



**Identifying Communication Challenges and Gaps in Services for Mayans in
Florida and Developing a Toolkit to Assist Providers**

GAP ANALYSIS

December 2009

**Funding Provided By: The Robert Wood Johnson Foundation
ID#: 63241**



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I. Background and Mayan Demographic Profile

There are high numbers of immigrants entering the United States from the indigenous regions of Guatemala, many of whom only speak indigenous language. As a result of this communication challenge many health, mental health, and social service providers do not have adequate tools and resources needed to appropriately assess this population in order to meet their service needs. The Robert Wood Johnson Foundation grant awarded to the United States Conference of Catholic Bishops,



Migration and Refugee Services (USCCB/MRS) supports efforts to identify communication challenges and gaps in service delivery to those residing in Palm Beach County, Florida who speak only an indigenous Mayan language. The purpose of the project is to: Identify the barriers faced by service providers trying to serve the Mayan population and the challenges faced by Mayans seeking services.

Due to the multiple challenges faced by the Maya as well as their lack of ability to communicate with the provider community in either English or Spanish the population may not be able to or feel able to have their health and social service needs met. Thus far, what has been learned from this portion of the project is that there are no formalized mechanisms for communication or interpretation in Palm Beach County, FL, which is the geographic focus of this analysis. Commonly, what is seen is that a family member, friend or child accompanies the client in order to provide interpretation. Academic research shows that it is unhealthy for the child to serve in this capacity and very damaging to the parent/child relationship to convey such personal medical information to a provider via their children^{1 2}. In fact, Haffner states (1991):

¹ Jacobs, B., Kroll, L., Green, J., & David, T.J. (1995). The hazards of using a child as an interpreter. *Journal of the Royal Society of Medicine*, 88, 474.

² Haffner, L. (1992). Cross-cultural Medicine: A Decade Later. Translation Is Not Enough, Interpreting in a Medical Setting. *The Western Journal of Medicine*, 157 (3). 255-259.

A common and unfortunate practice when an interpreter is temporarily unavailable is to use family members to interpret. It is easy to forget that the person in the middle is affected by what is happening and must assume a normal family role when the interpreting duties are over. (p.256)

Being an interpreter is a heavy burden for a child, whose English is frequently marginal and certainly not sophisticated. Disregard for these factors is hurtful to both the child and the family and threatens the effectiveness of the communication....By using a young family member as an interpreter, the physician puts the child in control, with a much higher status that the child would otherwise have. This disrupts the family's social order. (p. 257)

As a result of this power shift, an adult may not be inclined to disclose the full extent of what is happening because of embarrassment and the fact that it may be something the child is ill equipped or mature enough to handle or communicate. Furthermore, a case study by Jacobs, et al. (1991) highlighted a 10 year old girl who had translated tragic information (the terminal condition of her infant brother) to her mother and shortly after his death began to experience headaches, weight loss, and cession of speaking and talking, resulting in a diagnosis of post traumatic stress disorder.

Furthermore, without formal training these ad hoc interpreters often include their own perceptions of the client's issue and may not acknowledge or pass on critical information to the service provider³. Therefore, the medical or mental health issues may be miscommunicated and misunderstood by the health provider resulting in the potential for either the appropriate service not to be provided or the provision of medical treatment that could be dangerous to the wellbeing of the client.

Guatemala is considered the most populous country in the Central American region with approximately 10 million people. Of those 10 million, 50 percent are considered indigenous

³ Ibid.

(Mayan) with 20 different languages and dialects. The four predominate Mayan languages spoken are: Quiché, Mam, Cakchiquel, and Kekchi.⁴

Due to the violent history and poor economic conditions of the country throughout the sixties, seventies, and eighties, there have been a large number of Guatemalans migrating to the United States.⁵ According to the 2000 U.S. Census⁶, there are 480,665 Guatemalans residing in the United States, 369,290 are not U.S. citizens. There has been a marked increase in the number of non citizen Guatemalans entering the U.S. from 26,570 entering before 1980, 124,795 entering



between 1980 and 1989, and 217,925 between 1990- 2000. Of those Guatemalans participating in the 2000 U.S. Census 7,620 reported their first language as a Mayan language. According to Hong, most have migrated to large cities and communities including Los Angeles, Houston, Chicago, New York, and the communities that make up South Florida (Collier, Lee, Martin, and Palm Beach counties).

Hong's article states that most of the Guatemalan population in South Florida is Kanjobals who arrived in South Florida during the early 1980s to work in the farming communities harvesting sugar, fruits, vegetables, and other crops. Many of these newly arriving immigrants come from rural areas in the northern hills of Guatemala and do not read and write in their native language much less in Spanish or English. An overwhelming number are male, between the ages of 17-30, not married and without any formal education in their country. If they do have an education, generally it is equivalent to a U.S. education of 2nd or 3rd grade. When the Maya arrive in the United States there is a tendency towards culture shock and the inability to assimilate.

Life in Guatemala is very simple, villages may have one doctor and the average life expectancy is 40 years of age. Hong found that most Guatemalans are accustomed to traditional herbs, medicines, and curers. Thus, the population is often not familiar with modern medicine, technologies, or how to access care. In addition, due to the strenuous nature of their travels to the

⁴ Hong, Maria. Guatemalan Americans. Retrieved August 24, 2009 from www.everyculture.com.

⁵ Ibid.

⁶ United States Census Bureau (2000). Table FBP-1: Profile of Selected Demographic and Social Characteristics. Population: People Born in Guatemala. Geographic Area: United States.

U.S. often times the population is suffering from dehydration and malnourishment when they arrive along with illnesses such as malaria, tuberculosis, parasites, gastrointestinal disorders, and a variety of skin infections. Hong further goes on to note:

Many refugees are also surviving the shock of experiencing extreme violence and subsequently suffer from mental health problems. Physical and mental health problems from conditions in Guatemala and the journey are compounded by the precariousness of the refugee's positions once they settle here [United States]. Poor housing, underemployment, fear of deportation and drastic changes can induce stress-related ailments such as ulcers and high blood pressure. Anxiety, depression, and alcohol abuse (among men) have also afflicted survivors. [In addition,] Undocumented refugees usually do not receive insurance from employers, Medicaid, or other government health-care benefits, and often do not have access to affordable health care... (p.13)

The Mayan resettling in the United States often feel isolated, lack trust, and live in a constant state of fear of deportation. As noted by Hong, they rely on customs, traditions and herbal remedies for treatment and have no past experience with formal healthcare systems. Additional challenges to accessing healthcare can be attributed to the lack of transportation, money, education, and the understanding of forms and procedures. Many times, the Maya will only seek out assistance in an emergency situation.

