

CHALLENGING MAYA CONCEPTIONS OF ILLNESS AND WELLNESS:
THE KAQCHIKEL AND COVID-19

A THESIS


SUBMITTED ON THE FOURTH DAY OF MAY 2021
TO THE DEPARTMENT OF LATIN AMERICAN STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
OF THE SCHOOL OF LIBERAL ARTS
OF TULANE UNIVERSITY
FOR THE DEGREE OF
MASTER OF ARTS

BY



Nicolas S. Barnum

APPROVED:



Judith Marie Maxwell, Ph.D.
Director



Marc Zender, Ph.D.



Andrew McDowell, Ph.D.

ACKNOWLEDGEMENTS

First, I would like to thank my committee members Dr. Maxwell, Dr. Zender, and Dr. McDowell for their time and attention put into the completion of this thesis. Without their input and guidance, this thesis would surely be lacking. I would like to give special thanks to Dr. Zender and Dr. Maxwell who both nourished my interest in Mayan and Mesoamerican cultures and languages and indulged me in many hours of conversation about numerous topics. Perhaps most importantly, I want to thank all the Oxlajuj Aj instructors including Ixnal, Ixkamey, Aq'ab'al, Mokchewan, Lajuj B'atz', and Oxlajuj B'atz' for their collaboration with me on this project and their wisdom. I recognize that their time is valuable, and I appreciate that they chose to spend some of it to help me. *Janila matyöx chiwe'*! I also extend this gratitude to Marcotulio Pichiya', the translator for the Kaqchikel Cholchi'. *Janila matyöx chawe'*! I would also like to thank my partner Clare and my dog Kate for their support, love, and understanding while I was working on my thesis. Their constant presence and encouragement during the difficult task of writing is greatly appreciated. I would also like to thank my cohort of M.A. students who endured this process with me, Sarah Scism and Lilian Lombera, with whom I commiserated and collaborated during this strange time in our lives. I would also like to give a special thanks to Jimmy Huck for setting up the thesis writer's roundtable that facilitated interaction between other M.A. students during this process and for his unwavering enthusiasm and willingness to go above and beyond for his graduate students. Lastly, I wish to thank my parents Scott Barnum and Meg Barnum who encouraged me to follow my passion and for their genuine interest in my studies. Thank you all.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
Chapter	
1. INTRODUCTION.....	1
Methodology	
Literature Review	
Western Ideas of Illness	
Mayan Conceptions of Body, Illness, and Healthcare	
2. BACKGROUND.....	18
Illness Terminology	
A Brief Note on <i>nimab'äl k'u'x</i>	
The Kaqchikel and Epidemics: An Historical Perspective	
3. TIQATO' QI' (LET'S TAKE CARE OF EACH OTHER).....	33
4. WUQU' KAWOQ.....	44
5. INTERVIEWS.....	52
Ixnal	
Ixkamey	
Aq'ab'al	
Mokchewan	
Marcotulio Pichiya' - Translator for the Kaqchikel Cholchi'	
6. CONCLUSION.....	64
Limitations	
Further Research	

Appendix

1. KAQCHIKEL CHOLCHI' TRANSCRIPTIONS.....	67
BIBLIOGRAPHY.....	89

Chapter 1- Introduction

Illness shapes us and is shaped by us. Much of our existence as humans is marked by illness, either our own or that of our friends and loved ones. There are times when certain illnesses have fundamentally reshaped our understanding and attitudes toward illness (the plague, influenza, smallpox, tuberculosis, cancer, etc.). Before we understand a novel illness and its symptoms, there is always an element of panic and fear of the unknown. Of course, these fears are not necessarily mitigated once we do know more, but they can be channeled more efficiently. Often these fears center around what the illness does to one's body and the contagiousity of the illness. The COVID-19 pandemic is undoubtedly one of the moments in which humans have re-examined, albeit forcefully, illness and our relationship to it. By considering how the Kaqchikel have grappled with illnesses in the past and the current COVID-19 pandemic, we can learn new ways of considering what it means to be ill and how we can heal. With this study, I aim to investigate the way that COVID-19 is conceptualized through the cultural and linguistic lenses of the Kaqchikel Maya people. I argue that COVID-19 has challenged how the Kaqchikel conceptualize illness and wellness. Specifically, I assert that while COVID-19 has caused the Kaqchikel to lose part of their identity that is rooted in socialization and togetherness, they are able to endure by taking refuge and support in their traditional spiritual beliefs and practices, or *nimab'äl k'u'x*. By doing so, I hope to contribute to a wider scholarly conversation about the relationship between illness and humans, illness and language, issues of public health (both locally and globally), and illness within the fields of cultural and linguistic anthropology, particularly with a focus on the Maya and Mesoamerica.

Although there is a large corpus of literature on Kaqchikel culture, linguistics, conceptions of illness, traditional medicinal uses, spirituality, and embodiment, this study aims to expand this fertile discourse by examining these subjects in light of the COVID-19 pandemic. Under normal circumstances, a study of this nature would employ straightforward methods in order to go about investigating the hypothesis. However, due to the ongoing pandemic, I have adapted to the limited capacity to conduct this research. Most notably, physical fieldwork is not possible at this time, but I have opted for a form of virtual fieldwork. There are five main components of this project: a literature review of key Western and Mayan scholars' work on illness discourse, a linguistic and cultural analysis of videos published by the Kaqchikel Cholchi' relating to COVID-19, a linguistic and cultural analysis of videos published by Wuqu' Kawoq related to COVID-19 and the importance of healthcare in indigenous languages, interviews with Oxlajuj Aj instructors, and an interview with the translator of the Kaqchikel Cholchi' videos.

The various institutions and programs that I include as the basis of the study are vital because they represent the few Kaqchikel organizations that operate on a large scale. The Kaqchikel Cholchi' is a branch of the Academia de las Lenguas Mayas de Guatemala, a linguistic organization founded in 1990 with the aim of studying, preserving, and standardizing all Mayan languages of Guatemala. Their Facebook page often publishes videos of short grammar lessons, community events, or general information about their mission. During the beginning of the pandemic, they started to release videos about how to protect oneself against COVID-19. These videos capture the language used to describe COVID-19 itself and the cultural prism through which the Kaqchikel derive meaning from COVID-19.

The NGO Wuqu' Kawoq (Seven Storm) Maya Health Alliance was founded by a group of Americans in Guatemala in 2007 with the goal of improving both the access to and quality of healthcare for rural Mayan people. Unlike most health centers in the rest of Guatemala, Wuqu' Kawoq travels to the patients in order to treat them. This solves many problems that rural Maya people face such as access to transportation, payment for transportation, healthcare costs, and discrimination. Doctors travel to patients' homes and speak with them in their native language which aids patients in effectively communicating ailments through a linguistic and cultural matrix. Maya patients are also taken more seriously due to Wuqu' Kawoq's staff who are largely Kaqchikel themselves. The videos they published before and during the pandemic stress the importance of providing healthcare to rural Maya populations who already face an inequitable system based solely on Western notions of biomedicine. While these videos are in Spanish and English, they offer a glimpse into the mechanism behind the organization and the ongoing cultural interpretation of COVID-19.

The final organization that forms the framework for this study is Oxlajuj Aj. Oxlajuj Aj ('Thirteen Reed') is the Kaqchikel name for the Mayan Language Institute founded in 1987 run by Tulane University that takes place during the summer in Antigua, Guatemala. Under Dr. Judith Maxwell's direction, several native speakers of Kaqchikel with a mastery of the language teach students language and culture over the course of six weeks. Because of the maturity of this program, many teachers are leaders in their various communities and also work with some of the aforementioned organizations. In particular, two teachers, Mokchewan and Aq'ab'al are specialists in Mayan spirituality. Mokchewan is an ajq'ij (a daykeeper) and possess specialized knowledge of Kaqchikel

concepts of self, embodiment, and cosmology. Aq'ab'al is an assistant to ajq'ij's and also works with Wuqu' Kawoq which provides a unique perspective on both Western and Mayan ideas of illness, wellness, and spirituality. Ixkamey works often with Wuqu' Kawoq and is an accomplished linguist who will provide a perspective on the role of Western biomedicine. Lastly, Ixnal is a highly talented linguist with a deep knowledge of Kaqchikel spiritual beliefs and practices. Her insight will indeed complement my understanding of the linguistic and cultural understandings of COVID-19.

Methodology

Since the nature of this study is novel, the methodologies I employ reflect this reality. This study does not rely on one discipline's methodology but rather a combination. The vast majority of the methodological approaches stem from a combination of linguistics, cultural anthropology, and medical anthropology. However, I also incorporate some historiographical methods in order to contextualize the theoretical debates of Western scholars and Kaqchikel/Mayan scholars as part of the comparative aspect of this project. In addition to these foundational perspectives, I also want to stress the collaborative facet of this project. The knowledge and work of the Oxlajuj Aj instructors is the heart of this project and without it, would not come close to capturing the reality that the Kaqchikel people have faced during the COVID-19 pandemic. Suffice it to say that the foundation of this project rests on a combination of qualitative methods. Although a statistical analysis of the number of cases and deaths due to COVID-19 might also help illustrate the impact of the disease on the Kaqchikel, numbers are not an

accurate way of measuring how humans react to most anything, let alone a disease as devastating as COVID-19.

I approach the question of how COVID-19 is interpreted linguistically and culturally by the Kaqchikel using four mechanisms: a review of the literature on Mayan and Kaqchikel conceptions of wellness and illness, an analysis of videos related to COVID-19 and language posted by Kaqchikel-centered organizations, interviews with Kaqchikel teachers/scholars, and an interview with a Kaqchikel translator charged with converting Spanish language COVID bulletins into accessible Kaqchikel.

First, I briefly describe the backdrop for interpreting the data I analyze by discussing the relevant theoretical debates and knowledge on illness in both the Western and Mayan context. While the traditional Western scholars provide some key concepts, the Mayan scholars form the foundation for appropriately analyzing the Kaqchikel context. Again, because of the novelty of this situation, there is not a corpus of literature that specifically examines the topic addressed here or any related topics of COVID-19. Therefore, I am creating my own methodological procedure by relying on the extensive literature on illness within the Western and Mayan frameworks in order to understand how COVID-19 either conforms to or disputes the Kaqchikel conceptualization of illness.

Secondly, I transcribed and analyzed the videos regarding COVID-19 published by the Kaqchikel Cholchi' on their Facebook page, Comunidad Lingüística Kaqchikel-ALMG, beginning in March up through December 2020. I limit the timeframe to 2020 in order to manage the amount of data and leave avenues for further research. I track how the terms for COVID-19 evolve during this time frame as well as the terms used to describe “social distancing,” how the symptoms are described, how the body is viewed in

relation to COVID-19, and how this information is curated to Kaqchikel people. Next, I analyze the videos on Wuqu' Kawoq's website that deal directly with the impacts of COVID-19. These videos of course are more topical and contribute directly to the ongoing conversation about illness within the Mayan cosmovision. However, I also include in my analysis videos created prior to the pandemic in which various employees describe the role of Wuqu' Kawoq in the lives of the Kaqchikel people. These videos provide a contrast to the current healthcare practices of Wuqu' Kawoq by demonstrating the unique mission and function of Wuqu' Kawoq prior to the COVID-19 pandemic. Unlike the videos published by the Kaqchikel Cholchi', the videos published by Wuqu' Kawoq are mostly either in English or Spanish. Because these videos are not in Kaqchikel, they afford a view into how health and illness are talked about in an English and Spanish linguistic mindset within the Kaqchikel context. These videos complement the straightforward linguistic analysis of the Kaqchikel Cholchi' videos by providing discussion on the cultural significance of COVID-19 and the overall importance of Mayan healthcare.

Thirdly, I conducted semi-structured interviews with four Oxlajuj Aj instructors who have experience and knowledge of both traditional Kaqchikel healthcare and Wuqu' Kawoq. Rather than creating one set of questions to ask every instructor, I tailor my interviews to each person according to their different expertise. For example, my interviews with Aq'ab'al and Mokchewan focus more on the spiritual implications of COVID-19, while my interviews with Ixkamey and Ixnal focus more on Wuqu' Kawoq and the linguistic elements, respectively. By interviewing a small yet diverse group of

people, I will be able to compose a clearer and more nuanced understanding of both the linguistic and cultural interpretations of COVID-19.

Finally, I conducted a semi-structured interview with the translator of the Kaqchikel Cholchi' videos, Marcotulio Pichiya', in order to engage in an explicit conversation about linguistic and cultural interpretation/translation. In particular, we discuss how Pichiya' decides to translate various Spanish terms used to describe COVID-19, the symptoms, and actions to combat the spread so that viewers can understand both linguistically and culturally. This interview serves as a way to delve deeper into an emerging discussion of the new meanings that illness and health have for the Kaqchikel and other Mayan people.

Literature Review

Western Ideas of Illness

While there is an extensive corpus and history of Western conceptions of illness, I will not attempt to summarize all of the literature. Instead, I will offer a brief description of the fields of medical anthropology and medical sociology, their history, and the relevant theories to this thesis. In particular, physical anthropology, the study of biological and behavioral aspects of humans, led to the establishment of medical anthropology as a formal field of study. However, even within medical anthropology, there are different focuses that can encompass the humanities, biology, and social science. According to the Society for Medical Anthropology, the definition of medical anthropology is,

...a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health

and well being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. (2017)

This thesis is specifically concerned with illness experience, the prevention and treatment of sickness, healing, and the cultural importance and utilization of medical systems. By focusing on a linguistic-oriented organization, a medical organization, and various community members, I am able to incorporate the vast majority of this definition within the framework of my thesis. Because of the distinct circumstances of the pandemic, not all aspects of this definition are considered. For example, I am not considering the distribution of illness nor the social relations of therapy management since the COVID-19 pandemic is widespread and I was unable to conduct physical fieldwork to gain a clearer understanding of the social situation. On the other hand, the American Sociological Association states that medical sociology, "...provides an analytical framework for understanding the social contexts of health, illness and health care. Central topics include the subjective experience of health and illness, political, economic, and environmental circumstances fostering ill health; and societal forces constraining the medical care system and individuals' responses to illness" (2021). This thesis takes in to account the full extent of this definition of medical sociology in order to fully engage with and understand the particular circumstance of the Kaqchikel during the COVID-19 pandemic. By analyzing the history of epidemics that the Kaqchikel have experienced and engaging with various organizations and community members, I am able to emphasize the subjective experience of health and illness, political and economic factors that affect health, and societal forces surrounding the medical system of Guatemala.

Illness has been conceptualized in Western society in various ways throughout history. Susan Sontag's work *Illness as Metaphor* is a cornerstone of Western thought regarding how we think about illness. Published in 1978, *Illness as Metaphor* traces the metaphorical imaginations of illness mainly through literature from the 19th to 20th centuries. Sontag mainly focuses on tuberculosis and cancer as illnesses that have particularly powerful meaning throughout the 19th and 20th centuries. While tuberculosis and cancer are rather disparate and unrelated illnesses, Sontag's analysis provides a fundamental framework through which Western society has understood illness. For example, Sontag highlights different notions of agency that humans possess when they are ill: "Though the course of both diseases is emaciating, losing weight from TB [tuberculosis] is understood very differently from losing weight from cancer. In TB, the person is 'consumed,' burned up. In cancer, the patient is 'invaded' by alien cells, which multiply, causing an atrophy or blockage of bodily functions" (14). Within this conceptualization, those with TB are powerless against the effects of the disease, while those with cancer are seen as culpable to a certain degree for allowing an 'invasion' of their bodies. These metaphors are not modern but rather reflect the prominent interpretations of the 19th and 20th centuries when little was known about TB and cancer, respectively. Another crucial part of the Western conceptualization of illness is the idea that changing one's environment could either help or hinder the patient. Sontag remarks that, "There was a notion that TB was a wet disease, a disease of humid and dank cities. The inside of the body became damp ('moisture in the lungs' was a favored locution) and had to be dried out. Doctors advised travel to high, dry places...But no change of surroundings is thought to help the cancer patient. The fight is all inside one's own body"

(15). The relationship between disease and the environment is quite common throughout the world and is particularly relevant to the Kaqchikel. Sontag's work is also important because she emphasizes the fact that illnesses are not, in fact, metaphors but real problems that people face. This idea is certainly applicable to Kaqchikel culture, albeit in a distinct way.

