

The Persistent Problem of Indigenous Guatemalans' Access to Health Care

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Four years ago, I traveled to Guatemala on a medical mission to translate for a team of doctors working for a charity hospital called *Hospital de la Familia*. It was there where I met José Engel Santos Colomo. José lives in a small indigenous village over 300 miles to the east of Nuevo Progreso, a small town in the northwest of Guatemala where a San Francisco-based foundation established Hospital de la Familia. José does not have access to medical care. He heard that there would be a group of American doctors providing care in Nuevo Progreso and at dinner one night he said he wanted to go, yet he could not go alone because he was blind. José could no longer tell day from night and had been without vision for ten years, since the age of forty. José's ten-year-old grandson Miguel said that he would take him to the American doctors. For two weeks, Miguel and José walked to Nuevo Progreso, occasionally hitching rides in the backs of pick-ups and begging for food along the way. José fell so many times on the journey that by the time he got to the hospital, doctors did not know whether he was there for all of his scabs and bruises or for his vision. José was my father's first patient and upon examination, it was determined that he had cataracts. Cataract surgery was performed the same afternoon, but nothing would be known until the bandages were removed the following morning. Miguel tried to sleep next to his grandfather, but told us the next morning that he could not sleep because he was too busy praying. The next morning, Miguel led José into the examination room so my father could remove the bandages. The bandages were removed and it was hard to tell at first if José could see anything because he was trying to blink away the mucous that had collected under the bandages. He looked down and it was obvious to those in the room that he could see a little

boy looking up at him whom he had never seen until he ran his hands along his cheeks. When José realized that this little boy was Miguel, he began to cry, as did everyone else in the room.

This is solely the story of one of the many Josés in Guatemala. The differences in health between indigenous and non-indigenous Guatemalans are obvious. Guatemalan indigenous lead Central America in infant mortality at 84.1 deaths per one thousand children less than one year old and seventy two percent of mothers not receiving any prenatal care.<sup>1</sup> Infant malnutrition (from ages zero to five) lingers at the astronomical rate of eighty two percent and over one hundred thousand children have eye diseases as a consequence of malnutrition and a lack of vitamin A.<sup>2</sup> The question of why the indigenous do not have access to medical care has plagued me since that trip and is why I began investigating the topic. Finally I came to a conclusion. Indigenous Guatemalans lack access to healthcare due to the labor system, their denial of land, language barriers, and urban centralization.

### **Historical background**

The problems of the indigenous people are a direct product of Guatemala's colonial and political struggles. Guatemala's colonial vestiges and their civil war have created a dual society in which there are indigenous and non-indigenous, each being viewed differently by the government and affecting their access to services. After the conquest of 1524, the Spanish imposed colonial rule and a colonial labor system in which the indigenous people were forced to work for the Spaniards and non-compliance meant death or slavery. After independence this system of labor prevailed especially with the introduction of coffee into the economy. Indigenous land was expropriated and converted into plantations, creating internal divisions, still seen today, in which there are *ladinos* and indigenous people, who are Mayan. Ladino during colonial times

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<sup>1</sup> León, Luis Eduardo Martínez de. *Guatemala: Entre el dolor y la esperanza*. València: Universitat de València, 1995. 126.

<sup>2</sup> León, 127.

came to mean a “Spanish speaking Indian<sup>3</sup>” and now refers to anyone who is not culturally indigenous. The coffee plantations gave control to the wealthy over the indigenous because the rich held the economic power and the divide between the indigenous and ladinos widened. This divide was hoped to lessen under the leadership of Jacobo Arbenz who was elected on March 15, 1951. His platform focused on reducing social inequalities and creating an economically independent Guatemala. To meet these goals he began with Guatemala’s first real agrarian reform, which angered the United Fruit Company, the large US company that based most of its business in Guatemala. By June 1954, twenty-five percent of arable land had been expropriated and large landowners feared that their land would be confiscated.<sup>4</sup> This fear caused the Catholic Church, landowners, and the army to push for Operation Success, which was a CIA engineered overthrow of the Arbenz government. The US followed through and imposed economic sanctions, labeled Arbenz as a Stalinist, and threatened that the marines would invade if he did not step down from power. On June 27, 1954, Arbenz resigned his position as president and Guatemala began to regress in their land reform and their progress with indigenous rights.