The objectives of this project are three-fold. The first objective is to identify barriers faced by health and mental health providers trying to serve the Mayan population and the challenges faced by the Mayans seeking services but are unable to communicate in English or Spanish. The second objective is to develop materials and training modules to assist the Maya in their efforts to provide interpretation services in order to help their communities access needed health and mental health services. As well, has the development of tools to assist the service provider community in their efforts to provide services to the Maya. The third objective is to create opportunities for the Mayan population to access local healthcare services.

The resulting materials from this project include a web-based toolkit that will be free, easily accessible and downloadable through USCCB's Migration and Refugee Services (MRS) technical assistance and training website, Bridging Refugee Youth and Children's Services (BRYCS) website (www.brycs.org). It is anticipated that the kit will include the following: the gap analysis; cultural profiles of the Maya population; contact information for interpretation resources; culturally competent health care models; activities for engaging the Maya community; what is considered good health and illness from the Maya perspective; models for implementing culturally sensitive approaches to clients; and a review of best practice models utilized in other culturally unique communities. In addition, the toolkit will include a basic handbook of key medical terminology in the commonly used Mayan languages, which will be presented phonetically so that service providers can understand basic words and phrases.



II. Methodology

USCCB's initial approach was to garner the support of the Pastoral Maya leadership community. At the annual Pastoral Maya Conference USCCB presented an overview of the project, its goals, and desired results. The initial reaction of the Maya was positive and they were eager to assist and participate in the project.

Upon award, USCCB began doing research regarding community based health providers and social service organizations who work with or on behalf of the Maya (see Appendix A). Once a listing of organizations had been compiled, project staff interviewed representatives either in person or by phone. All of these providers and community leaders were interviewed for their insights into their perceived disconnects in service access and delivery to the Maya. The project staff's interviews with the Mayan leadership and healthcare/mental health providers in Palm Beach County with additional information supplied by organizations in Martin, Indian River, Immokalee, Lee, and Miami-Dade counties serve as the framework for this gap analysis.

The instruments used were a 10-item Maya leader questionnaire and an 11-item service provider questionnaire (see Appendix B). The questionnaires sought to learn the following: primary languages spoken, translation services, possible reasons the Mayans are not accessing services, perceived service needs, prevalent health issues/concerns/problems, needed tools and resources, medical trends, cultural sensitivity, challenges, obstacles faced by clinics and hospitals where services are offered, and ways to improve delivery and access.

Site visits were conducted with the Guatemalan Maya Center, Farm Workers Council, and Sister Rachel Sena, O.P. from the Diocese of Palm Beach, Pastoral Maya located in Lake Worth, FL and Corn Maya a local community based organization located in Jupiter, FL. The local providers that we interviewed were the Caridad Center, Bethesda Hospital, Palm Beach County Health Department and VNA mobile health clinics. Additionally, information was collected from the Florida Association of Community Health Centers and other states.

III. Findings from the Service Provider and Community Members Interviews

The overall results of the interviews with the service provider community are that the Mayan population's lack of education and knowledge of the complex U.S. healthcare system making it difficult for the Maya to navigate the system and access the care they need. The information garnered from these interviews found that the biggest challenge was not always the inability to communicate. Challenges also included: cultural divides and superstitions, fear of authority due to their immigration status, and lack of transportation and resources.

Language Barriers

The primary languages spoken by Mayans in Palm Beach County are Q'janobal (largest), Popki,



Mam, Kiche and Chuj. These languages are spoken in the smallest of villages and regions in Guatemala but represent the largest population in South Florida. Many of the men are farm workers and have had to learn Spanish in order to communicate on the job and with co-workers from other Latin American countries. In our experience

in this as well as previous projects, the women struggle the most with the language because they are often isolated in their homes and spend very little time in the community resulting in the lack of opportunity to interact with others, and thus the Mayan women heavily rely on their children for interpretation and communication (see Salon article in Appendix D). Though, there are in fact many immigrant women who work in the migrant farming communities of Palm Beach County, rarely are they represented by Guatemalan women due to the traditional patriarchal makeup of the Maya.

There is a large need for interpreters and there currently is no organizational structure to provide such services in Palm Beach County. What has been learned is that many of the language lines used by service providers (AT&T, Language Line Service, and Language Translation, Inc.) do not have the capacity to provide interpretation services in Mayan languages. Therefore, when needed the Maya often turn to church leaders, community centers, family, and friends to serve this role.

According to the service providers, the interpretation provided by friends and family for medical purposes is very difficult because interpreters often lack the basic medical vocabulary understanding to provide accurate information. In addition, due to the lack of formal training it can be assumed that the informal interpreter can misinterpret or edit what is being said from the patient to and from the health care provider based on his or her own perceptions of the situation.

Through the interviews and literature review we found that it is often a child who serves in the interpreter role for a parent. Academic research has shown that this is unhealthy for the child to serve in this capacity and can be damaging to the parent/child relationship due to the feelings of a power shift in control from the parent to the child. The parent has to often convey very personal medical information via their children and therefore, may not be inclined to disclose the full extent of what is happening to them. This demoralizes the adult and puts the child in the tenuous position of controlling information. Something a child is ill equipped or mature enough to manage⁷. This is very stressful for all parties (child, parent, and provider) involved and allows for miscommunication and misunderstanding of the medical or mental health issues of the patient.

⁷ Ibid.

Cultural and Infrastructure Barriers

Due to the small numbers of Guatemalans that actually present themselves for care, service providers often do not recognize the client as “Guatemalan” or “Mayan”, and based on the similarities in physical attributes often classify him or her as Mexican. Because of the incorrect classification, providers often assume that the client speaks Spanish and therefore, proceeds with the assessment and examination in Spanish. In addition, generally the Maya do not consider themselves as Latinos, but are more closely aligned with the Native American cultures. In fact, at the October 2009 leadership conference of the Pastoral Maya they formally voted to recognize themselves as Native Americans.

Adding to this, the undocumented population is often fearful of what they perceive as an authority figure and thus, according to Haffner (1992):

Few...patients and families ask a lot of questions. Most of the time they just nod and go home, wondering what they were told in the hospital or clinic. Using a professional interpreter who is aware of this tendency helps avoid misunderstandings. (p.259)

The interviews conducted for this gap analysis support the findings of Haffner, most if not all Maya interviewees and service providers noted that fear of deportation and authority was a motivating factor for not accessing health care services. And, adding to the challenge is that undocumented persons residing in the United States are not eligible for medical and mental health services under the current Medicaid and Medicare programs. What is available is only emergency indigent care at the emergency room at a local hospital. All service provider interviewees confirmed that this is often the reason care is not sought out by the Maya until a medical issue has become so severe that the person does not feel he or she has any other choice but to go to the emergency room for survival.

