

# MARYKNOLL SISTERS, FAITH, HEALING, AND THE MAYA CONSTRUCTION OF CATHOLIC COMMUNITIES IN GUATEMALA

Susan Fitzpatrick Behrens  
California State University, Northridge

*Abstract: This article complements existing scholarship on religious transformation in Guatemala's western highlands by focusing on the important and often overlooked role played by Maryknoll women religious. The Maryknoll Sisters' hospital in Jacaltenango in the department of Huehuetenango became the center of a medical program that included eighteen clinics, a nursing school, a midwifery program, and a health promoters program. Mayas selectively embraced Maryknoll Sisters' medicine and actively sought opportunities to disseminate it. Even as Maya health promoters and midwives introduced "Western" preventative and curative medicine and promoted a Romanized practice of Catholicism, they transformed the Maryknoll Sisters' medical programs to parallel an existing Maya leadership composed of chimanes and midwives responsible for rituals of faith and healing. Mayas appropriated, interpreted, and synthesized Maya and Catholic religious concepts and practices with Maya and Western health-care practices and beliefs. By incorporating Maryknoll women religious and their medical programs into studies of religious transformation in Guatemala's western highlands, we gain new insight into this process of change and into the central role that women played in it.*

In 1964, Maryknoll Sisters from the United States opened a hospital in Jacaltenango, a remote community in the department of Huehuetenango in Guatemala's western highlands. The community's poverty and isolation meant that in addition to lacking adequate infrastructure, it suffered a scarcity of medical resources. There were just nine doctors in the department of Huehuetenango to serve a predominantly Maya population of 287,000. Seven of the doctors lived in the department's urban capital, while just two (both Maryknoll Sisters) resided in rural Jacal-

LARR's anonymous reviewers and editorial staff provided very helpful and detailed critiques for which I am grateful. My thanks also go to the Helen Kellogg Institute for International Studies for support during the period when the article was written and to the Maryknoll Mission Archives for assistance and access to materials. I am especially indebted to the following colleagues who read and critiqued multiple drafts of the article: Ted Beatty; Bruce Calder; Jan Hoffman French; Antoinette Jackson; Christina Jimenez; Patricia Juarez-Dappe; Karen M. Kennelly, CSJ; Christine Kovic; Catherine LeGrand; Alida Metcalf; Susan Sleeper-Smith; William B. Taylor; Eric Van Young; and Gertrude M. Yeager. Special thanks to Merry Ovnick.

*Latin American Research Review*, Vol. 44, No. 3. © 2009 by the Latin American Studies Association.

tenango.<sup>1</sup> By 1966, the Maryknoll Sisters' hospital in Jacaltenango had become the center of a medical program that included eighteen clinics, a nursing school, a midwifery program, and a health promoters program. Between 1961 and 1987, the Maryknoll hospital cared for 12,686 inpatients, provided consultation to 475,889 outpatients, offered preventative medicine to 57,902 children and adults, and immunized 182,117 children.<sup>2</sup> The effectiveness of the programs drew national and even international attention to the Maryknoll Sisters who participated in Guatemalan medical programs and came to be represented in the U.S. Agency for International Development (USAID) reports on health care.<sup>3</sup>

Statistics confirm the practical importance of the Maryknoll Sisters' medical work in Huehuetenango, but medical work was also important in terms of religion (Chesnut 1997; Watanabe 1992; Wilson 1995). Maya Catholics selectively embraced Maryknoll medicine and actively sought opportunities to disseminate it. Maya leaders became responsible for introducing both new practices of Catholicism and new forms of medicine. Maryknoll Sisters' medical programs also contributed to the development of a Maya-Catholic faith-healing network that transcended the boundaries of individual Maya communities and extended throughout the western highlands.

Scholarship has demonstrated the importance that a new form of Catholicism played in religious transformation in Guatemala during the 1960s and 1970s, but it has focused on men—Catholic priests, Maya catechists, and displaced members of the Maya civil-religious hierarchy (Arias 1990; Brintnall 1979; Falla 1980; Grandin 1997; Warren 1978; Watanabe 1992). Priests provided cultural legitimacy to young men seeking alternative routes to power in their communities by condemning existing Maya Catholic practices directed by civil-religious hierarchies and *chimanes* as manifestations of paganism. Maya Catholics who accepted elements of modern Romanized Catholicism, focused on sacramental life and knowl-

1. National Archives and Records Administration (NARA), box 2 of 3 RG 286-81-10, subject FY75 public health. Conditions in Huehuetenango appeared typical of rural Guatemala. Colburn (1981) found that of the country's 1,200 physicians, only 20 percent lived outside Guatemala City, while almost 80 percent of the population was located outside of the capital.

2. Antonio Delgado Composeco and Trinidad Matías Jiménez Composeco, "Biografía de Madre Rosa Cordis, M.M. e Historia del hospital de Jacaltenango," 1986, Maryknoll Sisters Guatemala, Maryknoll Mission Archive (MMA). Mon. Victor Hugo Martínez, Obispo de Huehuetenango, "Maryknoll en Huehuetenango: 1943–1985," Parish of Jacaltenango, Huehuetenango, Guatemala.

3. Andrew Weisenthal, "Report Field Trip – 1/28/75 – 1/31/75." Programs visited: Padre David Iven, Casa Parroquial, Santiago Atitlán, Sololá; Sister M. Immaculata Burke, Centro de Salud, El Novillero, Santa Lucía Utatlán, Sololá; Miss Ruth Wardell, Clínica Evangélica MAM, Centro Evangélico MAM, San Juan Ostuncalco, Quezaltenango; Madres Maryknoll, Jacaltenango, Huehuetenango. NARA, box 2 of 3 RG286-81-10, subject FY75 public health.

edge of doctrine and catechism, could claim that they had embraced Catholicism in its authentic, church-sanctioned form rather than simply abjuring established Maya Catholicism and culture (Watanabe 1990, 1992). Priests also provided power and economic resources. They introduced schools and agricultural and credit cooperatives. And they received support from the national governments of Guatemala and the United States.<sup>4</sup> These resources established priests as powerful authority figures. In some cases, priests' efforts to eliminate existing practices of Catholicism contributed to intense, violent conflicts between Maya Catholic traditionalists and those who accepted Romanized Catholicism and allied with missionaries. These conflicts divided communities, but they also allowed Mayas who embraced Romanized Catholicism to bypass established Maya authorities and to evade Ladino exploitation (Brintnall 1979; Falla 1980; Melville and Melville 1971).

This article complements existing scholarship by focusing on the crucial role that Maryknoll women religious and their health programs played in religious transformation (Calder 1970).<sup>5</sup> It argues that Maryknoll Sisters helped develop an alternative Maya leadership, composed of health promoters and midwives, who introduced their communities to Western practices of health in conjunction with Romanized practices of Catholicism. Even as Maya health promoters and midwives introduced Western preventative and curative medicine and promoted a Romanized practice of Catholicism, they transformed the Maryknoll Sisters' medical programs to parallel an existing Maya leadership of *chimanes* and midwives responsible for rituals of faith and healing. Mayas appropriated, interpreted, and synthesized Maya and Catholic religious concepts and practices with Maya and Western health-care practices and beliefs.