After years of being excluded from the political sector and not being given any rights, frustrated Guatemalans began to take up arms and the thirty-year civil war began. By the 1970s, the guerillas had a mainly indigenous social base, which included the Guerilla Army of the Poor (EGP) and the Revolutionary Organization of People in Arms (ORPA). Under the auspices of war, the national army and the guerillas committed massive human rights violations, which included many unsolved guerilla disappearances as well as massive killings of indigenous peoples.<sup>5</sup> Under General Rios Montt in the 1980s, Guatemala was the scene of a Latin America holocaust in which at least 30,000 indigenous were brutally murdered, body dumps covered the

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<sup>3</sup> Smith, Carol A. *Guatmalan Indians and the State: 1540-1988*. Austin: University of Texas, 1990. 86.

<sup>4</sup> O’Kane, Trish. *Guatemala*. New York: Interlink, 1999. 20.

<sup>5</sup> Gleijeses, Piero. *Politics and Culture in Guatemala*. Ann Arbor: University of Michigan, 1988. 10.

country, and morgues were overflowing.<sup>6</sup> After various other dictators, this war, based on land rights and indigenous injustices, came to an end when the Peace Accords were signed in 1996. The Peace Accords were supposed to remedy the problems the indigenous faced such as rights to land, other basic human rights, and reforms of the health care system; however little has been seen of the progress, the health system has not been improved, and the health of the indigenous population continues to suffer. All in all, the thirty-year civil war, whose goal was to lessen inequalities, did little for much of the indigenous population.

### **Guatemala's health care system**

Guatemala's health care system is a segmented model system in which health care is delivered by three separate systems: the Ministry of Health (MOH), the social security system, and the private system. There is very little coordination among the three systems and forty-six percent of the population does not have access to any of these systems.<sup>7</sup> Of the fifty-four percent that do have access to health care, fifteen percent are provided care through the Instituto Guatemalteco de Seguridad Social (IGSS) (the social security system), twenty-five receive care through the Ministry of Public Health and Social Assistance, and fourteen percent utilize the private sector.<sup>8</sup> This fragmented system is severely under funded and concentrated mainly in urban areas, with seventy five percent of health services being found in cities. The private sector is relatively small due to the fact that the amount of people that can afford private services is few. The entire Guatemalan health system is massively under funded with health care expenditures not surpassing much more than thirty dollars per capita for both the public and private sectors and not making up more than .7% of the total GDP.<sup>9</sup> After the peace accords of

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<sup>6</sup> O'Kane, 27.

<sup>7</sup> Cardelle, Alberto José Frick. *Health Care Reform in Central America*. Miami: North South Center Press. 2003. 49.

<sup>8</sup> Cardelle, 40.

<sup>9</sup> León, 29.

1996, there were attempts to reform the system and coordinate care at local levels, with the goal of lowering infant mortality by fifty percent and increasing overall health coverage by one hundred percent, in turn increasing care for indigenous people. The main idea for the reform was to have the MOH be the normative regulator and to decentralize the *sistemas sanitarias*, which are the local systems of health care composed of secondary hospitals and primary hospitals, with the primary hospitals acting as referral hospitals. This plan was to have increased coverage, reach the rural areas, provide higher quality care, and promote healthy environments, along with increasing the availability of drinking water and better rural sanitation all by 2003. Yet this obviously has not occurred. The core reform project today is called *Sistema Integral de Atención de Salud (SIAS)* (Comprehensive Health Care System) and is the primary way in which increased coverage is to happen. The SIAS seeks to provide basic health care through the creation of basic health teams for every ten thousand people or 3,200 homes. Basic health care included maternal childcare, nutrition, communicable disease control, health promotion, and improved sanitation. So far, the results are still to be awaited and because of these downfalls in the health care system there continue to be remarkable differences between the health of indigenous and non-indigenous Guatemalans.