Often when the Maya are having a medical issue or problem they will turn to what is familiar and comfortable to them, which are “home remedies” or medications sent to them from their own country. They will use these strategies of treatment before seeking local medical care. In addition, because of the Maya’s lack of trust for authority and the transient nature of their work

often there is lapse of adequate treatment, follow up, and the monitoring and prevention of various medical and mental health issues.

A majority of the Maya live in the rural areas of Palm Beach County, which is one of the larger counties in Florida. Due to their geographic location in the rural areas of the county and the poor public transit system, transportation to health and mental health providers can be a significant challenge. This finding was also supported by a 2002 study in Cherokee County, GA where the researchers found that the Maya often did not follow up on their medical appointments “due to transportation problems and others [study participants] said they have to leave...one or two hours earlier in order to get to a clinic.”⁸ Odem and González (2004) also found in their study, that due to lack of immigrant status many Maya are prevented from having a driver’s license making travel much more difficult.⁹

In addition, through the interviews it was learned that Mayan women faced greater challenges than the men in accessing care. The women are intimidated by public transportation because of the complexity of the system, communication issues, and are often traveling with more than one child. Thus, unless it is a dire situation the Mayan women will forgo seeking assistance. Furthermore, the Maya are a patriarchal community and women are often afraid to reach out to others for assistance without the support or permission of their partners.

Immunizations

Basic immunizations are offered by community health providers, but not being accessed because of the lack of education regarding the importance of vaccinating themselves or their children. The service providers interviewed stated that the Maya they have encountered often do not know what immunizations are, what they do, the diseases they protect them against or understand the need for them. However, for those children who are in the public school system they must be vaccinated to attend school. Contributing to the need for



⁸ Odem, M. & González B. (2004). Health and Welfare of Maya Immigrant Families: Perspective of Maya Parents and County Agencies. *Maya Pastoral Encuentros Nacionales 2004&2005*.

⁹ Ibid.

immunizations, the Maya often live in close quarters (8-10 people to a home) thus, basic immunizations for Tetanus, Measles, Mumps, and Rubella, Tuberculosis, and Hepatitis are extremely important. A local community health provider, El Sol located in Jupiter FL has a mobile health van that travels once a month to offer immunizations, screening for diabetes and blood pressure monitoring, but getting the Mayan community to show up is a challenge. Thus, there is a need for constant and consistent outreach and education.

Nutrition

As a result of this research, we have learned is that malnutrition is a primary concern of the service provider community and local Maya leaders. It was noted by both the service providers and community leaders that the Maya have poor eating habits. This may be due to fiscal constraints as well as the lack of education on the need for a proper diet. One interviewee highlighted that the Maya will eat a bag of chips and a soda, consider it a meal and then go to work 10-12 hours doing hard labor in the migrant farms. In our experience working with immigrant populations and what has been discussed amongst the immigrant serving stakeholder community, the Maya often come to the United States not out of desire, but out of necessity to make money to support family at home and as a result, strive to spend as little money as possible on the essentials they need to live while here.

In addition to the low cost convenient foods, the Maya generally limit their diets to other inexpensive foodstuff such as tortillas, beans, and rice. The need to send money home is becoming all the more urgent. According to recent media reports, Guatemala is seeing a marked increase in severe malnutrition and is now considered an epidemic (see Appendix C). Therefore, the Maya may be spending even less on their own nutritional sustenance in order to provide for family in the home country.

Dental Care

Prior to the implementation of the interviews, dental care was not something that had been included as a part of USCCB/MRS' original assumptions of the challenges faced by the Maya. However, after speaking with the service providers it became apparent that dental care is of great concern. Due to poor eating habits and diet the population is at risk of having severe dental problems. What has been learned through the interviews with the service providers is that the

challenge is not just in education and outreach, but the cost of actually receiving dental care is very expensive. Community leaders and other Maya serving health care providers have attempted to find local dentists to do basic cleanings pro-bono; however, their efforts have not been very fruitful to date.

Health Issues related to Sun Exposure

Skin cancer and an eye condition known as “Pterygium” is on the rise among this population. Men working in the migrant fields are particularly at risk of contracting this illness. According to the U.S. National Library of Medicine, Pterygium is “a non-cancerous growth of the clear, thin tissue that lays over the white part of the eye” and is common among those who are sun exposed for long periods of time¹⁰. Basic outreach and education on signs, symptoms and prevention would be very beneficial to the Mayan community.

In Guatemala, the population is accustomed to living and working where they are surrounded by low clouds most of the day therefore, sun exposure is limited and skin cancer not an issue. However, when they come to the United States and particularly Florida, the work (farming, construction, roofing, etc.) exposes them to the extreme temperatures and they are often in the sun 12-14 hours a day. Thus, the risk of skin cancer is greater for them than those who work predominately indoors. But, due to lack of education, skin cancer is a disease the Maya may be unfamiliar with. Therefore, through outreach, education, and providing them with basic prevention strategies such as wearing sunscreen, hats and sunglasses would help in decreasing their risk.



In addition to health issues related to sun exposure, farm workers are also being exposed to harmful chemicals and pesticides used on the crops they tend. However, they will not seek

¹⁰ U.S. National Library of Medicine. Retrieved September 5, 2009 from: <http://www.nlm.nih.gov/medlineplus/ency/article/001011.htm>

medical attention or tell anyone if an issue arises due to the fear of losing their employment. Thus, there needs to be further investigation into the use of pesticides and its impact on health.

Infant and Children's Issues

Pre and post natal care along with fetal/child development is something we monitor and consider it best practice in the United States in order to ensure the health and wellbeing of a child. However, in Guatemala such care is not common practice and therefore, is not sought out by pregnant women or new mothers. Because of high mortality rates, the families often do not name their child until he or she reaches 5 months in the event that something happens. Guatemala has an infant mortality of 27.84 for every 1000 live births and is estimated at having the 79th highest rates in the world, with only Bolivia and Peru having higher rates among Latin America countries¹¹. In addition, often women who are also work in the farming community are at high risk of exposure to harmful chemicals and pesticides and are not aware of the potential negative effects to the fetus.

According to what has been experienced by the service provider community, due to the lack of pre/post natal care the Mayan children are often developmentally behind and born with physical ailments that limit them. The Maya do not access early detection and/or intervention services and problems may be exacerbated because the child does not have access to or connections with a medical home.

Through our interviews we learned that there are a number of challenges facing the Mayan youth. The children are caught between two different cultures challenging their identities and how they perceive themselves. Because of this straddling of two cultures, there is often conflict between the child and his or her parents.

As expected, Mayan adolescents like most have a desire to fit in among their peers by embracing “mainstream American culture”. However, after spending time with peers, they often need to conform to the Mayan culture and expectations of their parents in the household and Mayan

¹¹ Central Intelligence Agency, World Factbook (2009) Retrieved on September 5, 2009 from: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>

community. These constant cultural shifts can be stressful and confusing and can be counterproductive to healthy identity development.

