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# The entangled past and future of midwifery and *cuy*s in Ecuadorian Andes

The paper describes a healing practice with the *cuy* (guinea pig), and how it has maintained, continued and re-invented vital connections of people with their *territories* amidst oppressive structures, such as colonialism, capitalism and patriarchy. Moreover, I discuss how, through the ancestral relation to the *cuy*, people in rural Andean communities connect both to their past and future in meaningful ways. The paper highlights the role of rural women in maintaining and expanding the richness and diversity of the entanglements of humans and nonhumans shaping their territories. Furthermore, it argues that, by engaging with these stories, care can be mobilised to sustain practices that cultivate futures that are able to nurture a much-needed resiliency of peoples in the world amidst global crises, such as pandemics and climate change.

Keywords: midwifery; care; *cuy*; guinea pig; feminism

## Introduction

In the Andean countries, from Colombia to Bolivia, there is a traditional method for diagnosing diseases that is used by healers in ancestral medicine, including ancestral midwifery. Some healers call the method ‘x-rays’ because, like an x-ray image, it allows them to make visible the various conditions of their patients; only in this case, the image is not projected into a 2D picture but into another body. The image in this sense is perhaps more comparable to that of a CT scan that builds a more complete picture of the body. The method works with *cuy*s (guinea pigs) in a ritual by which they absorb everything the person has, that is, physical and emotional ailments that are affecting the person’s wellbeing. Carmen, a midwife, explains.

Diagnosis with the *cuy* consists of taking a healthy animal, male or female, depending on whether the person is a man or a woman. The *cuy* is taken under the arms and rubbed all over the patient's body, praying as this is done so the procedure goes well. During the rubbing some things already start to appear, for

example, if the *cuy* screams, probably it is because there is a serious illness; also, this can be the case if it dies immediately after the procedure. The *cuy* cannot always be opened to make the diagnosis because it does not always die. In such cases, the patients are healthy, and we must trust that the animal takes away the bad things the patient has. However, if the animal dies, we peel it and open it. We see everything in the *cuy*'s body, from colds, blows and anaemia, to envy and witchcraft; if the person has been angry to the point it has affected their liver, we see that very clearly. Once we have the diagnosis, we can heal with herbal infusions, baths, or diet, it all depends on what they have and how serious it is. We call this method x-rays. We call it that because we can see everything the person has. There are other methods as well, but not as effective; everything comes out in the *cuy*. I learned this method from my grandmother, she was very good at healing with the *cuy*. (Fieldwork notes 2018, my translation)<sup>i</sup>

In this paper, I talk about ancestral practices of care in territories with a deep, ongoing history of colonisation, which has shaped the different relationships to land and among human and non-human beings inhabiting it. That means both through the colonial structure of exploitation of land and people, and, through the practices of care that respond to such structure. These practices of care are mainly reproduced within a domestic space, and many are done by women. I discuss this complex relationship of exploitation, survival and thriving through the practice of healing with the *cuy*, particularly in hands of ancestral midwives and specifically situated in the Ecuadorian Andes<sup>ii</sup>. I stage both the story of the human carers and the *cuy* to explore how their interaction through the practice interweave complex connections among people, their territories, and other non-human beings. I understand care in ancestral midwifery as a practice maintained over time, located in specific spaces, and sustained by the intertwining of relationships, including power relationships.

Accordingly, I do not tell the story of a non-human animal and its future abstracted from the complex history within which it has existed in the Andes. Instead, I tell a story in which human and non-human lives are entangled within power dynamics,

sacrifice, and death. Moreover, following authors that invite us to think within paradox (Belcourt 2019), decay (Tsing 2015) and trouble (Haraway 2016), I argue that the idea of a flourishing world without death in indigenous and colonised territories is part of the colonial enterprise that erases peoples and their world making practices from its colonial green narrative. Failing to acknowledge such entanglement of complex – and sometimes contradictory – relationships may reproduce a form of oppression through which practices are flattened and read outside their complexity (Belcourt 2019; García 2019).