4. Catholic clergy supported the overthrow of the democratically elected government of Jacobo Arbenz, but relations between missionaries and the government were complex. For example, President Juan José Arevalo invited Maryknoll missionaries to establish a Catholic school for boys (they declined). Arbenz's government approved the credit cooperatives Maryknoll priests started in Huehuetenango in the early 1950s. At the same time, Arbenz denied new Maryknoll missionaries entry to Guatemala. Ironically, at least among Maryknoll, while the clergy were vocally anticommunist and identified Arbenz as a threat, the religious programs they introduced conformed with the interests of the national government. Arbenz adopted credit and agricultural cooperatives as a central component of his agrarian reform program (Department of State, Project Title: Cooperative Development, U.S. Obligations: FY 566 through FY 76, ACS 286-76-069, box 2, subject 1970, AGR3 co-ops and credit, NARA (pp. 8–10). See also Gaitán Álvarez (1972); and Alfred E. Smith, MM, San Miguel Acatán, August 1946, MMA. Arthur Allie, MM, Huehuetenango diary, Guatemala, March 1947, MMA; and Fuller (1970). For Catholic Action as source of opposition to the Arbenz government, see Burnett (1988).

5. In the Catholic community, nuns outnumbered priests. In Guatemala in 1966, there were 531 priests (434 of whom were foreign) and 805 nuns (of whom approximately 705 were foreign). Nuns appear as an invisible majority.

I rely mainly on Maryknoll Sisters' reports and diaries—official accounts written by the sisters for the Maryknoll Center in New York. I have also incorporated material from ethnographies written during the period examined and from contemporary interviews with Maryknoll clergy and Maya community members. The perspective emphasizes a missionary view of transformation. At the same time, I believe that these materials offer insight into how Mayas transformed Maryknoll programs to complement existing practices and beliefs. Maya health promoters and midwives also introduced Maryknoll sister-doctors and nurses to the realities of their communities, thereby promoting a new social and political consciousness among some of the women religious. In the longer term, this consciousness led many sisters to develop a respect for Maya leadership and culture and a critique of social injustice, which were absent when the sisters arrived in Guatemala (Fitzpatrick Behrens 2004, 2006).<sup>6</sup>

#### MARYKNOLL SISTERS AND THE MAYAN CONSTRUCTION OF A CATHOLIC COMMUNITY: PHYSICAL INFRASTRUCTURE

The first Maryknoll Sisters arrived in Jacaltenango in 1958, fifteen years after the first Maryknoll priests settled in the department of Huehuetenango. In 1959, a year after the sisters' arrival, Maryknoll Mother General Mary Colman traveled to Jacaltenango as part of a tour of the Maryknoll Sisters' twenty-six missions in Central and South America.<sup>7</sup> Travel to Jacaltenango entailed a flight from Guatemala City to Huehuetenango, an extensive drive to the small town of El Rosario, and an eighteen-kilometer, four- to eight-hour horseback ride to Jacaltenango.<sup>8</sup>

Virtually every Maryknoll missionary who visited Jacaltenango commented on the beauty of the place and the warmth and religious devotion of the people. In some cases, the accounts suggested idealism, sentimentality, and even a bit of exoticism that were part of the early years of the Maryknoll mission. "The physical setting of Jacaltenango," recounted the community's first pastor, Father Paul Sommer, "is almost identical with the movie version of Shangri-la as I remember it. You ride through a narrow passage at an altitude of perhaps 9,000 feet and then of a sudden, 4,000 feet below you, in a lush valley is the plateau which holds the town of Jacaltenango. The climate is always perfect, the birds always singing,

6. Maryknoll Sisters initiated their work in Guatemala in 1953 with the establishment of Colegio Monte María, a school for the daughters of the elite in Guatemala City. They did not begin to work in Huehuetenango until 1958.

7. Maryknoll Sisters, Jacaltenango Diary, 1959, p. 4, folder 5, Maryknoll Sisters Guatemala Diaries, MMA.

8. "Letter to Mother Mary Columba, from Sister Marian Peter, December 6, 1954, Jacaltenango, p. 1. Maryknoll Sisters Guatemala Diaries, MMA.

the air is always sweet and the hawks are always making lazy circles in the skys [*sic*]."<sup>9</sup>

A parade of community members lined the road leading to Jacaltenango to celebrate Mother Colman's arrival with flowers and fireworks, and a delegation formed to discuss the community's medical needs came to meet her. The community's Sacred Heart Society, founded by Sommer in the late 1940s, presented Mother Colman with a petition on behalf of the entire "humble little community," which "implored a help that as a spiritual mother of the whole world she provide the community with a doctor or nurse . . . with a specialty in maternity . . . because the truth is that our children have been left orphans, without mother for the lack of medical assistance."<sup>10</sup> All of the women of the Sacred Heart Society signed the petition by placing fingerprints next to their printed names, while the men, "all the loyal parishioners, the original *vecinos* of the community," presented a second petition in "the name of the entire pueblo of Jacaltenango."<sup>11</sup> The power of the petitions was reinforced by the personal experience of Chepe León, who guided Colman's horse to Jacaltenango. Although León's wife had had thirteen pregnancies, only one child survived. He later claimed that his experience helped persuade Colman to send Sister Rose Cordis, a Maryknoll doctor who had been working in Bolivia, to Jacaltenango to establish a hospital and medical clinics.<sup>12</sup>

Although the Mayas' petitions and León's appeal may have influenced Colman, plans for the hospital were in the works before her visit. The Maryknoll fathers had already approached the Maryknoll Sisters, requesting that a doctor be assigned to Huehuetenango.<sup>13</sup> Thus, while Colman prepared for her visit, Maryknoll Father James Scanlon lobbied Jacaltenango's Sacred Heart Society, advising members of the possibility of attracting a Maryknoll sister-doctor or nurse for the community and encouraging them to present a petition requesting her help. The society members were said to have "accepted the idea unanimously," to have quickly prepared two petitions, and to have obtained the signatures of the community.<sup>14</sup> The petition

9. Father Paul Sommer, February 1945, p. 1, Maryknoll Priests Guatemala Diaries, MMA.

10. A Ilustrísima Madre General de los pobladores de Jacaltenango, December 11, 1959. See also Jacaltenango Diary 1959, p. 4, Maryknoll Sisters Guatemala Diaries, MMA.

11. A Ilustrísima Madre General de Julián Delgado et al., December 10, 1959, Jacaltenango, Maryknoll Sisters Guatemala Diaries, MMA.

12. Jacaltenango Annual Report, January 1965–January 1966, Maryknoll Sisters Guatemala Diaries, MMA.

13. Personal interview with José McNeill in Jacaltenango, July 2004, and personal interview with Sister Jean Roberts, Maryknoll, New York, June 1995.

14. Delgado Camposeco and Jiménez Camposeco, "Biografía de Madre Rosa Cordis," p. 5. It appears that this was neither the first nor the last petition presented by Maya people to Maryknoll. In 1954, Sister Marian Peter reported that at the end of her visit with another sister from Guatemala City "all the societies begged us to stay here and take care of the

seemed to represent the expression of a shared and mutually reinforcing interest. Maryknoll priests actively sought a Maryknoll sister-doctor and planned to build a hospital in Jacaltenango, while Maya community members affiliated with the missionaries embraced this request, actively engaged in the appeal, and made hospital construction possible. This kind of mutually reinforcing Maryknoll-Maya interest and activity characterized the development of the Maryknoll Sisters' medical programs in the region. Maya participation grew from the Catholic associations Maryknoll priests had established during the preceding fifteen years but rapidly expanded with the development of Maryknoll Sisters' medical work.