The problem with the Guatemalan government's reforms is that they do not take into account what has caused the problems in the first place. They do not place importance on the socioeconomic and political factors that created the unequal health care system from the start. The reforms still do not account for the fact that the health care system is weighted toward the rich and urban areas and is completely centralized because of the trend to serve the wealthier. The system cannot be changed if the socioeconomic and political factors are not put into consideration and are counteracted. Not even in Guatemalan medical schools do they shed light

on the socioeconomic environment and the way in which it affects health, and thus the system as a whole does not place much value on the care of the indigenous peasants. Vincente Navarro of Johns Hopkins states that “the fact that most curricula in Latin American medical schools emphasize ‘... the engineering approach to the understanding of the body and its diseases and tend to ignore the understanding of the socioeconomic environment that brought out the disease.’ He goes on to say that not only is health dependent on a number of social and economic factors, but that ‘...an egalitarian society is required in order to achieve an equitable distribution of human resources.<sup>10</sup>” Understanding the problems of the health care system must be taught and not ignored. This ignorance of the underlying problems has allowed unequal medical access to fester for years. Another factor to consider is that the system will never improve, as long as there is a demand for unskilled agricultural labor, which I will focus on later. Overall, the Guatemalan health care system cannot be improved unless the factors that impede it are recognized.

### **Urban centralization**

The urban centralization of the Guatemalan health care system is a large part of the problem of why the indigenous do not have access to health care. Three fourths of all indigenous people in Guatemala live in dispersed rural villages; however, most of the hospitals are located in urban areas.<sup>11</sup> Most of the medical resources in Guatemala City are modern hospitals with open heart surgery units, renal dialysis, neonatal intensive care, etc., while there is hardly any effort to have any medical care in rural areas and no hospitals of this caliber are seen in rural areas such as Nuevo Progreso, described above. Thus, the indigenous, who mainly live in rural areas, are left without care and without access to these types of medical facilities.

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<sup>10</sup> Heggenhougen, Harold Kristian. *Health Care for the “Edge of the World.”* Ann Arbor: University Microfilms, 1979. 20.

<sup>11</sup> Luecke, Richard. *A New Dawn in Guatemala: Toward a Worldwide Health Vision.* Long Grove: Waveland Press, 1993. 57.

In the 1970s, the Ministry of Health constructed six hundred health posts in the countryside called *puestos de salud*, yet these whitewashed buildings now stand empty and closed. In larger towns there are private doctors and hospitals, but they are of no help to the indigenous because their services are too expensive, so children die because care is too costly. The hospitals that do exist in the rural areas are just too few and are inefficient. In urban areas, there is an average of thirteen hospital beds per ten thousand inhabitants, yet in rural areas such as Huehuetenango there are only 2.8 hospital beds per ten thousand people.<sup>12</sup> The health of rural people is considerably worse to begin with so the fact that there are fewer beds for a sicker population does not make sense. Even if indigenous people do have access to a medical institution, receiving care is limited because the facilities are simply too small to accommodate all the patients. There also are very few doctors in rural areas. During recent year there has been on average 7,239 doctors in Guatemala with each doctor having an average of three thousand patients, yet in rural areas doctors can be responsible for up to twenty five thousand people.<sup>13</sup> Twenty five thousand patients per one doctor is far too many people to provide any sort of regular or quality care. Going to the doctor for a yearly physical is out of the question and it is because of this that problems go undetected and worsen to the point that they are chronic. Thus, indigenous people, even if they have the physical buildings for medical care close to where they live, cannot receive medical care in the building because there are not enough doctors to provide the care.

Another problem with urban centralization is that there is not much incentive to place safe drinking water systems in rural areas. Eighty percent of rural drinking water is

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<sup>12</sup> León, 129.

<sup>13</sup> León, 129.

contaminated.<sup>14</sup> This leads to health problems in itself. Unsafe drinking water causes parasites, hepatitis, and other diseases that could be eradicated by simply implementing safe water systems. USAID has started efforts to combat this problem through building water systems for rural areas. They have invested in efforts to decentralize public health care and elements relating to it, such as clean drinking water. They have begun to put in place information systems and management training at lower levels of the health system to better the care in rural areas.

The problem of urban centralization is a problem that plagues many indigenous people on a daily basis, especially those that suffer from ailments such as diabetes.<sup>15</sup> Many of these chronic ailments go undiagnosed because doctors are not available to make the diagnoses. Those that do receive diagnoses find it difficult to keep up with their medications because they find it difficult to get their prescriptions filled when a local pharmacy is not available. American doctors find that patients discontinue use of a drug when they run out, whether or not they need a refill.<sup>16</sup> Contaminated water causes gastrointestinal problems and parasites, as well as more chronic diseases that remain untreated. These problems will not be solved until doctors are given some incentive to provide care in rural areas and the government invests more money in rural health care.

