I arrived at Guatemala City’s Hotel Conquistador at 6:45 a.m., just before the Guatemalan military’s annual medical conference was scheduled to start. Obesity (obesidad), the chosen theme of the 2008 event, was also the topic of my ethnographic research. In my work in Guatemala over the previous decade, the military had been a haunting presence: the uneasy boundaries between state and structural violence were recurrent themes in my interviews. Yet I had never before been so close to its bureaucratic center, and though I had associated the military with chaos and terror—the United Nations had found military and paramilitary groups responsible for nearly all arbitrary executions and forced disappearances of the country’s thirty-six-year civil war—the scene was calm and organized. A woman at the reception desk gave me a professional-looking binder and a bag filled with program materials. With a swift smile she pointed toward signs directing me past rooms named after Spanish conquistadors—Vasco Núñez, Juan Ponce, Francisco Pizzaro—to the hotel’s Gran Salón, where the opening ceremony would take place.

The Salón was still mostly empty when I arrived, but nearly seven hundred chairs were waiting. I took a seat and used the time to look at the materials, as men and women in military attire, uniforms emblazoned with medals of war, began to fill the room around me.

Introduction

The Richness of Eating

And here is the beginning of the conception of humans and of the search for the ingredients of the human body.

—The Popol Vuh: The K’iche’ Book of Community
“Overweight and obesity do not just affect the body image of the patient,” read the headline of a flier depicting a white mannequin. Arrows connected parts of the mannequin’s body to possible effects of weight gain: strokes, heart attacks, respiratory problems, fatty liver, cancer of the colon, infertility, degenerative arthritis. A sidebar listed psychological complications: depression, low self-esteem, bulimia, social rejection, suicide. Another flier for the diet drink Salufit showed a thin, light-skinned woman in white clothing, with a measuring tape wrapped around her body. “The best diet plan for your patient,” it advertised. “A quick and easy way to lose weight.”

Several of the advertisements were presented in the style of scientific reports. The pharmaceutical company Abbott—makers of the weight-loss drug Raductil and distributors of the nutritional-supplement drink Ensure—had produced an impressive brochure, quoting international scientists who had studied the “psychological correlations of obesity and women.” The brochure classified obesity as a psychological disease: “People cannot control their impulses; they feel the need to eat compulsively; they lack autonomy. They have difficulty establishing the boundaries of their identity and live with the surreal feeling of being governed by external forces.”

“There are things that the mirror won’t reflect,” stated another pamphlet, picturing a blue-eyed woman with Goldilocks curls peering into a mirror. The inside contained two images: a graphic depicting how the weight-loss drug Vintix would influence neuronal synapses in the brain that governed appetite and a drawing of a very thin woman standing inside the outline of a curvaceous silhouette. “Lose weight, improve your life and self-esteem. Prevent complications of overweight and obesity,” the caption read.

I first encountered Vintix, a brand name of the drug sibutramine, in my work at the recently opened outpatient obesity clinic at Guatemala’s third largest hospital, located in the highland city of Xela. The clinic was an attempt on the part of Guatemala’s Ministry of Health to respond to rising concern about metabolic illnesses. Patients frequently arrived asking for the drug. The nutritionists, meanwhile, would emphasize changes in diet. They gave patients instructions such as “six tablespoons nutritional powder with one tablespoon oil and one cup of boiling water” or “supplement meals with three glasses of water and one cup of plain yogurt per day.” They would write out these recetas, a word that in Spanish means both prescription and recipe, in an effort to offer nonpharmaceutical-based treatments for patients’ afflictions. Still, Vintix-sponsored gifts, such as a chart with body mass index...
(BMI) cut-off points for healthy weight and overweight, could be found throughout the clinic. In 2010, when sibutramine was banned in the United States, China, India, and numerous other countries—research showed that it contributed to an increase in the very heart attacks that its users sought to prevent—the drug flooded Guatemalan markets, becoming even more common.

As I read through handouts promoting a mixture of pharmaceutical and dietary treatments for obesity, a brass band began to assemble in the back of the room and a panel of men and women in military attire lined up on the stage in the front. Above the podium hung a banner with the year’s conference logo: a four-part evolutionary series featuring a quadruped primate, a caveman, a thin but muscular man, and then a shorter man with a bulging stomach holding a soft drink. Just before eight o’clock the brass band signaled the start of the national anthem. The audience stood with hands over hearts and began to sing. The chorus echoed through the hall: “Conquer or die, for your people, with fiery heart and soul, would prefer death to slavery.” Afterward, the military Medical Center’s director shifted the imagery of war onto obesity, referring to it as “a dangerous enemy that grows stronger daily, a deadly foe that must be engaged in battle.”

When this introduction ended the audience dispersed, and over the next few days the camouflage-green military uniforms were replaced with the business suits of medical specialists, who gave talks such as “Surgical Treatments for Obesity,” “Post-bariatric Plastic Surgery,” “Poor Attention as a Factor of Risk for Obesity,” “Instruments for Diagnosing the Severity of Obesity,” “Obstructive Sleep Apnea,” “Pediatric Obesity,” “Esthetic Periodontal Surgery,” and so on. Nearly all speakers began by emphasizing the dangers of fat, and the treatment strategies they proposed—be they surgical or chemical—evaluated success in terms of measurable weight loss.