### *Situating storytelling*

My research does not tell a story about ‘indigenous people’, but of ancestral practices, some of them enrooted in Kichwa territories with specific stories and trajectories affected by colonialism. I did not only interview Kichwa midwives, I also interviewed mestizas and, in other territories, afro-descendant midwives as well. However, in the main location of my research, Otavalo, most of the midwives I interviewed were Kichwa. The story I use for this paper takes place in the city of Otavalo, part of the territory of the Kichwa-Otavalo peoples in the North-Andean region of Ecuador. It is a place where ancestral and biomedical systems of health have coexisted for a long time within a non-linear dynamic of collaboration, hierarchies, care, and neglect. It was the perfect scenario to reproduce some conventional reads of common dichotomies, for example, between traditional medicine and biomedicine, western and indigenous knowledge, etc. Thus, I have tried to use a language that does not assume such predetermined, essential differences. For this, Kim TallBear’s (2013) work on Native American DNA was key. Tallbear discusses the production of knowledge about Native Americans from government agencies and science portraying a constructed

understanding of ‘indigenous populations’ that erases the multiple situatednesses of local tribes. In her words,

Without "settlers," we could not have "Indians" or "Native Americans" – a pan-racial group defined strictly in opposition to the settlers who encountered them. Instead, we would have many thousands of smaller groups or peoples defined within and according to their own languages, as Dine, Anishinaabeg, or Oceti Sakowin, for example. (TallBear 2013, 5)

The key idea worth highlighting is the distinction marked by the colonisers when constructing a homogeneous group of people, namely ‘Indians’ or ‘indigenous’, which erases the complex stories of different groups of people and individuals. Nonetheless, it is important to note that the story of colonialism in Ecuador is different from settler colonialism in North America. Particularly in the sense that although there are different ethnic groups in Ecuador, white colonisers did not settle in the country, but they created a caste system within which those bodies that are closer to a white ideal are more privileged. In that context, I refer to racialised readings of some particular bodies within the context of a colonial history (Segato 2010), including the non-human bodies of the *cuys*. Specifically, I discuss how such readings affect the practice I am describing in the particular context in which it unfolds.

Lucía, a midwife in Otavalo: and where are you from?

Me: I’m from Quito, but part of my family is from here. My grandmother is from Ibarra and my great-grandfather was from Otavalo.

Lucía (seemingly glad): oh, you are from here, then.

Being Ecuadorian while doing research in Ecuador gave me some advantages like being familiar with the context, but my position was not of ‘the local’ entirely. I did very few interviews in my hometown, Quito, and for the most part, I went to places to which I was not as familiarised. Nonetheless, one of the personal reasons for choosing Otavalo

as the central locality for my research was my 'connection' to the place. My grandmother and all her family are from different parts of the province where Otavalo is located. Indeed, my great grandfather was from the city of Otavalo. I did tell people about my connection to the province when they asked about 'my origins', and this certainly put me in a different position. I felt people were pleased to hear I was not so foreign to their territories. However, following a feminist standpoint for the research, the most important thing for me was to clearly communicate and reflect upon my positionality within those relationships and interactions.

### **A story of the human carers**

I contextualise the practice of healing with the *cuy* within a colonial historical framework where – mostly rural – women have adapted and continued the practices of care of this non-human animal.

In the haciendas, the colonial socio-economic system that predominated in the Andean region, some Spanish-descendant families, and religious organizations, occupied large extensions of land along with the labour force of indigenous peoples that inhabited those territories and to whom they rented small parcels of land for their family production (Becker & Tuttillo 2009). Within this system, the agricultural production for domestic consumption, which women were typically in charge of, maintained vital ancestral agricultural knowledge that has been intrinsic to the maintenance of crop diversity, maintaining a healthy soil and clean water, which are fundamental for ecosystems.

In a similar manner, as discussed by Silvia Federici, since the Spanish occupation, ritual practices forbidden by the colonisers could still have a space of reproduction in the domestic space (Federici 2004). This included traditional healing practices that were

censured and deemed witchery but, regardless, people continued to use them regularly (Federici 2004). In this realm, it was women who maintained crucial knowledge of healing practices for domestic use for their families and the landowners' families of whom they also took care (CARE Ecuador 2016).

Moreover, it is also worth noting that, throughout time, the fight for the governance of resources by indigenous peoples has been largely led by women. Indeed, in Ecuador the most prominent figures leading the agrarian reforms and the demands of the indigenous peoples in the seventies were women<sup>iii</sup>.