There was an established relationship between Maryknoll religious and health programs. Maryknoll priests began providing antibiotics, inoculations, and tooth extractions to improve health conditions almost immediately after they arrived in 1943. In 1952, the priests began to build parish clinics.<sup>15</sup> In the same year, they adopted the Catholic Action model initiated by the bishop of Totonicapán to promote Maya catechists. The priests taught Maya men Catholic doctrine and catechism, and in turn the men were assigned to teach these points to five families in their community. Maya catechists translated the doctrine and became the primary agents of evangelization in their communities.<sup>16</sup> The catechetical program grew exponentially in the 1950s and 1960s in tandem with the development of the Maryknoll Sisters' medical programs.

---

parroquial [*sic*] school that Father has just begun with two lay teachers. They each wrote a florid letter and attached their signatures, some of which are thumb prints. You'll probably be receiving them sometime." Letter to Mother Mary Columba, from Sister Marian Peter, Jacaltenango, December 6, 1954, p. 2, Jacaltenango, Maryknoll Sisters Guatemala Diaries, MMA. In San Pedro Necta, where there had been plans to build a second hospital, the people of the community also presented an undated petition that appears to have been written after the sisters had been working for several years, asking that the mother general assign a doctor to the hospital. There is no recorded response, but a doctor was never assigned. A Muy estimada Madre Generala de Gregoria Martín Díaz, Alcalde Municipal y RP Donald Lansing, MM, Encargado, with signatures and fingerprints of community members. San Pedro Necta, Maryknoll Sisters Guatemala Diaries, MMA.

15. Community Welfare and Social Survey: Guatemala, July 1, 1953, G-2 reported "Health Services: 7 stations have established dispensaries, treating a total of 20,000 people annually. 3 stations teach systematic personal hygiene. 2 stations are commencing maternity projects. 3 stations vaccinate against communicable disease. 2 stations conduct health education projects." Maryknoll Seminary Library.

16. Personal Interview, Bill Mullen, M.M. Flores, Petén, April 7, 2009 and with Bernice Kita, M.M. Chajul, El Quiché, May 22, 2009. Indigenous people in Huehuetenango did not embrace the Catholic Action model as they did in other departments of Guatemala, like Totonicapán and El Quiché. Maryknoll's adoption of Catholic Action in 1952, however, marked the initiation of a series of innovative programs developed by Maryknoll to promote Maya catechists and later Animators of the Faith.

Maryknoll sister-doctor Rose Cordis (Dorothy Erickson) arrived in 1961 to build the hospital and to develop medical programs. Neither endeavor would have succeeded without the support of Mayas in Jacaltenango and surrounding *aldeas* (hamlets). The year before Sister Cordis's arrival, the community learned that Mother General Colman had agreed to send a doctor. On October 30, 1960, the leaders of the municipality of Jacaltenango and two hundred community members met to discuss hospital construction with Maryknoll Fathers James Scanlon and Hugo Gerbermann.<sup>17</sup> The municipal leaders and community members agreed to donate the land and a sufficient number of trees to roof the hospital and to build a nursing school and a housing facility for doctors and medical students. The people of Jacaltenango and the outlying aldeas provided not only labor but also adobe bricks, rocks, and sand for construction. In the absence of a paved or even a dirt road on which a car could pass, men from the communities carried building materials on muleback or even their own backs over steep mountainous paths to reach Jacaltenango. "Organized in small groups, leaving an hour apart at the call of the church bell beginning at dawn," recounted one of the Maryknoll Sisters at the time, "Indians led their mules down the mountain, loaded them for the return trip and transported on their own backs whatever could not be safely packed on a mule's back."<sup>18</sup>

Although Maya support for the Maryknoll hospital and medical programs was essential, it was not uniform or consistent. Building a modern hospital in the remote highland community proved much more challenging than either the clergy or the communities anticipated, and the benefits of doing so were not immediately evident. Even in 2004, the memory of the hospital construction was still fresh in the minds of clergy and community members. José McNeill, a former Maryknoll missionary living in Jacaltenango who left the priesthood to marry Salomé, a Jacalteca who worked in the hospital, recounted that Mayas from Jacaltenango and the surrounding aldeas and the clergy themselves underestimated the labor required to transport construction materials. Some aldeas refused to work. When Mayas' enthusiasm for the project gave way under the pressure of the actual labor, clergy coerced them. Some Maryknoll priests denied fiesta masses to communities and may have refused to provide them with material resources. There were even rumors that one priest prevented a Maryknoll sister-nurse from giving inoculations to children

17. In 1961, Father Hugo "Tex" Gerbermann was named the first prelate of the newly created Prelature Nullius of Huehuetenango. Mon. Victor Hugo Martínez, "Maryknoll en Huehuetenango: 1943-1985" (n.p., n.d.), p. 8, Jacaltenango Parish Records.

18. "Bringing Medicine to Guatemalan Indians," April 1963, Jacaltenango, Maryknoll Sisters Guatemala Diaries, MMA.

of an aldea that withdrew labor.<sup>19</sup> Maryknoll clergy enjoyed both religious and material power, which they used to build the hospital. Although Mayas would, in time, transform Catholic programs and Maryknoll clergy, they would do so within the limits of an extremely unequal power dynamic.

#### A CALL TO HEALING?

Preparing the petition for Mother General Colman and delivering the materials to build the hospital depended on the labors and ambitions of Mayas who had allied with Maryknoll priests during the preceding fifteen years. Yet the Maryknoll Sisters' medical care, in addition to serving existing Maya Catholic communities, attracted more people to new practices of Catholicism.<sup>20</sup> Writing in 1965, a Maryknoll Sister directing a clinic in San Pedro Necta observed, "Our purpose is to fill medical needs as a tool in the apostolate. Has this been done? Yes, we see conversions and weak faith strengthened through clinic contacts constantly. Modern medicine with personal concern helps our people see the advantage of true values over practices of witch doctors and spiritists."<sup>21</sup>

The Maryknoll Sisters hoped that their efforts to introduce Western medicine offered competition to Maya priest-shamans. The sisters believed unquestioningly in the superiority of their religious and medical practices and appeared certain that if they could attract Mayas to the practices, they would be sure to embrace them and to reject Maya traditions, which the sisters condemned as paganism. The reality proved more complex. In many cases, Mayas did embrace elements of Maryknoll religious and medical innovations, but they did so on their own terms. Maya choices rarely entailed a complete or permanent rejection of existing practices or beliefs (Wilson 1995). Typical of the descriptions Maryknoll Sisters provided of the impact of their medical work was an account recorded in the "diary digest" of 1961 when a sister recounted:

Next door to our convent is the home of one of the leading witch doctors. One day, Sister was called to assist with a delivery in the house after the young mother had been in labor for a long time. When pagan practices failed to help, they ran for the Madre. The baby was delivered safely and both mother and baby did well. At last came the opportunity to enter the house daily to teach the mother how to care for the baby and at the same time to make friends with the old witch doctor himself.

19. A reliable source recounted this rumor to me, and I heard many other negative accounts of this specific priest, leading me to believe that it probably is true.

20. Kovic (2005) observes that Mayan converts often related conversion directly to healing. As one convert recounted to Kovic, "I first heard the Word of God because I was sick. It healed my illness. Before we heard the Word of God, we got sick a lot" (26).

21. Annual Evaluation for Year Ending 1965, San Pedro Necta, Maryknoll Sisters Guatemala Diaries, MMA.



The baby by the way was named Inés (Agnes) and the family have quite a different attitude towards us now.