I attended these talks in the company of nutritionists from Xela’s obesity clinic. The hospital, which had no funds to hire staff to run the clinic, had partnered the year before with the only local university to offer a degree in nutrition. Its third- and fourth-year students operated the clinic in exchange for the valuable experience of working with patients. The clinic’s director had arranged for them to travel to the conference, offering scholarships to those who could not otherwise afford the trip. The nutritionists had looked forward to it, but over the three days of the event many expressed frustration that scarce governmental resources had been spent in this way. Most of their patients were
extremely poor, and the costly surgeries and medications emphasized by the conference would be inaccessible.

During the scheduled breaks I walked among the booths, where smiling salespeople distributed product samples. To enter the exhibition room, conference participants had to walk past a video featuring a bariatric surgery patient mid-operation, body sliced open, with fat and blood exposed. Behind the television screen, an expensive machine used to measure body composition was advertised with the slogan, “know thyself” (conócete a ti mismo). Adjacent to this was an advertisement for a pill that would inhibit absorption of fat in the small intestine. It showed a picture of a person struggling to button his pants: “Less fat, more grace” (Menos grasa, más gracia), read the banner, elaborating below the picture: “In Guatemala a high percentage of the population is overweight or obese. Remember the serious physical and sociological consequences of this illness. Are you in this risk percentile? A new alternative for losing kilos and reducing caloric absorption has arrived. Ask your doctor or nutritionist about Logra Tu Figura [Achieve Your Figure].”

A man next to the banner handed out samples of a low-fat, low-sugar chocolate cookie. I was joined by one of the nutritionists from Xela as I approached his booth. We each took a sample, and as we walked toward the Hernán Cortés auditorium, where the next event was held, she told me she wouldn’t stay for the afternoon talks. Several of the nutritionists had criticized the conference as being “obsessively clinical,” “bizarre,” and “inappropriate,” and she too felt it was a waste of time. She held up the dry, plastic-wrapped cookie in her hand, telling me that these kinds of things were for los ricos. Guatemalans generally used the classification rico to reference a social class that carries out opulent displays of monetary wealth. The term is often associated with a violent abuse of power, but the nutritionist, nodding to the scene around us, said instead, “For my patients, there is nothing effective or powerful here.”

A few weeks later, two hundred kilometers west of Hotel Conquistador, Carla returned home from one of Xela’s neighborhood health clinics. She set down a heavy bag of vegetables, placed some papers beside them, and went straight to her sewing kit. Her two teenage daughters, who had been watching television, stood up to see what she was doing as she pulled out a flexible measuring tape—the kind used to measure yarn—which she then wrapped around her
“Thirty-seven,” she read out loud, her finger marking the spot where the tape formed a circle around her waist, just above her navel, which was hidden under the thick fabric of her handwoven huipil. She looked up, noticed us watching her, and then added, “They say the number should be smaller.”

Carla had just attended the first in a series of five weekend classes on healthy cooking (comida saludable) taught at a neighborhood school. Her doctor recommended that she enroll; at her last visit her blood sugar levels were high—too high, he said, given her diabetes. She had been looking forward to the class since I moved into her home the previous month. She hoped to learn something that would alleviate the numbness in her limbs and the sharp, pinching pain she felt in her heart in the quiet of the early morning while the rest of her family slept. At her most recent checkup I heard her tell the doctor she could afford the daily medicine he recommended. But because it was expensive, she took it only when the pain felt especially strong. She hoped the nutrition class might offer a treatment that was more sustainable, and she felt fortunate that her husband had agreed to cover the cost of the course (100 quetzales, or $12.50)—which she planned to repay through the door-to-door sale of food in her neighborhood. Yet now, home from class, she seemed discouraged.

“What happened?” the youngest daughter asked, no trace of her grandparents’ strong K’iche’ accents in her Spanish.

“They started the class by weighing us, one by one. I couldn’t believe it, we were all overweight. All of us. Many of us had obesity! Then they told us about the masa of our bodies, which they said we could reduce by eating less.” Carla’s voice hesitated uncertainly over the word masa, which is part of the global health metric used to assess overweight (índice masa corporal, or body mass index) but is also the word for the soft corn dough of the tortillas and tamalitos eaten at nearly every meal. In the K’iche’ story of human creation, human bodies were composed of this corn masa—not measures of pounds or kilos. She continued, “And they gave us these recetas, saying these would help us to lose weight.” She sighed as she turned off the water, her disappointment palpable. “Do you see them? I don’t know what to think. This isn’t the way I cook.”

I looked at the recetas that she handed me, which included foods I knew she could not afford to eat regularly: fruit salad with Dos Pinos Lite Yogurt, Jell-O cake made with Splenda, roasted red-pepper chicken breast, and low-fat ham sandwiches with Bimbo whole wheat bread. The ingredients were listed in carefully measured quantities—2 tablespoons, 1/4 cup, 8 ounces—alongside
detailed preparation instructions. I then looked at Carla’s well-worn kitchen, the kitchen of someone who cooked by memory, adjusting flavors in response to taste. She did not own the requisite mixer or kitchen scale. She didn’t even have measuring cups.