Additionally, many of these children come from very rural regions of Guatemala and thus, may not have been exposed to some of the challenges faced by the youth of today (substance abuse, premature sexual experiences, gangs, and violence). Thus, there is the potential for a youth's risk factors exposure (behavior issues, drug and alcohol usage, and negative environmental influences) to increase while their protective factors may decrease (self esteem, self control, self efficacy, confidence, and community contribution).

Sexually Transmitted Diseases (STD) and HIV/AIDS

According to the interview with Sr. Rachel Sena, STD's and HIV/AIDS are prevalent within the Mayan community, due to the lack of education and knowledge on diseases. Often it is not known that a person has a sexually transmitted disease until it is in the latest of stages making it much more difficult to treat and recover from. Also adding to the challenge is that farm workers generally travel a migrant stream following the crops seasonally up or down a given route (e.g. Florida, Georgia, North Carolina, etc.). Therefore, they may not have established a relationship with a health care provider in order to follow the necessary treatment protocols.

Because of the cultural sensitivities around such intimate health issues, service providers find this one of the most difficult topics to address with the Maya in order to diagnosis and treat. Further exacerbating the challenge are the language barriers infringing on a provider's ability to having an open and frank discussion between the patient and his or her caregiver. Thus, further supporting the need of professionally trained confidential medical interpreters. Printed material, which is often supplied as a source or education are generally produced in English and Spanish. However, there is the likelihood that the intended recipient of the materials may not speak either language or may not be able to read.

Mental Health

Based on the interviews with the service providers as well as the Maya community leaders, the need for mental health services can be considered significant in the Mayan community. But, are

offered and accessed on a very limited basis due to lack of funds, professional interpreters, and the cultural stigma around mental health issues. In Guatemala, mental health care is looked upon as something for “crazy people”, and therefore, the population does not generally seek out services for fear of being labeled and the lack of understanding regarding diagnosis and treatment options for mental health disorders.

Immigrating to a new country is considered a transitional period and a stressful life event that may initiate feelings of loss and negative psychological reactions that in turn may lead to poor mental health¹². Stress plays a major role in the everyday lives of the Mayan community. They are under a great deal of stress here in the United States due to their living conditions, need to support their families (both those here with them and in the home country) tentative employment, lack of money and resources, cultural barriers and challenges, the prevalence of alcoholism, domestic violence, sexual abuse, and the constant fear of deportation.

Additionally, because of their experiences in Guatemala, the Mayan community has witnessed unthinkable horrors due to political coups, wars, and genocide. Additionally due to the loss of family members in such events, it can be speculated that there are a number within the community who may suffer from post traumatic stress disorder as a result of those experiences. However, further research is required to understanding the depth of the issue amongst the Maya population, thus is outside of the scope of this analysis.

Two additional challenges were identified as a result of our interviews. The first is that the Guatemalan Maya much like most Latin American communities is a patriarchal society where women do not hold the same influence and power as the men in the community. Based on the disparity in roles and sense of control often domestic violence becomes a part of the relationship and household. Because of the stress and pressure felt by a man he may take that frustration out on his wife or female partner. In turn, because of the cultural differences in male female roles it is highly unlikely that the woman will seek out treatment for fear of further violence from her husband/partner.

¹² Markovitzky, G. & Mosek, A. (2005). The Role of Symbolic Resources in Coping with Immigration. *Journal of Ethnic & Cultural Diversity in Social Work*, 14(1/2), 145-158.

The second challenge faced by the Maya is the lack of cultural awareness regarding issues such as domestic violence and alcoholism. Both the service provider community and the Maya leadership acknowledged in the interviews that public drunkenness and alcohol abuse is common in Guatemala. Here in the United States alcoholism is considered a disease and must be treated as such. However, it may not be recognized as a disease in the home country. Of those service providers interviewed, all agreed that they have seen a rise in the numbers of migrant men arrested for public intoxication, diagnosed with alcoholism, and in need of treatment.

Additional Challenges

In the event that a service provider is able to establish a relationship with a Maya client and is providing him or her with needed prevention and/or medical services, the challenge then becomes how does the client afford the treatment and/or medications? Service providers acknowledge that they do the best they can, if you are able to diagnose, but cannot treat the illness, it often seems to be for naught. The provider community has reached out to local pharmacies to donate but because of the financial impact and the current economic situation the needed resources are simply out of reach.

IV. Conclusion and Recommendations

There are three recommendations identified based on what has been learned through the gap analysis. The following is an overview of each.

1. Mobile Health Clinics

Due to the transportation challenges faced by the Maya in accessing services, there should be Mobile Health units comprised of nurse, nurse practitioners and/or physician assistants, and social workers who are able to travel where the Maya are located in order to provide basic preventive care, treatment, education and outreach.

2. Interpretation Services

As a result of what has been learned via the interviews with service providers, local community leaders, and conversations with national leader, it is apparent that the most efficacious approach would be to offer a comprehensive medical interpretation training at the national level, which

will produce certified medical interpreters who could then return to their communities and provide professional interpretation and outreach services. The benefits of providing such an opportunity to the Maya are two-fold. The first is that the Maya community will receive interpretation that is culturally specific to them and second, this is an opportunity to train the Maya, thus, enhancing their skills sets, which would allow them to have a future outside of the traditional laborer positions. In addition, by training a set of the Maya population to serve as interpreters this would alleviate the current problems with using children and other informal mechanisms, which can lead to familial stress and the potential for medical errors.

3. Implementation of a Care Coordination Model

In order to assist the Maya in accessing needed services, the development of a coordinated system of care (including outreach and education) which utilizes a strengths perspective would ensure that the Maya would be connected to the needed resources. Unlike a case management system, which uses a medical model of approach (diagnoses and treatment), a care coordination model uses a strengths perspective approach to assisting in the access of services. “As social workers engage in a process of change with their clients, they share with their clients, through the medium of the relationship, their belief in the client’s strength and power. The profession’s true expertise comes from understanding the delicacy of this change process and the knowledge of the conditions that best support human growth. Focusing on this considerable talent and wisdom on the process of empowering is a crucial factor in helping people gain full possession of what they have already possessed”.¹³

The University of South Florida’s (USF) Louis de la Parte Florida Mental Health Institute has developed and implemented such a system, which is now considered a best practice model.¹⁴ Though the USF model focuses on schools as the source of service, this model could be modified to be a community based health model in order to provide care coordination, outreach, and education services to the Maya (see Appendix D) . According to USF, a system of care is defined as:

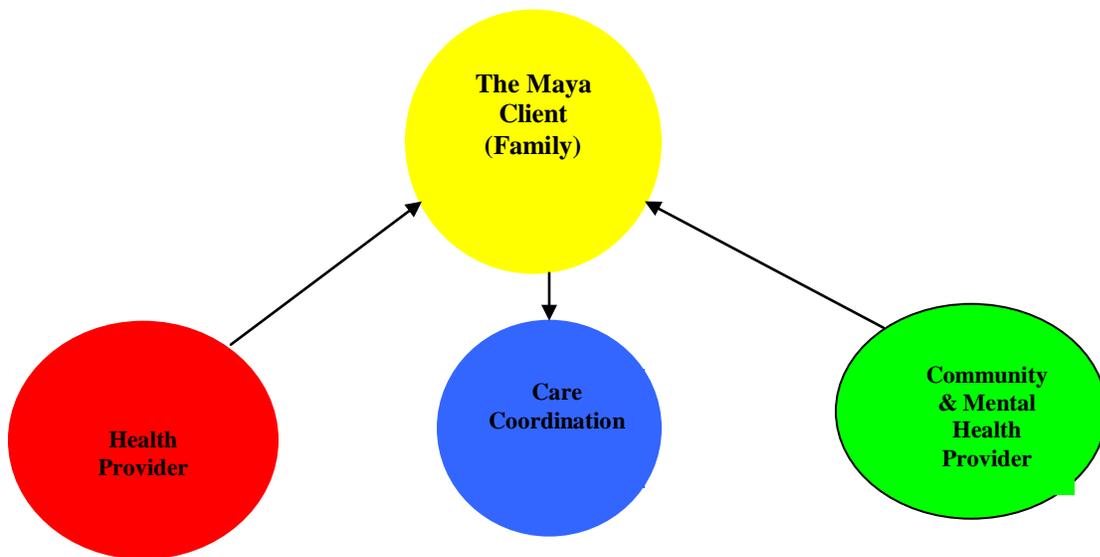
¹³ Weick, A. (1983). Issues in Overturning a Medical Model of Social Work Practice. *Social Work, November-December*, 467-471.

¹⁴ University of South Florida, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute. *Linking Community Helpers & Services with School Serving Latino Families*. Retrieved November 14, 2009 from www.ncddr.org/webcasts/06/RAICES_guide.pdf

...a philosophy that guides service planning and delivery and focuses on providing a comprehensive range of services that are organized within a coordinated network....It includes formal service providers and agencies that can help meet a child's needs, as well as other family members and informal supports that the family relies on in their daily lives. (p.5)

The goals of care coordination are to: improve and sustain quality of life; ensure that a client has access to the best possible care; and improve systems of care and coordination.

Via the community health clinic or institution the individual or family who has been identified in need of services would be assigned a care coordinator who would assess the client's (family service needs). As a result of the assessment, the care coordinator would work with the client/family to develop an individual service plan in order to serve as the framework for service acquisition. The following diagram provides a visual overview of the framework for a system of care:



As a part of the care coordination model, identified Maya could serve in the role as care coordinator. The Maya leadership would receive training in the provision of care coordination, as well as outreach and education in order to serve as a conduit between the Mayan community and the service providers. Thus, providing the community with assistance that is culturally sensitive

in order to access needed services and additionally, enhancing the skills of those Maya leaders who strive to work on behalf of their community members.

What has been learned through the gap analysis is that this project's objectives are appropriate and relevant. However, this is just the first initial step in engaging the Maya population in investing in the health of themselves, their families, and community as a whole.

Appendix A

Health and Community Based Providers in South Florida

Community Organizations	Health and Mental Health Service Providers
<p>Guatemalan Mayan Center-Lake Worth, Florida</p> <p>http://www.racematters.org/guatemalanmayanmulti.cult.htm Jamie Young 561-547-0085/ JYoung@guatemalanmaya.org</p> <p>GMC offers after school programs in Lake Worth and Boynton Beach, literacy programs for mothers and assistance with paperwork, communicating, health care; food, clothes, a place to live and adjusting to life in the U.S.</p> <p>Mission: Promote the well being of the Guatemalan-Maya refugees, especially in the areas of prenatal and postnatal infant care, educational enrichment, cultural continuity, and family preservation and immigration services.</p>	<p>Bethesda Memorial Hospital-Lake Worth, Florida</p> <p>http://www.bethesdaweb.com/ Lisa Kronhaus 561-737-7733 x 4320 Lisa.Kronhaus@BethesdaHealthcare.com</p> <p>Bethesda Memorial Hospital is a fully accredited, community, not-for-profit hospital offering a full array of healthcare services. It is this commitment to the community that has allowed Bethesda to grow and become a 401-bed, community, not-for-profit hospital. BMH sees 55,000 patients in their ER every year and provided \$39 million in charity care last year.</p> <p>Bethesda Memorial Hospital, offers a full array of healthcare services, including a nationally accredited vascular institute ; general and specialized surgery; maternity services; a Level III neonatal intensive care unit; pediatric and pediatric intensive care services ; programs for wound care and hyperbaric medicine.</p> <p>Mission: “provide quality health services in a caring manner, regardless of ability to pay”.</p>
<p>Farmworker Coordinating Council-Lake Worth, Florida</p> <p>http://www.farmworkercouncil.org/ Jorge Gomez 561-533-7227/ JGomez@farmworkercouncil.org</p> <p>The FWCC is a non-profit corporation and chartered by the State of Florida as a non-profit corporation since 1978. The FWCC was created for the purpose of assisting farm workers in need of social and human services, who for reasons of language, lack of transportation, legal status, or economic conditions are unable to participate in programs or services for which they are eligible.</p> <p>The Farmworker Council is a diverse social services agency that addresses the continuing barriers to basic needs faced by migrant farm workers in Palm Beach County. The Council</p>	<p>Florida Community Health Center-Indiantown, Florida</p> <p>Vazquez J Fernando MD 772-597-3596/ jvazquez@fchcinc.org Services: Adult care, OB/GYN, Dental, Pediatrics and X-Rays</p>