What I want to highlight here is that the colonial system shaping these territories have increasingly occupied the space and time of rural communities, who have less time and space for the reproduction of the vast agricultural knowledge they have cultivated throughout centuries in their territories. Yet, in the domestic space, women have been reproducing some of this knowledge through the care of their families, not only in their daily activities of care, but also in actively demanding their right to do so in fairer conditions. Furthermore, the women are typically doing all of this while also performing the vital work of making visible that their practice is often isolated and takes place in conditions of neglect and violence (Colectivo de Investigación y Acción Psicosocial 2017)

Additionally, it is important to acknowledge that traditional midwifery is not a practice 'naturally' reproduced by women; rather, the predominantly female workforce within these practices is historically contingent to the development of particular social arrangements. Namely, the confinement of practices of care to domestic *precarious* labour (Federici 2004; O'Connor 2016) within an expanding agro-industrial and extractivist model that employs men and young people (Hidalgo Flor 2018; Minga

Ochoa 2016) has contributed to the expansion of these activities mostly among women, particularly older women.

Within this larger context, ancestral midwives in Ecuador have learned their work from their ancestors and work with local elements, such as plants, non-human animals, and other beings, such as spirits, rivers, and mountains, as crucial components of their healing practices. In other words, their knowledge is rooted in their territories and their connection to their ancestors plays a crucial role in their work. It is a common practice to this day, although some midwives I interviewed commented that it is increasingly rare among younger women.

It is also important to note that their work is not just related to childbirth. They are more widely considered traditional healers. This means that, although they help pregnant women before and after childbirth, people in their localities often seek their help in a variety of additional circumstances. In general, midwives carry out their practice mainly as unpaid labour, combining it mostly with agriculture and other household activities; only a few of them work full time as healers.

### **A story of the *cuy***

The relationship to *cuy*s in the Andes is undeniably one of communal gathering and communal sense making. On the one hand, the consumption of *cuy*'s meat has been traditionally related to celebratory events (Archetti 1997; Abbots 2011; Gade 1967). On the other hand, the interchange of *cuy*s have helped the strengthening and maintenance of reciprocal social relationships, constructing kinship and ties among households (deFrance, 2021; Rofes & Wheeler, 2003) since pre-Hispanic and even pre-Incan times (Stahl, 2003). However, the two sets of practices, both related to meat consumption and interchange, were stigmatised during Spanish colonisation and thus



confined to a domestic space. In the same manner, healing practices with *cuy*s also carry this colonial stigma.

To understand this stigma, Rita Segato's (2010) concept of a 'sign of colonialism' is handy. She uses the figure of the 'sign of colonialism' to explain how the violence inaugurated by colonialism with the biologisation of inferiority and racialisation of bodies is actualised in the present upon the bodies who bare this sign (physical features of racialisation such as skin colour, as well as language and behavioural features determined by the colonial system as non-white). That is, a sign read and acted upon specific bodies, i.e., indigenous, and black bodies; in her words, a sign of the defeated from whom we have learned to mark a distinction (Segato 2010).

But it is not only human bodies who bear the sign of colonialism. The relationships to *cuy*s, their rearing, consumption, use in interchange and healing have been stigmatised as practices of the poor and identified as a sign of 'indigenous people' (deFrance 2021) from whom the 'civilised citizens' of the colonial national state have learned to mark a distinction. Because of its ancestral connection to peoples in the Americas, the *cuy* also bears the sign of colonialism, that of the 'savage', 'uncivilised' people.

During the colonisation of the Americas, Colonisers configured Native peoples as 'not-modern peoples' who reproduced anachronistic cultures. They located those cultures in the past of their evolutionary narrative in which colonisers were in the present, i.e., the most advanced stage of the evolution (Auto Gestival 2018; Rufer 2010; Segato 2010). Colonisation configured native cultures in this way as something they had already evolved from, rendering native people as under-developed, not fully mature or not yet wholly modern. Moreover, within the colonial system, the practices and bodies

that belonged to the 'non-modern world' were considered of little value and were typically prone to exploitation and oppression (Segato 2010).

