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La crueldad de la guerra: reparación de COVID-19 a través de la curación y el cuidado

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Por Emily Yates-Doerr

" Estamos en guerra ", dice el jefe de la Organización Mundial de la Salud, advirtiendo al mundo que "el virus amenaza con desgarrarnos". " Estamos en guerra con un virus ", dice el ex vicepresidente de Estados Unidos en un debate presidencial. El actual presidente de los Estados Unidos se ha calificado a sí mismo como presidente de guerra. "Estamos en guerra y luchamos contra un enemigo invisible ", declara, otorgándose poderes ejecutivos extraordinarios.

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Me conecto a Instagram y veo a un amigo en uniforme. Sarah, pediatra en Seattle, se preparó para inspeccionar a un recién nacido cuya madre estaba infectada. En los primeros días, cuando nadie había oído hablar de COVID-19 (C19) o SARS-CoV-2, los principales medios de comunicación estadounidenses dijeron que principalmente lesionaba a los ancianos. Según se informa, ninguna de las personas que habían muerto en el brote inicial tenía menos de diez años . Todos a mi alrededor, padres o no, dieron un suspiro de alivio ante el hecho informado de que los niños se salvaron.



This turned out to be wrong. Hospitals overflowing with people who were very sick became dangerous if not deadly. This especially matters for children because birth in the US is highly medicalized and carried out almost entirely in hospitals. Shortages in emergency equipment presented a challenge to laboring bodies. Taxed beyond capacity, hospitals barred partners of pregnant persons from the birth so that childbirth would happen without kin or community support. Then, compounding the cruelty, mothers who showed no symptoms at the start of labor were testing positive by the end. Doctors and nurses without adequate protection were spreading C19 to laboring patients; laboring patients were spreading it back. It was hard to count children as spared, when their worlds were crumbling apart.

Sarah is smiling for the camera, but I know it's a smile meant to put others at ease. The text she has written next to the photograph says she's uncomfortable about the fuss being made over health care workers when grocery store employees, mail deliverers, and clinic receptionists are also in grave need. She tells her friends that she's going to kiss her sleeping children, and asks us to be gentle with ourselves right now.

We all have to pace ourselves, to let in those moments of awe with the spring and unexpected glimmers of kindness and peace. Good night fellow people who are sharing this short moment on earth together. Is it me or does it feel like we are- for better and worse- more connected than ever?

The post from this doctor who is in direct contact with the virus carries with it two lessons: we are in need of calm and peace — not war; and now is the time to heal our vastly unequal world systems by waking up to our connections.

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It was only three weeks ago that I answered a Whatsapp call from Estella in Guatemala, whom I know from my longterm fieldwork in her community. She was hoping I could help. Her first granddaughter was born near Washington, DC in January, and Estella wanted to hold the baby in her arms.

The baby's great-grandmother was an experienced midwife in the high-altitude Sierra Madre volcanic range of Guatemala, but the baby's mother had birthed alone. Estella's son, the baby's father, had left for the US as a young teenager during the Obama years, trading in a future of certain joblessness for a future of hard labor on the wrong side of minimum wage. A few months ago, just weeks before he was to receive the green card that he'd worked towards for years, he was arrested on dubious charges. He was in jail when his daughter was born, waiting for an expensive bail bond to be processed for his release. His grandmother had caught thousands of babies in her lifetime but at this moment when he needed her, she was thousands of miles away.

After making sure my kids and I were doing well, Estella explained her request: "I've heard you can write a letter that can help me get me a visa," she said, hoping I might help reunite her with her son. I told her that I would reach out to a Guatemalan lawyer friend who knows the immigration system well, but told her I wasn't optimistic. In recent years, a letter from me wouldn't have done much good, and now borders were tightening further.

At the time of our call, I was already consumed by fear about the spread of C19, and I asked her if people in her community were worried, too. I was thinking especially about her elderly mother, who lived high in the mountains and far from hospital care. But it was clear that Estella's thoughts were not on the virus but on her son, whose life was already extremely vulnerable, and on her newborn granddaughter, whom she may never have a chance to meet. Fear about the potential threat of C19 would have to share space with the immediate cruelty she was already living through today.