“This is not cooking; this is following orders,” she said, pointing to the papers. She then patted her stomach affectionately: “And why would I want to be thin?”

A history of scarcity and recurrent plagues of famine had instilled in the women in the community the importance of satiety and the value of providing abundant and delicious meals for others. Carla was proud of being financially resourceful in her cooking. But as careful as she was with her food budget at the marketplace, she regularly invited friends and neighbors over to eat. As she filled their plates with second and third helpings, I never once heard her mention cost. “I want people to leave satisfied,” she would say, “Tomorrow our plates may be empty. When there is food we must enjoy it.”

Many people told me that a fullness of stomach as well as of figure had been desirable for as long as they could remember. A decade earlier, when I began conducting research in Guatemala, women had taught me how to wrap a skirt around my waist in such a way as to appear plump, and at the time of my research for this book, fatness was commonly viewed as evidence of health and prestige. The local expression “donde no hay gordura, no hay hermosura”—where there is no fat, there is no beauty—articulates the historical desire for abundance of feast and flesh.

Rising rates of metabolic illnesses in Guatemala were changing this, recasting experiences long believed to be valuable as potentially harmful. For many of the women with whom I spent time, the nagging presence of their illnesses called into question the aptitude of their culinary skills, challenging the importance they placed in pleasures of taste, satiety, and satisfaction. These women had learned to cook by patiently observing their mothers, aunts, and sisters. The expertise involved in the transformation of raw materials into good meals was one acquired slowly, through kinesthetic practices that depended on being in relations with others. Today, however, women were learning to assess culinary skill through technologies focused on discrete, individualized metrics, such as measurements of weight, blood sugar levels, centimeters of fat, or grams of carbohydrates or proteins.

In Carla’s case, she was learning to use the tape measure from her sewing kit to obtain the circumference of her waist and upper arm. In the market
children standing next to scales would read her weight for the price of one quetzal (thirteen cents). At the doctor’s office she encountered the sphygmomanometer and stethoscope for blood pressure, and a blood sugar machine that would take a pinprick of blood to reveal her glucose level. Her doctor would send her to a separate laboratory, where she would give a blood sample that produced numbers reflecting cholesterol and triglycerides. And then there were the metabolic standards derived from equipment in faraway laboratories: the calorie, the serving size, and recommended daily allowances of vitamins and minerals, all of which were printed on the packaged, single-serving foods that had become part of the region’s dietary landscape.

These foreign devices were increasingly abundant in Guatemala, existing uneasily alongside women’s expertise with regard to food and flavor. Yet, despite the growing public health interest in weight loss, many rejected the link between health and dieting, and the culinary knowledge held by women remained highly valued. During mealtimes in all the homes where I lived, family members would take turns praising the foods prepared by grandmothers and mothers: “Que rica la comida” (This food is delicious) they would exclaim, expressing pleasure in a richness that was not translatable into unit measures.

**RICA, WEALTH, AND VALUE**

I began the book with these two vignettes to highlight the diverse repertoires of richness and power that I came across in my fieldwork on obesity. The circulation of weight-related biomedical technologies in Guatemala’s still-tenuous postwar, postcolonial landscape generated numerous epistemic and ontological collisions pertaining to how people knew their bodies and organized their lives. This book documents how emerging attention toward weight management connects to the governance of persons and populations, showing how dieting techniques configured both individual and social bodies as bounded objects to possess and control. Yet though the evaluation of health through weight could have haunting and dangerous effects, I also illustrate how people worked around and refugured standards and measures. My research makes clear that nonmetric forms of rica and health remain valuable—and powerful—in people’s lives.

The term *rica* that Carla’s family used to talk about food is an expression of enjoyment, implying positive stimulation and gustatory satisfaction. Rica,
which translates to “delicious” or “tasty” in this context, shares etymological roots with the English word rich. In English, people often ascribe richness to foods with ingredients considered “heavy”—that is, fat, butter, eggs, or oil. Whereas rich might still be associated with “choice or superior quality,” it is often equated with “unhealthy”—an imagined heaviness of food weighing down the body. For the Guatemalans with whom I worked and lived, rica does not have these negative or quantitative associations when applied to food, referring instead to the pleasures of eating. Value is central to richness: to proclaim food to be rica is to compliment it, to express that it is desirable. But the assessment of rica is contingent not on the calculations of calories or grams of sugar or fat but on an intuitive, sensorial practice of valuing.

There is, of course, another long-standing meaning of rica—highlighted at the end of the vignette from the military’s obesity conference—in which richness refers to a measure of wealth. The oft-made assertion that "Guatemala is ‘one of the poorest countries’ in the world" is an assessment of richness and poverty based on standardized units of income or income inequality (cf. Grandin 2010). Even when richness is associated with more fluid indicators of wealth such as health, education, literacy, and nutrition, the field of global health generally situates these terms within a quantitative framework in which value ultimately becomes translated into units (i.e., educational capital or human capital).