Such expulsion out of the present of a modern state also implied an 'emptying of time' (Adam & Groves 2007) in the colonised territories – that is, the various histories shaping those lands were ignored to render them exploitable and thus accompany, justify, and reinforce the colonialist enterprise. In other words, such emptying of time allowed colonisation to shape the future of colonised lands in particular ways that allowed the colonisers to exploit and profit from it. To explain this further, Adam & Groves' conceptualisation about the emptying of time in industrial capitalism tied to narratives of progress is useful. They propose that the ideal of progress detaches the future from contexts and traditions; the future is thus emptied as a space that can be calculated, exploited, and colonised. The ideal of future in narratives of progress is that '[i]t is ours to forge and to shape to our will, ours to colonise with treasured belief systems and techno-scientific products of our mind, ours to traverse, ours for the taking' (Adam & Groves 2007, 14). Action in the present is detached of responsibility, they argue, because the future is open to endless possibilities in a movement where the past is also unrooted from the concrete pasts and histories.

And it is precisely within this context that the practices of care continued by women, either by cooking, interchanging products or healing, have maintained vital connections of people to their territories, cultivating their ability to respond to the oppressive dynamics of colonialism. That is, they have maintained the possibility to respond to a future that is unpredictable and dynamic, one that is not empty but full of meaningful connections that make surviving and thriving possible. Such is the case of the practice of healing with the *cuy*.

The guinea pig – ‘*cuy*’, in Kichwa for the sound they make - is an ancestral domesticated animal of the Andes. The Andean peoples have a long and complicated relationship with the *cuy*, particularly women who have been in charge of caring for the animal (deFrance 2021; Rofes & Wheeler 2003). As Archetti (1997) explains, the traditional habitat of *cuy*s is inside people's houses. In fact, they are the only non-human animal that is allowed inside the house. One of the reasons is to protect them from their predators and other factors that put its life at risk, such as the cold. Additionally, it is interesting to note that they share a space in the house that has traditionally been kept as an exclusive space for women, namely, the kitchen. Keeping them in the kitchen serves different purposes. One is that women can keep an eye on them, clean their pen, (which must be continuously done more than once a day,) feed them, and generally attend to their everyday needs. The other purpose has to do with the proximity to the heat; typically, their pens are built very close to the fire. This proximity to the heat keeps them warm considering the cold Andean weather, especially at night and early in the morning, but another reason for some breeders is that by being in constant contact with the smoke from the wood-burning stove, their meat will be more delicate and succulent (Archetti 1997).

Famously in the Andean region, ancestral healers, including midwives, work with the *cuy* to diagnose and heal all sorts of diseases. The midwives who use this method do it when they want to make a more thorough diagnosis of the person. Although they use other methods too, such as rubbing a hen's egg over the body of their patient and then cracking the egg to see what is wrong, or examining their patients' urine, the method with the *cuy* is the considered the most accurate. Estela (pseudonym provided), a young midwife within a long lineage of traditional healers, explained:

We diagnose with the *cuy*, otherwise, it is impossible to know accurately. People do not tell all the truth. For instance, they come with a stomach-ache, and I ask them if they have any other symptoms, they say they don't. Then when I see the information in the *cuy*, I tell them, you also have a headache, and they say, yes, I've been suffering from headaches for two years now.

(Fieldwork notes 2018, my translation)

As this fragment shows, midwives not only trust the *cuy* more than other methods, but it also helps them to build trust with their patients. The *cuy* tells a story that maybe the patients would not tell because they did not know or did not find relevant. More importantly, *cuy*s help the midwives become rapidly attuned to their patients' embodied story, which allows them to examine that story and find the best possible answer to their problems.

The *cuy*s' sensitivity, and in a way, their capacity to be affected by their surroundings, is what the healers work with in the diagnosis. Diagnosis generally consists of selecting a healthy animal, male or female depending on the patient, and rubbing it all around the patient's body. During the procedure, midwives pray and ask for the help of God, and many use tobacco and alcohol (blowing the smoke of the tobacco and spitting the alcohol at the person) to help pass the diseases of the patient into the *cuy*'s body (Archetti 1997). Then, if the *cuy* dies, the healers open its body to check for different signs of illness that the patient has, as explained by Carmen earlier in the article. 'You have to wait' explained Doña Elisa, another midwife,

some people grab their heads too hard when rubbing them, so they die, but it doesn't work that way. You must wait, just do the rubbing, and wait. If after a while the *cuy* does not die, it is fine, maybe you will live longer, and that animal takes all the bad things you had with it. However, you cannot keep it; you must leave it in the wild. In the cases when they die, you can open them and check what the problem is with the person.