### **Language**

Many of Guatemala's indigenous people do not speak Spanish, but speak their indigenous languages of Quiche, Mam, etc. and most non-indigenous people only speak Spanish. Ninety five percent of indigenous women are illiterate, with Guatemala leading Central

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<sup>14</sup> León, 130.

<sup>15</sup> Rural Guatemalans do not take insulin shots, yet take pills due to the inability to refrigerate the medications and return to the doctor for more medication due to expiration dates. (Pills have longer expiration dates.)

<sup>16</sup> At Hospital de la Familia in Nuevo Progreso, American doctors have commented that patients should have continued with medications, but they did not refill it.

American in the least amount of money spent on education.<sup>17</sup> The UN recommends that five to seven percent of the GDP be spent on education and Guatemala hovers around two percent.<sup>18</sup> Because of this inability to speak the “official” language, Mayans feel unwelcome in hospitals; and rather than endure an unpleasant hospital visit, they simply do not visit the doctor, leading to perpetual bad health.

There have been efforts to improve literacy, such as the plan that all teachers in Mayan areas should be bilingual and children should be taught in the mother tongue as well as in Spanish, as opposed to before when children were punished if they did not speak in Spanish. The goal of the reform is to allow indigenous communities a role in the curriculum of their children’s education with the idea that attendance and literacy rates will increase. So far, the improved literacy rate is still to come.

An important effect of illiteracy is the inability to vote. Since a large percentage of the indigenous population is either illiterate, does not speak Spanish, or both, they cannot vote in elections due to the fact that the ballots and information are in Spanish.<sup>19</sup> If they cannot vote in elections, they have no say in the political process or leadership, and the majority of reforms will not be based around their needs. In the last elections, 757,000 Guatemalans out of eleven million voted due to the facts that the indigenous could not understand the ballots and the majority of polling places were in cities making them inaccessible to rural indigenous.<sup>20</sup> This is a very important aspect in the unavailability of health care to indigenous Guatemalans. In a country where over half of the population is indigenous, one would assume that the government would be centered on the majority of the population. In Guatemala however, the majority of the population

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<sup>17</sup> León, 130-131.

<sup>18</sup> O’Kane, 43.

<sup>19</sup> Davies, Frank. “Diary of Death Squad Details Political Murders in Guatemala.” 21 May 1999. Online. 12 Dec 2006. <<http://isla.igc.org/CurrentEvts/199905.html>>.

<sup>20</sup> Davies, Frank.

does not vote and cannot vote because of the electoral system and thus the government is centered on the minority, in this case being the ladino elite. To the elite it does not matter that fifty percent of the poorest people only receive sixty one percent of the necessary calories for the day or that ninety-eight percent of rural children have internal parasites.<sup>21</sup> The elite's health concerns are being tended to and they maintain a good infant mortality rate and good care on a regular basis. Because of this system in which only the interests of the rich are voiced, the poor indigenous fall into a cycle of never receiving what they need and their opinions are never voiced. The measures that the indigenous would like to be passed are not passed because there are not people voting for them. Thus the desire to have better access to health care, drinking water, or education is thrown by the wayside as the rich continue to vote for their interests, which do not involve the poor, and the poor continue with out health care.

### **Colonial labor system**

Another barrier to health care is the labor system that was put in place during colonial rule. Under this system of labor, indigenous people were forced to work for the Spaniards or fear death. This system was continued with the introduction of coffee to Guatemala. However, as time went on, death was replaced by minimal pay and awful working conditions. In the 1930s, the Boston based banana company, United Fruit Co., began business in Guatemala that continues today. Guatemala was labeled a "banana republic economy," characterized as having unequal distributions of land and wealth, uneven development, and dependence on a few export crops and foreign investment. Guatemala still uses the banana republic labor force today and the United Fruit Co., along with coffee plantations, from 1931 to 1944, continued the use of forced labor under the dictatorship of Jorge Ubico. He put in place a vagrancy law against landless Maya that required the Maya to work 150 days a year on the plantation and carry a book to document the