Perhaps the most important contributor to the foundation of the field of medical anthropology is Dr. Arthur Kleinman, a psychiatrist and anthropologist. While Kleinman has contributed much to the fields of psychiatry and anthropology over the years, his most famous work is undoubtedly *The Illness Narratives: Suffering, Healing, and the Human Condition*. Originally published in 1988, *The Illness Narratives* is a mixture of theoretical discussion and ethnographic experiences of Kleinman's patients from various years. For the purposes of this thesis, I am only interested in his theoretical discussion as it relates to Western conceptualizations of illness. I will not analyze every part of the theoretical discussion, but rather highlight the relevant portions to my thesis. To begin, Kleinman notes that,

For members of Western societies the body is a discrete entity, a thing, an 'it', machinelike and objective, separate from thought and emotion. For members of many non-Western societies, the body is an open system linking social relations to the self, a vital balance between interrelated elements in a holistic cosmos... The body-self is not a secularized private domain of the individual person but an organic part of a sacred, sociocentric world, a communication system involving exchanges with others (including the divine). (9)

This distinction is crucial to understand when discussing the Kaqchikel since they do not fall neatly in to either category. Rather, the Kaqchikel conceptualize the body in both a Mayan and Western manner. Kleinman also mentions another crucial way that

Westerners (particularly Europeans and Americans) perceive the sick body. Kleinman points to the German phenomenologist Helmuth Plessner when he says,

Illness in modern Europe or the United States, he avows, brings the sick person to the recognition of a fundamental aspect of the divided nature of the human condition in the West: namely, that each of us *is* his or her body and *has* (experiences) a body. In this formulation, the sick person is the sick body and also recognizes that he or she has a sick body that is distinct from self and that the person observes as if it were someone else. As a result, the sick both are their illness and are distanced, even alienated, from the illness. (Kleinman 24)

Much like the Western conception of the body itself, a sick body is seen as separate from the mind. This distinction is not the case with the Kaqchikel who see mind and body as connected entities. I will elaborate further on the significance of these conceptions when discussing Mayan conceptions of the body. Kleinman mentions a useful term for understanding how we describe our bodily functions, ‘illness idiom’. ‘Illness idiom’ does not refer to the expressions used to refer to various kinds of illnesses or symptoms, but rather to the certain ways that cultures, “communicate bodily states, including states of illness” (11) both verbally and non-verbally. These types of idioms are important in understanding how the Kaqchikel discuss symptoms of COVID-19 as opposed to other illnesses that produce similar symptoms.

Another central part of the Western conceptualization of illness is the relationship between the doctor and the patient. Often this relationship is considered *a priori* even though it is not necessarily the norm throughout the world. Kleinman discusses this relationship between doctor and patient in several important ways. First, Kleinman remarks that, “For the practitioner, the patient’s complaints (symptoms of illness) must be translated into the *signs* of disease...Diagnosis is a thoroughly semiotic activity: an analysis of one symbol system followed by its translation into another” (14). There is an

imbalance of power in this relationship because the doctor must ‘translate’ the symptoms of the patient as if they were speaking a different language, which of course is often a severe hindrance for Mayans who receive healthcare in Guatemala. Additionally, the doctor is viewed as the possessor of medical knowledge and the patient is merely communicating how they feel without any authority. However, the patient also has an advantage over the doctor since the patient is the person who experiences the symptoms. This dynamic then leads to a distinct approach as to how doctors interact with their patients. Kleinman notes that,

Clinicians sleuth for pathognomonic signs- the observable, telltale clues to secret pathology- that establish a specific disease. This interpretive bias to clinical diagnosis means that the patient-physician interaction is organized as an interrogation (Mishler 1984). What is important is not what the patient thinks but what he or she says. (14)

Because the interaction is more of an interrogation, there is both a further degree of separation between the patient and doctor, and a greater imbalance of power. This situation is often not the case for the Kaqchikel when consulting with an *ajq'ij*. Often, an *ajq'ij* is a well-known, valued member of the community and does not charge for their services despite their specialized knowledge.

Thirdly, this conceptualization of bodies, specifically sick bodies, carries over to how doctors view and treat their patients. Because bodies are seen as separate from mind in a certain sense, there is a lack of holistic treatment. The doctors only focus on the body and not the emotional or mental implications that an illness may have on a patient.

Kleinman observes that,

...the modern medical bureaucracy and the helping professions that work within it, as we have seen, are oriented to treat suffering as a problem of mechanical breakdown requiring a technical fix. They arrange for therapeutic manipulation of

disease problems in place of meaningful moral (or spiritual) response to illness problems. (26)

For most examples of Western medicine, there exists a disconnect between the physical and emotional aspect of patient treatment, which is not the case for the Kaqchikel.

Treatment is a more comprehensive affair that accounts for the feelings of the ‘patient’.

Lastly, the doctors’ motivations to treat patients are vastly different in the Western context than in the Maya context. As noted earlier, *ajq’ija*’ often do not charge or receive payment from those they help, whereas Western doctors are known to make a substantial amount of money which is occasionally a primary motivation for people to become doctors. Once a person becomes a doctor, however, they must be mindful of medical, legal, and social rules that prohibit them from acting in certain ways. For example, Kleinman notes that, “Financial issues, the ubiquitous bottom line in a capitalist society, loom large as a not-so-hidden interest in clinical encounters and not infrequently distort clinical communication and practice” (51). These issues or motivations often bear a lot of weight in the clinician’s mind when dealing with a patient because of the way that Western society prioritizes profit instead of effective care. For the Kaqchikel on the other hand, profit is not the motivation for attending to an ill person, but rather a sense of community. These different motivations and pressures also often lead to consequences for the patient rather than the doctor. Kleinman adds that,

...the priorities of the practitioner lead to selective attention to the patient’s account, so that some aspects are carefully listened for and heard (sometimes when they are not spoken), while other things that are said -and even repeated- are literally not heard. The physician’s training also encourages the dangerous fallacy of over-literal interpretation of accounts best understood metaphorically. (51)

Not only is the doctor intentionally blocking out what the patient communicates to them, but when the doctor does listen they might deem a piece of information as important

when that might not be the case in reality. These types of distractions do not exist for the Kaqchikel, which makes the experience much more effective and rewarding for both *ajq'ij* and care-seeker.

Mayan Concepts of Body, Illness, and Healthcare

For this section, I will explore both ancient and contemporary Mayan perceptions of the body, illness, and healthcare. The ancient conceptions will act as a general framework for understanding the Maya view while the contemporary portion will focus on the Kaqchikel. It is important to stress at the outset that these ancient understandings of the body and illness originate from the Classic Maya who were located in the Lowlands, a different region from where the Kaqchikel are located in the Highlands. Therefore, while these ideas of the body, illness, and healthcare were most likely widespread throughout the Maya world, the reader should recognize the potentially loose connections and slight connotations. Regardless, this framework provides a useful lens for interpreting the pre-Hispanic Maya.

To begin, let us look at what is meant by a body during the time of the Classic Maya. According to Stephen Houston et. al.,

The Classic Maya labeled distinct beings with the word *winik*, ‘person,’ but it perhaps carries the more nuanced sense of ‘animate, sentient being.’...The term had numerological connotations in that the same term was used in Classic times to identify a unit of twenty days, obviously because the principal digits of counting, the toes and fingers, number twenty among human beings. (11-12)

This ancient term also appears in Kaqchikel as *winäq* (‘person’ or ‘twenty’) and is quite explicit in meaning. There is no mistake that *winik* or *winäq* clearly defines the physical extent of a person while also connecting the idea of a person to the sacred lunar calendar

(*Tzolk'in* for the Classic Maya and *Cholq'ij* for the Kaqchikel) used by the Maya in both daily life and specialized ritual purposes. Importantly, “*winik* seems not to have been used to mean ‘body’” (Houston et. al. 12). Instead, as one might infer, *winik* carries more spiritual connotations in addition to physical. Houston et. al. adds that, “...there was a corporeal ‘self’ or ‘entity’ called *baah*, perhaps originally derived from the word for ‘forehead’ or ‘head’ and then extended to other parts of the body and even to depictions of it” (12). The term *baah* is clearly separate from *winik* and, as noted, is used in Classic Maya depictions to indicate flesh. The equivalent in Kaqchikel is *ch'akulaj* (‘body’). Although *baah* and *ch'akulaj* refer to the ‘body’, it is important to understand that the ‘body’ is connected to a ‘person’ who is connected to the sacred and cosmic. In addition to the Classic Mayan term for body, there are Colonial and modern words from various Mayan languages directly related to Classic Maya terminology. Houston et. al. note that,

Terms for ‘body’ include *takupalil*, an unanalyzable word from Colonial Tzotzil—perhaps a partial loan from some other language, such as Nahuatl (*tlactli*, ‘torso’)—**bak'et*, ‘flesh, body,’ from Common Ch’olan; and from Common Tzeltal-Tzotzil, **bak'et*, **kuket-al*, and **lew*, the last specifically for ‘body, muscle, fat’. Colonial Yukatek has the related term *kukut* for corporeal thing and, interestingly employs the same word as a root for ‘skin’ or even ‘bodily senses’ (*kukutil u'bah*). (12)

Clearly the idea of a ‘body’ was widespread among different Mayan-speaking peoples before the arrival of the Spanish. These concepts are important to understand when discussing how COVID-19 affects the ‘body’ and a ‘person’ since the two are connected to a larger framework of meaning.

We now turn to modern Maya conceptions of illness and healthcare. T.S. Harvey’s work on illness and healthcare among the Maya is an ideal starting point because of the concise way in which he illustrates the differences between Mayan and

Western schemata. As mentioned above, spirit and body are considered united in Kaqchikel culture, which affects the way that healers approach the healing process of their wellness-seekers. Harvey describes an ethnographic account of a K'iche' Maya healer interacting with a wellness-seeker and a companion in sickness that is markedly different from how Western biomedical practice would categorize a patient-doctor interaction. In this recorded interaction, the wellness seeker and their companion both report feeling pain in their backs despite the fact that only one person seeks help. The healer then states that the pain has passed from the wellness-seeker to them. Harvey observes that, "This example dramatically illustrates not only variability in how social roles like that of wellness-seeker are conceived (inhabitable by multiple individuals) but also fundamentally different conceptions of being-in-the world that involve shareable bodily experiences" (Harvey B 583). The idea of having multiple 'patients' or wellness-seekers contradicts the foundation of Western medicine in which there is one 'patient' who receives care from the doctor. While a doctor may take away pain, it is not transferred to them in Western biomedical practice. While there are no accounts of this type of occurrence in my research, it is important to realize the permeability and communal aspect of illness within Kaqchikel culture. This concept of illness permeability extends over physical space as well as between people. Instead of multiple wellness-seekers consulting one healer, Harvey discusses the practice of a surrogate 'patient' or 'patients'. Harvey notes that, "Some of the K'iche' consultations that I recorded and analyzed (specifically among Maya theurgical herbalists) involved 'healing-at-a distance,' where surrogates stood in and received treatment on behalf of physically absent wellness-seekers. In this example, there literally was (by biomedical standards) no

‘patient’” (Harvey B 598). This form of healthcare completely contradicts the understood ideas of illness, the doctor-patient relationship, and the role of the doctor in Western biomedicine. Again, while there are no examples of consultations with daykeepers in my research, it is necessary to be aware of the concept of surrogate healing. That is not to say that this form of healthcare was not practiced during the pandemic but given the necessity of social isolation and quarantine, it is not likely that many wellness-seekers physically consulted a daykeeper. Since illness or pain can be transferred to people at undefined distances, it is possible that this type of consultation could be done on a phone or laptop.

Lastly, another fundamental way in which the Kaqchikel conceptualize illness is the hot-cold system. This system is found among many different populations in Mesoamerica and around the world. The basic structure of the system is that illnesses are categorized as ‘hot’ or ‘cold’ meaning that the symptoms cause one to have an imbalance of hot or cold which is then counteracted by using ‘hot’ or ‘cold’ medicine (García-Hernández et. al.). The body’s state of equilibrium or balance of hot and cold can vary between different cultures and even communities. Sometimes a slight excess of heat is ideal or sometimes the opposite. Within this system, COVID-19 would most likely be classified as a ‘hot’ illness because of the symptoms such as fever, cough, and headache. In turn, common remedies used to counteract the symptoms would be ‘cold’ and include using lemon, ginger, and eucalyptus to name a few. Usually these different herbs are put in water and drunk by the wellness-seeker. I elaborate further on the different remedies used by the Kaqchikel to manage COVID-19 symptoms in Chapter 4. This system

however reveals yet another layer of complexity within the conceptualization of illness and its relation to COVID-19.

Chapter 2- Background

Illness Terminology

Western scholars of medical anthropology make a point of distinguishing the terms *disease*, *illness*, and *sickness*. It is important to understand these differences and the reasoning behind their definitions. First, a disease is what a doctor identifies in a patient (Kleinman 3). Second, a sickness is, “the understanding of a disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces” (Kleinman 4). Lastly, illness is, “how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability...the lived experience of monitoring bodily processes such as respiratory wheezes, abdominal cramps, stuffed sinuses, or painful joints” (Kleinman 2). In other words, disease is the clinical diagnosis of a biomedical condition, sickness is the abstract understanding of a disease by a society, and illness is the personal and social experience of a disease. Up to this point I have referred to COVID-19 as an illness because of the socially charged meanings associated with the term as defined by Western medical anthropologists. This term is useful and appropriate because it rightly identifies the core aspect of being ill. Illness is both a personal and collective experience that is imbued with meaning by individuals and in turn imbues meaning to individuals.

While this definition is useful in conceptualizing COVID-19 in English, the same cannot be said for how the Kaqchikel label and describe COVID-19. This is not to say

that Western understandings about illness are not useful, but rather that the framework of this study relies primarily on Mayan approaches to illness. Terms for illness vary widely in the Kaqchikel language and many words have been resurrected and invented because of the rise of COVID-19. Most of these words define COVID-19 specifically, but some are used to describe epidemics or sickness. Here I present a short analysis of some key terms while bearing in mind that I evaluate these terms more fully in the chapter examining the Kaqchikel Cholchi' videos.