*San Miguel Acatán, June 1960 to November 1961*<sup>22</sup>

This account was followed by another:

A few years ago we told you about Chico, a "Chiman" (witch doctor) who lives next to the convent. At the time Sr. Agnes Miriam was called in to help his daughter who was having a very difficult delivery. The little girl was then named Agnes. We have tried for years to win Chico and this year we finally succeeded. He and his wife are now over 70 years of age. Chico has been under clinic care for over a year for severe Rheumatoid Arthritis and he has received much help. A few months ago, he burned his knee and did not come for help until he was critically ill with a severe systemic infection. The time had come, it seemed, for Chico to meet his God. He himself asked to be married and received the sacraments. He also requested that the Catholics come to say the Rosary at his bedside every evening. One of his grandchildren put a large crucifix in his adobe hut and to this day it is adorned with a back drop and fresh flowers. Soon we hope to win the whole family. Chico himself is quite well now. His wife, a wisp of an old lady, severely hunched, can be seen at rosary and at Mass even during week days with one of the little grandchildren as a companion.

*San Miguel Acatán, November 1963–November 1964*<sup>23</sup>

Maryknoll Sisters attributed Mayas' embrace of missionary Catholicism to their recognition of "true values over practices of witch doctors and spiritists,"<sup>24</sup> but these accounts suggest continuity with existing practices rather than rejection of them. Maya interpretation of the missionaries' presence and their decisions to accept or reject new practices of faith may, in part, have followed Maya traditions for determining causes for illness and seeking cures. Charles Wagley, an anthropologist who conducted research in Chimaltenango in 1937, reported that "a difficult delivery or a still birth comes as a punishment from God (*Il de Dios*)." He reported a Maya tradition that "when a woman has a hard delivery, the husband calls the *chimán* who questions the beans [divines] and tells them the cause." According to Wagley, illness might be caused by a husband's infidelity, or by the husband's father's mistreatment of community members, or by the pregnant woman's bad relations with her mother-in-law, or other violations of established social norms. Although the causal influences differed, Wagley (1949) claimed that Mayas consistently identified illness as

22. Maryknoll Sisters, *San Miguel Acatán Diary, 1960–1961*, Maryknoll Sisters Guatemala Diaries, MMA

23. Maryknoll Sisters, *San Miguel Acatán Diary*, Maryknoll Sisters Guatemala Diaries, MMA.

24. Annual Evaluation for Year Ending 1965, *San Pedro Necta*, Maryknoll Sisters Guatemala Diaries, MMA.

a kind of divine sanction. Maryknoll priests condemned traditional Maya Catholic practices as manifestations of paganism and sin. In this context, some people may have interpreted their illnesses as evidence of sin and a call to convert to missionary-sanctioned, Romanized Catholicism.<sup>25</sup>

Chimanes' calling to serve as religious leaders and healers was also related to illness. In her research on Maya religious leaders in Momesteano, the anthropologist Barbara Tedlock identified six illnesses associated with a calling to become a *chimán*. "What all six illnesses share," Tedlock (1982, 58) concluded, "is the sudden loss of full command of one's body, particularly the loss of the ability to go about in the world."<sup>26</sup> These characteristics appeared similar to the severe rheumatoid arthritis that Chico suffered. The Maryknoll Sister's account claims that the *chimán* accepted Maryknoll Catholicism after suffering a fall, burning himself, and then allowing that burn to lead to a life-threatening systemic infection that he believed might be fatal. His initial denial and the apparent punishment seemed to conform to the process of responding to a call to become a *chimán*. Many believed that refusing to respond to a call to become a healer could be fatal (Oakes 1951; Paul and Paul 1975; Tedlock 1982; Wagley 1941). Illness alone was not sufficient evidence of a calling but instead had to be accompanied by dreams, which would lead the potential *chimán* to a diviner to determine whether he were indeed fated to become a healer. The healer responsible for curing the potential *chimán* also became his teacher. In this sense, it seems that Chico's conversion paralleled the calling to become a *chimán*. When Chico's daughter suffered in childbirth, he relied on a Maryknoll Sister and doctor who used the opportunity to "teach" the family. When he suffered repeated, debilitating, and ultimately life-threatening illness, Chico relied on a Maryknoll Sister-doctor. In addition to recognizing that, in some cases, Western medicine was more effective, Mayas may also have interpreted Maryknoll practices of healing as part of a call to conversion. Adoption of Maryknoll Sisters' medicine would have manifested continuity even as it promoted change.<sup>27</sup>

The Maryknoll Sisters' "success" in indirectly converting the community *chimán* and his family represented a potentially important step in converting the entire community. The *chimán* offered tacit recognition

25. Orellana (1987) identifies the parallel between Maya and Catholic ideas, suggesting that illness was punishment for sin as one factor that contributed to a synthesis of Maya and Catholic medicinal practices during the colonial period.

26. See Scotchmer (1986), who analyzes conversion and includes two appendices—one in which the path of a shaman and its association with illness is recounted and another that recounts the path to conversion and its relationship to illness.

27. Wilson (1993, 122) observes that "change occurs within a constrained and processual framework of meaning. New criteria of identity gravitate around the traditional signs, even though they may at times shun them."

of the power of the Maryknoll missionaries' medicine by accepting it. By inviting the community's Catholics to his home and asking them to recite Catholic prayers, by creating what appeared as a home shrine with a crucifix, and by having family representatives at the evening Mass, the chimán not only signaled a personal conversion but may have implicitly sanctioned the conversion of other community members. The sisters' reports emphasized neither their success in healing the chimán and his daughter nor an explicit evangelization. Instead, they emphasized the opportunity medical care gave them to become friends with Chico and his family. They implied that conversion did not result from direct religious evangelization or medical care but from friendship and support—the establishment of new social relationships. Medical care drew Maryknoll Sisters into close relationships with patients and their families, increasing sisters' awareness of Maya experience. The Maryknoll Sisters' *Spiritual Directory* stated explicitly that "the Sister nurse or doctor has much to give in the material order, but only as a means, never as an end in itself. While gratitude may lead her patients toward the true fold it will be the un sullied purity of her soul, shining through like a star that will lead them to God."<sup>28</sup>

While this account detailed the transformation of a Maya religious leader, other accounts by Maryknoll Sisters emphasized the role medical care played in drawing all community members to the church. The sisters recounted, for example, that one of their more innovative programs was to develop clinic cards with space not only to describe physical ailments but also for a spiritual record detailing the sacraments the patient had received and commenting on their spiritual maladies. The sisters transferred the cards to a book and then assigned each patient to a Maya catechist who would visit the patient at home and report back to priests about the individual's spiritual condition. While sister-doctors or sister-nurses provided medicine, Maya catechists interpreted illness in a social context at the patient's home and in relation to Catholic sacraments. The sister concluded: "since these villages are anywhere from one to four hours walking distance away it would be impossible for us to do the work personally. People come to the clinic who would never come near the church otherwise and are usually most receptive to our attempts to help them spiritually."<sup>29</sup> By visiting sick patients in their homes, Maya catechists became key agents in a process of conversion that was inextricably linked with medical care they served and the main intermediaries between community members and Maryknoll Sisters.

28. *Maryknoll Spiritual Directory*, Maryknoll Sisters Heritage, 88, MMA.

