

HEALTH INITIATIVES AND INDIGENOUS MEDICINAL PRACTICES IN ECUADOR AND GUATEMALA

Health in the Highlands: Indigenous Healing and Scientific Medicine in Guatemala and Ecuador. By David Carey Jr. Oakland: University of California Press, 2023. Pp. 354. \$85.00 cloth; \$34.95 paper; \$34.95 e-book. doi:10.1017/tam.2023.111

I recently met an eighteen-month-old child and his mom in a Kaqchikel Maya town in highland Guatemala. The boy had a case of worms, complete with a distended stomach far too large for his little body, and he had not slept or eaten well for the last week. His mom called a local healer to bring medicinal herbs and pray for the child so that he might be cured. Why did they seek prayer and traditional herbal medicine instead of biomedical medicine at the town's health center? Why is this young person and his other indigenous peers more likely to be plagued by preventable diseases than their nonindigenous counterparts? David Cary's historiography on health and medicine in Guatemala and Ecuador answers that question.

This book shows how public health initiatives in Ecuador and Guatemala targeted indigenous medicinal practices. Carey's focus on Indigenous people's navigation of both biomedical science-based medicine and Indigenous-based medicine allows for a complex understanding of health, medicine, and well-being. Chapter 1 details how Kichwa and Maya peoples in Ecuador and Guatemala conceive of health and well-being, and how state formation and politics impacted the practice of indigenous medicine from the colonial period into the twentieth century. Chapter 2 details how perceptions and interpretations of indigenous health practitioners shaped the regulation of healthcare, with Guatemala having a more punitive approach and Ecuador being more inclusive. Chapter 3 focuses on the role of gender in reproductive and early childhood healthcare, revealing the importance of a consistently intersectional approach to historical records. Chapter 4 shifts to an explicit analysis of the role of race in shaping public health policies, showing how officials, especially in Guatemala, associated race with illness as a way to justify the need for a racially homogenous state that did not include indigenous peoples. Chapter 5 analyses typhus and typhoid, and Chapter 6 analyzes tropical diseases acquired frequently by foreign soldiers, workers, and travelers. Both chapters show how the treatment of such diseases from a public health perspective concealed the underlying socioeconomic inequities that allow such diseases to permeate. The book's focus on the late nineteenth and early twentieth centuries raises questions about connections to the latter part of the twentieth century, which Carey briefly discusses in the conclusion.

Carey's methodology is innovative and significant. Diving deep into archives in Guatemala, Ecuador, and New York, he skillfully centers Indigenous voices in records meant to silence them. Not only does his work contribute to an Indigenous history of Latin America, but it also puts forth a model of scholarship in history that centers

allyship with Indigenous peoples. However, given the degree to which Indigenous voices are marginalized in the historical record, one wonders if other records, such as data from anthropologists and oral histories gathered in the early part of the twentieth century, are available and might contain relevant information.

Carey shows how public health campaigns furthered the economic interests of the rich and powerful, including colonial and then independent governments, international business interests such as the United Fruit Company, and philanthropic interests such as the Rockefeller Foundation and the US government. It also shows how Indigenous peoples resisted and shaped public health campaigns. Race and racialization were at the forefront of medical investigations and campaigns in both countries and were often used to explain Indigenous people's higher rates of diseases instead of accounting for or addressing the poverty and inequity behind the unsanitary, unsafe living conditions that disposed Indigenous peoples to disease. Carey's analysis shows how Guatemala and Ecuador crafted narratives and policies around Indigenous peoples, public health campaigns, and biomedical science differently, with Ecuador being more inclusive of Indigenous peoples than Guatemala. The connections to today's lived reality for Indigenous peoples in both countries are of paramount importance in understanding current indigenous medicinal practices and the transnational governmental, nonprofit, and missionary medical campaigns that dominate the current medical landscape in both countries.

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1968 MEXICO CITY OLYMPICS

Mexico City's Olympic Games: Citizenship and Nation Building, 1963-1968. By Axel Elias.
 Gewerbestrasse, Switzerland: Springer Nature Switzerland AG, 2021. Pp. xii, 272.
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In his conclusion, Axel Elias writes, “[t]he 1968 Olympic Games. . . have not received enough attention” (239). Elias's claim is remarkable considering that the 1968 Mexico City Olympics may be the most thoroughly studied sporting event in Latin American history. In fact, this book joins a growing corpus of books and articles devoted to this increasingly familiar topic. These include two other noteworthy books both published in 2021: Heather Dichter's *Bidding for the 1968 Olympics* and Harry Blutstein's *Games of Discontent*. For scholars of Mexican history, Elias's book is especially significant.

Students and scholars with a grounding in the established research of this topic will find much familiar in this book. As Elias notes, scholars such as Brewster and Brewster, Carey,