Given the diverse values that motivate everyday activities, there are pragmatic reasons for why richness becomes evaluated—and valued—through measurements that can be transported across regions, countries, and languages (Latour 1987; Porter 1995). Moreover, there are reasons why money becomes a primary scale for this standardization. Influential social theorists including Karl Marx, Georg Simmel, and Max Weber have argued that money is the principal mode of engagement for actors widely separated in time and space because it purports to offer an easy and precise means of translating differences into equivalents, which can then be quickly and accurately compared. As Emily Martin writes, given a desire for the rapid and free-moving circulation of goods across numerous geographic and social boundaries, money—with its divisible, unit-based, fungible form—becomes “our chief token of value” (2007, 237; see also Serres 1995).

As a framework for value, economics has taken innumerable forms, many of which have nothing to do with unit-based systems of money. As one example, the term economics has roots in the ancient Greek oikonomia, which
referred to a general practice of household management. In the eighteenth
century Adam Smith’s political economic theory of value distilled economics
into wealth derived from the “natural price” of agriculture, which would wax
and wane with its production. By the nineteenth century, views of economics
encompassed matters as diverse as the taxation economics of David Ricardo
(1772–1823), the labor theory of value developed by Marx (1818–83), and the
economic sociology of Weber (1864–1920). Yet while there have long been
extensive and varied understandings of economics, Timothy Mitchell argues
that “the economy” as a distinct sphere of social life to be “measured, managed,
developed, analyzed, restructured, and compared” did not emerge until the
1930s to 1950s (2002, 114).

Mitchell’s analysis of the appearance of a unified and singular economy
draws heavily on the writings of Simmel, who argued that in the nineteenth
century money “filled the daily life of so many people with weighing, calculat-
ing, enumerating, and the reduction of qualitative values to quantitative terms”
(cited in Mitchell 2002, 80). Whereas Simmel’s writings address a broad
change in attitudes and relations, Mitchell highlights the emergence of a
distinct social sphere, imagined as representing the entirety of material life,
which came into being only after Simmel’s death. Mitchell looks to early
twentieth-century transformations in the structure of government institu-
tions, the mapping of landscapes, a growing proliferation of censuses and
surveys, and new forms of engineering, science, schooling, and statistical
knowledge—all of which had the effect of “redistributing ideas and values in
a simplified way, to manufacture the apparent separation of objects and values,
things and powers.” Mitchell’s argument is that “only a world reorganized to
generate this simple two-dimensional effect could give birth to the economy”

I outline this argument because in roughly the same period that Mitchell
ascribes to the emergence of the economy, there appeared another sphere of
daily life where qualitative and sensory values became formulated in quantita-
tive terms. The 1930s did not simply mark the beginnings of a global concept
of the economy, but historians have also deemed it the “golden age of nutrition”
(Carpenter 2003, 3031). While concern with food and feasting extends deep
into the recesses of human history—the household management of oikonomia
was certainly connected to eating—the shape of nourishment radically
changed form across the globe during this time. Indeed, over the same time
frame that Simmel’s general vision of “objective culture” became reified as “the
In the 1930s mineral upon mineral was discovered and identified, and scientists determined the chemical structure for most vitamins (thiamine, 1936; vitamin C, 1932; vitamin D, 1932; vitamin E, 1938; niacin, 1937; vitamin K, 1939; pantothenic acid, 1939; riboflavin, 1934; vitamin B6, 1938). By the 1940s scientists had developed assays that allowed for the calculation of the chemical scores of food proteins—information that shaped the creation of national food guidelines focused on daily nutrient recommendations. And by the 1950s governments around the world had joined forces to establish nutrition research centers such as the Guatemala City–based Institute of Nutrition of Central America and Panama (INCAP, founded in 1949) to address the recently discovered problem of population-wide nutritional inadequacies. In parallel with the appearance of the economy, the field of nutrition was emerging as a transnational sphere of social activity to be measured, managed, developed, analyzed, restructured, and compared. Situated alongside the newly established field of the economy—imagined as “the sum of every occasion on which money changed hands”—was nutrition, reframing nourishment as the sum total of human metabolic activity (Mitchell 2002, 98).

I draw attention to the overlapping timelines in which the economy and the field of nutrition came into being to highlight the possibility that the synchronized appearance of these domains of knowledge is connected to deeper transformations occurring in understandings of balance, energy, and social activity itself. Mitchell writes that the economy came to function through a “sphere of calculability” that operates by separating image from object and representation from reality (2002, 117). I suggest that the emerging transnational field of public health nutrition similarly developed through a consolidation of the fluid, relational practices of eating into the apparently fixed, self-contained, and objective measures of chemicals and nutrients. Just as the economy attempted to circumscribe all forms of wealth into calculable values, so did nutrition aim to distill the richness of eating into that which could be counted, compared, and controlled.