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<sup>21</sup> León, 127-128.

dates worked. If they did not work, they could be arrested. Today, these vestiges remain; eighty percent of the agricultural workforce is Mayan and the sixty-eight percent of indigenous people that work in agriculture are forced to work long hours for hardly any pay.<sup>22</sup> In 1997, coffee was still the most important export crop and made up a quarter of the income from exports, proving that not much has changed in terms of the economics of the country.<sup>23</sup> Formal employment hardly exists for the indigenous as only thirty four percent of the economically active population of three million works for the formal sector.<sup>24</sup> Because so many indigenous work in the informal sector and wages are not reported to the government, the few labor laws that Guatemala has are not enforced and work conditions are awful and dangerous. There is absolutely no reinvestment in human growth; a leading reason to why access to health care is so awful. Employers have no incentive to keep employees healthy because the indigenous have no other choice but to work on the plantations, and thus it also does not matter how much they are paid. The plantations are situated in rural areas where indigenous are the main inhabitants. There are no other jobs and the indigenous must work on the plantations to provide income for their families. The only objective of the plantation owners is to keep the workers healthy enough to report to work each day, which does not mean much, when workers work with hardly any vision, hernias, and gastritis and are forced to go to work, because if not, they are not paid. Workers are so strapped for money that when the seasons change and there is a harvest outside of their home area, they travel away from their families for extended periods of time for work. Five hundred thousand indigenous people that work in the western plains migrate down to the southern coast during their harvest season to

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<sup>22</sup> O'Kane, 44.

<sup>23</sup> O'Kane, 46.

<sup>24</sup> Frank, Luisa and Philip Wheaton. *Indian Guatemala: Path to Liberation*. Washington, D.C.: EPICA, 1984. 19.

work in the fields for pennies a day.<sup>25</sup> This system in which the poor are forced to work for minimal pay and have no other choice leads to an incredible wealth disparity.

Guatemala as a whole has one of Central America's highest GDPs yet it is also one of the most unequally distributed. Generally, the poorest ten percent take home 0.6 percent of the income, while the richest ten percent take home 46.6 percent of the income. It is impossible for those that take home .6 percent of the income to ever be able to afford health care or even be able to afford to take a day off of work to get the care they need. In the beginning of the 1990s, eighty-nine percent of the population was labeled as poor while sixty-seven were extremely poor; more than fifty percent of these poor indigenous were unable to meet their basic food needs. In 1996, the minimum wage in Guatemala was 15.95 Quetzals daily for agricultural worker and 17.6 Quetzals for non-agricultural workers, which is \$2.10 and \$2.33 respectively; not enough money to keep a family healthy.<sup>26</sup> The *maquiladora* factories did not help the working conditions or the indigenous' living standards as they promoted cheap labor and tax free zones for companies. Two hundred and twenty five of these factories were built in the 1990s, where 70,000 workers were employed making less than \$1.25 an hour, enduring twelve and thirteen hour days and only receiving three minute toilet breaks.<sup>27</sup> These factories also are homes to many workplace injuries that are left untreated, because the employer does not care for them and the worker is too poor to pay for treatment. These maquiladora industries only promote the indigenous-ladino divide and push the indigenous farther down in society. The World Bank states the "indigenous people in Guatemala are the poorest of the poor" due to their labor system.<sup>28</sup> Union membership does not solve the problem as less than five percent of the

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<sup>25</sup> León, 136.

<sup>26</sup> O'Kane, 54.

<sup>27</sup> O'Kane, 55.

<sup>28</sup> O'Kane, 44.

workforce belongs to unions because of the history of violence Guatemala has against the indigenous people.<sup>29</sup> In the Guatemalan labor system, the poor are in a position where they cannot move up in society because they are forced to have every family member work to put food on the table. The jobs that the indigenous work are poorly paid and unregulated, with the employers' goal of simply keeping the employee healthy enough to work. With this sort of labor system in which there is no investment in the worker and the poor cannot move up in society, physical health is destined to be bad and their access to health care is slim to none because they cannot afford it and their employers do not encourage it nor provide it.