(Fieldwork notes 2018, my translation)

According to the women I spoke to throughout the research, there is a distinction between good and bad practices. Although there is, without a doubt, a hierarchy between humans and *cuy*s and a relation of power through a ritual that converts the *cuy*s in ‘victims that can be sacrificed’ (Archetti 1997), there are certain principles of care that distinguish a good practice from the rest. As Doña Elisa explained, during the diagnosis, for instance, a *cuy* can die or not die; a good carer knows that both results are possible and works with different options. When the rubbing is performed, there is an ‘expectation’ (Despret 2004) that the *cuy* will absorb the information of the patient that the healer can later read, but they do not force such a result. The *cuy* in this sense plays a role that needs to be trusted. If they die, the healer trusts that she can read the information in their bodies. If they do not die, the healer must trust in their healing power to heal the patient, nonetheless. Notably, following Despret (2004), there is a work of ‘attunement’ between the midwife, the patient and the *cuy* based on affective connections among them that is rooted in a profound inter-species connection they have cultivated in their territories throughout different generations. That is, a work of paying attention in a sensory-empathetic way and responding accordingly to reproduce a meaningful encounter and relationship of trust and care.

The intergenerational tradition here is a matter of attuning both to the *cuy* and the patient with care, rather than repeating a procedure to get a specific outcome (for instance, expecting the *cuy* to die or even forcing its death). Instead, through their interaction with the *cuy*, midwives access a lived past that does not follow one single linear trajectory but that is rather open to unpredictable outcomes or future. In this way, midwives work with the unpredictability of the bodies they are caring for but also of those with whom they care. Moreover, the work of attunement can also bring us to a different form of understanding agency. As suggested by Bastian (2009), agency is not

always the delimitation and completion of some steps towards a clear goal but rather, in the case of diagnosis with *cuy*, it is a form of attention in the present where the past (as embodied ancestral memory) is brought to enact change. More importantly, following Bastian, such a change is not entirely in hands of the midwives but, significantly, in the healing power of the *cuy*, too. Better put, change is made possible within the connection established between the midwife, the patient and the *cuy*. It is also worth noting that the diagnosis is not about addressing a single trajectory but rather a more dynamic movement of exploring a *past multiple*. That is, an exploration of each patient rich story full of different relationships and embodied experiences that have shaped their current health condition.

And thus, traditional practices working with ancestral knowledge are not merely repeating a ‘traditional formula’ that has worked in the past over and over. Rather is it a way of enrooting the future in specific stories, territories, and relationships. This logic of care that attends to the present by getting to know an embodied past that becomes partially visible for the healer through the healing rituals, can be contrasted with that of capitalism and colonialism, in which an emptied future is projected to open every possibility of exploitation of people and their territories (Adam & Groves 2007; Haraway 1992; Tsing 2016)

Midwives usually consider the embodied stories they find in the *cuy* along with things such as the places where the patients have been in the past days and if they have had some kind of problem within any given relationship in their lives. Midwives’ practices of care are more accurately founded, in words of Mol, in ‘an interaction in which the action goes back and forth (in an ongoing process)’ (2008, 18). The diagnosis with the *cuy* helps them to create a more complex picture of their patients and thus attend to their needs with better tools. The diagnosis is not a fact but rather a way to

understand a more complex story of their patients, through which they are able to mobilise care.

The connection among people through a specific mediation of the *cuy* is crucial to understand ancestral midwifery. Following Whyte in his discussion on indigenous food systems (2016), one of the more critical things about traditions of care is not only the diversity of crops and species they help maintain, but more importantly, the relationships among people they build and sustain; for instance, in the case of midwives, the relationship where people trust the carers to do a good job. The interaction of carers with the land through the knowledge of their past help them to build trust with those they are involved with in the present. Following Despret's (2004) discussion on belief, the most important thing in the shared interaction among generations of carers with different beings and species is not to prove something to be accurate. Rather, the important thing is to maintain a sense of trust upon which meaningful relations are maintained, being one of them the role of the midwife in the community. The *cuy* is thus crucial in the practice of midwives to build a diagnosis that allows midwives to attend more thoroughly to their patients' needs, but also, through their interaction the future of the practice is interweaved.

