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Health in the Highlands: Indigenous Healing and Scientific Medicine in Guatemala and Ecuador. By David Carey Jr. Oakland: University of California Press, 2024. 383 pages. $34.95 cloth; $34.95 e-book.

David Carey's *Health in the Highlands: Indigenous Healing and Scientific Medicine in Guatemala and Ecuador* offers a comparative history of medicine, public health, and Indigenous life in twentieth-century Latin America. Focusing on Guatemala and Ecuador between 1913 and 1945, Carey examines how Kaqchikel, K'iche', Q'eqchi', and Kichwa communities navigated Indigenous healing traditions, Western scientific medicine, and state public health campaigns during a period marked by racialization, modernization, and expanding state authority. Drawing from archives in Guatemala, Ecuador, and the Rockefeller Archive Center, Carey argues that Indigenous peoples moved pragmatically across multiple medical traditions even as governments, policy, and international health organizations sought to regulate Indigenous bodies and healing practices.

One of Carey's greatest strengths lies in his comparative framework. He demonstrates that although Guatemala and Ecuador shared histories of inequality and racialized attitudes toward Indigenous populations, their public health systems developed differently. In Guatemala, authoritarian governments tied modernization to assimilation and labor extraction, frequently criminalizing Indigenous healing practices and portraying Maya communities as obstacles to national progress. Guatemalan authorities targeted Indigenous bathing and funerary practices as threats to public health, while public officials blamed Indigenous "ignorance" for epidemics despite the near absence of rural health-care infrastructure. Conversely, Ecuador's more fragmented political system created greater opportunities for Indigenous negotiation within public health initiatives. Carey notes, for example, that Ecuadorian physician Enrique Garcés delivered public health speeches in Kichwa in the highland town of Otavalo, reflecting a greater willingness to accommodate Indigenous language and customs even while Indigenous populations remained targets of reform (159).

Carey is particularly attentive to language and the archive. He carefully traces how terms such as *indio*, *indígena*, and even disease classifications shifted across national and institutional contexts. This linguistic attunement allows him to reconstruct and describe so vividly how race, medicine, and citizenship were negotiated through official discourse and public health policy. Reading municipal reports, petitions, police records, and medical correspondence, Carey recovers Indigenous agency from archives overwhelmingly produced by non-Indigenous elites and state officials. He openly acknowledges that archives are replete with silences (xix), yet demonstrates how Indigenous actors nonetheless emerge through moments of archival friction, particularly in disputes surrounding healing practices, accusations of witchcraft, and access to medical care.

Carey is especially effective in showing how public health campaigns became entangled with racial ideology, labor systems, and disease ecology. He traces how typhus, hookworm, malaria, and onchocerciasis (river blindness) were mapped onto Indigenous geography and behavior. In Guatemala, officials portrayed highland Indigenous communities as inherently ignorant and disease-ridden even while poor health outcomes were closely tied to land dispossession, forced labor, and inadequate medical infrastructure. Carey's discussion of epidemic typhus is particularly compelling. Because typhus transmission thrived in cold highland environments where heavy clothing was continuously worn, state sanitarians blamed Indigenous domestic practices for outbreaks and targeted the *temascal*, or *tuj*, a traditional Indigenous vapor bath central to hygiene and healing practices. By criminalizing and destroying these structures, officials sought to dismantle an established system of thermal sanitation and delousing (126). Public health officials frequently associated malaria outbreaks with Indigenous laborers and their perceived lack of hygiene while minimizing the role of plantation labor systems in shaping exposure. Yet Carey demonstrates the deep connection between highland malaria and forced seasonal migration, as dispossessed Indigenous laborers from the highlands were compelled to work on coastal plantations, where exposure to *Anopheles* mosquitoes and malaria transmission was substantially higher before returning to mountain communities carrying infection (209).

Carey extends this analysis through his treatment of Rockefeller Foundation campaigns against hookworm, yellow fever, and malaria. Drawing on Rockefeller records, he demonstrates how efforts to "sanitize" tropical regions were tied simultaneously to humanitarian goals, labor management, and US commercial interests in agro-export economies (13). Rockefeller officials frequently relied on racialized imagery in photographs and reports, including images of a "malnourished indigenous boy" (15) and a Guatemalan child (labeled a "dirt-eater") infected with hookworm (161). Yet Carey also reveals the contradictions within these campaigns. Although Rockefeller personnel publicly dismissed Indigenous *curanderos* as fraudulent "fakirs," budgetary and logistical constraints routinely forced officials to rely on uncertified local intermediaries, including *empíricos* and plantation employees trained to conduct stool examinations and administer treatment (51). These tensions between official rhetoric and lived practice give both the archive and lived experience much of their complexity.

Equally compelling is the author's discussion of medical pluralism. Indigenous patients frequently sought treatment from hospitals, physicians, *curanderos*, herbalists, and midwives simultaneously. Carey opens the book with the case of Alberto Calí Cuzal and Cipriano Chovix Chalí, two Kaqchikel Maya men who traveled nearly seventy kilometers from San Juan Comalapa to Guatemala City in 1942 seeking treatment at the general hospital while continuing to rely on traditional healing remedies to alleviate their illnesses. Their journey illustrates one of the book's key contributions: Indigenous communities did not view Western scientific medicine and Indigenous healing traditions as mutually exclusive systems.

Furthermore, Carey demonstrates how medical knowledge circulated through highly dynamic social networks. Indigenous midwives taught natal care techniques to formally trained physicians even as Indigenous patients sought Western medical

treatment while maintaining relationships with traditional healers. Scientific medicine, despite growing institutional power, never fully monopolized health care in either Guatemala or Ecuador because Indigenous communities sustained hybrid systems of care that combined Western medical treatment, herbal medicine, spiritual healing, and community knowledge systems (4).

Rather than treating Indigenous healing traditions and scientific medicine as isolated or opposing systems, Carey demonstrates how both existed in constant negotiation within broader structures of race, labor, and state power. In this sense, *Health in the Highlands* distinguishes itself through its comparative scope and sustained attention to Indigenous medical agency. Carey demonstrates that public health campaigns cannot be separated from the racialized labor systems, political inequalities, and unequal medical infrastructures that shaped everyday life in Guatemala and Ecuador. By tracing how Indigenous communities moved strategically across scientific medicine and local healing traditions, Carey offers an important contribution to the history of medicine in the Americas and to the historical production of Indigenous health inequality in the Americas. The book will be especially valuable to scholars of Indigenous studies, Latin American history, and public health professionals, as public health cannot be understood apart from the historical conditions that structure exposure, vulnerability, and access to care.

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