### **Land**

The indigenous remain stuck in this system and class of society as they cannot gain access to land. Land in Guatemala is the key to wealth in rural areas, where the majority of the indigenous reside. Indigenous Guatemalans, as stated before, work the land rather than own it, which has for centuries placed them at the bottom of society without a say in much of anything. This denial of land to the native people began with the system of *repartimientos* in which land was distributed to the colonizers and the indigenous were expected to work the land. Every Sunday after mass, all the indigenous men gathered outside of the church and waited to be distributed among the *repartimientos* to work. The indigenous people were forced to work on these lands and non-compliance could mean death. From this point after the conquest, land became nearly impossible for the indigenous people to own.

In 1871, criollos and ladinos acquired land to use for plantations to grow export crops and the indigenous were once again expected to work these lands without the promise of ownership. The creation of plantations affected more than just land distribution, but also caused a division in society. The plantations created a society in which there were proletarians, semi proletarians, and

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<sup>29</sup> O'Kane, 49.

agents of the proletarianization process. In this process, proletarians and agents were to become ladinos and semi proletarians were to stay as Indians. This division in society was only increased with the introduction of coffee. Along with the introduction of coffee, the little legislation there was to save indigenous lands was abolished and the rural population was transformed into migrant farm workers. Wealthy ladinos even went so far as to move to Mayan lands and take away the last remaining parcels of land the indigenous owned.

Throughout the nineteenth century, land was the chief source of wealth and power for the elite and was a source of subsistence for the rural poor as it remains today. The situation worsened as coffee became the main export crop and indigenous highlands became the new target of plantations, since coffee requires high attitudes. The coffee industry provided the motivation for the state to assert control over the rural indigenous people. These now landless peasants became the new workforce; by the end of the 1800s, the indigenous owned hardly any land.

In 1936, President Jorge Ubico abolished debt peonage and replaced it with vagrancy laws in which he declared that every Indian who was not the owner of a certain amount of land was a vagrant and was required to work a certain number of days a year on the plantations. He nationalized the Indian labor force to guarantee that there was an ample supply of cheap labor for the coffee plantations' cultivating and harvesting. Ubico only worsened the situation for the indigenous and by 1950 the agricultural census showed that ladino farm operations averaged 59.6 acres, while Indians averaged only 7.48 acres; a considerable difference, even though the vagrancy laws had been abolished in 1948. Ladinos composed only twelve percent of farm

operators but controlled sixty six percent of land.<sup>30</sup> The situation remained grim until Jacobo Arbenz came to power.

With Arbenz, the first real agrarian reforms began to take place. On June 17, 1952, Decree 900 took place in which large expanses of uncultivated land were expropriated, mainly affecting large landowners who were then compensated by government bonds. The reform in its entirety only affected about 1,710 people who had owned over half of the private land in Guatemala. Arbenz's plan was designed to attack feudalism in the countryside and inspire more productive and fair agricultural production. Land reforms were slowly moving in the right direction. Two years later in 1954, twenty five percent of the arable land had been expropriated and large landowners began to fear confiscation of their lands. Thus, the Catholic Church, landowners, and the army pushed for the United States to overthrow Arbenz in a CIA engineered plan entitled Operation Success. The US complied with their demands and overthrew Arbenz, threatening that if he did not step down, the Marines would invade. Following the resignation of Arbenz, the agrarian reforms were reverted and a thirty-year nightmare of military rule plagued the country. After the peace accords of 1996, when the Civil War finally came to a close, land reform was supposed to occur yet again, but the results are still to be seen.

This factor of land inequality in Guatemala is the most important factor in poverty. Most of the usable land in Guatemala belongs to large commercial farmers, leaving little to the indigenous people. Two percent of the farms in Guatemala use sixty five percent of the land, proving that a few large farms take up most of the land, leaving the rest of the land to smaller farms and individual families.<sup>31</sup> This two percent of farms use the best land in the country and leave less than half of the country's suitable land for the indigenous. Through history, the

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<sup>30</sup> Heggenhougen, 165.

<sup>31</sup> Jonas, Susanne and David Tobis. *Guatemala*. Berkeley: NACLA, 1974. 14.

indigenous have been denied land and have been given just barely enough to survive off of so that they can work on the plantations that are the cause of their denial of land. The unequal characteristic of land distribution in Guatemala has furthered the poverty of the indigenous people as well as their poor health and their inability to pay for medical services or even reach them.