Lest such a nutritional calculus be accepted outright, it is important to remember that even in a monetary realm the creation and comparison of equivalence proceeds through a quantitative “alchemy” in which nonmonetary valuations appear to disappear, but nonetheless remain present (Merry 2009; see also Preda 2009; Sunder Rajan 2012; Zaloom 2003). In other words, the
value of money, operating through the apparently inflexible, objective measure of price, is still shaped by the richness of social activity. Likewise, I show in the chapters that follow that relational, incommensurate values that materialize through food and eating persist as powerful, even in a landscape saturated with the generalities and standardizations of metrics.

This project has unfolded around an interest in diverse notions of richness in the context of body-weight management in Xela, Guatemala—a city that has seen a dramatic rise in reported rates of metabolic illness in Guatemala’s postwar period. This book explores what the Guatemalan public health community counts as valuable knowledge when it comes to dietary training, what is ignored, and how “dietary accounting” takes place. Diane Nelson (2010), who has spent decades analyzing the effects of colonial violence on bodies and their representations in Guatemala, notes that the Spanish word contar means both to tabulate numbers and to tell a story. As Bill Maurer has written, making reference to practices as diverse as audit, narration, and religious judgment, “accounting is everything and everything is accounting” (2002, 647). Still, cuisine, as I encountered it in Xela, presented accounting practices with a challenge. Constraining the practices of eating into either numeric tabulations or spoken words rendered visible accounting’s inevitable imprecision (see Tsing 1997; Gluck and Tsing 2009). The engagements of eating could be communicative practices, existing as a means for people to express themselves to others and to build families and communities around the exchanges of meals (see especially Abercrombie 1998; Douglas 1982). But as I learned from the women around me, this communication often complicated existing strategies of representation. Culinary practices frequently unraveled the objectification entailed in both numeracy and spoken language, as the acts of cooking or eating were not “acts” in any bounded sense of the term but intertwined digestive processes in which boundaries between self and other, culture and biology, and past, present, and future were persistently made and remade.

I saw in my research that many people were struggling to reconcile their experiences of rica with the metrics that pervaded regional approaches to obesity prevention. While the field of nutrition tended to focus on numeric standards and prescriptive guidelines, for the men and women with whom I lived, foods and eating were not translatable into unit measures or step-by-step instructions. The deliciousness of tasting, the satisfaction of satiety, the pleasures entailed in caring for others and in being cared for—in short, the worlds of rica—were not fungible units to be transposed from discrete variable to
discrete variable as though their values remained constant. Quantitative representations of the richness of eating purported to capture bodies and their energies, but the bodies around me refused to be captured. When instructed in “healthy eating,” Carla—like many of the people with whom I lived and worked—ignored the recipe.

**THE FIELD**

I first traveled to Guatemala to study Spanish in the late 1990s and returned in 2000 and 2001 to conduct summer fieldwork in the mountainous Mam community of Todos Santos, near Guatemala’s northwest border with Mexico. Guatemala is known throughout the global health community for its prevalence of food insecurity. The World Bank reported in 2010 that rates of chronic malnutrition in Guatemala were the third highest in the world, and Guatemala is regularly cited in international reports documenting regions where starvation is common (“Nutrition” 2010). Photographs of hollow-eyed children held by the wafer-thin arms of their mothers illustrate these reports, and iconic images of skeletal famine run regularly in Guatemala’s own newspapers. Yet as I spent more time in Guatemala’s indigenous highlands, I began to see a different form of hunger than that which was readily visible.

In 2001 Coca Cola representatives came to Todos Santos, painting the red-and-white logo everywhere; that red and white were also the colors of the handwoven pants worn by men in the town gave the multinational brand an appearance of local character. I was there two years later, when the small tiendas began to regularly stock Pepsi and Coke in diet form—for diabetics in the community. I was there in 2005 when the region’s first cell phone tower was completed, connecting residents of Todos Santos with family members who had moved away in search of work. At the time I was living with a family whose patriarch had recently had both of his legs amputated above the knee from complications with his circulation. I was there again the following summer, when the Central American Free Trade Agreement took effect and a large subsidiary of Walmart opened in the closest city, its mass-produced food products entering rural markets and homes.

Each time I returned, the changes in the dietary landscape of the community were palpable. The containers of soda and cooking oil expanded in size, and their prices dropped. “Healthy cooking classes” appeared as reported rates of previously unfamiliar metabolic illnesses accelerated. And even the
vegetables—grown with no small amount of pesticides—seemed fresher and more abundant than they had been when I first arrived. One might be tempted to call this modernization. Indeed, the global health community has dubbed diabetes, cardiovascular disease, stroke, and other metabolic illnesses *diseases of modernity*. But, as I show in this book, such a label is far too simple. The changes I saw were jagged and asynchronous. The historical continuities that persisted in the midst of radical upheaval unraveled the imagined linearity of “progress” in this story of modernity.