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On March 17, a week after I spoke with Estella, Guatemala closed its borders to the United States, reporting six cases of C19. Guatemala's president, a doctor by training, said he would block deportations—a necessary but nonetheless provocative act. Every

day now for years, the US has deported hundreds of Guatemalans: 54,547 people last year and more than 400,000 people over the past decade.

Trump came to power promising more deportations, and from the moment of his election, he has worked to undermine international laws surrounding asylum for people moving north. To boost his ratings among his White-supremacist followers, he performs racist theatrics in which cruelty is the point. Over the past year, he has barred Guatemalans from entering the United States through asylum checkpoints. Last November, defying Guatemala's supreme court, he began to send asylum seekers to Guatemala even if they had no connection to the country. Since then, more than 900 people from El Salvador and Honduras have been deported to Guatemala, and plans are in the works to send people from Mexico there as well.

The day Estella called me, Miriam Estefany Girón Luna, who lived in the same mountain range as Estella, died from a twenty-foot fall off the US/Mexico border wall. She was nineteen years old and eight months pregnant at the time. Under international law, Girón Luna should have been allowed safe passage before petitioning for asylum (this process arguably follows US asylum law as well). Instead, according to current federal immigration policy, though Girón Luna lay dying from her fall, she would have to be placed under arrest — treated as a criminal — before she could be treated as a patient.

Journalist Tina Vasquez writes that “US immigration policy is meant to kill women like Miriam Estefany Girón Luna—and it's working.” And she's right. Last summer in Guatemala, I visited the newly laid tomb of twenty-year-old Victoria Méndez Carreto, who had lived a stone's throw from Estella. She died of dehydration in the Arizona desert, and like Girón Luna, she was pregnant when she died. I have written about several other young Indigenous women and children from the region who have been killed while crossing into the United States in the past few years. One in five people from Estella's small community is reported to have left for the US in recent years. Many who attempt to cross do not survive.

Watching statistics of deportations and border deaths, which I have been doing for a decade, is like watching the metrics of C19 rise. Each of the thousands of dots on the page occludes the life of a person who is loved, a life with a thousand stories embedded in a network of a thousand more.

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In rural Oregon, where I currently live, Guatemalans are planting seedlings and picking young vegetables for the US food supply. Ineligible for unemployment or stimulus payments, they must do this work. The other night, a friend with precarious immigration status left a package of fresh herbs harvested from a local farm on my doorstep. It was a gift meant to give the frozen food I've been eating as I shelter-in-place some flavor. He left it along with a note letting me know he'd washed his hands well with soap.

When – not if – the workers growing this food get sick, they will have no insurance, so hospitals may turn them away. When – not if – they are turned away from hospitals, they will return to crowded dwellings where isolation is impossible. ICE, now clad in scarce N95 masks, has been capitalizing on the increasing vulnerability to use C19 to traffic children and lure workers into traps. Images of people and families crowded together in locked cages have been circulating on the internet for months now. Now, C19 is also with them.

“Coronavirus does not discriminate” became a slogan in Seattle to raise awareness that anyone can become sick. The New York Times ran a quote from a health worker saying, “It does not matter where you are. It doesn’t matter how much money you have. This virus is treating everyone equally.” But this, of course, is a lie. Illness can never be equal when care is structured by profit. It cannot be equal when there are great disparities between public and private options, and when the people caring for the systems that sustain us cannot access care of their own.

The deportation of people in the US to Guatemala was supposed to stop when C19 appeared in Guatemala. But this didn’t happen. Jeff Abbott, an investigative journalist, reliably tallies the numbers of Guatemalans loaded into planes in the US and sent away each day. On March 27 he reported that the Trump administration deported 165 Guatemalans that day. Two days later, he shared a fact that surprised no one paying attention: people arriving on these packed flights to Guatemala were testing positive for C19.

Some people can stay home eating from freezers filled with food grown by underpaid and unprotected workers. Some countries can lock down their borders. For others, this was never a choice.