Community Organizations	Health and Mental Health Service Providers
<p>continues serving the over 30,000 migrant farm workers and their families in the County.</p> <p>The agency now provides a range of social services with a staff of 11 full time and 3 part time professionals working from two offices: Lake Worth and Belle Glade.</p> <p>Mission: The Farmworker Coordinating Council of Palm Beach, Inc promotes self-sufficiency and improves the quality of life of migrant and seasonal farm workers through education, advocacy, and access to services.</p>	
<p>Corn Maya</p> <p>http://cornmaya.web.officelive.com/default.aspx Jeronimo Camposeco (Director) 561-745-9199 (cell) 561-512-6208/ Cornmaya@bellsouth.net Diane Williams (Social Worker) Cdw9359@aol.com</p> <p>Corn Maya is a non-profit organization that was formed by Mesoamerican refugees in the 1980s. The organization was initially formed in order to assist thousands of refugees, mostly Mayan indigenous people, who were fleeing the civil war in Guatemala.</p> <p>Since that time, Corn Maya has evolved into a service and educational organization located within the El Sol Neighborhood Resource Center in Jupiter. Corn Maya's services include translation, English language classes, emergency services, recreation services (soccer league), and education for immigrants concerning their rights and responsibilities in American society. Corn Maya also sponsors numerous cultural and educational events, including Guatemalan festivals, concerts, lectures, and dances.</p> <p>Mission: To collaborate with local authorities, non-profits organizations, and educational institutions in order to promote cultural awareness, provide access to vital services, and initiate positive relationships between immigrant sending and receiving communities through educational and sustainable development initiatives.</p>	<p>Migrant Health Start Program-Indiantown, Florida</p> <p>Cecilia 772-597-3019/ cecilia2758@gmail.com Services: Free childcare to the children of migrant farm workers, parenting, fatherhood, ESOL, transportation, interpretation and general healthcare</p>

Community Organizations	Health and Mental Health Service Providers
<p>Diocese of Palm Beach Pastoral Maya</p> <p>http://mayaministry.com/index.htm Sister Rachel 561-533-8130/ mayaministry@aol.com</p> <p>Services Provided: Family Literacy: The goal is to help parents become the primary educators of their children. The components of this program include: Adult education, Parent Education, Early Childhood Education and Parent and Child Time (PACT). Adult Education: This component gives mothers a foundation on which to build their language skills by teaching them how to read and write Spanish. It also includes English Literacy classes as well. Parent Education: This component teaches mothers and fathers to become better parents by providing family support and giving them life skills. Early Childhood Education: This component provides children of non-English speakers, from birth to pre-school, a head start on learning English before entering the public school system. Parent and Child Time (PACT): This component encourages and teaches parents to spend quality time with their children. The goal is to enhance both the parent and child’s education. It shows parents how to be the primary educator in their child’s life. Additional Services include: HIV/ AIDS Education, Pastoral Services, Immigration referrals, Social services referrals, Translations, Chaplaincy in prisons and hospitals, Gang prevention, Distribution of clothing, food and other necessities, and Collaboration with other groups to address issues of the larger community</p> <p>Mission: To identify and address the pastoral needs of the immigrant Maya community.</p>	<p>VNA Mobile Health Clinic-Palm Beach, Polk, St. Lucie and Okeechobee Counties</p> <p>http://www.visitingnurses.com/index.asp Sandy Ripper-Brown and Eugenia Millender Sandra.Ripper-Brown@vnaflorida.org and eugeniamillender@gmail.com</p> <p>The VNA of Florida was established as the VNA of Martin County in 1976. The agency started with one office manager, one nurse and one part time physical therapist. In 1983 the VNA expanded into St. Lucie County and in 1993 opened a fully staffed office in Okeechobee County. They now have 11 offices across the state serving over 18 counties with over 400 employees. The Visiting Nurse Foundation was established in 1987 to serve the unmet healthcare needs of our patients. Each year the Foundation donates thousands of dollars in “free and subsidized care” to individuals needing home care and other services.</p> <p>Services: Provides urgent walk-in medical care to homeless and indigent persons however; they struggle with providing treatment, medication and diagnostics.</p>
<p>Member of Guatemalan Counsel of Palm Beach County and Attorney</p> <p>Aileen Josephs 561-723-7629/ josephsA@aol.com</p> <p>In 1994, Aileen opens her own law practice and has been recognized with many awards for her work with abandoned, abused and/or neglected Guatemalan and Haitian children in</p>	<p>Caridad Center-Boynton Beach, Florida</p> <p>http://www.caridad.org/</p> <p>Carmen Nieves-Director cnieves@caridad.org Barbara Vilaseca –Executive Director bvilaseca@caridad.org Connie Berry- School District of PB County / Co-Founder Caridad Center</p>

Community Organizations	Health and Mental Health Service Providers
<p>Florida. Aileen has helped over 40 children by filing dependency petitions in juvenile court and thereafter, via Special Immigrant Law provisions set out in our immigration laws and obtain their Legal Permanent Resident status. It is because of this work, that Aileen was awarded in 2005 the <i>Pro Bono</i> award for the Fifteenth Judicial Circuit by the Florida Bar.</p> <p>Attorney Josephs sits on the Board of the Maya Ministry Diocese of Palm Beach County, www.mayaministry.com and on the Board of the El Sol Jupiter Resource Center, www.friendsofelsesol.com and is in the process of creating a resource center geared to integrating our new immigrants in West Palm Beach, Florida called: Community Link of West Palm Beach.</p> <p>In September 2006 and February 2007, Aileen helped Mima Foundation (a medical group that does medical missions to Bolivia) make their first medical mission to Chimaltenango, Guatemala. www.mimafoundation.com</p> <p>In July 2007, Aileen, as a lay leader for the American Jewish Committee organized with the Center for International Migration and Integration www.cimi.org.il, the Palm Beach County Jewish Federation, Florida Atlantic University and the Guatemalan Consulate in Miami, a workshop geared to Guatemalan leaders titled: “Guatemalans in Partnership for Development”.</p> <p>July 2007, Aileen is named Honorary Consul of Guatemala in West Palm Beach by the Guatemalan Government.</p>	<p>berryco@palmbeach.k12.fl.us</p> <p>History:</p> <p>Caridad Center is a non-profit organization, founded in 1989 by Caridad Asensio and Connie Berry in an effort to help low-income, working poor families in need. Originally focused on providing the bare necessities to those in need, such as food, clothing and safe housing, Caridad has grown to fill the gaps in services and operates medical and dental clinics that provide vital health services to over 6,000 uninsured Palm Beach County residents through the dedication of our 500+ volunteers; resulting in over 24,000 patient visits annually.</p> <p>In addition to the clinic services, Caridad has a grassroots social services program that offers a Homework Enrichment Program, College Scholarships, Holiday Outreach and Emergency Assistance for families in financial crisis.</p>

Community Organizations	Health and Mental Health Service Providers
	<p>Collier County Health Department- Immokalee, Florida</p> <p>Nancy Fees Nancy_Frees@doh.state.fl.us; Services: Provide public health services that include; TB/STD/HIV, WIC, immunizations, migrant housing inspections, Healthy Start and Healthy Families for high risk pregnant women and newborns.</p>
	<p>West Palm Beach Health Center- 45th Street Clinic</p> <p>http://www.pbchd.com/centers/center_west_palm_beach.html</p> <p>Services Provided: Adult Medical, HIV Counseling and Testing, Immunizations, Laboratory Services, Maternity, Pediatrics, Seizure Clinic, Temporary Medicaid Eligibility for Pregnant Women (PEPW), Dental Services, Women, Infants, and Children (WIC) program, Rent/Mortgage payment assistance, Utility payments, Food and transportation vouchers, Adult living facility placement, and Summer lunch program</p>

