Section 1: Introduction

TOOLKIT OVERVIEW

WHY A TOOLKIT FOR THE MAYA?

• **LANGUAGE:** Maya speak native languages that have existed in the Americas for thousands of years, and even though they might appear Hispanic or Latino, they may not speak Spanish, or they may speak Spanish at a lower skill level than often expected. Many will not read or write in any language. The language barrier often goes unnoticed and can have negative consequences because providers believe they are conveying information appropriately through a Spanish interpreter or Spanish-language materials. A principal goal of this toolkit is to demonstrate the importance of the language problem; and direct the medical providers toward helpful communication tools. The Maya speak 21 officially recognized languages in Guatemala dating back to the proto-Maya language of about 5,000 years ago. In this toolkit, we work most directly with four of these languages.

• **MAYA DISTINCTIVE CHARACTER:** Until the Spanish Conquest of the early 16th century the Maya shared a geographic location and certain commonalities of thought and life with approximately 20 – 30 million people of Mesoamerica, the land area which now comprises much of Mexico and Central America. But Maya had always been a particular people, based on differences in languages and beliefs from other people of Mesoamerica. Spanish colonialism had powerful influences on the Maya and the other Mesoamericans, but with the help of isolation and strong communities, many traditions and ways of life remained over the centuries that pertain closely to the Maya.

• **HEALTH BELIEFS:** Maya health beliefs are key to understanding the people, and will be described in various sections of the toolkit. Maya have long traditions of health beliefs and knowledge, and their spiritual view of life on earth and the nature of the universe includes a holistic view of health, for example the belief that illnesses may have physical or spiritual causes. Maya medical treatments include medicines and spiritual rituals, including prayer, massages, or the burning of incense. In certain cases, Maya patients may believe that prescription medicine will not be enough to cure an illness.
HISTORIC OPPRESSION: Guatemalan Maya have been some of the most oppressed people on earth, and during recent decades were special targets of the Guatemalan Civil War; where over 150,000 Maya were massacred during the 1980s-1990s. Currently many Maya children suffer from chronic malnutrition, which can reach 80% of children under 5 years of age in some areas. Such historic and ongoing oppression and lack of opportunity or access to education make the needs of many Maya well beyond other areas of Mexico and Central America.

PREFACE

Our philosophy and our vision entailed in the making of this toolkit demanded that we recognize Maya knowledge and thoughts in order to better understand the Maya and obtain true trust. Maya have long traditions of medical practices and beliefs, and understanding and appreciating their views and their holistic health beliefs will help promote a healthcare environment unobstructed by cultural differences.

We designed the Maya Health Toolkit to be effective with all Maya, but the language resources contained within the toolkit specifically focus on four of the 21 officially recognized Guatemalan Maya language groups: Chuj, K’iche’, Mam, and Q’anjobal. These groups have significant numbers of Maya-speakers in the United States with basic illiteracy and low Spanish language skills due to a lack of access to education in Guatemala. Maya who most need help with communication neither read nor write, and Maya interpreters who have training in medical translation are few in number, thus this toolkit included the establishment of the National Network of Maya Interpreters. It is hoped that the toolkit framework and methodology might serve as a model for working with other indigenous immigrant populations.
METHODOLOGY

Dozens of Maya in the United States gave us information and advice on the construction of this toolkit, and Maya focus groups took place in Georgia, California, South Carolina, Oregon, and Nebraska. Data collection involved conversations with academic scholars, Maya leaders, healthcare providers, social workers, and professionals. The Guatemalan Consul General of Atlanta also provided advice. Academic sources were consulted, and key publications have been listed in the Literature Review. Conclusions and summaries developed from the various sources were reviewed by health providers, Maya community members, and academic scholars.

OBJECTIVES

Minimize barriers between patients and medical professionals in order to enhance the health of the Maya community.

Identify the major healthcare barriers both from the provider’s and the patient’s perspective.

Create a variety of tools to help providers and patients communicate better.

Create a National Network of Maya Interpreters trained and certified in the knowledge and methodology contained in this toolkit.