As in all languages, Kaqchikel uses nouns, adjectives, and verbs to describe similar phenomena in different ways. We will first look at some verb forms used to describe the state of being or becoming sick. The verb forms used to say that one becomes ill are *-yawäj* (intransitive) and *-yab'ij* (transitive). The intransitive form, *-yawäj*, has the sense of becoming ill or sick almost as if one is passively allowing oneself to become sick. The transitive form, *-yab'ij*, on the other hand, is more accurately translated as falling ill with something. For example, in the sentence, *Wakamin k'iy winaqi' yeyawäj roma ri k'atän* (Now a lot of people become sick because of the heat), the speaker must include a subordinate clause explaining why the people become ill. Conversely, in the sentence, *Rik'in ri ojob' xinyab'ij kaji' q'ij* (I was sick for four days with a cough), the transitive verb *-yab'ij* allows the speaker to specify the illness directly. The intransitive form is used more generally, while the transitive form allows for specification of illness. While these distinctions are semantically significant, it is more common to use the adjectival form *yawa'* to say that one is sick (*rïn in yawa'* or 'I am sick'). The complement for sickness in the adjectival form is *raxnäq* ('healthy'), which has a curious etymology. *Rax* simply means 'green' and refers to the color along with a

host of meanings associated with fertility and maturity. There is a direct connection between the color and these more abstract meanings that is found across many cultures of the world: the natural world. Plants are a major part of Kaqchikel life because of their role in sustenance, farming, ritual ceremonies, and traditional natural medicine (a topic on which I will expand in later chapters).

However, the richest repository of illness vocabulary is found in the nouns used to label illness generally and explicitly. Some terms for and related to COVID-19 include: *ri q'axomäl* ('sickness'), *yab'il* ('illness'), *nima yab'il* ('epidemic' or 'pandemic'), *COVID diecinueve* (COVID-19), *coronavirus*, *kiran yab'il* ('loose sickness'), and *q'eqaläj jiq' ojob'* ('darkest suffocating cough'). As with the verb forms, some nouns label COVID-19 explicitly and others refer to the pandemic. With this small lexicon of nouns, it is clear that there is a variety of nuance and meaning. As we will see in further detail, there seems to be a connection between the severity of the terms and the deteriorating conditions of the pandemic. For example, *yab'il* (sickness) was most commonly used in the videos during the first two months of the pandemic (March and April), but the term *kiran yab'il* (loose sickness) came into use in May. The contrast between the terms is clear: COVID-19 was perceived as more contained in the immediate months following the worldwide declaration of the pandemic, but rather quickly became "loose" almost like a plague of biblical or medieval proportions.

A Brief Note on *nimab'ül k'u'x*

Before discussing the role of illness within Kaqchikel culture and language, it is necessary to understand the spiritual underpinnings of Kaqchikel culture. This spirituality

is called *nimab'äl k'u'x* (literally 'honor heart' or 'honor center') and is sometimes said to mean 'religion', which is not accurate. While the translation 'religion' alludes to the syncretic quality of Kaqchikel spirituality, it fails to fully capture the Mayan worldview. Instead, *nimab'äl k'u'x* is normally translated as 'spirituality'. Catholicism undoubtedly plays a significant role in the celebrations, ritual ceremonies, and identity of Kaqchikel people. However, ancestors, nature, and the cosmos play an equal, if not greater, role. The root of this semantic rabbit hole is the word *k'u'x*. *K'u'x* literally means 'heart' but can also refer to the 'center' or 'core' and has both a literal and metaphysical meaning. As Ted Fischer notes, "Maintaining the metaphysical balance of cosmic forces require that one's *k'u'x* be grounded or centered in those forces. In this sense *k'u'x* may be translated as 'soul,' as it is perceived as the point of contact between individuals and the cosmic force animating the universe" (483). Again a translation fails to capture the subtleties of the term *k'u'x*, but 'soul' is the nearest equivalent. Often *k'u'x* appears in the opening phrases uttered at the beginning of a *xukulem* (a ritual ceremony). These phrases usually include *ruk'u'x kaj*, *ruk'u'x ulew*, *ruk'u'x kaq'iq*, *ruk'u'x ya'* (the essence of the sky, the essence of the earth, the essence of the wind, the essence of the water). These phrases are best translated by using 'essence' since they refer to elements of nature. These phrases are, "calling on the same cosmic forces that continue to animate and often predestine life on earth and are an explicit acknowledgment of the need for the world to maintain equilibrium among cosmic forces (i.e., to be centered)" (Fischer 483). Balance and cycles are key elements within this spiritual framework and manifest in all beings, events, places, and time.

Most pertinent to this study, however, are the themes of balance and cyclicity as they relate to the body and throughout time. Since illness is experienced by and within the body, it is essential to understand the role of embodiment within Kaqchikel culture. Servando Z. Hinojosa's work on Kaqchikel spirituality and its relation to the body is extraordinarily useful here. Hinojosa remarks that, "...for Kaqchikel Maya, spirit not only expresses itself through the body, but comes into being through the body. The body makes spirit a palpable reality, and this reality is experienced differently in different arenas of work and ritual" (xvi). Since spirituality is experienced through the body, illness is inherently linked to the soul.

The Kaqchikel and Epidemics: An Historical Perspective

Illness, and epidemics for that matter, are nothing new to the Kaqchikel. Especially during the immediate post-contact period, disease was quite common (particularly smallpox). This sickness, among others, is described in the *Xajil Chronicle*, a colonial document that describes the history of the Kaqchikel from their origin in Tulan up through the early colonial period. A section of the *Xajil Chronicle* describes how an illness affected the people of *Pan Q'än* (modern day Antigua). Unlike the epidemics and pandemics in the 19th, 20th, and 21st centuries, this sickness was directly caused by the Spanish invasion of Mesoamerica. However, similar to the sickness discussed in the *Xajil Chronicle*, the Kaqchikel had no way of fighting the epidemics and pandemics of more recent times. Although the language itself looked different nearly 500 years ago, the vocabulary was quite similar. As noted previously, the form *yab'il* is the most common word used for 'sickness and the *Xajil Chronicle* is no exception, except perhaps for its

slight variation, “*yawab’il*”. This was not the only term used to describe the sickness that befell the Kaqchikel in 1558. In 1561, the sickness still beleaguered the Kaqchikel, who by now had come up with a new term: “*yawab’il kamik*” (‘deadly sickness’). Although the terms for COVID-19 are not quite as severe for the most part, it is evident that the Kaqchikel have a penchant for inventing names for sicknesses. Although the circumstances for this historic linguistic parallel are rather bleak, this cultural feature is remarkable.

Even before the arrival of the Spanish in modern day Guatemala, disease consumed the Kaqchikel. In 1520, a disease (most likely smallpox) arrived four years before the Spanish and decimated the Kaqchikel population. Having no natural immunity to a completely foreign disease, many Kaqchikel succumbed quickly and those who survived fled elsewhere. This event is important because of the way the Kaqchikel viewed themselves before the Spanish invasion. David Carey notes that,

Kaqchikel oral traditions recount that their ancestors were stronger, healthier, and smarter than contemporary Kaqchikel. Kaqchikel boast their ancestors lived to be over 150 years old because they used natural medicine and ate what grew and lived in the area-food with high nutritional value. Oral traditions assert that Kaqchikel had a minimal impact on, and a productive relationship with, their environment and would have continued to thrive if not for the introduction of diseases by the Spanish. (Carey B 116)

Although the Kaqchikel’s contemporary view of their ancestors is somewhat exaggerated, the root of their claim is that their ancestors led healthy lives thanks to their intimate knowledge of and relationship with the natural world around them. This balanced lifeway was then undone by the diseases brought by the Spanish and forever changed their view of disease.

During the 19th and 20th centuries, the Kaqchikel experienced several epidemics that devastated various communities and lived on in collective memory through oral histories passed down through the generations. In 1837, a cholera epidemic devastated the Kaqchikel and other Mayan communities of Guatemala. The president at the time, Mariano Gálvez, launched a public health campaign to combat the outbreak by ordering quarantines of certain areas, forbidding burials in churches, and increasing sanitary efforts among other efforts. However, these initiatives were undermined by the Catholic Church as part of a response to the liberal government's attack. Catholic priests told their congregations that the government was 'poisoning' the water even though the government was using water purifying chemicals to help sanitize the water supply. Carey remarks that, "Maya perceived this government action as an attempt to further eradicate their race. They accepted the church's interpretation and misinterpreted the Gálvez government's plan to protect its citizens" (Carey B 117). Because of their previous experience with disease, the Kaqchikel were wary of ladino (the Guatemalan term for non-indigenous people) assistance. This event also highlights the complex relationship that the Kaqchikel have with the government and the Church. Carey adds that, "The fear of genocide that resulted from this incident which occurred more than 150 years ago remains in Kaqchikel oral traditions" (Carey B 117). While this relationship ebbs and flows like any other, the Kaqchikel have not and do not view the Guatemalan government favorably. Carey goes on to mention several other cholera outbreaks later in the 19th century and in the early parts of the 20th century that were devastating but not nearly as much as the 1837 outbreak. Carey notes that, "Oral histories recount desolation as residents closed up their houses, and domestic and farm animals roamed the streets"

(Carey B 118). Isolation and fear due to a rampant disease are clearly not new phenomena for the Kaqchikel. However, isolation and fear look very different in the 21st century when many Kaqchikel have access to either a phone or a laptop in order to communicate with friends and loved ones. Over the years, the government's intervention in Kaqchikel lives during the outbreaks left a mark. Carey explains that, "As a result of these and other interactions with the government, Maya were hesitant to trust outside influences... Later in the twentieth century, attempts to provide medicine against fatal illnesses were more successful" (Carey B 118). While the Kaqchikels' relationship with the government is clearly fraught with suspicion and distrust, it also reveals their attitude toward Western medicine. The Kaqchikel finally gave in to government efforts to supply medicine because of the overwhelming devastation of cholera. Carey remarks that,

While the first attempts by the government to distribute medication to Maya were met with suspicion and fear, many Kaqchikel now recognize that Western medication and vaccinations are an important part of preventing cholera and other sicknesses such as measles and smallpox. While Kaqchikel have become comfortable with these remedies, they have not forgotten that diseases can be used by a dominant group to decimate an undesirable portion of the population. (Carey B 118)

It is important to understand the underlying feeling of distrust the Kaqchikel have for the government while also realizing that they value Western medicine to a certain extent. Medication and vaccination against diseases that are easily preventable are quite different from using medication for everyday ailments such as headaches, stomachaches, indigestion and so forth. The Kaqchikel tend not to use Western medicine for these ailments but rather their traditional herbal medicines. Governmental distrust is not the only reason the Kaqchikel opt for traditional herbal medicine. Access, cost, and side

effects also play large roles in Kaqchikels' avoidance of Western medicine. I will elaborate further on this topic in Chapter 3 in order to provide specific examples.

Another outbreak of disease in 1918 made an even stronger impact on both the psyche and bodies of the Kaqchikel: Spanish influenza. The outbreak of Spanish influenza highlights both the relationship between the Kaqchikel and the government and how the Kaqchikel changed their views on Western medicine and medical practices. The epidemic began during the latter years of President Manuel Estrada Cabrera's tenure. Cabrera was already unpopular but his response to the epidemic solidified the peoples' disdain for him. Carey notes that, "He failed to take the epidemic seriously and therefore did not create a government agency to specialize in public health. As a result, the Ministry of Justice had jurisdiction over efforts to stamp out the disease. This unprepared and already burdened ministry did not have personnel specialized in health care" (Carey B 119). It is necessary to be aware of the incompetence of Cabrera's government in order to understand how it responded to the epidemic. In addition to incompetence, many officials in the Cabrera government were corrupt. When the government did attempt to address the epidemic, it only focused on the capital city despite the fact that,

the effects of the epidemic were much worse among the rural population. The towns of Tecpán, Comalapa, Poaquil, Patzicía, and Patzún were hit especially hard. Some areas reported that 50 to 60 percent of the population had died. Many fled to the hills to die in peace. In some cases, entire families died without a proper burial. (Carey B 120)

Given the lack of governmental response, the Kaqchikel were understandably dissatisfied with the government. To make matters worse, Chimaltenango and Sololá, two predominantly Kaqchikel-speaking departments of Guatemala, were hit with an outbreak of smallpox in addition to the influenza epidemic. The local government of

Chimaltenango denied reports from Dr. Molina Flores that the government was not addressing the problem and went even further to deny the existence of smallpox in the town. After another doctor's report of the presence of smallpox in Chimaltenango, the local government admitted that, "unfortunately, we can no longer maintain...that in this department there has never been that illness [smallpox] because we know...Patzún presented ONE SINGLE CASE in the person of an indigene" (Carey B 121). Only after multiple reports did the local government even admit the existence of an additional health crisis. However, the government only admitted that smallpox was present in an indigenous person, a blatantly racist and inaccurate accusation that left many people without proper medical care. The influenza epidemic raged on at the same time and devastated the Kaqchikel and other Mayan populations. Carey remarks that, "Kaqchikel were situated in the middle of the outbreak. Kaqchikel oral histories emphasize the high death rate caused by Spanish influenza and acknowledge that individual towns suffered varying degrees of intensity" (Carey B 121). The Kaqchikel, along with other Mayans, suffered the most because of the government's lack of response. Residents were left on their own to deal with the consequences of the epidemic. Carey adds that,

Oral histories recall that residents of Kaqchikel towns constructed special hospitals for the sick to isolate them from the healthy...Kaqchikel note that these remote hospitals reduced the possibility of contagion, but in effect they served as halfway houses for the dead. Kaqchikel lament that no medicine existed to aid the sick. Oral histories recount how some tried using cow's milk, the local moonshine, or herbal medicines, but none of these remedies succeeded. They deplore the fact that no doctor was available to help them. (Carey B 122)

These oral histories illustrate the level of suffering endured by the Kaqchikel because of the government's incompetence. Oral histories regarding epidemics among the Kaqchikel

serve as reminders of the suffering of Kaqchikel people, the lack of government assistance, but also the enduring nature of the Kaqchikel.

However, the Kaqchikel also experienced horrific incidents at the hands of the government. Carey shares a particularly disturbing account:

One of the most frightening aspects of the epidemics was the overzealousness of Ladino government officials to bury people. Oral accounts attest that public officials forced Kaqchikel to carry their sick relatives to the grave before they were dead. Informants recount with horror that people wrapped in straw mats and presumably dead moved while lying in their grave... ‘...The mayor sent these Ladino officials to inspect each home for anyone who may be sick or carrying the disease. If they discovered someone, dead or alive, they immediately took the person to the cemetery to be buried...They did not allow us any time for a proper burial.’ (Carey B 123)

In this instance, the only response of the government was to dispose of the Mayan population in order to stop the spread of influenza. Instead of aiding or quarantining sick people, the government made it clear that the Kaqchikel (and other Mayans by extent) were expendable and not worth the time or effort of the government. This form of vigilance closely mirrors the Guatemalan Civil War that would happen later in the 20th century. Indigenous people were clearly the target of the government on both occasions. Carey observes that, “In addition to employing hygiene inspectors, the government formed ‘health police’ ‘to watch over the cities so that all effectively completed the orders of the health associations.’ In increased numbers, officials roamed communities in search of contagious people who needed to be quarantined” (Carey B 124). Despite the official nature of these ‘health police’, they were essentially tasked with eliminating any indigenous person that they saw fit.

The Maya and other indigenous people received direct blame for both causing and propagating the epidemic because of their perceived ‘lack of hygiene’. Doctors as well as

newspapers explicitly indicted indigenous people for the influenza epidemic despite the lack of evidence and clear stereotyping based on race. As is unfortunately common, the Guatemalan government was not concerned with the loss of indigenous life itself, but rather the effect their absence had on an economy that heavily relied on agriculture.