Appendix B

Service Provider Community Questionnaire

1. What are the primary languages spoken in the community your servicing?
2. What communities do you service?
3. What services are you currently providing?
4. To what extent are providers currently working with the Mayan population?
5. What challenges do you face in your efforts to provide services?
6. What kinds/types of ailments or health issues do Maya clients request assistance or treatment?
7. What challenges do you face in your efforts to provide services?
8. What barriers do you see by the Mayan community in their attempts to access services?
9. What tools and resources do you feel providers/community leaders/Mayan language speakers need to help close the gap?
10. What trends/services do you see? What could you use to assist you better in these areas?
11. What tools/resources currently available have you utilized? How can these be improved to be more responsive to your needs as a service provider?

Mayan Community Leader Questionnaire

1. What are the primary Mayan languages spoken in this community?
2. Where does most of the Mayan community reside?
3. What services do you feel are most needed from Healthcare Providers?
4. Mental Health Providers?
5. Social Services Providers?
6. What cultural sensitivity do you notice that we should be aware of when assisting the Mayan Community?
7. Who translates for the Community when they are unable to communicate?
8. What cultural obstacles do you face?
9. Where does the Mayan population primarily go to receive services?
10. What are the major cultural difference in healthcare between the Mayan community and the way services are provided here in the U.S.? (i.e. Do's and Don'ts)

Appendix C



Innocence lost in translation

From the doctor's office to the courtroom, immigrants often rely on their bilingual children to interpret for them. Are these kids learning valuable life skills -- or shouldering too much family responsibility?

By Cara Nissman

Neisis Santiesteban studies every night, working toward her dream of becoming a real estate broker, answering sample test questions and absorbing the meanings of "amortization" and "actual authority" in the sparse dining area of her small West Palm Beach, Fla., apartment. But the 33-year-old Cuba native doesn't do it alone.

Santiesteban's two sons, 12-year-old Humberto and 11-year-old Orlando Gutierrez, help her by translating items in the test-preparation book from English to Spanish. They drill her with questions -- like "What is the right to rescission?" -- and if she doesn't know the answer or recognize a word, the boys look it up and break down the definition into digestible Spanish bites, often going over a term several times to perfect her pronunciation.

"They help me with the questions, but it's hard because they don't understand all the laws," Santiesteban, who moved to the United States eight years ago, said in Spanish. "We try to look them up, but sometimes I get stuck," says Humberto, a stocky seventh grader.

With 31 million foreign-born people living in the United States -- 11 percent of the population, according to the 2000 census -- Santiesteban's kids aren't the only ones acting as their parents' interpreters. The country's "limited English-proficient" population has ballooned from 6 percent in 1980 to 12 percent in 2000 -- meaning that around 25 million adults depend on their kids to help them understand everything from school permission slips, telemarketers' pitches and food labels to bills, job applications and doctors' prescriptions. According to the U.S. Department of Labor, there are more than 24,000 translators nationwide, but there still aren't enough to represent the more than 300 languages spoken in the United States. And many immigrants are uncomfortable with the idea of translators to begin with -- preferring to speak through their children rather than share intimate details of their lives with strangers. (Illegal immigrants tend to resist professional interpreters because they worry they might reveal information that would spur their deportation.)

"From the moment they land in the United States, many immigrant parents and children reverse roles," said Mojdeh Rohani, social services coordinator at the International Institute of Boston, a nonprofit agency that helps recent refugees and asylees adjust to life in the United States.

"Children find out how to get the phone bill paid or help their parents take the bus. Lots of young children are helping their parents resolve housing and immigration-status issues."

Immigrants' kids say they would rather help their parents than see them use strangers to make themselves understood, but translating information that can affect the well-being of their families -- applications for food stamps, medical history forms -- can be a huge responsibility. Young interpreters can be privy to sensitive information -- the details of a parent's illness, for instance, or debt problems -- when accompanying their parents on trips to obtain social services or to deal with legal issues. Rohani said children of refugees or asylum seekers can learn particularly disturbing information -- including accounts of their parents' torture or rape -- in their role as go-betweens. "I've known many women who've had to share their experiences with their children because they have no choice," she says. "How do you tell your 11-year-old you've been raped? It's such a negative thing for a child to hear. But it happens a lot."

Not all kids are asked to interpret information that serious, but even a trip to the grocery store can be frustrating. And young interpreters can wield a great deal of control within their families, undermining their parents' discipline. "Kids can be very angry and impatient with their parents," said Guerlie Belizaire, a family counselor at the Haitian Center for Family Services, a nonprofit agency that provides resources to Haitian families, in Belle Glade, Fla. "It can be not only embarrassing, but very frustrating to help them. It takes a lot of maturity." A child can take on the role of family financial manager, for example, negotiating rent payments with the landlord and admonishing parents when they make missteps at the bank. "Some of the children who translate for their parents think they can reprimand them," said Marigdalena Rodriguez, a family service specialist at Head Start in West Palm Beach, Fla., who educates families in need of social services about available resources. "They say, 'Be quiet, Mom -- you don't know what you're talking about.'"

Maria and Roberto Garibay of Torrance, Calif., both machine operators, depend on their English-speaking twin 13-year-old sons, Felipe and Ray -- even though the Mexican transplants have lived in the United States for more than 20 years. "We ask them to help when we're going to the bank or making an appointment," said Roberto in Spanish, while watching a soccer game on TV

in his cozy living room. "If we don't know how to say something, we ask them to speak for us." The twins have acted as their parents' English voices for so long, it's become routine. "We have to do it all the time," said Ray. "It's, like, normal."

Over the years, the Garibays have learned bits of English from their sons, but they haven't found time to take formal courses. Many immigrant parents -- some of whom juggle multiple jobs with odd hours -- can't afford to spend several hours a week in a classroom. "Sometimes I'm embarrassed that I don't speak English," Maria said. "I'd like to learn someday."

Esperance Joseph, 13, often morphs into a mini-mom with her 11-year-old brother, Emmanuel. The North Miami seventh-grader monitors his homework and grades because her Creole-speaking mother, Marie, can't read them. Yet she said her mother, who emigrated from Haiti 17 years ago, still rules the roost. "I can't take control," Esperance said. "Only she can say what goes."