An illustrative example of how the carers and their practices help interweave complex relationships is the story of collaboration between midwives and a local hospital in Otavalo.

### **The future *cuy*s help to mobilise**

One of the main stories my research followed was a project in 2008 of a hospital in Otavalo, whose goal was to incorporate an 'intercultural' approach to their health services. That means, the hospital wanted to include more local traditions so people, particularly pregnant women, would use the hospital more regularly. The project ended

up working in collaboration with ancestral midwives; however, because of a series of complicated events, including the deep history of colonialism structuring the relationship of the hospital with the community, midwives could not continue to be part of the hospital as staff after the project ended, losing in this way the opportunity to have a salary and economic stability.

It is important to note here that various actors, including indigenous organisations, the Hospital, and the local government, had been working for decades in Otavalo mobilising important changes and policies towards an intercultural model of health. The failure to incorporate midwives into the hospital after all the work they had done, put all this collaborative decades-long work of different actors at risk. Nonetheless, in 2017, when I started my fieldwork, with a lot of effort from the different parties, midwives in Otavalo renewed contact with people at the hospital and the local government, and they took part in weekly meetings where midwives and doctors shared biomedical and ancestral knowledge. And here again the *cuy* and midwives ancestral healing practices with it played a crucial role.

Martha, a doctor in the hospital, explained how the meetings at the hospital became a space where midwives not only learned from doctors through workshops that the personnel at the hospital prepared, but also a space where they shared their ancestral knowledge among them and with younger apprentices:

Martha: midwives have learned how to recognise specific signs of risk in pregnant women, but this year they told us they did not want to learn this anymore, they wanted something else. We did a list of topics and one of the most popular was learning to heal with *cuy*s.

Ancestral midwives were gathering to share their knowledge and without a doubt one of the teachings they were most excited to learn was that of healing with the *cuy*. Some of them commented that they had seen it performed by their ancestors, but they never



learned. Many of the women that attended the meetings were women that have not fully engaged with midwifery because it did not represent a great economic opportunity for them; midwives do not earn much, and it consumes a lot of their time.

One of the motivations for women to join the meetings was a process of certification the hospital was offering to validate that they had the basic biomedical knowledge to identify signs of risky pregnancies and refer pregnant women to the hospital if needed. However, along with the certificate they could receive for attending the meetings, the motivation of learning from other experienced midwives was key. Even younger women, for whom pursuing midwifery has less been often the path of choice, started to attend. The method of diagnosing with the *cuy* was in the top of the list of things they were excited to learn. Not only was this practice gathering midwives and midwives to be in one place, but also it sparked the attention of doctors and health personnel in the hospital.

Antonio, a doctor in the hospital: when I first heard of the diagnosis with *cuy*, it caught my attention, and I was always asking how they do that.

Me: what strikes you about this practice?

Antonio: many patients tell us about the practice, and we have seen how effective it is. Obviously, we could not replace the procedures that we have to perform in the hospital, but it would help us to build more trust with our patients. It is impressive to see it in practice.

A key thing to understand is that through the healing practice with *cuy*s midwives have learned from their ancestors basic practices of care, such as attuning and paying attention to both the *cuy* and the patient. Their connection to the *cuy* has shaped logic of care of their practice through waiting, accepting the different embodied outcomes and trusting. And this logic of care is what interested doctors the most as well. In my conversations with them, doctors told me they have learned from midwives how they

take the time to connect to their patients and listen to them.

The practice of healing with *cuys* is not only a practice that has existed and shaped the territories of the Andes, but more importantly, it continues to entangle different beings, opening the possibility to negotiate and imagine a healthcare system that works better both for the patients and the carers. *Cuys* might not be considered as an actor in this story at first sight, but they have been crucial in validating traditional healing and making people curious about it. When midwives first entered the hospital, many doctors and nurses were hesitant and even hostile to them. However, many doctors also learned from their caring and healing practices.