Carey remarks that,

The main concern of the government was the death of agricultural workers. The 1919 annual report stated that ‘the sad and lamentable consequences of the yellow fever and influenza epidemics...have flogged the country, subtracted many hands from the agriculture and produced an economic disequilibrium.’ Landowners’ and administrators’ views of agriculture and labor were simple: ‘God gives it and the Indians work it.’ One Ladino writer from Cobán explicitly stated: ‘Exploit the poor Indian until the last drop of blood’. (Carey B 126)

Even though the agricultural sector of the economy was comprised mainly of indigenous Maya workers, the government clearly cared very little about their well-being. This concern for agricultural goods echoes the modern struggle the Kaqchikel face during the COVID-19 pandemic. However, rather than the government expressing little care for indigenous life, they prohibited people from leaving their house, which meant that many Kaqchikel could not tend to their *milpas* (fields) used for subsistence and to sell at the market.

The influenza epidemic also emphasized the government’s lack of respect for Maya traditional herbal medicine. Especially given the lack of governmental intervention to provide medicine or treatment, the Kaqchikel took matters into their own hands to take care of themselves. However, Carey notes, “Government officials did not attempt to understand Mayan natural medicine or approaches to health. This type of intervention made Kaqchikel more anxious about interaction with Ladinos” (Carey B 127). The unabashed attitude with which the government disrespected and killed indigenous people

left a mark on the Kaqchikel. The influenza epidemic is mostly associated with fear and distrust of the government.

Later in the 20th century, different government administrations had much more positive interactions with the Kaqchikel when dealing with health crises. In the 1940s and 50s, President Juan José Arévalo initiated and carried out a public health campaign to eradicate typhus. Instead of focusing solely on the capital, Arévalo focused on rural areas (albeit motivated by racist misconceptions of indigenous peoples' poor hygiene) in order to effectively control the spread of typhus. By the 1950s, the campaign had concluded, and typhus was nearly eliminated. Unlike the Gálvez government, Arévalo was remembered fondly by the Kaqchikel. Many Kaqchikel talk of Arévalo as if he himself had fumigated their houses and eliminated typhus. Carey comments that,

While Arévalo did not physically appear in everyone's homes, this personalization of oral history helps keep his role vital. Kaqchikel appreciate a personal connection with their leaders and can identify with them when they envision them performing acts. This portrayal also depicts Arévalo's respect for Maya and his willingness to interact with them directly. (Carey B 128)

Arévalo's actions sharply contrast with those of Gálvez and Estrada Cabrera and demonstrate the possibility of amicable relations between the Kaqchikel and the government, especially in times of crisis. Another important aspect of Arévalo's campaign to eradicate typhus is the language he used to disseminate information. Carey adds, "That Arévalo was thought to respect Kaqchikel and that he used Kaqchikel to disseminate information enabled him to win their trust" (Carey B 128). By using Kaqchikel to communicate with Kaqchikel speakers, Arévalo showed that he cared about the well-being of the Kaqchikel. He did not force the Kaqchikel to comply with random demands or force both Spanish and Western medicine on them, unlike Gálvez and

Estrada Cabrera. While many Kaqchikel speakers today also speak Spanish, there is little effort by the government to communicate with them in Kaqchikel. Instead, during the COVID-19 pandemic, many Kaqchikel have relied on the Kaqchikel Cholchi' for information regarding hygiene, protection, and any other information that affects Kaqchikel people during the pandemic. Despite the fact that, legally, the government is required to provide healthcare and other public services in indigenous languages (Decreto Número 19-2003), information about COVID-19 is distributed in Spanish by the government. While the ALMG does translate government documents, the Kaqchikel Cholchi' is responsible for adjusting the information in a way that makes sense to its Kaqchikel-speaking audience. Interestingly, the current government seems not to have greatly advanced their policies from the early 19th and 20th centuries.

One other instance of an administration that cultivated positive relations with the Kaqchikel during a health crisis was that of President Lázaro Chacón in the late 1920s. In 1927, an endemic of malaria greatly affected the population in Barahona and Aguas Calientes, two Kaqchikel towns that border each other. President Chacón decided to drain lake San Antonio, the breeding ground of the mosquitoes that carry the disease and fill it with petroleum. Although mostly indigenous laborers from the surrounding areas were called to complete the project under poor working conditions, the urgency and appearance in Aguas Calientes solidified Chacón as a relatively positive leader. While the labor conditions and abuse are important historical threads, I will not discuss them here for the sake of expediency. Carey observes that, "Many people from Aguas Calientes have great respect for Chacón because he put an end to the deadly disease and because he respected Kaqchikel. His appearance in Aguas Calientes and attempt to understand their

culture made him a revered figure in their oral histories” (Carey B 133). Like Arévalo, Chacón attempted to connect with the Kaqchikel, which resulted in a favorable relationship with the Kaqchikel. It should be stressed that neither Arévalo nor Chacón handled the epidemics or endemics perfectly, but the fact that they did not act forcefully against the Kaqchikel was a small step in the right direction.

Overall, the Kaqchikel view of diseases and Western medicine is distinct from that of Ladinos. Unfortunately, most of their views have been molded over centuries by negative experiences with the Spanish invaders and Guatemalan government. Despite the negative experiences, the Kaqchikel have maintained a distinct view of diseases. Carey explains that, “...Kaqchikel have an autochthonous sense of the pandemics that have struck Guatemala because these pestilent forces discriminately have affected Maya. Kaqchikel do not imagine a time free of pestilence; rather, they recognize illness as part of the natural course of life” (Carey B 135). COVID-19, then, was expected in a sense. Although COVID-19 was not predicted by the Kaqchikel, the fact that a new disease came into existence and began to affect the world is not surprising, but merely an indication of the progress of life. Still, that is not to say that a new disease is not frightening. For the Kaqchikel, an epidemic has often brought about the suffering of many of their people. Their relationship with Western medicine is delicate because of the government’s intervention (and lack thereof) in using it to aid the Kaqchikel. Carey adds that,

Even while medications and vaccinations combat epidemics, new diseases develop that cannot be cured. While Kaqchikel value nontraditional methods of achieving and maintaining good health, they desire a symbiotic relationship between traditional and Western health practices. Epidemics and illnesses fit within Kaqchikel worldviews, but interaction with outside forces can bring misunderstanding and fear. (Carey B 135)

With this in mind, the COVID-19 pandemic puts the relationship between the Kaqchikel and Western medicine to the test. Given the multitude of problems and few positive outcomes in the past, the COVID-19 pandemic could represent a step forward in the relationship between the Kaqchikel and Western medicine or a plummet to the troublesome past.

Chapter 3- *Tiqato' qi'* (Let's take care of each other)

The Kaqchikel Cholchi', a branch of the Academia de las Lenguas Mayas de Guatemala (ALMG), is a crucial source of information on Kaqchikel language and culture. While its main goal is to disseminate knowledge of the Kaqchikel language and culture, the Kaqchikel Cholchi' is also one of the few Kaqchikel organizations with governmental power. By governmental power I mean that, as a branch of the Academia de las Lenguas Mayas de Guatemala, the Kaqchikel Cholchi' receives funds from the government and is able to dictate the way that they teach their own language. Despite this circumscribed autonomy, the Kaqchikel Cholchi' does not have the ability to dictate bilingual education in the Guatemalan education system. Suffice it to say that it is important to recognize the powerful yet limited capability of the Kaqchikel Cholchi' as an organization.

While the Kaqchikel Cholchi' does have its own website in addition to a webpage on the ALMG website, they are most active on their Facebook page, Comunidad Lingüística Kaqchikel-ALMG. Most posts share information about events, people, and lessons on language. Often the Kaqchikel Cholchi' posts videos of language lessons, history lessons, music, and important news or information. During the pandemic, the

Kaqchikel Cholchi' released a number of videos on how to protect oneself against COVID-19, including information on sanitizing, wearing a mask, social distancing, curfew schedules, and messages of solidarity and reassurance. Although the Kaqchikel Cholchi' posted videos with relative frequency (a few times a month) before the pandemic, there is a clear increase in output beginning in March of 2020. Especially during the first 6 months of the pandemic (March-August), the Kaqchikel Cholchi' increased the number and frequency of the videos they posted. The content and purpose of the videos also changed drastically. Almost immediately, the Kaqchikel Cholchi' switched to exclusively posting videos related to COVID-19.

However, rather than producing their own content, the Kaqchikel Cholchi' translated documents released by the Ministry of Health and the office of the President. This information was then condensed and filtered with a Kaqchikel audience in mind. While the audio is in Kaqchikel for all videos, the subtitles (if present) appear in Spanish instead of Kaqchikel. Although it may not seem clear as to why the Kaqchikel Cholchi' chose this method, it becomes apparent if we analyze the linguistic background of Kaqchikel speakers. As with most Maya and other indigenous groups in Guatemala, literacy rates are strongest in Spanish even if it is not their first language (Guatemala Literacy Project). Therefore, listening to Kaqchikel and reading Spanish is easiest for the majority of the Kaqchikel population. This format is advantageous because the Kaqchikel audio often provides more detail and the Spanish subtitles highlight the pertinent information without using overly complicated or technical vocabulary. The spoken Kaqchikel is also spoken in the standard form, the dialect created and promoted by the Kaqchikel Cholchi'. Because of the recent formalization of a standard dialect, not

everyone is familiar with or speaks in a standard dialect. Most people speak the dialect from their own community, which can vary in levels of mutual intelligibility across dialects. Although the people most familiar with the standard dialect are language and cultural activists, the standard provides a touchstone for most, if not all, dialects. It is important to understand the production process and the linguistic landscape because it provides a window into the linguistic and cultural adaptation of the Kaqchikel during a pandemic.

Before discussing the content of the videos, it is important to recognize what information is not shared in these videos. These videos do not share data regarding the number of COVID-19 cases, deaths, or infection rates. The videos also do not give advice on what to do if a person or family member is infected with COVID-19. To be clear, the Kaqchikel Cholchi' is not subverting the efficacy of Western biomedicine. Rather, because the Kaqchikel Cholchi' is not a medical organization, they do not give advice on medical issues other than the extent to which they can share information from the *Ministerio de Salud de Guatemala*. It is equally important to identify the content that is not discussed because it helps clarify the purpose of the videos. First, since the Kaqchikel Cholchi' does not share information regarding infection rates and number of cases, they clearly do not want to alarm people or focus on the morbid aspect of COVID-19. Instead, it seems that they want to maintain an air of solemnity while remaining optimistic. While it would undoubtedly be valuable to share data such as the number of cases and deaths, the Kaqchikel do not distance themselves from death the way that many Westerners do. Merely sharing the statistics would be disrespectful because the Kaqchikel value both the individual and social nature of people. Only reporting the numbers erases both the

individual and the social characteristics of people within the Kaqchikel conceptual framework. Lastly, the Kaqchikel Cholchi' does not give advice on treating COVID-19 since it does not have the authority to do so. However, in some videos, the Kaqchikel Cholchi' does recommend the use of *q'ayis aq'om* (herbal medicine). The term *q'ayis* broadly refers to plants, weeds, or brush, but when paired with *aq'om* (medicine), refers to the natural/herbal medicine traditionally used by the Kaqchikel and other Mayan and indigenous groups (Brown et. al. 2006). The Kaqchikel distinguish *q'ayis aq'om* from *kaxlan aq'om* (literally 'foreigner medicine' or 'Western medicine'), which refers to pills, injections, vitamins, and other bio-medicinal manufactured treatments for illnesses or pains. *Kaxlan* originally referred to the Spanish or Castilians who arrived in Guatemala but has since come to refer to any foreigner. As noted earlier, the relationship between the Kaqchikel and Western medicine is tenuous, but the Kaqchikel use *kaxlan aq'om* as well as *q'ayis aq'om*. However, *q'ayis aq'om* is usually the first resort when treating an ailment and if it is not successful, they will use *kaxlan aq'om*.

The gamut of topics covered in the Kaqchikel Cholchi' videos over the course of the last ten months of 2020 is rather surprising considering the fact that most activities and movement were prohibited. Of course, this new reality had many negative economic, social, and cultural implications for the Kaqchikel (as well as the world). Some topics include the basic explanation of COVID-19, curfew schedules, discrimination, the importance of community, trouble with planting and harvesting, the use of traditional medicine, wearing a mask, social distancing, personal hygiene, and heeding the advice of ancestors in order to overcome the pandemic. I will discuss some of these topics in

groups and others separately in order to analyze specific linguistic features and social issues.

Perhaps the best place to begin is by analyzing the creation of certain words in Kaqchikel related to COVID-19. ‘Mask’, ‘social distancing’, and ‘quarantine’ are three words that were invented or regained prominence in Kaqchikel due to the coronavirus pandemic. The word ‘mask’, *k’oj*, already existed in Kaqchikel but it refers to a mask one might wear for Halloween or for a traditional dance. There is no reason that *k’oj* could not be used to mean ‘facemask’, but it does not provide the specific connotation of a protective facemask. The new term *tz’apichi* (mask) specifically refers to a mask that covers the mouth. The word is made up of two parts: *tz’apij*, a transitive verb meaning ‘to shut’ or ‘close’, and the noun *chi’aj* (mouth), which effectively produces the meaning ‘shut mouth’ in English. This neologism shows both the inventiveness and efficiency of the Kaqchikel language in adapting to the new reality of a pandemic. It should be noted that the Kaqchikel were aware of facemasks before the pandemic. However, like most of the world, they did not use them on a daily basis for personal protection. The invention of the word *tz’apichi* is important because it underscores the severity of the pandemic. Facemasks have become necessary for protection and survival. Unlike epidemics faced by the Kaqchikel in previous centuries, this pandemic has affected the Kaqchikel in a completely new way. The Kaqchikel have had to isolate and quarantine, like most people around the world, which strikes at a core part of their cultural practices. Community and socialization are key parts of Kaqchikel culture. These characteristics permeate throughout every aspect of life and even death. Family is the core of life and spending time with family and friends is both common and important. Especially when it comes to

illness, the Kaqchikel often experience illness beyond the individual level. As noted earlier, illness in Kaqchikel (and other Mayan) communities can be conceptualized in various ways including the absence of a patient or the presence of multiple “patients”.

The Kaqchikel also invented a term for ‘social distancing’, a term that did not exist in English either. Instead of a combination of words to form one, like with *tz’apichi*, ‘social distancing’ is translated as the phrase *naya’ kan ri akjol kik’in ri winaqi* (literally ‘give a lot of space/distance with people’). Let’s take a closer look at the phrase: *naya’* is the verb ‘give’ inflected for second person singular absolutive (you), *kan* in this case acts as an intensifier to stress the importance of the action (‘really’ or ‘very’), *kojol* simply means ‘space’, ‘distance’, or the locational meaning ‘remain’ and the phrase *kik’in ri winaqi* (‘with the people’) is marked for third person plural implying multiple people. The understood meaning of this phrase is more comfortably translated into English as ‘leave space between people’. Like *tz’apichi*, the Kaqchikel translation of ‘social distancing’ emphasizes the ingenuity of the language and the people who use it.

Lastly, there is no existing or invented word for ‘quarantine’ in Kaqchikel despite its practice and use in previous times. Rather than invent a word, the Kaqchikel use the Spanish *cuarentena*. This is not to say that a word could not have been invented (and the phrase for ‘social distancing’ would work nicely), but rather highlights the widespread use of Spanish among Kaqchikel speakers and their ability to effectively use both languages to their advantage. The fact that a word for ‘quarantine’ did not exist among the Kaqchikel until the arrival of the Spanish also emphasizes the astonishing impact the Spanish had on Kaqchikel culture. There are no colonial attestations of the incorporation of the word *cuarentena*, which makes sense given the poorly understood nature of

contagion at the time and the overwhelmingly devastating impact of Spanish diseases on the indigenous population. Perhaps one of the earliest attestations of potential incorporation can be found during the 1837 cholera outbreak discussed previously. As part of a government effort to combat the disease, “Authorities set up a quarantine house and a cordon that prohibited commerce on the routes in from the coast and from Guatemala City” (Grandin 216). While there is no guarantee that the word spread among the population, it seems reasonable that the idea of quarantine was at least well-known throughout different parts of the country at the time. Especially considering that the quarantine was established to prevent trade out of Guatemala City, it is entirely possible that the word was picked up by the Kaqchikel who lived near the capitol.

