, and indeed their father is a wise man. Yet Carla, though uncredited, has been caring for their education in many other ways. Her shaky penmanship speaks to her lack of formal schooling; like most women her age in Guatemala, she attended school for just three years (UN Women 2023). But she runs a house with very little money, cooking and cleaning and tending to her family's needs with tremendous, albeit undervalued, expertise. Carla always spoke proudly of her daughter's accomplishments—glad they have opportunities she never had—but she frequently felt overlooked and undervalued. When her mother was her age, sisters, daughters, and other kin were around to help with the work and stave off the loneliness. Now women of Carla's generation are often on their own.

. . .

While Carla bathed my ankle in an herbal concoction made from plants grown in her windowsill garden she shared her sadness and frustration with me. She was not only healing my ankle but also helping me feel less alone in the work of mothering I found myself being asked to do. "It's okay if you're not always tough. It's okay if you need help," she wanted me to know. Her kindness to me held within it a capacity to understand others that was as sophisticated as it was unassuming. It was all I could do to chase after my kids and make it to my research meetings; I didn't seem to be able to manage the self-care that my infection and my life seem to demand. But with Carla there, I did not need to rely on self-care at all. Every day that week, she arrived

to repeat the treatment, attending to my wound in a way that I was unable to do myself. Within a few days of her care, the cut had scabbed over and no longer hurt. Ultimately, I didn't need to go to the doctor and the infection cleared.

. . .

I take the time to recount the details of this interaction to illustrate that although Carla was extremely skilled at care work, nowhere were these skills valued or amplified in the USAID model for “practices for better living” in the Window of 1,000 Days. Education programs focused on cooking and mother-work—activities women of Carla’s generation have spent their lives undertaking—make no acknowledgment of their expertise. Looking at USAID’s programs, it would appear that women with Carla’s knowledge simply do not exist.

Carla’s feeling that she was beaten down by household obligations may seem distant from the violence of femicide, but Carla clearly recognizes the link between domestic activities and the broader landscape of women’s suffering. Her response offers a lesson about how gender violence works and about how to counteract it. When it comes to her practices of “better living,” we can see how she explicitly focuses on building relations as a means of healing. She takes up some of the responsibilities I face, shouldering them as her own. If we take an analytic step back, we see relation building not only as a palliative practice but also as a practice of running her home. Building connections with those who are not related through marriage or birth offers some autonomy from the nuclear model of family that has been forced on women of her generation, separating them from their kinship networks and leaving them to shoulder the burden of domestic work alone. Nuclear kinship has been a key site of social control, and caring for people outside her immediate family has been a means for Carla to resist.

There are limits; Carla’s health suffered, and she had no sick or disability leave or retirement benefits to draw on. Despite the work she put into building relations of support, the forces working to isolate women are strong, and there was no one to offer her the kind of care that she offered to others. But amplifying her expertise in caregiving—which USAID so blatantly dismissed—may help reimagine nutrition interventions in communities where the political systems have not just failed women, but actively sought to harm them.

Conventional history textbooks present revolution as a grand political act led by heroic individuals. But revolution also exists in less-recognized practices of mothering, in which caretaking is not women’s “biological destiny” but a “liberating practice that can thwart runaway capitalism,” as the reproductive justice scholar Loretta Ross (2016, xv) writes. Carla never stands in the spotlight, and her caregiving actions are, in many ways, entirely mundane. Yet though she holds no megaphone proclaiming a grand political strategy, she is engaged in world-bettering, *counterpolitical* care work. I mean by this that her “practices for better living”

both challenge existing political orders and open up an alternative to politics for the work of building worlds.

CONCLUSION: GENDER VIOLENCE AND THE VIOLENCE OF GENDER

In 2014, as USAID was first launching its Window of 1,000 Days programs in Guatemala and the rates of children abducted at the US border began to spike, the Guatemalan Human Rights Commission (2014) issued three suggestions for policy-based interventions that would give Guatemalans needed protections and support:

- 1) Guarantee legal representation for migrants and refugees arriving at the US border;
- 2) Prioritize family reunification; and
- 3) Halt all deportations until a system is in place to provide both legal representation and screening for international protection needs for all migrants.

Not only did the US government *not work* to improve its practices surrounding legal representation, family reunification, or the cessation of deportations, but the US borders became more rigid and more violent and more people were killed.

Instead, the US government offered nutrition supplements and education classes, implementing a series of projects targeting pregnant women and young children. A USAID report from 2018 lists sixteen USAID nutrition-related projects active in Guatemala (USAID 2018). In 2020, USAID declared a “breakthrough action” entailing almost \$8 million dollars in funding for a social and behavior change project to run from 2021 to 2025. The project, which targeted the “one thousand days window of opportunity,” doubled down on the importance of teaching women hygiene techniques, implementing nutrition-specific and nutrition-sensitive practices, and increasing growth monitoring to prevent stunting (USAID 2023). And still, rates of migration among women and children from Guatemala to the United States accelerated, and despair continued to grow.