Through the historical and present connect of ancestral healers and the *cuys*, a possibility to gather and negotiate in a caring relationship is opened. We have seen how, in the complex relationships that midwives build with *cuys* (and again it should be emphasized that they are relationships of sacrifice and death as well), they also build relationships and possibilities of care and healing with other people. For sure, there is the need to nourish more creative and innovative relationships to re-organise and revalue the care labour of both midwives and *cuys* in the future, so they can thrive and flourish too, but they their complex situated relationship must be considered.

It is not my place to project a different future scenario for midwives and *cuys*, but I do imagine a future where their ancestral relationship can open wider conversations about healing, caring, and thriving in worlds long shaped by colonialism. A future where the model of care they reproduce is expanded, that is, a health and healing model that necessarily means connecting to the land, the territories, the different beings inhabiting and the interactions among them. A healing practice that investigates the different relationships and forms of relationalities that build our present and shape

our future. A conversation where the embodied pasts matter to build a better future. I am convinced that we can nurture a different future by acting in the present with a logic of care that draws inspiration on these ancestral relationships of care that have been responding to the damages reproduced by different oppressive systems in the territories where they have existed.

## References

- Abbots, E. J. 2011. “It Doesn’t Taste as Good from the Pet Shop’: Guinea Pig Consumption and the Performance of Transnational Kin and Class Relations in Highland Ecuador and New York City.” *Food, Culture and Society* 14 (2): 205–223. doi:10.2752/175174411X12893984828755.
- Adam, B., and C. Groves. 2007. *Future Matters. Action, Knowledge, Ethics*. Leiden: Brill.
- Archetti, E. P. 1997. *Guinea-Pigs: Food, Symbol and Conflict of Knowledge in Ecuador*. English ed. Oxford: Berg Publishers.
- Auto Gestival. 2018. *Feminismo Comunitario: Charla pública con Julieta Paredes hermana Aymara de Bolivia [Video File]* (Mexico).
- Bastian, Michelle Inventing Nature: Re-writing Time and Agency in a More-than-Human World *Australian Humanities Review* 47 99-116
- Bastian, Michelle 2009 Inventing Nature: Re-writing Time and Agency in a More-than-Human World *Australian Humanities Review* 47 99-116
- Becker, Marc, and Tuttillo, Silvia 2009 *Historia agraria y social de Cayambe* (Quito: FLACSO, Sede Ecuador : Ediciones Abya Yala)9789978672143
- Belcourt, B.-R. 2019. “Thinking Paradoxically.” In *Messy Eating. Conversations on Animals as Food*, edited by S. King, S. Carey, I. MacQuarrie, V. Millious, and E. Power, 233–242, New York: Fordham University Press.
- CARE Ecuador, 2016 *Mujeres: su rol en la soberanía y seguridad alimentarias* (Quito: Ediciones Ciespal)
- Colectivo de Investigación y Acción Psicosocial. 2017. *La Herida Abierta del Condor* (Quito: El Chasqui Ediciones)978-9942-28-305-4 .