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We are at war, but this war is very old (Nelson 1999, Velásquez Nimatuj 2018). Consider that decades ago, when Guatemalans leveraged democracy to bring about land reform that might have released them from plantation labor, the US government deployed armies of soldiers and propagandists to overturn elections, sponsoring coup after coup. US military officers trained Guatemalan military officers in techniques of violence developed over centuries of colonial conquest and honed during the Vietnam war with the intention of spreading terror.

US leaders, with stakes in Guatemalan agribusiness that depended upon exploitation, didn’t want to see their profits diminished. The most vulnerable Guatemalans were targeted by the military: Indigenous people, pregnant women. Then, like now, cruelty was the point. Hundreds of thousands of people were killed; hundreds of thousands more fled. The number of people who continue to run from a country that has never recovered from this violence is greater still.

We remain at war today, a war in which C19 is a symptom, not a cause. The war we are in is not waged by an invisible enemy but by the people who claim to lead us, who have long prioritized financial gain over human life and who today capitalize on instability and fear to consolidate profits from ventilators, testing services, stocks, and food. The shift in language, thought, and action we must make is to understand that war's cruelty is not an effect "but a *precondition*" of the virus (Benjamin 2019:5). Consider that as white men authorize the battle against C19, it is primarily people of color who bear the viral load of their claim to power.

A lot about the handling of C19 might in hindsight appear as a tragic accident. The shuttered health departments, fired scientists, faulty ventilators, and broken or inaccessible tests might look like a failure of our systems. But as medical systems begin to initiate eugenic policies, as hard-fought disability rights to education become erased, as immigration reforms collapse, as families become or remain separated from one another, and as mothers are in the incredibly vulnerable place of birthing alone, we would do well to remember a lesson of history in which cruelty was the point.

Emily Martin (1990), and before that Susan Sontag (1978), have cautioned us: we must be careful with war metaphors, which foment violent imaginaries and responses, foreclosing attention to the care-work we need instead. In the case of C19, calling the virus "the enemy" serves to justify an expansion of military financing at the exact moment we need investments in public services (see Lutz and Crawford 2020). War-talk shifts culpability away from politicians who have worked against their constituents, using fear and hate to maintain control. It naturalizes violence as the expected outcome in a time when what is most necessary is healing and repair.

Consider how it shifts the conversation to insist that the war we are unequally in is not driven by a small crown-shaped bundle of proteins but by politicians after profit. Consider what changes by saying, no, we are not at war with our bodies. SARS-CoV-2 is a virus, not the enemy (see also Brives 2020). Militarizing against C19 is not the best way to care for people who are suffering; it is the best way to ensure that destabilization remains ongoing, enabling the illness to spread. Sarah and other essential care workers who plant produce, stock supermarkets, and clean hospitals may be on the front lines, but they are not soldiers. They are healers, and we must understand that they are at risk *because* they are making us well.

Historian of science Evan Hepler-Smith recently asked: "What happens if we think about the current state of affairs not as a war against coronavirus, but a no less urgent collective effort to protect, improve, and sustain pulmonary health—the ability to breathe comfortably?" This is a good strategy for shifting our response-abilities, that is, our abilities to scroll through death's statistics and understand how to act. It makes obvious that we don't want our healers to be fighting and must find space for them to do the care work we so desperately need them to do.

As others have noted, amid the novel dangers lie novel possibilities to transform foundational systems of health financing, prison, and border nationalism that have been too cruel to too many for too long. We can harness the moment to radically transform our politics (see [Taylor](#), [Klein](#), and [Roy](#)), our professions (see [Corbera et al.](#) and [Ahmad](#)), and the foundations of our reproductive lives (see [Olufem](#) and [Bhattacharya](#)).

Even in — especially in — the face of C19, when isolation and boundaries can be protective and touch can be deadly, we must rebuild worlds based upon equity, dignity, and healing. This challenge presents an opportunity to refuse and repair the longstanding cruelty of war, so that healing connections may flourish instead. In these times of great despair lie tremendous openings.

**Emily Yates-Doerr** is an anthropologist at Oregon State University and the University of Amsterdam, where she is the principal investigator of a European Research Council research project titled, '[Global Future Health: A Multisited Ethnography of an Adaptive Intervention.](#)' She has carried out ethnographic research in Guatemala over the past twenty years. You can follow Emily on Twitter at [@eyatesd](#).

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