In this chapter, I have described two forms of gender violence that uphold political power. The first form is the explicit gender violence of murder, rape, and kidnapped babies. This is the violence named by the Truth Commission, whose analysis of the armed conflict found that the military made a point to target women, who were “killed, tortured, and raped, sometimes because of their ideals and political or social participation, sometimes in massacres or other indiscriminate actions” (CEH 1999, 23).

The second form, alongside explicit forms of violence, is the gender violence of forcing people to inhabit narrowly defined gender roles, for example, the role of a mother who must make herself subservient to her children, her husband, and a military state. In this chapter, we can see this violence of gender in the “practices

for better living” poster that all but cuts fathers out of the work of pregnancy and child care, in maternal health interventions that value the life of the fetus above the life of the pregnant person, and in nutrition education programs that disregard mothers and grandmothers who have deep knowledge of nourishment and food. This gender violence takes a “gentler” form than the rape or murder of warfare (Warin 2020; see also Mulla 2014). It is often carried out in the name of care, or, as argued in the previous chapter, in the name of gender equality. But the violence nonetheless remains potent. It forces people who may not want to be parents into expectant motherhood where their political and legal personhood is determined by their reproductive potential. It leads women and babies who have no viable future at home to flee for asylum and then die in each other’s arms.

Social reproduction theorists have pointed out that the devaluation of care work is crucial for reproducing the political status quo (Hobart and Kneese 2020). Not only are care workers not paid for the work that they do, but this work does not even count as work. Consider how this dismissal is naturalized in the very term “caregiver”: care, unlike waged labor, is held to be a gift. In Carla’s case, she works tirelessly without any labor protections such as sick leave, retirement benefits, or a pension scheme. At the age of sixty-seven, she was given a terminal diagnosis by her doctor. One etiology would point to diabetes as the explanation, but another might point to unpaid labor: years of unreciprocated care work for others had worn her body down.

“Much more theoretical attention needs to be paid to the relationship between the physical body in all its acts (such as ‘eating, drinking and procreating’) and the social relationships of capital that such a body finds itself in,” writes the historian Tithi Bhattacharya (2017, 11; see also Mol 2021). This is not a straightforward celebration of care work but a recognition that domestic caregiving practices powerfully give shape to broader governmental orders. The political philosopher Patricia Owens (2015) also notes that what happens in the home is foundational to what happens in politics. She points out, for example, that homeland security is founded on a metaphor of frontier domesticity in which the father must secure his property and that this kinship metaphor helps shore up violent border-policing practices of the state.

The Window of 1,000 Days agenda, in treating the maternal body as the primary environment of reproduction, individualizes care work that could—and should—be collective, but it does not only individualize this work. It also domesticizes women, holding them responsible for their families, fostering a version of family that values children over their mothers, places fathers—when they are in the picture at all—in charge, and denies girls the possibility of a future that is not one of motherhood. “Eat better, take vitamins, wash your hands with water and soap, keep feeding your baby when he is sick, put powdered vitamins in your children’s food, go to your health care visits, know when your baby is in danger, breastfeed and keep feeding them when they are sick.” These lessons that I heard

repeated by educators functioned not to make lives better but to force women into domestic roles. At issue was not only individualization, but the subordination enabled by the state-sanctioned doctrine of superiority that forced people to be women, women to be mothers, then made the lives of women and mothers a site of political violence.

USAID curricula rarely engaged women who were pregnant or breastfeeding as experts. The design of the Window of 1,000 Days programs did not encourage instructors to foster meaningful connections with their students or students in the classroom to foster meaningful rapport with one another. Mothers—or fathers, or aunts, or uncles, or people who were not parents—who did not fall within the thousand-days window were not considered at all.

In contrast to the individualization and responsabilization of mothers in USAID's maternal health agenda, Carla's care work forms connections. Expertise is involved. She holds skill and wisdom in gardening, growing, cooking, and negotiating her home that I do not. Crucially, however, her expertise does not require subordination. Instead, her practice of daily living builds relationships. I am not a mother to be held accountable or at fault. Along with the care she offers, she takes over some of the responsibility for my injury and needs. Her practices of better living are part of a broader project of creating channels for solidarity between people who have been made to be women, women who have been made to be mothers, and mothers who are made to suffer and die.

The call to pay close attention to the expertise of Carla's mother work is not an argument to disregard explicit techniques of political protest. As I described in chapter 1, when roads are blocked in political action in Guatemala, it is frequently women's bodies that are—literally—on the line, and many Guatemalan women are working to create avenues for legal justice where they did not exist before. The call is rather to consider what kinds of politics different care practices make possible and to consider that sometimes the very category of politics may contribute to an erasure of their skills. Politics in Guatemala, much like nutrition lessons taught in USAID's thousand days projects, frequently relies on and reinforces women's isolation and subservience. Meanwhile, Carla's expertise in feeding and care work helps nurture relations that might eventually foster collectivities and collective action. Take my hand, let me help, we're not alone.