Esperance said she once stopped short of lying about a bad grade she had received, recognizing that her mother would eventually find out. But many kids can't resist taking advantage of their linguistic prowess by inflating grades or tweaking teachers' negative comments. "I did that, like, once," said Ray Garibay, sitting in his living room surrounded by family portraits and academic trophies. "At a parent-teacher conference, my teacher said I talked too much. I told my mom, 'She says I'm a good student and participate a lot.'" At first Ray's mother bought the act, but eventually he confessed. "I didn't want to lie to her," he said. "I knew she would find out."

Some parents need their children to help them during school hours, but Marie doesn't let Esperance miss class to interpret. "A child's business is to go to school, not to pay bills," she said in Creole, through a translator. Still, she admits she depends on her daughter to interpret her job applications. "I'm not embarrassed to say that she helps me," she said. "She's my daughter and I'm very proud of her."

But young interpreters can resent their parents for asking them to miss out in school and social activities. "Sometimes I wish my mom would learn English, because I need to go to school," said Rosa Pedro, 11, of Lake Worth, Fla. "We learn a new lesson every day." Rosa manages to maintain A's and B's but often misses classes to interpret for her Guatemalan Mayan mother. Rosa's mother, Maria Mateo, wishes she didn't have to rely on her daughter but believes she has no choice. "It would be easier if I had someone else to turn to, but there's only my daughter," she

said, in Conjubal (a Mayan dialect) through an interpreter. "It's wrong to take her out of school, but what else can I do?"

Some kids look forward to skipping school or dodging homework to help their mothers pick up food stamps or to pay bills, without realizing that the assignments they're missing will add up. "Young kids think, 'Oh, great, I get to get out of school early!'" said Dinny Paulino-Rodriguez, program director of Sociedad Latina in Boston. "But it's not great, because they're having too many absences and missing too much work."

Costa Rica-born Lucia Cortes of West Palm Beach, Fla., tries not to rely on her daughter, 13-year-old Diana, too much. "Most of the time, I try to use bad English," Lucia said. "But when I need her, my daughter helps me a lot." Diana recently helped emergency medical professionals determine why her sister's body had erupted with red bumps. (Turned out, Alex, 9, was allergic to the family's new living room paint.) Lucia preferred to let her daughter talk for her, rather than try to explain herself in broken English. "The doctors don't have the time to listen to me," she said. "They don't have the patience." Diana, an eighth-grader, doesn't mind: "I like to be around adults," she says. "But I don't have phone calls with friends after school."

Eight states have, or are considering, healthcare-related interpretation policies, according to a 2002 National Conference of State Legislatures report. But the cost of good interpreter services can be prohibitive. The Office of Management and Budget reported in 2002 that the annual cost of interpretation services in the nation topped \$267 million, covering 66.1 million emergency-room, inpatient, outpatient and dental visits. Rates for services range from \$25 to \$60 an hour for professional interpreters to \$130 or more for telephone language lines, on which a doctor and patient can hear United Nations-like simultaneous interpretation.

The California Legislature is also grappling with the issue, debating a bill that would ban state agencies and organizations that rely on state funding from using children as interpreters. The bill would mandate them to seek out professional or volunteer interpreting services, community groups or older family members to translate. Leland Yee, 54, the San Francisco child psychologist and California state assemblyman who introduced the bill, was himself an interpreter for his parents growing up, and says he remembers "walking on pins and needles" while dealing with his family's immigration attorneys. "I was worried that I was going to say the wrong thing," he said. "It's not fair to burden kids with the big responsibility of translating. It deprives them of their innocence."

But Santiesteban, the West Palm Beach mother, doesn't think that her children's role as interpreters burdens them -- in fact, she sees it as a life skill. "I'm envious of how well they speak the language," she said in Spanish. "I know speaking two languages will help them find good careers." Both exceptional students, the Gutierrez brothers are optimistic about the future. "I want to become a doctor so that when my mom gets sick, she doesn't have to pay for medicine," Humberto said. "I want to be able to use Spanish and English. I might even learn French."

-- By **Cara Nissman**

In Guatemala, drought leaves hundreds suffering from malnutrition

BY TRENTON DANIEL
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Some children check in. Others don't get to.

Those who make it to the Nicolasa Cruz hospital do so because a parent cobbled together enough money. Others leave because the cash ran out. And others avoid the general hospital altogether because their parents can't afford the pennies it takes to travel here.

These tales are part of the larger national discussion that has emerged in Guatemala after 14 children died in July of malnutrition and related causes. The worst drought in 30 years in Guatemala's dry corridor, where the city and department of Jalapa are located, killed almost 80 percent of the country's crops and depleted the food supply of subsistence farmers. President Alvaro Colom announced a ``public calamity."

The children's deaths were in keeping with the more than 460 people who died this year of malnutrition in Guatemala, government officials say. Malnutrition is a perennial problem here; almost half of Guatemala's children under 5 suffer from chronic malnutrition, among the highest rate in the world, according to UNICEF.

Still, the focus is on Jalapa. About 130 children in the province are at risk of dying from malnutrition, says Catholic Relief Services.

On Sept. 26, Miami Herald photographer Carl Juste and I toured the Nicolasa Cruz, the Jalapa hospital that pushed Guatemala's malnutrition issue back into the public spotlight. Amid the Winnie the Pooh decorations on the walls and newly donated cribs, a few dozen mothers -- including one who was 16 -- rocked their tiny children in their arms. We were told the fathers were out searching for work.

These children were the lucky ones.

In the hills above the city of Jalapa, some children of subsistence farmers will never see a hospital -- even if the signs of malnutrition are obvious to outsiders. Mothers told us they couldn't afford medical treatment for their children or understand why a child was ill.

At house after house, children emerged from their adobe dwellings. They each displayed varying symptoms of malnutrition, according to a nutritionist who led the way.

Olga Gonzalez Lopez was 8 but looked 5. Chronic malnutrition.

Her younger sister, Jennifer, was also stunted: Two years old but looking just 5 months, she had swollen cheeks, a blank gaze and bloated legs speckled with large mosquito-like bumps, likely stemming from lack of hygiene or a bad diet. Grandmother Victoria said the toddler stopped eating. Acute malnutrition.

Neighbor Doris Gonzalez was 9 but looked much younger at 43 inches. Chronic malnutrition.

Her 6-month-old sister, Nely, had thin hair. Acute.

A pair of boys had cheeks with white splotches.

In response to the reports, the government and relief agencies delivered emergency food supplies to Guatemala. Venezuela, Ecuador, Chile and other countries have followed suit with shipments of beans, corn, and other food supplies.

But the relief won't last forever. The World Food Program warns that aid will end by the end of September if more money is not made available.

Meanwhile, families such as the Lopez's look to the sky for showers.

``We're going to pray to God that there will be rain," said Victoria Lopez, the grandmother of Jennifer, ``so that there will be a harvest."

Appendix D