In 2006, after years of annual travel to Todos Santos, I made the decision to conduct most of the research for this book in Guatemala’s second largest city, called Xela, roughly 135 kilometers to the south of Todos Santos. I wanted to know more about how scientific depictions of obesity in Guatemala were becoming translated as they moved across policy boardrooms, clinics, classrooms, and everyday life. Most formal nutrition science in the country is headquartered in Guatemala City, which is also home to one of the world’s eminent global health nutrition centers: INCAP. But epidemiological research carried out at the time reported that Xela would make a valuable site for understanding obesity trends in the country, since the city was undergoing rapid urbanization and, with this, changes in diet and physical activity and
an increase in deaths from chronic and metabolic illnesses (cf. Groeneveld, Solomons, and Doak 2007). Numerous scientists were traveling regularly from the capital to Xela—four to five hours away when road conditions are good—to carry out studies of nutrition and metabolic health. Xela’s municipal government had also begun to offer an array of classes and public events focusing on obesity prevention, and in 2007, shortly before I moved to Guatemala for sixteen months, Xela’s public hospital, which served patients throughout the western highlands, opened the region’s only government-sponsored clinic to treat obesity.

This clinic became indispensable to my fieldwork. To learn about obesity’s biomedical formation, for ten months I attended consultations on the two days a week the clinic was open. In the end, I observed approximately six hundred consultations, nearly all of which I recorded digitally. I simultaneously took field notes that described interactions between nutritionists and patients, and at the end of each day I transcribed selected sections from the digital recordings, matching the verbal dialogue with the written notes. To contextualize the reception and dissemination of the hospital’s medical treatment strategies, I met with thirty patients at their homes for follow-up conversations at least once, and often several times. Over the intensive sixteen-month phase of my fieldwork I also lived with twelve families, in which at least one member of the family had been diagnosed with a metabolic illness. I participated in the everyday activities of eating, cooking, and shopping with these families and carried out a combination of oral histories and semi-structured interviews with the people with whom I lived and members of their extended social networks (including several housekeepers, schoolteachers and principals, a beauty queen, a health food store owner, gym instructors, a diabetes medicine vendor, and the director of a plastic surgery clinic).

Most of my time was spent in Xela, but my interest in how obesity was translated across various epistemic domains took me outside the city as well. Roughly once a month I traveled to Guatemala City to attend events organized by Guatemala’s Ministry of Health, INCAP, or the Pan American Health Organization, which also had an office in the capital, and to carry out interviews with the steady stream of global nutrition experts who passed through. As my research progressed, I found that discursive divisions between urban and rural dietary health were widespread enough to warrant ethnographic attention. I became affiliated with a rural health outreach organization (it called itself a “government-sponsored nongovernmental organization” since it
was funded but not run by the national government), and for four months I joined the staff for three days a week on their clinical rotations through the mountain communities surrounding Xela. To supplement the oral histories I was gathering, I collected historical documentation on nutrition from the Dirección General de Estadísticas de Quetzaltenango, which stored the region’s hospital reports and body mass statistics; gathered articles on nutrition from the newspaper archives held by Xela’s public library; and spent three weeks combing through the archives of the Center for Mesoamerican Research, which contained back issues of Diario el Imparcial, Guatemala’s largest newspaper printed between 1922 and 1985.

I am often asked to describe my project through established social categories. Do I study urban obesity? Indigenous obesity? Obesity among women? Obesity in the poor? This is an understandable question, as much sociological analysis aims to isolate patterns surrounding certain variables (gender, class, race, and ethnicity typically receive the most attention) and study these patterns. But in the region where I worked, these categories did not hold stable enough to deploy them as analytic variables. Rather than examine the emergence of obesity within particular social categories, the book examines how emerging interest in obesity dovetails with techniques of social standardization. It is a study of attempts at classification and the failures of these attempts.

I am also commonly asked to compare the obesity education and dietary health protocols that I studied in Guatemala to what is happening in the United States or Europe, among other sites in the world. Much in the stories that follow resonates with obesity-prevention programs elsewhere, given the transnational nature of the networks and institutions through which concern for obesity becomes mobilized. The directors of even the smallest health centers where I spent time received regular training from United Nations-affiliated institutions; many of the Guatemalan scientists I interviewed held degrees from European or other American universities and traveled regularly abroad for expert meetings and additional training; and media and advertising sources that I draw on were developed with keen awareness of obesity-related news outside of Guatemala’s borders (for example, Prensa Libre, a widely distributed newspaper, ran a weekly New York Times insert that regularly contained dietary advice). The book, however, undertakes its analysis of global nutrition programs through a rich case study of the specific highland region where I worked, leaving much of the project of explicit cross-cultural comparison to its readers.
Paige West (2014) has noted that anthropologists’ theoretical orientations tend to reflect the places where they spend their time. It no doubt influenced this book’s concern for classification that the city where I carried out much of my fieldwork is exceptional, in the sense that categories of social life that may be fitting elsewhere in Latin America and even in Guatemala were obviously ill-suited to descriptions of social life in Xela. Comemos tamalitos, residents would tell me. They used this in reference to how they prepared masa—Guatemala’s iconic source of nourishment, which, in Xela, was often boiled in a banana leaf instead of patted into a flat tortilla—to remind me that life in Xela was unique. Xela was once the political capital of a small, independent country called Los Altos (The Highlands), and residents still commonly extolled pride that their homeland, with its economically and politically powerful K’iche’ influences, stood apart from elsewhere in Guatemala. Epidemiologists were drawn to Xela because of ways that knowledge about obesity in the city could be used to predict health risks and outcomes among certain populations elsewhere in the country. Meanwhile, I was drawn to Xela because of how the city’s complex particularities challenged the project of standardizing health and, with this, commonplace understandings of obesity at play in the field of global nutrition.