29. Maryknoll Sisters, San Pedro Necta 1961–1961, Maryknoll Sisters Guatemala Diaries, MMA.

## MAYA CATHOLIC INTERMEDIARIES

The Maryknoll Sisters' medical influence depended not only on their ministrations but also on the foundation established by Maryknoll priests. Watanabe recounts that the Maryknoll priest in Chimal told him that once a group of Maya catechists had been established, they prosecuted a virtual "holy war" against the *chimán* in their community (Watanabe 1992, 204–206). The introduction of Maryknoll Sisters' health programs surely helped catechists with their crusade, because they offered a viable alternative to the services of *chimanes* that was sometimes more effective (Cabrera 1995).<sup>30</sup> Antibiotics, for example, worked wonders, and Maya healers had nothing equivalent. Yet the sisters' health programs offered more than just medicine; they reinforced the authority of catechists and created opportunities for developing new Maya leaders and networks linking distinct Maya communities.

Maya catechists acted as liaisons not only between Maryknoll clinics and patients but also between other members of their communities and the clinics. One sister at the hospital in Jacaltenango reported, for example, that one night a group of men coming from an outlying village "presented a letter from the head catechist and signed by all the other catechists plus the Sacred Heart Society, the Holy Name Society, the Guadalupanos, and the Hijas de María," indicating that a woman appeared in grave condition following the birth of her child and asking that the "Madre Doctora" come. The sisters provided the men with a portable cot and following the six-hour return journey they arrived at four o'clock in the morning with a large contingent of helpers. The sisters immediately set to work, and by six o'clock in the morning, the woman was out of danger. "The nice part about this," concluded the Maryknoll Sisters' diarist, "is that it shows the spirit of the people. In this case the husband was down on the coast at one of the coffee fincas where many of the people go during the coffee season in order to make a little extra money to support their families. So, the catechists and the societies assumed the responsibility for the welfare of the family. 'Greater love than this . . .' How beautifully exemplified is this text in the life of these people who have so little in the way of material comforts."<sup>31</sup>

Catholic catechists taught by Maryknoll priests and members of the distinct Catholic societies thus together ensured that their communities had access to Western medicine. By doing so, they not only saved patients

30. See also author's interview with a health promoter, in San Marcos Huista, Guatemala, July 2004. This promoter, who was among the first in his community, attested to the importance of inoculations in improving health and encouraging conversions.

31. Jacaltenango Diary Digest, January 1961–November 1961, Maryknoll Sisters Guatemala Diaries, MMA.

but also exemplified Maryknoll's ideal of faith and community and reinforced their own ideals. These experiences also gave Maryknoll Sisters insight into Maya communities, which enhanced their respect for Maya culture. At the same time, Mayas transcended the geographic boundaries of their individual communities by seeking medical care through the Maryknoll Sisters. While Maya Catholic traditionalists often relied on *chimanes* in their communities, Maryknoll Catholic catechists sought spiritual and material care beyond the boundaries of their local communities, thereby transforming community-based identities into an identity based on a shared (and, in theory, transcendent) faith with its corresponding method of healing.

Maya Catholics also became medical providers. In 1963 the Maryknoll Sisters started a small program to train health promoters—Maya men who would be taught basic preventative and diagnostic medicine and given some medical supplies. In many cases, catechists became health promoters, a program the sisters later institutionalized in relation to parish clinics. Sister Jane Buellesbach, the guiding light behind the health promoter program, recounted that they started the program to train Mayas to provide tuberculosis inoculations. Like Maryknoll priests' adoption of Catholic Action to prepare Maya catechists, the health promoters program grew from the need to provide services to a large population widely dispersed throughout the department of Huehuetenango. There simply were not enough Maryknoll Sister-doctors and sister-nurses to provide community members with tuberculosis inoculations and follow-up treatment.

Mayas quickly transformed what began as a pragmatic response to an immediate need into a larger program. Sister Jane remembered that Maya health promoters trained to give injections soon started asking for additional information. "'You know we've got kids dying in our villages of diarrhea. We have kids dying in our villages of fever. We have adults getting bitten and we don't know what to do about it.' . . . And one thing led to another and one course was built upon another."<sup>32</sup> While Maya demand facilitated the development of courses, parish clinics started by the priests in 1952 (the same year that they initiated the Catholic Action program to train catechists) and expanded by the sisters throughout the 1960s provided a necessary infrastructure.<sup>33</sup> As Sister Jane explained, "they all

32. Personal interview with Sister Jane Buellesbach, MM, Catarina, San Marcos, Guatemala, July 2004.

33. By 1953 the Maryknoll priests had established two schools (established in 1952), seven medical dispensaries, one cooperative, four recreational programs, and two social projects. It was estimated that 101,000 of a total of 177,000 served by Maryknoll were participating in the programs. The seven health dispensaries were said to be treating 20,000 people annually: three provided education in personal hygiene and three others vaccinated against communicable diseases, and two promoted maternity projects while two others conducted health education projects. The health dispensaries were located in San Miguel,

wanted a parish clinic." Mayas engaged the complementary catechetical and health promoters programs to gain a measure of autonomy, to appeal for Maryknoll spiritual and material innovations, and to guide their dissemination to their communities.

At the annual medical meeting of 1965, Maryknoll Sisters decided to expand the health promoters program by having one of three sister-doctors visit all eighteen of the clinics in the department two or three times a year. Part of their role would be to teach Maya catechists working with the Maryknoll priests to serve as health promoters. Priests had been sending young men to Jacaltenango for a six- to eight-week training course during which they learned to give injections, to use some simple medications, and to extract teeth. These young men became responsible for overseeing Maryknoll medical clinics in their communities.<sup>34</sup> By 1973 there were 172 health promoters either trained or in training in Huehuetenango.<sup>35</sup> Maryknoll Maya Catholic leaders came to be responsible for both faith and healing in their communities, thus assuming roles that resonated with those of priest-shamans.

The Maryknoll Sisters' health promoters program initially challenged established Maya gender roles by preparing women as promoters. Experience taught the sisters that many female health promoters abandoned their work after they married. As one sister observed, "In three years time, Sister Agnes Miriam has trained three girls in general clinic procedures. But within a year of training[,] all three of them have gotten married and left the clinic to take up the responsibilities of housewife and mother."<sup>36</sup> The sisters believed that Maya women renounced their roles as health promoters because of the time constraints that family responsibilities imposed. Yet Maya women later embraced the opportunity to become midwives, which required as much or more time than service as health promoters but conformed more closely to established practices. In their study "Maya Midwife as Sacred Specialist," Paul and Paul (1975) found that, in the community of San Pedro in Guatemala's western highlands, in 1941 two midwives serving a population of 2,065 each attended an average of more than one delivery a week. Moreover, deliveries represented just one part

---

Jacaltenango, Soloma, Malacatancito, San Andrés Cuilco, Chiantla, and Ixtahuacán. "Community Welfare and Social Survey: Guatemala," July 1, 1953, Maryknoll Seminary Library, call number: G1-G2.

34. Jacaltenango Diary Digest, January 1965–January 1966, Maryknoll Sisters Guatemala Diaries, MMA.

35. Delgado Camposeco and Jiménez Camposeco, "Biografía de Madre Rosa Cordis, M.M.," p. 11, indicates that there were 160 promoters, while Cabrera (1995) indicates that there were 172.