In any case, if the Kaqchikel did not incorporate *cuarentena* into their vocabulary during the cholera epidemic, they almost certainly did during the Spanish influenza epidemic of 1918-1919. As noted earlier, the Spanish influenza epidemic inflicted more serious consequences upon the Kaqchikel than an addition of a vocabulary item, but here we are only focused on the introduction of the term *cuarentena*. Because of the severity of the epidemic and its rapid transmission, the Guatemalan government decided to take drastic measures in order to combat the virus in rural communities that it deemed particularly susceptible to the disease. David Carey notes that,

The Superior Council of Health recommended the immediate isolation of all infected cases. In addition to employing hygiene inspectors, the government formed ‘health police’ ‘to watch over the cities so that all effectively completed the orders of the health associations.’ In increased numbers, officials roamed communities in search of contagious people who needed to be quarantined. (124)

Often these “health police” took living people and buried them alive in order to contain the spread of Spanish influenza. However, given the presence of these authority figures in Kaqchikel communities, it is likely that the term was solidified within the Kaqchikel lexicon, if not reintroduced. Although I am unsure as to why there is no Kaqchikel term or phrase for ‘quarantine’, it could be argued that it functions as a reminder of the devastating results and implication of the incorporation of the term. To be sure, the use of *cuarentena*, as in the case of the Spanish influenza epidemic, has derived new meaning because of its use during a distinct historical moment. Perhaps the term will now not be laden with such morbid reminders of the past thanks to the government response and the widespread use of technology within the Kaqchikel community to keep in contact with one another.

During my analysis of these videos, I noticed that the creators began using different words to refer to COVID-19. During the first two months or so, most videos refer to *coronavirus* or *covid diecinueve*, the Spanish medical terms. During this time, the world was still trying to understand what COVID-19 is and how to fight it. It is also important to note that many people were under the impression that the pandemic would not last for the rest of 2020, let alone in to 2021. However, once it became clear that COVID-19 would not be eradicated so easily and the pandemic intensified, the Kaqchikel began using their own words to describe COVID-19. The most common word used to refer to COVID-19 was *yab’il* (illness or disease). Rather than say COVID-19, the videos referred to *ri yab’il* (**the** illness or disease). It was clear that *ri yab’il* could only be referring to COVID-19 given its all-encompassing effect on the lives of the Kaqchikel and the rest of the world. Rather than refer to the disease by name, the Kaqchikel changed

COVID-19 into a general disease. As in English, by generalizing a specific term, a speaker can downplay the severity of the meaning or implication of the specific term. That is to say, generalization has the ability to soften the semantic implications of a word. In a way, it is a coping mechanism to avoid the harsh reality of the devastating effects of COVID-19. This generalization is also clear in the use of *ri nima yab'il* (literally 'the big disease') to refer to the pandemic. However, *ri nima yab'il* seems to refer to COVID-19 itself as well. Perhaps there is some overlap in meaning. In the case that *ri nima yab'il* refers to COVID-19, it is obvious that generalization is a partial explanation, but *nima* also emphasizes the severity of the disease. The last term used to describe COVID-19 and/or the pandemic is *kiran yab'il* ('loose' or 'strewn disease'). This term is the most fascinating because it carries a distinct sense from the other terms. Here *kiran* acts an adjective but is in fact a positional. In Kaqchikel, positionals are words that describe the physical position of a person or object. For example, I would say *Rin in jupül* to say, 'I am laying facedown'. *Jupül* functions as the positional to indicate my physical orientation. Therefore, by using *kiran*, the speaker is imbuing physicality to the disease, in this case COVID-19. It is as if COVID-19 were an animal 'set loose' on the world in order to destroy it. The Oxlajuj Aj instructors also talked about COVID-19 as if it were an animate being, which has deeper historical parallels within Mayan culture. Unfortunately, the videos do not explain the use of different terms. However, it is clear that the gradual use of different terms for COVID-19 by the Kaqchikel Cholchi' reflects the sociolinguistic environment of Kaqchikel speakers. After the first mention of the phrase *kiran yab'il* on April 28th, 2020, the Kaqchikel Cholchi' occasionally used a combination of *yab'il*, *nima yab'il*, *kiran*, *COVID diecinueve*, and *coronavirus* to refer to

the pandemic. Some examples include *ri nima yab'il coronavirus COVID diecinueve*, *kiran nima yab'il*, *kiran nima yab'il COVID diecinueve*, and *kiran yab'il COVID diecinueve*. There does not appear to be a specific pattern of use over time, but the combinations typically include *kiran* among the other terms. Perhaps *kiran* was used more frequently by the general Kaqchikel population to talk about COVID-19 or the Kaqchikel Cholchi' thought that it was a useful and descriptive term. Regardless, it is evident that the Kaqchikel Cholchi' viewed COVID-19 as a serious threat to public safety differently than before. Rather than refer to COVID-19 by the standard terms mentioned earlier, the Kaqchikel Cholchi' decided to use the more elaborate names that include the animacy aspect of COVID-19. As I noted earlier, these terms appear after April 2020, when the pandemic was beginning to escalate, which indicates a clear correlation between the use of the new terms and the recognition of the strength of COVID-19.

Early on during the pandemic, the Guatemalan government issued a curfew for residents of the country. On March 27th, 2020, the Kaqchikel Cholchi' released a video entitled “#Kakanajkanchiawochoch” (‘#Stay in your home’). This phrase or a variation of it, “Kak’oje’ chi awochoch” (‘Stay in your home’), appears in at least 9 videos during the first few months of the pandemic. Each phrase does have a slightly different meaning. “Kakanaj kan chi awochoch” begins with the verb *kanäj*, an intransitive verb inflected for second person singular imperative (a command). The *kan* element has different meanings depending on context. In this case, *kan* means ‘remain’, which emphasizes the importance of staying inside. The rest of the phrase “chi awochoch” simply means “in your house”. The other phrase, “Kak’oje’ chi awochoch”, is only slightly different in that the *kan* is absent, which lessens the emphasis on remaining. The verb, *k’oj* or *k’o* is also

inflected for second person singular imperative and literally means ‘there is’ or ‘there exists’ but has the same intended meaning as *kanäj* (‘stay’). The use of this hashtag in these videos is intriguing because the Kaqchikel had to quarantine during the Spanish influenza epidemic in 1918. As noted earlier, this epidemic had devastating effects on the Kaqchikel despite their efforts to quarantine themselves. This historical parallel was surely not lost on many Kaqchikel who heard from their elder family members about their experiences during the influenza epidemic. The curfew itself was quite strict. Most of the time, people were prohibited from moving between departments and going out between 4 in the afternoon and 4 in the morning. People were only allowed out to go to the hospital, the market, or buy medicine. If caught outside during the curfew, the police could arrest them and take them away. The Kaqchikel Cholchi’ distributed this information and encouraged people to stay home to avoid getting caught by the police. This situation directly parallels the 1918 influenza epidemic in which the Kaqchikel were forcibly removed from their houses when they were quarantining.

Perhaps the most encouraging message that the Kaqchikel Cholchi’ shared is that their Kaqchikel ancestors have suffered pandemics before but they have lived through them. Ancestors are an important part of Kaqchikel culture. Elder members of the community are regarded with great respect. Often in ceremonies (*xukulem*), Kaqchikel give thanks to their ancestors who are referred with the couplet *qati’t qamama*’ (literally ‘our grandmothers, our grandfathers’). This couplet form is common throughout Mesoamerica to refer to ancestors. Couplets are also often used in poetry or elevated speech. On June 24th, 2020, the Kaqchikel Cholchi’ released a video that offered some words of encouragement. The speaker in the video says,

Xaxe ninnataj apo chuwach chi man üt ta niqaxib'ij ta qi' qati't qamama' k'a nikikowisan pe ch'aqa' chik yab'il, po titz'eta' k'a! K'a öj k'o na röj wawe' [Sin embargo, debemos de acordar que nuestros ancestros sufrieron de pandemias pero aquí estamos] [However, we should remember that our ancestors endured pandemics, but we are still here]. (Kaqchikel Cholchi' 2020)

Although the pandemic has hit the Kaqchikel and other Mayan communities hard, this message of hope is a bittersweet reminder of the systemic racism and oppression faced by Mayans in Guatemala.

Chapter 4- Wuqu' Kawoq

Wuqu' Kawoq Maya Health Alliance (referred to simply as Wuqu' Kawoq from this point forward) is a fundamentally distinct organization to the Kaqchikel Cholchi'. Unlike the Kaqchikel Cholchi', Wuqu' Kawoq's primary focus is to bring healthcare to rural Mayan populations. The founding and administration of Wuqu' Kawoq is also quite disparate from that of the Kaqchikel Cholchi'. Wuqu' Kawoq was established by Americans in Guatemala in 2007 and is run partially by American administrators. It is necessary to acknowledge this difference in particular because Wuqu' Kawoq operates outside the direct control of the Guatemalan government and because the American members influence the activities of Wuqu' Kawoq in addition to the Mayan members. Wuqu' Kawoq is a unique organization because it combines healthcare with Mayan culture in a way that benefits the communities that it serves. Rather than forcing Western medicine onto the Kaqchikel people, Wuqu' Kawoq works alongside the traditional ways of practicing medicine such as consulting *ajq'ija'* for using herbal remedies and *k'exeloma'* (midwives). This harmonious system benefits both the patients and the doctors. Patients feel comfortable and understood because they are not forced to receive treatment and foreign doctors experience different ways of practicing medicine. Perhaps

most importantly, Wuqu' Kawoq doctors and/or staff speak Kaqchikel to their patients instead of relying on Spanish or an interpreter. Not only does this direct approach avoid awkward moments during a consultation, but certain subtleties of the language are retained that may prove vital in the consultation.

It is no surprise then that Wuqu' Kawoq's role was enormously important during the onset of the COVID-19 pandemic. Unlike the Kaqchikel Cholchi', Wuqu' Kawoq did not publish nearly as many videos on their website. Most of the videos are interviews with various nurses, directors, and specialists who speak in Spanish or English instead of Kaqchikel. Although the interviews are informational, the main purpose of the videos is to explain the operation of Wuqu' Kawoq to an audience external to its patients. That is to say, these videos are not for Kaqchikel speakers, but rather for those outside of the Kaqchikel-speaking community. I decided to analyze videos published from April to December of 2020 related to the pandemic as well as three videos published in 2018 that explain the role of language, healthcare access, and the knowledge of Wuqu' Kawoq as a framework for better understanding the videos released during the pandemic.

The three videos published in 2018, "Removing Barriers to Health", "A Legacy of Knowledge", and "Uniting Language and Health" provide the structure for understanding the approach of Wuqu' Kawoq to providing healthcare to rural Mayan populations. All speakers in these videos speak in English or Spanish, which clearly indicates the members of the intended audience. These videos are partially geared towards Americans and other English speakers who are interested in knowing more about Wuqu' Kawoq as well as people within Guatemala and Central America who speak Spanish. In other

words, these videos are undoubtedly designed for an external audience to the patients that Wuqu' Kawoq serves.

Both "A Legacy of Knowledge" and "Removing Barriers to Health" feature interviews with pediatrician Dr. Peter Cooch who describes how Wuqu' Kawoq is not only beneficial to the community it serves but can also serve as a model for global concepts of healthcare. Unlike some healthcare providers, Wuqu' Kawoq follows up in patients they treat in order to understand the impact of care and evaluate ways to improve care in the future. Dr. Cooch says,

Wuqu' Kawoq not only comes up with frontline healthcare worker interventions heavy on education, but then they've developed, through their local partners, comprehensive clinical trials that actually follow children out for years with daily developmental assessments and are able to show not only can having an education paired with a nutritional intervention help a child with stunting begin to grow again, but then the dramatic long term effects that can have on their neurodevelopmental outcomes. The end result being that the money, the time, the effort that goes into this is not just a one-time payoff for the kids, but it leaves behind a legacy of knowledge that then other settings across the world can benefit from.

As Dr. Cooch notes, Wuqu' Kawoq's mission is to not only provide quality healthcare but also to empower families with the knowledge necessary to take care of themselves. Wuqu' Kawoq's lasting impact is important because most hospitals or health centers in Guatemala discriminate against Mayans and other indigenous peoples for a number of reasons. Indigenous people are seen as "primitive" because there is a misconceived notion that they do not understand Western medicine and/or do not want biomedical treatment because they prefer their traditional medicinal practices. Wuqu' Kawoq's actions work to directly subvert these misconceptions and marry the two distinct systems of care: Western biomedicine and traditional Mayan medicinal practices.

Dr. Cooch also emphasizes the importance of cultural literacy when working with indigenous populations such as the Kaqchikel. While wanting to provide care for rural indigenous populations is both admirable and decent, if an organization is unable to work with the population they serve, all of their work and effort will amount to nothing. Once people can communicate in the same language, people often think that all barriers are lifted or overcome, but this is not true of any case where two speakers of the same language from different cultures communicate with each other. Cultural background plays an important part not only in the vocabulary of a speaker but also in the approach to communication. We can look to the U.S. for a quick example of this phenomenon. In the Southern U.S., there is a regional culture that entails particular foods, manners, and regional accents. These characteristics can seem foreign to people who live in the Northeast U.S., while people from both regions may speak the same language. Of course, this situation is amplified when the two groups are from different countries with entirely different cultural and ethnic backgrounds. Dr. Cooch remarks that,

...even when we speak the language of one of our patients, having cultural barriers to really be able to reach out and understand where they're coming from and what their concerns are- this is the reason why the best medical care in Guatemala will always be provided by the doctors and the caretakers there, and especially in the case of Guatemala's indigenous population, by those who speak Kaqchikel, Mam, Tz'utujil and who understand the rich culture that these families come from...in Guatemala, the Mayan culture has been, for years, forced to try to adapt to a foreign medical system. Wuqu' Kawoq has gone in and completely changed how medical care is provided to Mayan Guatemalans: in their language, in their homes, oftentimes by community members.

By combining the knowledge of Western biomedicine and the cultural knowledge of community healthcare providers, Wuqu' Kawoq has built a system that truly caters to Mayan populations. Wuqu' Kawoq is able to bridge this cultural gap between its patients and healthcare providers by employing indigenous people within the organization. Very

few, if any, hospitals employ indigenous people throughout Guatemala, which creates an uncomfortable atmosphere of exclusion and distrust. Therefore, when Kaqchikel and other Mayan people need to go to a hospital for more severe care due to life-threatening injuries or diseases, it is only as a last resort. Wuqu' Kawoq, however, is able to care for and treat patients with chronic illnesses such as diabetes, cancer, and heart disease to name a few. Therefore Wuqu' Kawoq is not only a leader for indigenous healthcare, but also a revolutionary force in Guatemala.

In “Uniting Language and Health”, linguist Dr. Brent Henderson notes the crucial service that Wuqu' Kawoq provides by assuring that Kaqchikel people receive quality healthcare in their language while respecting their traditional beliefs and medicinal practices. Despite the phenomenal work of Wuqu' Kawoq, this work should not be a surprise nor an exception in Guatemalan healthcare. According to Decreto Numero 19-2003, Artículo 15 of Guatemalan law, the government guarantees to,

Facilitar el acceso a los servicios de salud, educación, justicia, seguridad, como sectores prioritarios, para los cuales la población deberá ser informada y atendida en el idioma propio de cada comunidad lingüística, sin menoscabo de la incorporación gradual de los demás servicios, a los términos de esta disposición” (2). [Facilitate access to the services of healthcare, education, justice, security, as priority sectors, for which the population shall be informed and attended to in their own language of each linguistic community, without impairment to the gradual incorporation of the remaining services, according to the terms of this provision.]