In *Policing the Womb*, Michele Goodwin writes, "The work of social justice—creating equitable, dignified, respectful ways of engaging with women's health generally, and reproductive health specifically—necessitates innovative approaches, which involve turning to the legislature, petitioning the courts, as well as engaging with civil society to build and incorporate a reproductive justice platform" (2020, 189).

As I learned from the Todos Santos lynching, the existing political system in Guatemala has harmed (people who are made to be) women and could not be trusted. The Truth Commission noted that women "played an exemplary role in the defense of human rights during the armed confrontation" and for that reason

became a target of the state (CEH 1999, 23). More recent accounts have reported that community workers in Guatemala are frequently marked for assassination, including midwives who are instrumental in connecting women to one another (Al-Sulaiman 2018). We might consider that it is precisely because of how skilled women are in the “practices of better living” that the legal justice system has sought to harm them. After all, in Guatemala the state has a long history of working to “destroy the cultural values that ensured cohesion and collective action in Maya communities” (CEH 1999, 23).

Guatemalan women had not necessarily given up on legal justice, but many had turned to the “innovative approaches” to community building that Goodwin flags, using cooking and nourishing to bring families and social networks, broadly and variously defined, together. These approaches foster community support, mutual aid, and collective action, but they are not necessarily the state-building work of politics. Carla, for good reason, does not have faith in the political structure of the state.

When encountering structures of harm, different tactics can be undertaken to transform them. A structure can be refused outright. It can also be enriched by adding to it or shifting it in some way. Or a third path might even combine the first two, enriching as a means of refusal. For example, when it comes to the nation-state, Leanne Betasamosake Simpson (2017), a Native Michi Saagiig Nishnaabeg theorist, notes that the concept of nation used by her people calls into question the system of nationhood brought into being under settler colonialism. For her, nationhood is a “series of radiating responsibilities” and not a claim to property (9). Nationhood is family, she explains. “Not the nuclear family that has been normalized in settler society, but big beautiful, diverse, extended multiracial families of relatives and friends that care very deeply for each other” (9). This strikes me as being a tactic of transformation in line with Carla’s use of nourishment to simultaneously refuse and enrich the landscape of reproductive justice. By carefully feeding others, she remakes the conditions of possibility for a political system in which her labor is foundational but erased and where even the aspiration of its representation would not set her on the path that would serve her—or others in her life.

In closing, I want to consider one of the steps in USAID’s “practices of better living” that did not fit in with the others. It is the final step in the category of everyday life practices: “Participate in community activities,” showing a group of women gathering in a classroom. Educators hurried through this step or made a note to women that they were already accomplishing this step by being present at the class. “Give yourself a round of applause since you’re here!” one instructor said.

My cynical analysis would be that in associating “participation in community activities” with participation in nutrition education, USAID was seizing control of women’s powerful tool of kin making, circumscribing the possibilities for community-based collective action into attendance at a bureaucratic class. When I am able to muster hope, however, I like to imagine that a conscientious instructor somewhere managed to insert a step that honors the community-building skills of

care workers such as Carla into an otherwise insipid pedagogical program. I then picture someone somewhere asking the participants how to strengthen community participation and, in doing so, looking to the people who have these skills and finding an opening for change.

Focusing on the skills that go into “community participation” might help policy makers redesign nutrition interventions to center the care work of community builders. This would include people in communities without children, as well as participants who are currently dismissed by current thousand days programs as uneducated and unskilled. In valuing community action, the interventions could begin to contest the unjust “doctrine of superiority” that privileges White, male, cis, and able-bodied citizens (CEH 1999). Named by the Truth Commission as a driving force of Guatemala’s genocide, the doctrine of superiority continues to shape American visions of family, in which the mother reproduces for the good of her husband and her state. To work against it, interventions might seek to change the conversation of reproduction to focus on community action, not women’s bodies. They might accordingly work to tackle concerns for political representation, family separation, economic exploitation, and punitive border politics, incorporating principles of interdependence and solidarity into the field of nutrition.

Yet even as I want to make space for transformative openings in nutrition curricula, in this chapter I have asked that we take seriously how frequently nutrition education operates as a tool of violence. Suggestions made with an eye to improving the classes may not understand that the programs function to harm and alienate women, not strengthen and help them. To offer suggestions for improving nutrition classes risks ignoring that in the current political system of governance, a successful program is one that fails the women it claims to serve. Without discounting the possibility of working within cruel systems to transform them, any suggestion for improvement must be made with the caveat that “practices for better living” will not likely be found in a USAID manual or classroom—or even here in an academic text.

This is not, however, a hopeless message. Alternatives to USAID—and alternatives to state-based or academic politics—are all around us. Reproductive justice may not be loud or visible, but it is nonetheless vibrant. It happens in the food and care practices that create community. We do not need to look to state politics for this form of justice. We do not need distant experts to arrive with something that was previously lacking. “Intervention” may be entirely the wrong frame. We can find the ability to overcome gender violence and the violence of gender in the care work and survival work undertaken by those who are already experts in the work of nourishment, who undertake this work every day.