36. San Miguel Acatán, November 1963–1964, Maryknoll Sisters Guatemala Diaries, MMA.

of an extremely labor-intensive process that required frequent house visits, as many as three a day. Nor did the responsibility of midwives seem to diminish by the 1960s. Paul and Paul estimated that the range of deliveries (which depended on the skill and authority of the midwife) annually was from a low of 8 to as many as 121 in the community of San Juan in 1973. Thus, the amount of time devoted to serving as midwives would seem equal to (perhaps even greater than) that required to serve as health promoters. But as midwives, Maya women served within existing traditions by performing a complementary role to male Maya health promoters.<sup>37</sup>

Shortly after opening their clinic in San Pedro Necta in August 1961, Maryknoll Sisters began considering introducing "classes in midwifery for the women in the distant mountain sections."<sup>38</sup> When the sisters held their first one-week midwifery class in September, twenty-three women signed up. "All but four had delivered babies before but were interested in whatever we could teach them." In addition to learning about cleanliness and technique, the women learned how to baptize. One sister recounted, "It was a joy to see the effort they put into learning how to Baptize as they Baptized and re-Baptized our lifesize rubber doll. They repeated the form over and over again to each other and reviewed again and again just what to do medically and for Baptism in cases of spontaneous abortion [miscarriage]."<sup>39</sup> Maryknoll Sisters linked medical practices to religious rituals, thereby creating a confluence between faith and healing.

Maryknoll made plans for a formal midwifery program in Jacaltenango in 1965, but it does not appear that the first classes were held until 1968. Nonetheless, the sisters reported that nine groups with a total of 108 women participated in a course in midwifery held in Jacaltenango in 1969, which suggests considerable popular appeal among Maya women.<sup>40</sup> Paul and Paul (1975, 716) had suggested that the calling of midwives followed

37. In contemporary health promoter programs in the department of San Marcos and in Rabinal, Baja Verapaz, Guatemala, this gender structure has changed so that women are represented equally in new promoter courses. Women still dominate in the role of midwife.

38. Maryknoll Sisters Diary, San Pedro Necta, March 1961–November 1961, Maryknoll Sisters Guatemala Diaries, MMA.

39. *Ibid.*

40. Annual Report for Jacaltenango, 1969, Maryknoll Sisters Guatemala Diaries, MMA. See also Sister Mary Cecilia Ruggiero, "Midwifery Five Year Plan: Prelature of Huehuetenango," October 14, 1967, Jacaltenango, Maryknoll Sisters, Guatemala Diaries, MMA. This account indicates that the midwifery program started in 1967 with a forty- to sixty-hour basic course given to empirical or prospective midwives initiated or about to be introduced in the following areas: June, San Mateo, La Libertad; July, Democracia, San Miguel Acatán; August, San Sebastián; September and October, classes in maternal and child health and pediatrics given to the student nurses in Jacaltenango's hospital; November, Teculután (Todos Santos was scheduled but unable to come); December, Jacaltenango (nurses' aides at hospital). In 1968 there is a note indicating that a candidate from Quetzaltenango

the same procedure as that of priest-shamans: "Perceived as earthly wards of supernatural sponsors, midwives, like shamans, are accredited as ritualists and accorded high status," and "there seems to be a complementary relationship between the respective domains of shaman and midwife." If Paul and Paul are correct, it would seem that the Mayas who accepted elements of the Catholicism that the Maryknoll introduced reproduced this complementary relationship through Catholic catechist–health promoters and midwives.<sup>41</sup> The Maryknoll Sisters also established a highly successful program to train nurse practitioners, all of whom were women.<sup>42</sup>

#### TRANSCENDING BOUNDARIES

The medical programs that bound Maya communities to one another through a network of catechists, health promoters, midwives, Maryknoll Sisters, and Maryknoll fathers came to be extended to other communities in Guatemala's western highlands. An account of Maryknoll Sister-doctor Rose Cordis's work in Jacaltenango concluded, "The Health Promoter Program in Huehuetenango is an integral part of the Social Pastoral of the Catholic Church. The Health Promoters are considered to have a special vocation in the corporal work of the Church to attend the ill and suffering. It is hoped that the Health Promoter works in conjunction with the catechists, animators of the faith, and the Catholic committees in the aldeas to promote unity in the Christian community."<sup>43</sup> In 1962 (the year before the Maryknoll Sisters started their health promoters program), Dr. Carroll Behrhorst, a Lutheran medical missionary, opened a clinic in Chimaltenango, another community in Guatemala's western highlands.

asked to participate, which suggests an appeal that extended beyond the department of Huehuetenango.

41. Watanabe (1992, 190) also notes that there was a "tacit division of labor between male *chimaan*, who performed divinations and curing rituals, and female *xh'bool*, who provided herbal cures and often served as *b'itx'-loon*, 'midwives.'" Oakes (1951) was told that there used to be women *chimanes* in Todos Santos but that they had died. Tedlock (1982) observed that while many indigenous women had received Western training as midwives, they were rarely initiated curers and as a result had few patients. Initiated Quiché midwives, she asserted, continued to deliver the most babies.

42. The nursing school was planned from the time the hospital opened and was designed specifically to train nurse-practitioners with a minimum of a sixth-grade education. When it opened on February 27, 1967, there were nine Maya girls enrolled, including eight from Jacaltenango and one from San Miguel Acatán. Graduates were to receive certificates from the national government, and the school was formally under the supervision of the National School of Nursing in Guatemala. Annual Report for the Year Ending December 31, 1967, p. 29, Jacaltenango, Maryknoll Sisters Guatemala Diaries, MMA.

43. Delgado Camposeco and Jiménez Camposeco, "Biografía de Madre Rosa Cordis, M.M.," 12.



Sister Jane Buellesbach remembered an early meeting in which she was invited to Behrhorst's clinic to present on the health promoters program. Rather than give the presentation herself, Sister Jane asked the Maya health promoter with whom she worked most closely to explain their work. By doing so, Sister Jane demonstrated respect for Maya leadership and recognition of Maya expertise. After the meeting, she recounted, "Behrhorst came up to me, I'll never forget it, he came up to me afterwards and he said to me[, W]ould you tell me what is the mystique of Jacaltenango? And I said, Well what do you mean? And he said[, W]ell *everybody* is talking about what a wonderful program you have!" Sister Jane laughed, remembering, "Well, we had never heard that." Sister Jane's modesty illuminates the tendency of women religious to underestimate the crucial role they played in Maya communities, while Behrhorst's observation illustrates that in the region others recognized the importance of Maryknoll Sisters' contributions. Maryknoll Sisters, Maya health promoters, catechists, and midwives had together created a thriving program that evolved from a confluence of Maya and Maryknoll innovation.

The Maryknoll medical programs in Huehuetenango succeeded because they combined faith and healing and offered Mayas leadership positions in ways that complemented local customary practice. In fact, the most successful health promoter programs in the country seemed to be those associated with religious centers that proliferated during this period. Cabrera (1995, 27), in her study of health promoters in Guatemala, cited one nun who recounted, "By the beginning of the 1960s, the missionaries of every parish had their own clinics. It was a moment of superabundance of foreign missionaries who were doctors or nurses and each parish implemented programs for health aid." In his 1975 report on medical paraprofessionals prepared for USAID, Wiesenthal provided a list of fifteen programs, of which ten were associated with Catholic or Protestant religious centers. He also noted that Maryknoll was preparing an offshoot of its Jacaltenango program in San Pedro Sacatepéquez, which appears to have received an Inter-American Foundation Grant in 1972. Wiesenthal's report included an addendum from Catholic Relief Services with a list of 252 medical distribution centers located in parishes throughout Guatemala but concentrated in the western highlands. In 1977, in a study funded by USAID, the Guatemalan Academy of Medical Sciences concluded that 45 percent of the country's primary medical care was being provided by health promoters and nongovernmental programs. Most of the programs were affiliated with either the Catholic Church or Protestant churches. In 1975, with the support of Catholic Relief Services, *El Informador Comunitario* (The Community Reporter) was established in Guatemala to provide information to health promoters about medical conditions in the country. This publication offered a means of disseminating knowledge and

facilitating communication among widely dispersed health promoters.<sup>44</sup> General meetings among the distinct health promoter programs further enhanced communication.