Although the law guarantees the right to healthcare, among other public services, in indigenous languages, this law is often not enforced to the detriment of indigenous populations (particularly Mayan) in Guatemala. Dr. Peter Rohloff, one of the American founders of Wuqu' Kawoq remarks that respondents to a national healthcare survey, “...were asked to report the language used at their last visit to a public hospital or health

centre; more than 95% said Spanish was used” (1). This plainly illustrates the dire situation faced by Kaqchikel people and the crucial work of Wuqu’ Kawoq in providing healthcare in Kaqchikel and other Mayan languages. Wuqu’ Kawoq, however, provides the service that the government does not. Dr. Henderson remarks that he joined the board of Wuqu’ Kawoq because,

...it was such an intriguing idea to offer healthcare solutions in poor, rural areas in Guatemala, and to do so in a way that was respectful of the culture and language of the people that we were serving. For a lot of rural indigenous poor in Guatemala, there’s sort of a choice that they have to make: Do you want good healthcare, or do you want to maintain your traditional language and culture and your identity of who you are? What Maya Health Alliance does is it makes it so that they don’t have to make that choice and, in fact, the healthcare wins and language wins and both get stronger when those two things come together.
(Wuqu’ Kawoq)

Even if the Guatemalan government offered healthcare services in indigenous languages, the cultural background and understanding would be lacking, which Wuqu’ Kawoq provides on principle. By combining cultural and linguistic knowledge, Wuqu’ Kawoq ensures an atmosphere of mutual understanding and open communication for Mayan people, which is not the case of most healthcare providers in Guatemala.

During the COVID-19 pandemic, Wuqu’ Kawoq has faced many challenges in providing care to their patients. As noted above, a curfew was put into effect throughout the country in March, which made it difficult not only for residents to move about within their communities, but also for organizations like Wuqu’ Kawoq to reach their patients. In a video released in April, a nurse at Wuqu’ Kawoq describes the difficulties of delivering medicine to chronically ill patients:

Realmente ha sido un poquito complicado el paso ya que muchas comunidades y muchos caminos, pues, hay reteles en donde nos piden identificación DPI, identificación de la institución y adonde vamos y qué vamos a hacer. Ha sido complicado ya que la gente en las comunidades tiene miedo a salir. Tienen miedo,

no tienen acceso tampoco a transporte. Como trabajadores de salud, estamos haciendo lo posible para llegar a nuestros pacientes también que tengan sus medicamentos y puedan estar bien de salud. [It really has been a little complicated to pass through because in many communities and on many roads, there are roadblocks where they ask for our national I.D., the I.D. of the institution and where we're going and what we're going to do. It's been complicated because the people in the communities are afraid to leave their houses. They're afraid and they don't have access to transportation. As health workers, we're doing whatever possible to reach our patients and ensure that they have their medications and can be in good health.]

The curfew greatly affected the ability of Wuqu' Kawoq to provide necessities to patients who deal with chronic illnesses. Not only did the government make it difficult for these workers, but they created an atmosphere of fear if residents did not abide by the curfew times. Although safety is important, people should not have to fear for their safety to get their medicine.

Later in August of 2020, Wuqu' Kawoq published another video that gives an update on the work that they have done. Eva Tuiz, a Kaqchikel speaking nurse and research coordinator films herself and explains how Wuqu' Kawoq has provided services to its patients given their limited capabilities due to the curfew and general pandemic restrictions. Tuiz says,

Nosotros como Wuqu' Kawoq hemos apoyado a los pacientes más vulnerables a través de consultas en línea, apoyándolos durante estos procesos que estamos pasando. Una de las limitaciones que hemos visto con los pacientes es que ellos no quieren hacerse la prueba. Muchos de ellos que tienen creencias o mitos de que se pueden contagiar al hacerse la prueba. Nosotros hemos acompañado estos pacientes, explicándoles el proceso, muchos de ellos no quieren hacerse por temor, por miedo y por miedo que, a las personas, los vecinos, las familias los rechacen a que ellos están contagiados. [We at Wuqu' Kawoq have supported our most vulnerable patients by doing online consultations, supporting them during the process that we are experiencing. One of the limitations that we've seen with the patients is that they don't want to get tested. Many of them believe in a myth that they can contract COVID-19 by getting tested. We have accompanied these patients, explaining the process to them, many of them don't want to do it out of fear, fear that the people, their neighbors, their families will reject them if they are contagious.]

Eva's account highlights the fears that many Kaqchikel have had in the past of the government forcing Western medication on to them. There is clearly a great level of mistrust between the Kaqchikel and the government that stems from historical interactions. However, luckily Wuqu' Kawoq has been able to explain the process to their patients and they have been able to dispel myths about getting tested. Eva also mentioned that Wuqu' Kawoq performed online consultations which was completely impossible a hundred years ago. Now that many Kaqchikel have a laptop and internet access, Wuqu' Kawoq is able to extend their services in a way that will most likely alter the way that they provide care in the future.

Although the pandemic has largely had a negative effect on the services that Wuqu' Kawoq provides (such as medical consultations and family planning care), it has also forced them to adapt to new ways of providing care. The medical director of Wuqu' Kawoq, Dr. Waleska Canu explains in a video published in December of 2020 what Wuqu' Kawoq has done in order to combat the pandemic:

Hemos colaborado también con varias instituciones socias y instituciones amigas, universidades, el Ministerio de Salud Pública y Asistencia Social. Hemos colaborado en la producción de múltiples materiales educativos y informativos en cinco idiomas Mayas y español también para la prevención y manejo de casos en comunidad. Y participamos también en un reto de innovación con la secretaria nacional de ciencia y tecnología, impulsado por el vicepresidente de la República. Presentando un proyecto de telemedicina para detección de casos y seguimiento y atención de pacientes con coronavirus en comunidades con población hablantes de idiomas Mayas. [We have also collaborated with various partner institutions, universities, the Ministry of Public Health and Social Assistance. We have collaborated in the production of multiple educational and informative materials in 5 Mayan languages and Spanish to prevent and manage cases in the community. We also participated in an innovation challenge with the Secretary General of Science and Technology of Guatemala, promoted by the Vice President. We presented a telemedicine project for detection, monitoring and care of patients with coronavirus in communities with Mayan language speakers.]

By collaborating with these various institutions, Wuqu' Kawoq seems to have quickly developed technology to help Mayan speakers during the pandemic but also in the future. Like the Kaqchikel Cholchi', Wuqu' Kawoq distributed information about COVID-19 but they created it themselves which means it is catered specifically to their patients and members of the community who may not understand Spanish. It is clear that Wuqu' Kawoq has been able to effectively adapt to the challenges posed by COVID-19 and still provide exceptional care to its patients while also quelling fears of governmental malfeasance.

Chapter 5- Interviews

While the analysis of the Kaqchikel Cholchi' and Wuqu' Kawoq videos offer a glimpse into the Kaqchikel conceptualization of COVID-19, they lack a human element. In my interviews with four *Oxlajuj Aj* instructors, their input and experiences help illuminate a side of the pandemic that encompasses every element previously discussed as well as giving specific examples of the consequences of COVID-19. These interviews were conducted in March and April of 2021. Most of the interviews were conducted almost exclusively in Kaqchikel, but also included Spanish. Each instructor lives in a different town and was affected differently by the pandemic. However, many topics overlapped with each other. Some common themes that emerged from these interviews include a linguistic discussion of terms for and related to COVID-19, Mayan spirituality, the use of traditional herbal medicine, and the hardship experienced by the instructors themselves or members of their communities. Some discussions such as the role of Wuqu' Kawoq and deeper discussion about *nimab'äl k'u'x* were limited to specific instructors based on individual experience and knowledge. I will discuss each instructor

individually in order to present a profile of each perspective that will unite to form a larger picture of the effects of the pandemic.

Ixnal

Ixnal, who has a *licenciatura* in sociolinguistics and has been an instructor for *Oxlajuj Aj* as well as the Beginning Kaqchikel course at Tulane University for many years, was my first interviewee. I first asked her about terms for COVID-19 that she had heard other people use in her community of Santa María de Jesús (or *Jun Ajpu*) since the Kaqchikel Cholchi' is a more academically oriented organization and does not necessarily reflect everyday usage. The terms that she said were most frequently used were *itzel yab'il* ('ugly' or 'bad' 'illness') or *itzel ojöb'* ('ugly' or 'bad' 'cough'). These two terms are different from those used by the Kaqchikel Cholchi'. Mainly, the qualifying adjective *itzel* ('ugly') gives a sense of the toll that COVID-19 takes on people's bodies. It is truly a debilitating disease that greatly damages people. Additionally, instead of using *yab'il* ('illness') as the main noun to refer to COVID-19, many people use *ojöb'* ('cough') which is a much more specific, descriptive term of what happens when people have COVID-19. COVID-19 is a respiratory disease that affects the lungs and causes people to cough and have a shortness of breath. By directly referring to the outcome of having the disease, the Kaqchikel get at the heart of how COVID-19 manifests in people.

The relationship between *nimab'äl k'u'x* and COVID-19 was another topic that we discussed at length. As I discussed in previous chapters, Ixnal mentioned the knowledge and strength of her ancestors "*kinojib'äl, kuchuq'a' qate' qatata', qati't qamama*" and the extent of traditional herbal medicinal remedies. Despite the difficulties

of the pandemic, Ixnal explains that the *nimab'äl k'u'x* was a source of strength and hope. She remarked that,

K'o na ruxe'el ri kisamaj kina'oj ri qati't qamama' chi kij jalajoj yab'il xeb'anatäj ojer kan. Achike xkib'än qati't qamama'? Achike rub'eyal xkiköl ki' chuwäch la yab'il la la'? Entonces, rije' xkil chi ahh, k'o ri aq'om rere', ützi wi natij rere', ützi niqab'än rere'" [There is already the root of the work and knowledge of our ancestors who survived different sicknesses long ago. What did our ancestors do? How did they save themselves from those illnesses? So, they found that, ahh there's this herbal medicine, it's good if you eat this, it's good if we do that.]

This close relationship with ancestors acts as a concrete way that the Kaqchikel feel protected and draw hope when they are face with calamities like COVID-19. On a more personal note, Ixnal's son contracted COVID-19 through his work at the hospital and Ixnal became very worried. Ixnal said, "K'o tiqamolo' qi', tiqab'ana' rere', tiqatzija' ri qachij, tiqak'utuj quchuq'a' chire ri nimaläj Ajaw, ri ruk'u'x kaj, ri ruk'u'x ruwach'ulew. [We have to gather ourselves together, we have to do this, we have to light our candles, we have to ask for strength from the almighty Lord, the heart of the sky, the heart of the earth]". Again, it is clear that *nimab'äl k'u'x* serves as both a repository of knowledge and an active source of drawing hope and strength from that connection with ancestors and the earth.

Ixkamey

Ixkamey also has a *licenciatura* in sociolinguistics and works for the summer program *Oxlajuj Aj* and works with Wuqu' Kawoq as well, specifically focusing on women's health and childcare. Our conversation was similar to the one I had with Ixnal. However, Ixkamey also emphasized the novelty of dealing with a pandemic on this scale. Ixkamey observed that,

Po, majun xojyawäj ta, majun xpe ta jun nim yab'il. K'o ri q'axomal k'o chupam ri qach'akul yojtjon poqon po majun xok ta jun itzel ojöb, xub'än ta jun itzel chik

chire ri qapospo'y, majun. [But, never have we become ill because of a pandemic. There is pain that is in our bodies, we've experienced pain, but never has a terrible cough arrived, a horrible thing in our lungs, never].

Although there are historical similarities such as the cholera epidemic and influenza epidemic, Ixkamey correctly highlights the fact that a pandemic of this magnitude has never affected the Kaqchikel. Even though the general knowledge about diseases and how they work has improved dramatically in the past hundred years since the influenza epidemic, the fact that COVID-19 is a respiratory disease makes it more difficult to contain.

Ixkamey also mentioned various terms used to describe COVID-19 that are different from both the Kaqchikel Cholchi' videos and those mentioned by Ixnal. Ixkamey shared a conversation she had with a woman in her community of San Juan Comalapa (*Chi Xot*) about COVID-19: “Jun ixöq xub'ij chwe: ‘Re jun yab'il re' nikib'ij chi xaxe xkitz'ük, xkib'än, o sea que xkitik ri jun yab'il. Re jun yab'il re' tiko'n. Xtik koma winaqi’’ [A woman said to me: This illness, they say, only spreads, only increases, or rather, they plant it. This illness is a sown field. It is planted by people].” This conceptualization of COVID-19 is completely different to any other previously mentioned here. COVID-19 plants people instead of people planting crops. COVID-19 is both personified and animate. There is no evidence of similar descriptions to previous illnesses or epidemics, which does not necessarily mean that this metaphor was not used, but it is certainly compelling that it is being used now to describe a new disease. By using this term, it is also clear that COVID-19 is a separate entity that invades the body to a certain extent but can also exist outside of bodies. Another person said to Ixkamey, “Ri yab'il, janila k'o ruchuq'a'. [The illness, it is very strong].” This phrase is also distinct

from other terms for COVID-19. This phrase, like the harvesting phrase, describes characteristics of COVID-19 instead of COVID-19 itself. Unfortunately, due to the pandemic, Ixkamey has not been able to work with Wuqu' Kawoq but echoes many of the same sentiments mentioned above about the important work that they do in providing crucial care to Mayans without access to quality healthcare. Ixkamey shared a few stories of people suffering in her community and added that they are many more examples of tragic stories because of the pandemic.

Aq'ab'al

While Aq'ab'al is not an *ajq'ij* himself, his family has a long tradition of spiritual specialists. Additionally, Aq'ab'al has assisted in numerous ceremonies (*xukulem*) and has a greater knowledge of spiritual matters than many other Oxlajuj Aj instructors. As will become clear, my conversation with Aq'ab'al was similar to that of my conversation with Mokchewan. Aq'ab'al mainly discussed *nimab'al k'u'x*, the use of *q'ayis aq'om* and *kaxlan aq'om*, as well as the struggles of the Kaqchikel people. Aq'ab'al noted the struggle of being an *ajq'ij* when he remarked that,

Ri ajq'ij...töq ajq'ij k'ayew jub'a' roma natz'ët ri üt, ri man üt natz'ët. Ri üt ja ri k'o chi nachajij awi', natz'ët ri achi'el ri ruchuq'a' ri ch'umilal, natz'ët kuchuq'a' ri winaqi', natz'ët achike rub'eyal nato' ri winaqi' yatok achi'el jun kolonel, chuqa' jun to'onel kichin ri winaqi'...k'o ri man üt ta k'a ri chi najäl chuqa' man nab'än ta y k'o ri man üt ta chuqa' nab'ij chike ri winaqi', k'o ri man üt ta chuqa' nab'ij chi k'o chi nachojmij ri k'aslem. [A daykeeper...when you're a daykeeper it's a little difficult because you see the good and you see the bad. The good is when you tell people to take care of themselves, you see the strength of their destiny, you see the strength of the people, you see how you help people, you become like a savior, and a servant of the people..and there's the bad then that you change and you don't do something and the bad also is that you tell people what to do, then the bad is also that you tell people that it is necessary that they fix their lives].

