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Anthropology Book Forum

Open Access Book Reviews

Hall-Clifford, Rachel. *Underbelly: Childhood Diarrhea and the Hidden Local Realities of Global Health*. Foreword by Waleska López Canu. Afterword by Arthur Kleinman. Cambridge, MA: MIT Press, 2024. 240 pp.

Review by:

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In her excellent book *Underbelly* (MIT Press 2024), medical anthropologist Rachel Hall-Clifford takes us to the Mayan highlands of Guatemala to tackle the "least glamorous" of global health concerns: childhood diarrhea. Though it might sound innocuous in the Global North, childhood diarrheal disease is the third highest cause of mortality for young children in rest of the world, despite decades of sustained global health initiatives. Drawing on fifteen years of ethnographic fieldwork, Hall-Clifford carefully traces exactly where and how initiatives fail to adequately address diarrheal disease. In doing so, she brilliantly interrogates the ways that global health perpetuates the very challenges it purports to fix. This is the titular "underbelly." As Hall-Clifford says, "Unmet needs, irrelevant offerings, and unintended consequences of globally conceived interventions are the underbelly of global health—hidden from view, unmeasured by indicators, obscured in reporting."

For approximately half a century, the primary global health prescription against diarrheal disease has been oral rehydration therapy (ORT), a basic method which prescribes replacing the fluids and electrolytes lost during a prolonged diarrheal episode, thereby preventing fatal dehydration and malnutrition. However, as Hall-Clifford makes abundantly clear, ORT has failed to adequately abate diarrheal disease because it substitutes quick-fix technological remedies for more enduring political-economic ones.

One particularly poignant ethnographic example occurs with a middle-aged Kaqchikel Maya widow named Maria. Maria lives in a Maya village that has in recent years been visited by three different "gringo" organizations proposing various water purification solutions—one promoting solar disinfection in plastic bottles placed on rooftops (which villagers say are difficult to install and access regularly), another distributing bleach drops (which taste terrible), and a third that simply instructs villagers to boil their water. This third "solution" is especially insulting, because the amount of firewood necessary to boil such quantities of water is financially impossible for

Maria and her neighbors. This leads Maria to proclaim to Hall-Clifford that "there is no proven way to purify water."

Hall-Clifford deftly reads Maria's pronouncement not as anti-scientific, but rather as an accurate assessment of the ineffectiveness of the various technological schemes perpetually proposed to Maya communities. Maria is doing, as Lévi-Strauss might say, the "science of the concrete"—in her community, there truly is no proven way to purify water yet. Therefore, ORT fails as well, not because Maya mothers like Maria lack knowledge, but because the conditions of her world (absent water infrastructure, uncoordinated NGO "stopgap measures" in relation to this absence, poverty, patriarchal control of household resources, and the embodied legacy of genocide) make ORT impossible to use. Yet these conditions are systematically misread and maligned by global health program design as seemingly insurmountable cultural barriers. Maria's epistemology, Hall-Clifford insists, is entirely rational. It is global health programming that is not.

This scene is worth dwelling on because it illustrates what is genuinely distinctive about Hall-Clifford's contribution. The critique of global health as a field (its paternalism, its neocolonial structures, its preference for measurable outputs over lived realities) is already, of course, a substantial literature. What Hall-Clifford adds is ethnographic density and a refusal of abstraction. *Underbelly* keeps its analysis tethered to specific bodies, specific decisions, and specific structures of harm in the Chimaltenango Department of highland Guatemala. It is therefore simultaneously a contribution to medical anthropology, a manual for practitioners willing to confront their own complicity, and an act of solidarity with the communities whose experiences form its empirical core.

The result is a book that is incredibly refreshing in its own self-awareness; through her abundant ethnography, Hall-Clifford continuously forces the reader to sit with the practical failures of global health initiatives in Maya communities—failures that we know could be corrected if only the proper amount of time and infrastructure were prioritized to create clean water infrastructure. Hall-Clifford is clear-eyed about her own implications in this dynamic. "For my own (tiny) part," she writes, reflecting on the ever-rotating cast of development characters who rely on un- or barely compensated labor of Maya women to anchor their initiatives in place, "I will no longer work on global health projects that rely on volunteer labor." The statement that reads less as self-congratulation than as a professional norm being publicly articulated and demanded of the field.

The book's five chapters provide a concise analysis of key impediments to eradicating childhood diarrhea in Guatemala, which include: the shortcomings of the ORT model (chapter 1); how the gendered aspects of household resource allocation rely on women's uncompensated domestic labor, thereby placing the majority of the blame on poor mothering when a child contracts diarrheal disease (chapter 2); how the legacy of the genocide has caused distrust of health initiatives (chapter 3); an biting analysis of how market-driven health schemes exploit the lack of proper governmental

health infrastructure, which often do not introduce new opportunities so much as “burdens of choice” (chapter 4); and the “cycle of extraction”—the flow of resources, labor, and profit from Maya communities to high-income countries during the development encounter—that the hodgepodge of ephemeral health initiatives ultimately keeps in motion, as local Maya communities engage with each new initiative or product with a pragmatic jadedness, knowing full well that soon this program too will disappear without much structural change (chapter 5).

Underbelly's conclusion proposes a co-design model that centers community priorities and practices in program development from the outset as the most viable route toward health equity. Some readers will find the prescription proportionately modest; the structural forces Hall-Clifford documents are not easily redirected by program design methodologies, however participatory. But the book's purpose is not to provide a blueprint for immediate solutions so much as to expose what the blueprints of normative global health and development initiatives currently conceal.

To my mind, however, the most impressive aspect of *Underbelly* is Hall-Clifford's ethical commitment to what is too often dismissed as “applied anthropology.” Make no mistake, *Underbelly* abounds with careful ethnography and excellent analysis, but it clearly states over and over that diarrheal disease is not a failure of theory. It can be resolved nearly immediately if the correct practical steps are taken. In a world in which the guarantees of basic infrastructures are increasingly up for debate—not only in the Global South, but also in the Global North, where longstanding healthcare, retirement, and internet infrastructures are being actively “enshittified” (Doctrow 2025)—Hall-Clifford is a principled demand to literally stop the shit. The field of anthropology is better for it.

Author bio:

Levi Vonk is currently the Guerrant Professor of Global Health Equity at the University of Virginia, and an incoming Assistant Professor at CUNY's John Jay College. His first book, *Border Hacker*, was the honorable mention for the Victor Turner Prize.



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