In 1973, in a move Sister Jane would still lament thirty-two years later, the Maryknoll Sisters brought the health promoters program to the Guatemalan government for approval, and it became the foundation for a national program that was considerably less successful.<sup>45</sup> Sister Jane suggested that the government program failed because it did not recognize that service as a health promoter required a calling, a vocation to serve community. Her conclusion seemed to be affirmed by Weisenthal's review of health promoter programs for USAID in 1975. Weisenthal observed that, while not all of the men trained as health promoters were catechists, they identified as Catholic and viewed faith as a central part of their healing practices. Wiesenthal recognized this as a challenge to secular programs:

One general characteristic of all the promoters trained by these four programs which may lead to difficulties for the [*técnicos en salud rural*, or rural health technicians] in their areas is their high degree of religious fervor. Without exception these individuals are recruited with particular attention to the strength of their religious conviction, to the extent that complete, zealous acceptance of the religious tenets professed by the individuals administering the program has become a tacit requirement for admission. They are usually not expected or encouraged to become community religious leaders or catechists, but they are nevertheless extremely religious. One of the individuals spoken to stated "of course they are taught ethics—they are taught to be Christians!" Another, when discussing the government promoter program, expressed the opinion that "sufficient motivation isn't provided by humanism alone—they must be Christians, too."<sup>46</sup>

Cultural synergy evidenced in the relationship between faith and healing was central to the success of the sisters' medical programs and Mayas' transformation of them to create an integrated faith-healing network. Once this network developed, it thrived because it was linked to a growing Catholic infrastructure with resources, educated personnel, and physical structures. Maryknoll Sister-doctors and sister-nurses could consistently follow up with health promoters and midwives throughout the department of Huehuetenango because, in contrast with government health service providers who lived in distant urban areas, they lived in Jacaltenango. Maya nurses

44. *Ibid.*, 35–36. The newsletter *Voz Campesina* (Campesino Voice) was also established with the support of the Institute of Training for Health Personnel to provide training and information to health promoters (Colburn 1981).

45. Colburn (1981) offers a complete account of the limitations of the government's health promoter programs.

46. Andrew Weisenthal, "Report Field Trip: 1/28/75-1/31/75." Programs visited: Padre David Iven, Casa Parroquial, Santiago Atitlán, Sololá; Sister M. Immaculata Burke, Centro de Salud, El Novillero, Santa Lucía Utatlán, Sololá; Miss Ruth Wardell, Clínica Evangélica MAM, Centro Evangélico MAM, San Juan Ostuncalco, Quezaltenango; Madres Maryknoll, Jacaltenango, Huehuetenango, box 2 of 3 RG286-81-10, subject FY75 public health, NARA.

could be trained at the hospital in Jacaltenango because the Maryknoll Sister-doctors had contact with the national government that approved the nursing school. When they had been trained and received their certificates, Maya nurses received small salaries from Maryknoll that enabled them to contribute economically to their families and communities.<sup>47</sup>

While Maryknoll Sisters, health promoters, midwives, and catechists created a faith and healing network in the western highlands of Guatemala, they were also linked to the rest of the country and to the world. Students from Colegio Monte María, the Maryknoll Sisters' school for the daughters of the elite in Guatemala City, and Liceo Xavier, its Jesuit counterpart for boys, traveled to Huehuetenango to participate in local health campaigns.<sup>48</sup> In 1969 the sisters established a contract with the dental school in Guatemala City in which a student would come to work in Jacaltenango for one year of service after completing studies in Guatemala City.<sup>49</sup> The sisters also brought doctors from San Carlos University in Guatemala City, and doctors from the United States volunteered to work for short periods in the Jacaltenango hospital and the clinics. In 1966 the Maryknoll Sisters hosted a meeting in Jacaltenango for all Maryknoll Sisters involved in medical work in Central America. The meeting drew clergy from Nicaragua and Panama. During the meeting, Sister Rose Cordis, the hospital director, was named director in the region, and a central medical drug facility was established to coordinate the receipt and distribution of medicine samples and the purchase of medical materials at a discount for clinics and subclinics. At the time, the sisters planned for another meeting for all medical personnel in the area, including those from other religious communities and lay activists.<sup>50</sup>

Maryknoll missionaries did not, at least not initially, respect Maya culture. Nor did they understand the significance of the integration of faith, healing, and community life, but their medical programs facilitated discussions about the causes of illness that came to reflect Maya experience. This experience led some of the sisters to gain respect for Maya culture, community, and leaders and to begin to understand the structural conditions that caused poverty. When I asked Sister Jane about how she had learned about conditions in Huehuetenango, she looked at me incredulously and responded with some irritation:

47. Author's informal communication with a Maya nurse trained at the Jacaltenango hospital during this period, Jacaltenango, July 2004.

48. Author's informal communication with Margarita Melville (formerly Maryknoll Sister Marian Peter), May 11, 2004.

49. Annual Report for the Year Ending December 31, 1969, p. 26, Jacaltenango Maryknoll Sisters Guatemala Diaries, MMA.

50. Maryknoll Sisters Jacaltenango Annual Report January 1965–January 1966. Maryknoll Sisters Guatemala Diaries, MMA.

You lived it. I mean you lived it, you know. You lived the fact that there was no medical care available. You lived the fact that the schools through sixth grade had many kids. You know you'd start out with maybe with a hundred kids in the first grade and you'd wind up with maybe twenty, or ten, fifteen would graduate from sixth grade. You were very aware of just the lack of basics. The people had no water, no light. They had no light in those years . . . no drainage[,] no sanitation. You lived that for a very short time and you start asking why and then why leads to another why leads to what should we do about it?"

Carlos Xoquic, a Maya trainer and director of health promoters from Behrhorst's clinic, seemed to ask similar questions. He observed that "curing diseases without touching their origins is an error, a mistake[,] a sick and malnourished person might recover here at the hospital, but confronted with the same situation at home will soon get sick again. If sickness comes from lack of our own care, we can combat it, but if it is the result of economic problems, the solutions are hard to come by" (Steltzer 1983, 24).

This process of questioning and seeking answers beyond the immediate physical cause of ailments seemed to conform with traditions of the priest-shaman and midwife, who identified social relations in the past and present as causes for illness and mediated between and among individuals, community, and deities. While health promoter programs provided knowledge and a network, catechetical programs contributed to this network and developed a biblical language of protest that transcended individual Maya communities. Despite (and perhaps even because of) Maryknoll Sisters' lack of knowledge, catechists, health promoters, and midwives transformed Maryknoll programs to conform with Maya ideals and to create a Maya Catholic identity that transcended individual communities. Maya catechists and health promoters—and, perhaps future research may show, midwives—became community leaders. The issue of leadership and the distinct roles of health promoters, midwives, and nurses in promoting social and even political change in Guatemala's western highlands is beyond the scope of this article, though future research may shed light on their importance (Fernández Fernández 1988; Equipo de Antropología Forense de Guatemala 1997).

#### CONCLUSION

In fewer than fifteen years, the Maryknoll Sisters successfully established medical programs throughout the department of Huehuetenango. The programs were linked to a network of church-sponsored medical and catechetical programs that extended throughout Guatemala's western highlands. In those same fifteen years, Mayas transformed a small, foreign-introduced, parish-based program in Jacaltenango into a departmentwide program that resonated with Maya traditions linking faith and healing.