As with *q'ayis aq'om*, there is a balance in what an *ajq'ij* sees and does. While an *ajq'ij*'s principal role is to help people, it is not always possible or easy.

The negative aspect of being an *ajq'ij* was exacerbated by the COVID-19 pandemic when many people were forced to isolate and quarantine in their homes.

Aq'ab'al notes that,

...qonojel röj meb'a', majun xqasamaj, majun qapwäq, to k'a ri konojel ri winaqi' xk'is qasamaj, po k'o kiy ri kismaj, k'o k'iy kipwäq..wawe' Pa K'im k'iy winaqi' xesamaj ri pa Estados Unidos, k'o kipwäq...po k'o winaqi' xekanäj meb'a'...ja re' k'ayew chupam ri COVID. Po ri COVID chuqa' qetaman chi jun ojöb', nimaöjöp ruchuq'a', po ri ojöb' ojer k'o wi k'o re xuya' más nim ruchuq'a'. [all of us are poor, we don't have any work, we don't have any money, so all of our people lost their jobs, but many people have jobs, many have money...here in Pa K'im there are many people that had work in the United States, they had money...but many people remained poor...it's tough like this because of COVID. But with COVID we also know it is a cough, a big cough with great strength, but the old cough was stronger].

Undoubtedly Aq'ab'al felt anguish when COVID-19 gripped his community given the already delicate socioeconomic situation of many people. However, during the Oxlajuj Aj summer course, Aq'ab'al related how he went around Santiago Sacatepéquez (Pa K'im) to hand out food to those in need, particularly the elderly or disabled. Aq'ab'al's act of kindness epitomizes the importance of community and fortitude of the Kaqchikel.

The COVID-19 pandemic also brought to light the already troublesome relationship between Western biomedicine and *q'ayis aq'om*. The problem is twofold: Western biomedicine is often forced upon Kaqchikel people, and although Kaqchikel people recognize the value of Western biomedicine, they often cannot afford to buy it.

Aq'ab'al remarks that,

Töq xpe ri yab'il, ri COVID, nada antibiótico, nada ronojel roma ri antibiótico man k'o ta ri ojöb', man k'o ta ri virus y majun antibiótico nikusaj. To, k'a ri xintz'ët rin chi jun politico a nivel nacional, nivel internacional...k'o k'iy ri xkib'ij aspirina y xkib'ij ri acetaminofen to ja ri' xkitij y xikitij ronojel...po

matyöx chire ri Ajaw ri acetaminofen yeruto'...K'iy winaqi' xkib'ij chwe rin chi xkikusaj la acetaminofen chuqa' la aspirina ja ri' xkib'an, xkib'an y xkikusaj ri ajlimonx, xkiqüm...xikikusaj ri q'ayis aq'om y xikikusaj ri químico, la aspirina. [When the illness came, COVID, there was no antibiotic, nothing at all, there was nothing for the cough, nothing for the virus and they didn't use any antibiotic. So, then I saw that this was a political issue at the national level, at the international level...they were many people that said that they took aspirin and acetaminophen...but thanks to God the acetaminophen helped them...Many people said to me that they used acetaminophen and aspirin that they did that and that they used lemon, they drank it...they used herbal medicine and they used chemicals, aspirin].

It is notable that many community members of Pa K'im reported to Aq'ab'al that they are using both *q'ayis aq'om* and *kaxlan aq'om* to treat COVID-19 symptoms. While Mokchewan mentions a similar occurrence within Chi Iximche', it seems that people are turning to *kaxlan aq'om* more quickly than *q'ayis aq'om* in Pa K'im. However, clearly *q'ayis aq'om* is still a key part of treating illness and has not been totally supplanted by *kaxlan aq'om*.

Lastly, Aq'ab'al discussed the significance of *nimab'al k'u'x* during the COVID-19 pandemic. As mentioned in previous interviews and chapters, the effect of isolation on the Kaqchikel was particularly severe. Aq'ab'al explained that,

...man nikib'an ta comunicar kik'in ri winaqi'. Niqab'an ja ru ri rub'eyal qati't qamama', niqamatyoxij ri ruwachulew, niqamatyoxij ri ya', yojtzijon rik'in ri chikopi', yojtzijon chike ri taq che', yojtzijon chike ri taq sutz', yojtzijon chike ri taq ch'umilal, yojtzijon chire ri jawal taq juyu', ri jawal taq siwan, jawal taq Xibalba', ronojel ri' yojtzijon chike...k'o chi man aislar awi' chupam jun jay. [...they don't communicate with other people. We do what our ancestors did, we thank the earth, we thank the water, we talk with the animals, we talk with the plants, we talk with the clouds, we talk with destiny, we talk with the spirit of the mountain/forest, with the spirit of the ravine, the spirit of Xibalba', all of these things we talk to them...you cannot isolate yourself in a house].

Aq'ab'al stresses the importance of maintaining the relationship with *nimab'al k'u'x* which is embodied in every creature, plant, place, and spirit. This relationship has taken on a renewed significance because of the isolating nature of the pandemic. Normally

these acts of thanking would take place in a *xukulem* but these are no longer possible except on an individual or small level. However, it is still possible to perpetuate the connection to *nimab'äl k'u'x* through acts of thanking done by the whole community that unites the Kaqchikel in the few ways possible during the COVID-19 pandemic.

Mokchewan

Unlike the other instructors of Oxlajuj Aj, Mokchewan is an *ajq'ij* or 'daykeeper'. While all the other instructors are knowledgeable about *nimab'äl k'u'x* and other aspects of Mayan spirituality, Mokchewan has specialized knowledge because of his training. Mokchewan has led many ceremonies (*xukulem*) and has a vast knowledge of *nawales* and *q'ayis aq'om*. Most importantly, Mokchewan notes that, “Jun ajq'ij jun to'onel chupam ruk'aslem jun tinamit...chuqa' jun k'amol b'ey chupam ruk'aslem jun tinamit. [A daykeeper is a helper in the life of a community...they are a leader within the community].” While a daykeeper does possess specialized knowledge, the way in which they act and influence the community is more important than simply having an elevated, respected status within the community.

Mokchewan also discussed different terms for COVID-19 that he heard in his town called Tecpán (or *Chi Iximche*). In particular, Mokchewan remarked that, “Re jun yab'il re' janila ruchuq'a', janila yojruch'äy, yojrukajij. [This illness has a lot of strength, it hit us hard, it struck us].” As Ixkamey mentioned in the previous section, Mokchewan agreed that COVID-19 is very strong. This phrase is repeated by the instructors and indicates the power of COVID-19. Mokchewan also describes COVID-19 as if it physically attacked the Kaqchikel. While similar to the description of COVID-19 as a harvester provided by Ixkamey, Mokchewan makes a distinction that it struck people as if

they were able to fight back. As mentioned above, COVID-19 is again conceptualized as an entity separate from human beings that attacks them instead of only existing within them. Mokchewan adds that, “Jantape ninya’ ruq’ij roma man yitikir ta ninb’ij: ‘xa jun yab’il, xabachike’ yab’il la’...k’o chi naya’ rejq’alem. [I always respect COVID-19 because I can’t say: ‘It’s just an illness, whatever illness...it is necessary to give it importance].” Mokchewan highlights the fact that COVID-19 should be taken seriously even though not everyone does. COVID-19 should be treated with caution because it is powerful. “Ri ojöb’ re’ achi’el ri xa jub’a’ma junam rik’in ri jiq’ ojöb’...Röj ri wawe’ xqab’ij ja re’ jun q’eqaläj jiq’ ojöb’...roma ri ruchuq’a’. [This cough is almost like whooping cough...We here call it darkest suffocating cough...because of its strength]”. Here, Mokchewan emphasizes yet another term for COVID-19. This description is quite vivid and again describes the effect that COVID-19 has on the people who contract it. In particular, this phrase underscores the power of COVID-19.

Mokchewan also describes the various remedies used to treat COVID-19 symptoms. The most common remedies use lemon, ginger, and eucalyptus (presumably in water), which resonates historically with the cholera epidemic. David Carey remarks that, “Oral histories note that in an attempt to stave off the pestilent effects of cholera, people ate lemons” (Carey B 118). Lemons are often used as treatment for pain such as a sore throat or headache which are common symptoms of COVID-19. These natural herbal remedies are still useful today despite the debilitating effects of COVID-19. The use of traditional herbal remedies contrasts with Mokchewan’s view of Western medicine or *kaxlan aq’om*. Mokchewan remarks,

Soy hipertenso, tengo que tomar mi pastilla, tengo que tomar mi cápsula. Cápsula para dolor de estómago, cápsula para dolor de cabeza, cápsula para los nervios,

cápsula para el insomnio, cápsula porque así puedo dormir. Ronojel jun tanaj ke re' de cápsula jantape b'enäq xabakuchi'. Achike ntajin chawe chi ach'akul? Ntajin nikamisaj ri ruchuq'a' ri ach'akul. To, ützt nakusaj jumul, kamul, po man ützt ta nakusaj jantape roma nitz'ukutäj pe jun chik yab'il... Wakamin rik'in ri aq'om q'ayis chuqa' man ützt ta jantape naqum. Achike roma? Roma chuqa' ri nub'ana pe chawe natz'uku' pe jun chik yab'il o nukamisaj ri ruchuq'a' ri ach'akul. [I'm hypertensive, I have to take a pill, I have to take a capsule. Capsules for a stomach ache, capsules for a headache, capsules for nerves, capsules for insomnia, capsules because that's how I can sleep. A bunch of capsules like that, always ready whenever. What is it doing to your body? It's diminishing the strength of your body. So, it's ok to use it once or twice, but it's not good to always use it because you could get another sickness... Now with the herbal medicine it's also not good to always drink it. Why? Because you can also get another sickness, or it can affect your body's strength].

Mokchewan clearly expresses the dangers of relying on either form of medicine too much since neither are cure-alls. Importantly, Western medicine is not perceived as necessarily bad to use. Rather, a balance is necessary when using either *kaxlan aq'om* or *q'ayis aq'om*. However, Mokchewan adds that *q'ayis aq'om* is always used before turning to *kaxlan aq'om* because of the less harmful side effects on the body.

Marcotulio Pichiya'- Translator for the Kaqchikel Cholchi'

My interview with the translator for the Kaqchikel Cholchi', Marcotulio Pichiya', was fundamentally distinct from my interviews with the Oxlajuj Aj instructors. Rather than discussing personal and communal issues and viewpoints, we discussed the role of the Kaqchikel Cholchi' as an organization that serves the Kaqchikel-speaking community and the decisions that Pichiya' made in order to communicate effectively with the intended audience. As with the interviews with the Oxlajuj Aj instructors, this interview was conducted mainly in Kaqchikel and occasionally in Spanish.

Marcotulio Pichiya' is the technical translator and interpreter for the Kaqchikel Cholchi'. Specifically, he helps in the production of videos, radio announcements, and

other news distributed on their Facebook page and other platforms. First, I asked him why the Kaqchikel Cholchi' made videos about COVID-19. He explained that the Kaqchikel Cholchi',

...nuya' rutzijol chike ri qawinaq pa qach'ab'al achike rub'eyal rije nikichajij ki' chuwäch ri yab'il, ri coronavirus, ri COVID-19, achike rub'eyal nikito' ki' nikiq'ät ruwäch ri yab'il chuqa' achike k'o chi nikitij, achike ri man k'o ta nikitij, ri q'utu'n, ronojel ri' chuqa' achike aq'om k'atzinel tikirel nikitij töq nuya' ri COVID-19 chike ri qawinaq Kaqchikela'. [give news to our people in our language about how they should take care of themselves against the illness, the coronavirus, COVID-19, how they should help themselves to prevent the spread of COVID-19 what they should eat, what they shouldn't eat, food, all of that and what medicine you can eat when our Kaqchikel people have COVID-19.

The Kaqchikel Cholchi', like Wuqu' Kawoq partnered with many governmental organizations to promote the spread of information on COVID-19. This information seems to be tailored for the audience for whom the Kaqchikel Cholchi' creates content. As discussed previously in Chapter 2, the Kaqchikel Cholchi' is a community-based organization that aims to serve the Kaqchikel-speaking population of Guatemala.

Despite this plethora of information provided by the Kaqchikel Cholchi', most videos do not have many views. I asked Pichiya' who the intended audience was for these videos since they are produced specifically for Kaqchikel speakers who might not be able to read Kaqchikel. Pichiya explained that,

Rin ninb'ij chi man k'iy ta kitzeton roma ri Kaqchikel ch'ab'al k'o nim rulewal, k'iy tinamit, k'iy winaqi' yech'o achi'el ta ri nana' ri tata' nima'q taq winaqi' majun kiwäch wuj (ri Feysbuk) roma majun ta k'o kematz'ib kik'in k'o jun oyonib'al (jun teléfono inteligente) majun k'o ta, man nikitiz'ët ta riri'. Po, k'o ri jun chik akuchi' nikesaj rutzijol richin nikitiz'ët ri winaqi' ja ri' pa taq taluwäch (ri canales comunitarios). [I say that many people haven't seen it because many people speak Kaqchikel, there are many towns, many people speak it like grandmothers and grandfathers who don't have Facebook because they don't have a computer with them or a smart phone, they don't see these videos. But, there are other places where they distribute news so that people can see it and that's on television (community channels).

Despite the fact that the Kaqchikel Cholchi' mainly produces these videos for their Facebook page, many people don't have access to it because they don't have a laptop or smart phone. Even if people do have one of these, they may not have or be able to get internet either. Luckily, there are other methods such as the community channels that Pichiya' mentions in addition to the radio, which is much more accessible.

Lastly, we discussed what he does when he has difficulty translating a word or phrase that is not easily translatable. As I have mentioned before, the Kaqchikel Cholchi' translates documents from the government and Ministry of Health that rely on Western biomedical vocabulary. However, this technical language is not accessible even for people who are familiar with the Western biomedical system. Pichiya' explained that,

“K'o k'ak'a' taq na'oj, k'ak'a' taq etamab'äl, k'ak'a' taq tzij ri nuk'utuj pe nuch'öj pe ri tzalq'omanik pa ruwi' ri COVID-19, jalajöj taq wuj. Ri rub'eyal ri Kaqchikel Cholchi' k'o rucholtzij rub'anon akuchi' k'o k'ak'a' taq tzij k'o richin aq'om pa ruwi' tjonik, pa ruwi' ri educación y ch'aaq' chik etamab'äl...Po, k'o ka'i' oxi' taq tzij chi man e k'o ta achi'el xikib'ij ri 'cuarentena'...to, k'o chi xojtzijon kik'in ri qachib'il wawe' Kaqchikel Cholchi'. Jun ka'i' oxi' xojtzijon ka' ri xikiya' ri tzij cuarentena. [There are new ideas, new knowledge, new words that they ask, they demand to translate for COVID-19, different documents. The way that the Kaqchikel Cholchi' makes phrases is when there is a new word about medicine, about education and other categories...But, there are two or three words that we don't have like 'quarantine'...so we have to talk about it with the team here at the Kaqchikel Cholchi'. A few of us talked about and decided to use 'quarantine'.

The Kaqchikel Cholchi' as well as the Kaqchikel people were forced to simply borrow Spanish words that were attached to Western biomedical terms. It was clearly more important that the Kaqchikel Cholchi' disseminate the information that is most likely common knowledge in Spanish. Although the Kaqchikel Cholchi' creates neologisms, it would not be feasible for them to create new words if they already exist in another language that is widely spoken by the same population. Perhaps in time the Kaqchikel

Cholchi' will invent Kaqchikel words for these new terms as they become even more relevant in the coming years.