The colonial system which brought about the “banana republic economy” is why indigenous do not have access to land, are mostly in rural areas, and do not have access to education. It is the colonial system that must be blamed for the poor health and lack of health care access of the indigenous people of Guatemala. Their denial of land is directly related to their colonial workforce as well as their problems with education and their rural living. They are not urbanized because their work involves the plantations out in the countryside. These plantations are the cause of their denial of land, and are also why they cannot afford to educate their children, and why they are so far away from medical facilities in the cities. All the factors of land denial, their colonial style workforce, inability to speak Spanish, and the urban centralization of health care are all causes of why the indigenous people of Guatemala do not have access to health care.

In order to improve health care in Guatemala, the system must be restructured and decentralized. Improving availability of health care involves looking at the factors that cause it: land denial, colonial workforce, education, and urban centralization. There would have to be much greater land reform and land would have to be more readily available to indigenous people in order for them to grow their own food supply and raise their own livestock. This in itself would resolve the problems Guatemala faces with malnutrition. It also would solve some problems that Guatemala faces with poverty because people would not have to reserve part of

their income for food, if they could grow more of it at home. If more coffee plantations, or plantations in general, were fair trade, many of the problems with the colonial workforce would be resolved. Indigenous people could make more money and not be faced with poverty every day. They could possibly even take a day off to visit the doctor or even be able to afford a doctor, both things that many people cannot do today. This in turn would resolve the problem of education as hopefully more people would be able to afford to send their children to school instead of having to work and more of the indigenous population would become literate and learn to speak Spanish. Having an indigenous population that speaks Spanish is crucial because then the population can vote and their opinions are heard. Ballots should be made in indigenous languages as well as polling centers should be dispersed throughout rural areas so indigenous have the opportunity to vote. And last of all the government needs to reinstate the health posts that were created so that health care is more readily available in areas outside of the cities. This would take care of itself if the indigenous people voted and had their voices heard. All the factors of why the indigenous people do not have health care are interrelated and are directly related to their colonial history.

It is hard to tell if things will improve in the near future, but for now the future looks grim. Infant mortality rates do not seem to be decreasing at a substantial rate and nor do percentages of malnutrition. The labor force is also not improving, as people seem to still be working for pennies a day. It will still be up to charitable foreign organizations to care for the poverty stricken indigenous population of Guatemala that does not have access to health care. It will also be important for international organizations such as the Pan American Health Organization (PAHO) to continue to provide information on the status of health in Guatemala to inform others of the situation and encourage help. For change to occur in Guatemala, it will have

to begin with reforming the workforce, implementing land reform, investing in education, and investing more in rural medical centers and all of this help will have to start from the outside and work itself into the politics of the country.

Works Cited

- Adams, Richard and Santiago Bastos. *Las Relaciones Étnicas en Guatemala, 1944-2000*. Antigua: Cirma, 2003.
- Cardelle, Alberto José Frick. *Health Care Reform in Central America*. Miami: North South Center Press. 2003.
- Davies, Frank. "Diary of Death Squad Details Political Murders in Guatemala." 21 May 1999. Online. 12 Dec 2006. <<http://isla.igc.org/CurrentEvts/199905.html>>.
- Frank, Luisa and Philip Wheaton. *Indian Guatemala: Path to Liberation*. Washington, D.C.: EPICA, 1984.
- Gleijeses, Piero. *Politics and Culture in Guatemala*. Ann Arbor: University of Michigan, 1988.
- Heggenhougen, Harold Kristian. *Health Care for the "Edge of the World."* Ann Arbor: University Microfilms, 1979.
- Hospital De La Familia. 25 May 2004. 20 Sept. 2006  
<<http://www.hospitaldelafamilia.com/index.html>>.
- Jonas, Susanne and David Tobis. *Guatemala*. Berkeley: NACLA, 1974.
- León, Luis Eduardo Martínez de. *Guatemala: Entre el dolor y la esperanza*. València: Universitat de València, 1995.
- Luecke, Richard. *A New Dawn in Guatemala: Toward a Worldwide Health Vision*. Long Grove: Waveland Press, 1993.
- O'Kane, Trish. *Guatemala*. New York: Interlink, 1999.
- Smith, Carol A. *Guatemalan Indians and the State: 1540-1988*. Austin: University of Texas, 1990.