Mayas engaged Maryknoll fathers' catechetical programs and Maryknoll Sisters' medical programs to become recognized leaders who assumed responsibility for providing their communities with new Catholic rituals and Western medical practices. Maya catechists, health promoters, midwives, and nurses performed complementary roles that conformed with existing Maya practices. While the Maya Catholic faith-healing network included leadership roles parallel to those of leaders of the civil-religious hierarchy, priest-shamans, and midwives, it transcended the boundaries of individual communities. Maya health promoters acted as intermediaries between and among Maryknoll Sister-doctors and sister-nurses and Mayas by disseminating Maryknoll aid to outlying rural communities and, when necessary, in association with Maya Catholic societies, carrying ill and injured people to the Maryknoll hospital or medical clinics. Not only did their role in providing faith and healing services draw Maya health promoters into outlying communities; meetings for distinct medical programs that proliferated in Guatemala's western highlands drew them into contact with Mayas from throughout the region and with a Catholic network that extended to Guatemala City, and the United States.

By incorporating Maryknoll women religious and their medical programs into studies of religious transformation in Guatemala's western highlands, we gain new insight into this process of change and into the central role of women in it. During the fifteen years that the health promoter and midwifery programs grew and expanded, Maryknoll Sisters' experience offered them insight into the reality of conditions in Maya communities in Guatemala's western highlands and contributed to a deeper appreciation for Maya culture and communities. What began as ameliorative health programs promoted as manifestations of Christian charity and means of attracting Mayas to modern Romanized practices of Catholicism became the foundation for close and, in many ways, intimate ties with Maya community members. Maryknoll Sisters shared with Mayas the joy of giving birth and the pain of illness and death. Sisters' medical programs, which provided extensive insight into local experience and drew sisters into relations with Maya catechists, health promoters, midwives, nurses, and community members, were among the most important influences in this religious transformation

## REFERENCES

Arias, Arturo

- 1990 "Changing Indian Identity: Guatemala's Violent Transition to Modernity." In *Guatemalan Indians and the State, 1540-1988*, edited by Carol A. Smith, 230-257. Austin: University of Texas Press.

Brintnall, Douglass E.

- 1979 *Revolt against the Dead: The Modernization of a Mayan Community in the Highlands of Guatemala*. Foreword by Charles Wagley. New York: Gordon and Breach.

- Burnett, Virginia Garrard  
 1998 *Protestantism in Guatemala: Living in the New Jerusalem*. Austin: University of Texas Press.
- Cabrera, Luisa  
 1995 *Otra historia por contar: Promotores de salud en Guatemala*. Guatemala City: Asociación de Servicios Comunitarios de Salud.
- Calder, Bruce Johnson  
 1970 *Crecimiento y cambio de la Iglesia católica guatemalteca: 1944–1966*. Guatemala City: Editorial José Pineda Ibarra.
- Chesnut, Andrew  
 1997 *Born Again in Brazil: The Pentecostal Boom and the Pathogens of Poverty*. New Brunswick, NJ: Rutgers University Press.
- Colburn, Forrest D.  
 1981 *Guatemala's Rural Health Paraprofessionals*. Ithaca, NY: Rural Development Committee, Center for International Studies, Cornell University.
- Equipo de Antropología Forense de Guatemala  
 1997 *Las masacres en Rabinal: Estudio histórico antropológico de las masacres de Plan de Sánchez, Chichupac y Río Negro*. 2nd rev. ed. Guatemala City: Equipo de Antropología Forense de Guatemala.
- Falla, Ricardo  
 1980 *Quiché rebelde: Estudio de un movimiento de conversión religiosa, rebelde a las creencias tradicionales, en San Antonio Ilotenango, Quiché (1948–1970)*. Guatemala City: Editorial Universitaria de Guatemala, 1980.
- Fernández Fernández, José Manuel  
 1988 *El Comité de Unidad Campesina: Origen y desarrollo*. Guatemala City: Centro de Estudios Rurales Centroamericano.
- Fitzpatrick Behrens, Susan  
 2004 "From Symbols of the Sacred, to Symbols of Subversion, to Simply Obscure: Maryknoll Women Religious in Guatemala, 1953–1967." *Americas* 61 (2): 189–216.  
 2006 "Knowledge Is Not Enough: Creating a Culture of Social Justice, Dignity, and Human Rights in Guatemala: Maryknoll Sisters and the Monte María 'Girls.'" *U.S. Catholic Historian* 24 (3): 111–128.
- Fuller, Leigh A.  
 1970 "Catholic Missionary Work and Development in Guatemala, 1943–68: The Maryknoll Experience." M.A. thesis, Department of Politics, New York University.
- Gaitán Álvarez, José Miguel  
 1972 "El movimiento cooperativista de Guatemala: Desarrollo de la Federación Nacional de Cooperativas de Ahorro y Crédito." *Estudios Sociales* 7 (August): 33–62.
- Grandin, Greg  
 1997 "To End with All These Evils: Ethnic Transformation and Community Mobilization in Guatemala's Western Highlands, 1954–1980." *Latin American Perspectives* 24 (2): 7–34.
- Kovic, Christine  
 2005 *Mayan Voices for Human Rights: Displaced Catholics in Highland Chiapas*. Austin: University of Texas Press.
- Melville, Thomas, and Marjorie Melville  
 1971 *Whose Heaven, Whose Earth?* New York: Alfred Knopf.
- Oakes, Maude  
 1951 *The Two Crosses of Todos Santos: Survivals of Mayan Religious Ritual*. Princeton, NJ: Princeton University Press.
- Orellana, Sandra L.  
 1987 *Indian Medicine in Highland Guatemala: The Pre-Hispanic and Colonial Periods*. Albuquerque: University of New Mexico Press.
- Paul, Lois, and Benjamin D. Paul  
 1975 "The Maya Midwife as Sacred Specialist: A Guatemalan Case." *American Ethnologist* 2 (4): 707–726.

- Scotchmer, David G.  
 1986 "Convergence of the Gods: Comparing Traditional Maya and Christian Maya Cosmologies." In *Symbol and Meaning beyond the Closed Corporate Community: Essays in Mesoamerican Ideas*, edited by Gary H. Gossen, 197–226. Albany: Institute for Mesoamerican Studies, University at Albany, State University of New York.
- Steltzer, Ulli  
 1983 *Health in the Guatemalan Highlands*. Seattle: University of Washington Press.
- Tedlock, Barbara  
 1982 *Time and the Highland Maya*. Albuquerque: University of New Mexico Press.
- Wagley, Charles  
 1941 *Economics of a Guatemalan Village*. Menasha, WI: American Anthropological Association.  
 1949 *The Social and Religious Life of a Guatemalan Village*. Menasha, WI: American Anthropological Association.
- Warren, Kay B.  
 1978 *The Symbolism of Subordination: Indian Identity in a Guatemalan Town*. Austin: University of Texas Press.
- Watanabe, John  
 1990 "Enduring Yet Ineffable Community in the Western Periphery of Guatemala." In *Guatemalan Indians and the State, 1540–1988*, edited by Carol A. Smith. Austin: University of Texas Press.  
 1992 *Maya Saints and Souls in a Changing World*. Austin: University of Texas Press.
- Wilson, Richard  
 1995 *Maya Resurgence in Guatemala: Q'eqchi' Experiences*. Norman: University of Oklahoma Press.