As a telling example of the complexity of regional categories, Xela has not one but two names: Quetzaltenango is the city’s official Spanish-language name, which is also the name of the Guatemalan state where the city is located; Xela, the popular name, which comes from the K’iche’ phrase Xelajú no’ j (below the ten spiritual guides), is said to reference the ten mountains that surround the city. This duality in name is emblematic of how people spoke of the city’s cultural landscape; my informants regularly drew stark divides between indigenous and nonindigenous, urban and rural, Catholic and Christian, tortillas and bread, and so on. But categories that were rigid and fixed in people’s speech were far more fluid in their practices. Ancestries blended, as constant movement between city and country destabilized rigid ethnic classifications; Evangelicals—most of whom had been raised Catholic—celebrated the city’s patron saint, Rosario, with vigor; and bread, which had arrived to Guatemala half a millennium ago, was eaten alongside tamalitos and tortillas by most everyone.

The economic heterogeneity of Xela further complicated easy binaries. The recently constructed Scandinavia gym, with its glass walls offering impressive views of the Santa Maria Volcano to those making use of its world-class
facilities, was evidence of an elite sector of the city that held tight to claims of European heritage. Yet many—perhaps even a majority—of those in Xela who did not identify as indigenous lived hand to mouth (and most of the city’s gyms were damp, fluorescent-lit spaces filled with little more than rusty weights, tattered mats, and a sound system). Further destabilizing class binaries, two indigenous-language communities fed into Xela’s city center. Several of the Mam towns along the city’s northwest border were poor enough that the national government delivered weekly food aid packets to women with small children living there. But the K’iche’ towns on the opposite side of the city were well networked into international agriculture markets, and several extended K’iche’ families in Xela were politically powerful, with inheritances that have accumulated through centuries of conquest (Grandin 2000a). As a result, even when repeating national stereotypes about the “impoveryed Indian,” people also regularly pointed out that in Xela, being indigenous did not necessitate underclass status. Standing in contrast to a well-rehearsed division between the poor indigenous peasant and the rich ladino landowner was the sense that in Xela one could be indigenous and also very wealthy.

One could also be indigenous and university educated. In writing about medical pluralism in Guatemala, Walter Adams and John Hawkins describe a commonly accepted refrain throughout the region that health care is either “primitive, natural, and Maya” or “modern, technological, and Western” (2007, xv). They describe Maya health care and ladino health care as “two worlds” and suggest that “the chasm between the two systems is growing” (3, 4). This dichotomy made little sense to one of my homestay mothers, Bertha, who had an advanced degree in chemistry, ran a pharmacy with a dozen employees, and spent her evenings helping her teenage daughters with their studies in chemistry and medicine. Bertha, at forty-five, wore K’iche’ clothing to work each day; her mother, who lived next door, spoke to Bertha in K’iche’ (though Bertha responded in Spanish); and she was active in her K’iche’ community. When I became ill with a stomach bug while living with them, Bertha had her live-in housekeeper prepare a medicinal herbal tea for me to take with my antibiotics. Unlike the “chasm” between so-called indigenous and nonindigenous lifestyles described by anthropologists working elsewhere in Guatemala, I lived with several families for whom “bi-polar” (C. Smith 1997; Warren 2001) ethnic categories were clearly problematic.

Life in Xela also undermined a common Latin American narrative that draws rigid boundaries between the city (ciudad) and the country (campo).
This narrative depicts the city as the heart of modernity, while people from the countryside become imagined as both other and provincial—campo means both local or regional as opposed to national, and lacking in education, culture, or sophistication. It is no coincidence that in Spanish the word for citizen (ciudadano) connects directly to the word for city. It is a common trope throughout the Americas that to belong within the nation-state, one must be city-like: urban, modern, Western, cosmopolitan, and scholastically educated. Greg Grandin notes strict divisions drawn in Xela’s historical record between “Indians of the valley” (who speak K’iche’ and go barefoot) and “Indians of the city” (who speak Spanish and wear shoes) (2000b, 316). Yet despite these discursive valuations, I found divisions between the city and the countryside to be based on an ideologically fragile logic.