- deFrance, S. D. 2021. "Guinea Pigs in the Spanish Colonial Andes: Culinary and Ritual Transformations." *International Journal of Historical Archaeology* 25 (1): 116–143. Doi:10.1007/s10761-020-00548-6.
- Despret, V. 2004. "The Body We Care for: Figures of Anthro-Zoo-Genesis." *Body & Society* 10 (2–3): 111–134. doi:10.1177/1357034X04042938.
- Federici, S. 2004. "Caliban y la bruja. Mujeres, cuerpo y acumulacion primitiva." *Traficantes de Sueños*. doi:10.1017/CBO9781107415324.004.
- Gade, D. W. 1967. "The Guinea Pig in Andean Folk Culture." *Geographical Review* 57 (2): 213. doi:10.2307/213160.
- García, M. E. 2019. "Entangled." In *Messy Eating. Conversations on Animals as Food*, edited by S. King, S. Carey, I. MacQuarrie, V. Millious, and E. Power, 128–142, New York: Fordham University Press.
- Haraway, D. J. 1992. "The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others." In *Cultural Studies*, edited by L. Grossberg, C. Nelson, and P. A. Treichler, 295–337, New York: Routledge.
- Haraway, D. J. 2016. *Staying with the Trouble: Making Kin in the Chthulucene*. Duke University Press.
- <https://books.google.co.uk/books?id=QShEjwEACAAJ>
- Hidalgo Flor, F. 2018. "Persistencia de modelo primario exportador: evolución del Índice de producción agrícola por habitante en Ecuador Una." *La Revista Agraria* 19 (186): 24–25.
- Minga Ochoa, N. 2016. "Aportes de la agroecolog[ía campesina. Casos en la Sierra Sur de Ecuador." *LEISA - Ed. Especial: Agroecología y Los Objetivos de Desarrollo Sostenible* 36–46.
- O'-Connor, E. 2016. *Género, indígenas y nación: las contradicciones de construir el Ecuador, 1830-1925*. Quito: Abya Yala.
- Rofes, J., and J. C. Wheeler. 2003. "Sacrificio de cuyes en los Andes: El caso de El Yaral y una revisión biológica, arqueológica y etnográfica de la especie *Cavia porcellus*." *Archaeofauna* 12 (January): 29–45.
- Rufer, M. 2010. "La temporalidad como política: nación, formas de pasado y perspectivas poscoloniales." *Mem.Soc / Bogotá (Colombia)* 14 (28): 11–31.
- Segato, R. L. 2010. "Los cauces profundos de la raza latinoamericana: una relectura del mestizaje." *Crítica y Emancipación* 2 (3): 11–44.

- Stahl, P. W. 2003. "Pre-Columbian Andean Animal Domesticates at the Edge of Empire." *World Archaeology* 34 (3): 470–483. doi:10.1080/0043824021000026459.
- TallBear, Kim 2013 *Native American DNA: Tribal Belonging and the False Promise of Genetic Science* (Minneapolis: University of Minnesota Press) 256 9780816665853 doi:10.5749/minnesota/9780816665853.001.0001
- Tsing, A. L. 2015. *The Mushroom at the End of the World: On the Possibility of Life in Capitalist Ruins*. Princeton: Princeton University Press.
- Tsing, A. 2016. "Earth Stalked by Man." *The Cambridge Journal of Anthropology* 34 (1): 2–16. doi:10.3167/ca.2016.340102.
- Whyte, K. P. 2016. "Indigenous Food Sovereignty, Renewal and U.S. Settler Colonialism Rawlinson, Mary C., and Ward, Caleb." In *The Routledge Handbook of Food Ethics*. Vol. 2016, pp. 354–365 doi:10.4324/9781315745503.ch33 . New York: Routledge.

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- <sup>i</sup> All interviews were conducted in Spanish by the researcher, therefore all the fieldwork notes cited in this article are translated into English.
- <sup>ii</sup> For further contextualization of the colonial history of the Ecuadorian Andes, which the article refers to, see: Guerrero, A. (2008). "The Construction of a Ventriloquist's Image: Liberal discourse and the "miserable Indian race" in the late nineteenth century." In *The Ecuador Reader: History, Culture, Politics*, edited by Carlos de la Torre and Steve Striffler, 99-116. Durham, Duke University Press; O'Connor, E. (2007). *Gender, Indian, nation: The contradictions of making Ecuador, 1830-1925*. University of Arizona Press; Bretón, V. (1997). *Capitalism, agrarian reform and community organization in the Andes: an introduction to the case of Ecuador*. For more on the Kichwa culture, see, Kowii, A. (2020). *Abyabylyzar América, un reto, un derecho de los pueblos originarios*; Kowii, A. (2009). *El sumak kawsay*. *Aportes Andinos*, 28, 2011.
- <sup>iii</sup> For more on the political participation and leadership of women, see: Picq, M. L. (2013). *The Inheritance of Resistance: Indigenous Women Leadership in Ecuador*. In: *Indigenous and Afro-Ecuadorians Facing the Twenty-First Century*; Morales, R. (2005). *Dolores Cacuango: Gran líder del pueblo indio*. Banco Central de Ecuador; Rodas, R. (1988). *Tránsito Amaguaña: su testimonio*. Centro de Documentación e Información de los Movimientos Sociales del Ecuador.