Instead, many in Xela’s surrounding rural communities have endured centuries of conscripted labor that has resulted in regular migration from countryside villages to densely populated plantations. Beatriz Manz (2004) describes an intensified fracturing of land in the 1950s that drove highlanders, no longer able to cultivate enough food to feed their families, to seek seasonal employment in the banana and coffee fincas on Guatemala’s coast. There, they lived through—or, as was often the case, died from—conditions of severe famine while producing food that would be used to feed the rest of the world. During Guatemala’s civil war, which officially lasted between 1960 and 1996, roughly half of Guatemala’s rural population was displaced (C. Smith 1990, 10). Many fled to the expanding slums of the capital, as the military disappeared entire villages throughout the rural countryside. Others sought refuge by crossing into Mexico, many then heading for the United States. Between 1980 and 1990 the number of Guatemalan migrants to the United States was estimated to have increased fourfold (“Remittance” 2003). Though migration is notoriously difficult to document, according to a Pew Hispanic Center study carried out at the time of my fieldwork, more than 860,000 people living in the United States self-identified as Guatemalan (“Hispanics” 2009). U.S. migration has deeply influenced Guatemala’s rural communities, including those that surround Xela. During my first trip to the highlands in 1999, a Mam woman explained to me that she and her neighbors had begun to send their children to school “so they could learn Spanish.” She was not primarily concerned about their integration into Guatemalan life; rather, she wanted facilitate their travel to the United States. When I conducted the research for this book nearly a decade later, the dozens of rural villages
I visited in the state of Quetzaltenango showed signs of a strong migratory connection between the United States and Guatemala: houses painted with U.S. flags, monuments to the World Trade towers in living rooms, and children wrapped in red-white-and-blue blankets. It was more common for me to encounter people who spoke English in Quetzaltenango’s indigenous countryside than in Xela’s city center, despite Xela’s numerous universities. I frequently met people in remote hillside villages who had lived in New York or San Francisco, cities I have also called home. Residents of the region’s rural communities followed changes in U.S. politics and economics closely, since the survival of their family members was directly tied to these changes. So many Guatemalans lived in the United States at the time of my fieldwork that Guatemalan cell phone companies had standardized their per-minute rates so that calls to the United States were the same rate as calls to one’s neighbor. Far from being primitive and provincial, the countryside was closely connected to both international markets and the desires and futures therein produced (see also Fischer and Benson 2006).

This constant mobility across regional, national, and international landscapes unsettled clear-cut urban/rural—as well as Guatemalan/United States—dichotomies. It also destabilized attempts at socioeconomic classification. To give one clear example of this, during a summer of preliminary fieldwork that I spent in Guatemala City, I had a chance to edit several papers on obesity that a group of scientists was preparing for journal submission. One of my first comments pertained to the identification of the urban private school students they had studied as “middle class.” “This must be a mistake,” I wrote on a draft of one of the papers. “You’re speaking of upper-class, not middle-class, Guatemalans.” In writing this, I had been comparing the manicured gardens and organized classrooms of the Guatemala City private schools, where the scientists conducted their research, to Guatemala’s overflowing rural public schools, which regularly lacked classroom walls, let alone desks, educational materials, and teachers. The upper-class status of the schools where the scientists carried out their research seemed unquestionable. The scientists’ response was that the usage of “middle class” would hold. They were writing for an international audience and were comparing the schools not to others in Guatemala but to schools in the United States and Europe. Although we were both envisioning the same population of Guatemalan City students, the referent—and the corresponding identities attached to this referent—had shifted.
The instability of class boundaries was common when referencing Guatemala as not only part of an imagined international community but within its borders as well. A *campesina* (female farmer) who might be rich when she wakes up on her family’s land in the countryside can become poor that afternoon when she travels to the city to sell her vegetables on the side of the street. I lived with some families in Xela who struggled to pay their rent each month, who spoke of wealthy people in the countryside who owned their own land. Meanwhile, the people in these communities frequently referred to wealthy people who lived in the city, where water ran from taps and their homes were wired for electricity. Back in the city center, urban dwellers would speak to me of their wealthy relatives who lived in the United States, where tap water did not have to be boiled, and electricity did not regularly fail. And on occasions when I met with these family members in the United States, stories about how extreme, and inescapable, they found American poverty to be were common (see also Carney 2015).

The complex ambiguities of everyday life in Xela also affected how I began to approach Guatemala’s violence and histories of war. Hours after my first arrival in Todos Santos in 1999, I was invited to a community-run school to watch a documentary series, screened weekly for foreigners, that reported on how the town was affected by La Violencia—as the most violent period of the civil war is called. “Hundreds of Mam Indians from Todos Santos and nearby communities were executed, suspected of aiding the left or the right. Over 2000 men, women and children were killed in raids on Indian villages, reportedly by army and security forces,” the film relayed (Carrescia 1982). But whereas many people I met in Todos Santos had obvious “war stories,” as Jennifer Burrell (2013) has aptly called them, the afterlives of genocide in Xela were far quieter. When prompted, nearly everyone from older generations had a story of knowing someone directly affected by the war. Others told me about how the progressive San Carlos University became a space of fear and anger in the wake of students’ disappearances. In September 2008 hundreds of barefoot men from the countryside appeared in Xela’s central park, where they waited several days and nights to collect bank payments for their involvement in the civil patrol system (see Fischer 2014), reminding the city that war was close—in geographic distance, in memory. But people more typically responded to my interest in the period of civil war by redirecting my attention to the gangs, drug wars, robberies, rapes, migrations, corruption scandals, and persistent hungers they grappled with today. Their message was