Chapter 6- Conclusion

To summarize briefly, with this study I hope to have demonstrated how COVID-19 has challenged Kaqchikel language and culture. I first analyzed how the Kaqchikel have dealt with illnesses and epidemics in the past, which demonstrated the delicate relationship between the Guatemalan government and the Kaqchikel. While the COVID-19 pandemic has reopened this sore spot and highlighted the same problems of the past, only time will tell whether or not this relationship can improve. Next, I discussed the different ways that Western scholars and Mayan scholars conceptualize the body, illness, and healthcare in order to understand the complex reality of Kaqchikel approaches to illness and healthcare. While this previous literature is useful, I hope that my research can serve as a framework in future studies of COVID-19. My research in earnest began by analyzing videos published by the Kaqchikel Cholchi' during the last ten months of 2020, which revealed the use of different terms for COVID-19 and the historical parallels of forced isolation. This chapter revealed that the Kaqchikel community used language in an innovative way in order to discuss illness from a Kaqchikel cultural perspective. I also analyzed videos published by Wuqu' Kawoq, an organization founded by Americans in Guatemala to provide healthcare to rural Mayans. These videos highlighted how Wuqu' Kawoq was able to adapt to the challenges posed by COVID-19 and even innovate new telemedicine techniques for the future. In addition, the videos stress the important role that Wuqu' Kawoq played in maintaining social relationships with Kaqchikel community members when it was nearly impossible. Lastly, I interviewed instructors from Oxlajuj

Aj, a summer language immersion program, and the translator of the Kaqchikel Cholchi' videos in order to emphasize the expertise of various Kaqchikel community members and add a personal feeling. These interviews led to rich conversations about language, linguistics, spirituality, and different methods of healthcare during the pandemic. In talking with the Oxlajuj Aj instructors, I discovered how COVID-19 disturbed the communal nature of the Kaqchikel as well as their ability to withstand this hardship by finding solace in *nimab'äl k'u'x*. My conversation with Marcotulio Pichiya' displayed how the Kaqchikel Cholchi's mission was motivated by a desire to stay connected with the Kaqchikel-speaking community during the COVID-19 pandemic. While this study is limited in scope, I hope it leads to further inquiry into this budding field of study. Ultimately, this study illustrates that the Kaqchikel used language as a way to engage in normalizing conversation about illness and were able to find comfort in their isolation and adversity through their connection with *nimab'äl k'u'x*.

Limitations

Obviously, the pandemic itself was the largest limitation given the timing of this project. While I was fortunate enough to be able to analyze primary sources in the form of the Kaqchikel Cholchi' videos, Wuqu' Kawoq videos, and conduct various interviews, I was greatly limited by not being able to be in Guatemala to conduct physical fieldwork. I also limited the timeframe of the video analysis in order to be more concise while including enough information. I also decided against discussing the attitude towards vaccines since Guatemala has only recently started vaccinating its population. While I was able to conduct hour-long interviews with the Oxlajuj Aj instructors and the Kaqchikel Cholchi' translator, it might have been more fruitful to conduct multiple

interviews over time in order to compare different attitudes. Lastly, time is always the most limiting factor. Ideally, this project would have incorporated many facets of Kaqchikel healthcare instead of a more general sense. Regardless, these limitations leave room for other projects.

Further Research

As I hope to have demonstrated, this area of study is ripe for many different types of research. As I mentioned, I could have expanded or shifted my focus from general healthcare to specific specialists such as midwives (*k'exeloma'*) and bonesetters (*ajb'aq*) in addition to daykeepers. It would also be rewarding to compare how different Kaqchikel communities conceptualize COVID-19 as well comparison between different Mayan groups in both Guatemala and Mexico. This study could also be expanded to comparison between various indigenous cultures throughout the world to gain a fuller picture of the effects of the pandemic. Suffice it to say, while the circumstances of this study are unfortunate, there is a unique opportunity to reexamine how humans interact with and conceptualize illness.

APPENDIX

Kaqchikel Cholchi' Transcriptions**Tiqachajij qi'** - March 18, 2020- 1:01

Ri yab'il Coronavirus COVID diecinueve: Jun yab'il ri k'o chi yojetaman chirij. Ri nawetamaj ruwäch nato' apo awi' chwäch chuqa' nasamajij apo rij. Jiq' ja ri' jun rub'eyal kichin nato' awi chwäch. Nak'o re jun yab'il re' roma e k'o winaq(i') re e yawa' chik chi e naqaj. Niq'ax pe ri yab'il re' töq nachäp chuxtaq ri k'o yab'il chi kij. K'a ri nachäp achi', ri atza'm chuqa' ri awäch. Ütz nach'ajla aq'a' rik'in ya' chuqa' xab'on. Tikirel chuqa' nawokisaj kin'el k'ay ya'. Kan ta ya' apo axikin chirij ri rutzijol nuya' pe ri champomal.

Ja re' jun rutzijol nuya' ri' chituy aq'omanik aj Iximulew chuqa' ri Maya' Cholchi' aj Iximulew.

Ja re' ri Taqonem Tzij 06-2020 - March 22, 2020- 1:06

Ri k'atzinel niqab'an pa ruwi' ri k'ayewal k'o Iximulew. Mok'aj wo'o', retal cholajij B chuj? kaji'. Man tikirel ta xkeq'axlan ri winaq ri Iximulew. Re re', nel chitzij man tikirel ta yek'axlan ri ch'ich' chuqa' ri winaq. Chawan taq ch'ich' winaq ri b'enäq pa nimaq taq a ch'ich'. Jalajöj kiwäch ch'ich' pa ri kaji' ramaj richin tiqaq'ij k'a pa ri kaji' ramaj richin nimaq'a' chi ruk'an el q'ij. Re taqonem tzij re' nichapatäj el wakamin juk'al ka'i' richin ri rox ik' richin re juna' re'. We xtib'e ri raqän re jun taqanem tzij re', q'alaj ri xtuya' rub'ixik ri champomal. Man tikirel ta xkeb'an nimaq taq moloj ki chuqa' ri jalajöj koköj taq moloj pa taq tinamit. Kakanaj kan pa awochoch. Tiqataqej rub'eyal richin man

nok ta kik'in ri coronavirus COVID-19. Ja re' jun rutzijol nuya' apo ri Maya Cholchi' aj Iximulew.

K'ayewal chi jun Iximulew- March 27, 2020- 1:28 (subtitles in Spanish)

1: Rat, tabij chuwe, achike ri k'ayewal chi jun Iximulew?

2: Ahh, üt z k'a ri, k'o chi niq'ax chuwäch achike ri k'ayewal? Ri k'ayewal wakamin jun yab'il man oyob'en ta apo. Re yab'il re' niq'ax chike ri winaqi' chuqa' nuya' k'ayewal pa qak'aslem.

1: To, achike roma xb'an ri taqonem tzij chirij ri k'ayewal re'?

2: Ja', pa k'iy amaq' xb'an re' chuqa' wawe' Iximulew. Xo k'uluj jun yab'il yalan niq'ax chike ri winaqi' rub'i' coronavirus COVID diecinueve. Re ruk'amon pe k'ayewal pa qak'aslem konojel röj winaqi'. Roma ri', xetz'apëx k'iy q'ayij samajay xeq'at chi ye'erëx winaqi' pa taq ch'ich' chuqa' ri jalajöj taq moloj akuchi' yeb'apon k'iy winaqi'. Ri molojri'il nichajin ri tinamit ja re' ri k'o chi nib'anon chi konojel ri winaqi' man ke'el el pa b'ey, chi ke k'oje pa taq kochoch. Xaxe tikirel yojel el chi taq kochoch pa ri ramaj jikib'an. K'a ri man tikirel ta chik yojel el pa taq b'ey. Nib'an richin man niqak'u'x ta ri yab'il.

Richin niq'at ri coronavirus, kak'oje chi awochoch.

Prevención y contención de COVID-19

1: Me puedes explicar ¿Qué es estado de Calamidad Pública?

2: ¡Aaah Bueno! Primero hay que entender ¿Qué es calamidad? La calamidad en este caso es una enfermedad no esperada, contagiosa y pone en peligro nuestras vidas.

1: Entonces...¿Por qué se emitió la ley de Calamidad Pública?

2: Sí, en muchos países y principalmente Guatemala, apareció una enfermedad contagiosa llamada coronavirus COVID diecinueve que pone en peligro la vida de toda la población. Es por eso que se cerraron la mayoría de los servicios, se prohibió la circulación de vehículos, también las reuniones con mucha gente. La seguridad pública es la encargada para que se haga cumplir con el toque de queda. El toque de queda ordena que no podemos salir de nuestra casa en horarios restringidos, durante ese horario es prohibido salir de casa, todo esto para evitar contagiarse.

Para combatir el coronavirus kak'oje chi awochoch. (#QuédateEnCasa)

#Kakanajkanchiawochoch- March 27, 2020- 42 seconds

1: Tab'ij chuwe, achike nikulwachitäj wi man nannimaj ta chi yak'oje chi awochoch?

2: Ri ramaj töq man tikirel ta chi yatel chi awochoch. Wi yatilitäj pa b'ey man tajin ta nannimaj ri taqonem tzij, to ri ajpotz' yatkichöp el, yatkikwäj el pa q'atb'al tzij chi ri k'o chi xtatöj ri amaq' rik'in pwäq ri jarupe k'o awik'in. Wi manäq apwäq, xqatz ape xpe pa che wolajuj q'ij k'a pa juk'al lajuz q'ij.

Richin niq'at ri coronavirus, kak'oje chi awochoch.

Prevención y contención COVID-19 Orientaciones ante Medidas del Estado de Calamidad Pública

1: Cúntame ¿Qué sucede si no respetas el “Toque de Queda”?

Graphic: Toque de queda 4 pm a 4 am. La policía podrá capturarte. Serás llevado ante un juzgado de paz. Te impondrán una multa. Si no tienes dinero podrías ser arrestado desde 15 a 30 días.

Para combatir el coronavirus kak’oje chi awochoch. (#QuédateEnCasa)

Nqarayb’ej jun jeb’ël k’aslemal chiwe qach’alal, re jun yab’il re’ k’o chi xtik’o el-

April 4, 2020- 36 seconds

Rub’eyal richin naq’at ruwäch ri yab’il coronavirus: Man ruk’amon ta nib’än moloj pa taq tinamit chuqa’ nimaq’ij pa taq b’ey. Niq’at richin yatel el chin yab’e juk’an chik pa ruwi’ ri kaji’ ramaj richin tiqaq’ij k’a pa kaji’ ramaj richin nimaq’a’ ri ruk’an q’ij. Re ramaj re’ chuqa’ man tikirel ta yab’iyaj pa b’ey, yab’e pa ch’ich’ chuqa’ man tikirel ta ye’el xabachike ch’ich.

Kak’oje chi awochoch.

Medidas para evitar el contagio del coronavirus: Están prohibidas las reuniones de personas a nivel comunitario y también actividades públicas. Se limita el traslado de un lugar a otro a partir de las 4 pm hasta las 4 am del siguiente día. En este horario también está prohibida la circulación de pasajeros y de todo tipo de transporte terrestre.

#QuédateEnCasa

Tiqachajji qi’ chupam ri loq’olq’ij- April 8, 2020- 1:15

1 (woman): Tab'ij chuwe, achike ri k'ak'a' rub'eyal richin niqachajij qi' chwach ri k'ayewal pa ri loq'olq'ij re'?

2 (woman): Pa re loq'olq'ij re', pa ri wo'o' q'ij k'a pa kablajuj q'ij richin ri rukaj ik', xaxe tikirel yojb'iyaj pa qatinamit chuqa' tinamital richin niqab'eloq'o' qaway, qaq'utu'n, qaq'om chuqa' tikirel yojb'e pa aq'omab'al jay. Qanik'atzin chi yojk'oje chi qachoch.

3 (man): Ri ramaj jikib'an richin yab'e loq'on ja ri kaji' ramaj pa nimaq'a' k'a pa kaji' ramaj richin tiqaq'ij. Töq nib'an elenik, xaxe jun winaq tikirel nel. Man ruk'amon ta yekwäx akwala'. K'o chi niqaküch qachi' chuqa' qatzam. K'o chi niqach'ojchorisaj qi' töq yojel qi' chuqa' ri töq yojtzolin chi qachoch.

2: Ri champomal xub'ij chi kakanaj kan chi awochoch choq'a' re jun wuqq'ij re'. Jantape pa kaji' ramaj richin tiqaq'ij k'a pa ri kaji' ramaj richin nimaq'a' richin ruk'an q'ij.

3: Richin niqak'at ruwach ri coronavirus, k'o chi nach'achorisaj awi'.

1: Kak'oje pa awochoch.

Idioma Kaqchikel

1: ¿Cuáles son las nuevas medidas del Estado de Calamidad para esta Semana Santa?

2: Desde el domingo 5 hasta el domingo 12 de abril podemos movilizarnos dentro del límite de nuestro municipio o departamento para ir a comprar alimentos, medicinas o ir al hospital;

3: El horario para ir a comprar es entre 4 de la mañana a 4 de la tarde. Al salir es necesario que solo vaya un miembro de la familia, sin niños, llevando alguna mascarilla o

algo que cubra nuestra boca y nariz; debemos aplicar medidas de limpieza tanto al salir como al regresar a la casa.

2: El toque de queda continúa desde las 4 de la tarde hasta las 4 de la mañana del día siguiente.

#QuédateEnCasa.

Mani chik nqatz'ila' qi'- April 16, 2020- 30 seconds

Tiqapab'a' ri tz'ilanem! Richin niqapab'a' ri coronavirus pa Iximulew, k'atzinel chi niqato' qi' pa junanem. Ri xikiwil itzel tzij xaxe yojkich'il, man nikiya' ta q'ij chi niqatz'ët ri xk'at k'aslem. Wakamïn k'a...kojok tinamital! Jun pixab' richin ri Liga Guatemalteca de Higiene Mental.

¡Alto a la discriminación! Para enfrentar el coronavirus en Guatemala...debemos estar unidos y ayudarnos entre todos. Los prejuicios solo nos dividen y no nos dejan ver la realidad. Ahora más que nunca...¡seamos comunidad!

Tiqachajij qi'- April 22, 2020- 1:28

1: Rat, tabij chuwe, achike ri k'ayewal chi jun Iximulew?

2: Ahh, ützt k'a ri, k'o chi niq'ax chuwäch achike ri k'ayewal? Ri k'ayewal wakamïn jun yab'il man oyob'en ta apo. Re yab'il re' niq'ax chike ri winaqi' chuqa' nuya' k'ayewal pa qak'aslem.

1: To, achike roma xb'an ri taqonem tzij chirij ri k'ayewal re'?

2: Ja', pa k'iy amaq' xb'an re' chuqa' wawe' Iximulew. Xo k'uluj jun yab'il yalan niq'ax chike ri winaqi' rub'i' coronavirus COVID diecinueve. Re ruk'amon pe k'ayewal pa qak'aslem konojel röj winaqi'. Roma ri', xetz'apëx k'iy q'ayij samajay xeq'at chi ye'erëx winaqi' pa taq ch'ich' chuqa' ri jalajöj taq moloj akuchi' yeb'apon k'iy winaqi'. Ri molojri'il nichajin ri tinamit ja re' ri k'o chi nib'anon chi konojel ri winaqi' man ke'el el pa b'ey, chi ke k'oje pa taq kochoch. Xaxe tikirel yojel el chi taq kochoch pa ri ramaj jikib'an. K'a ri man tikirel ta chik yojel el pa taq b'ey. Nib'an richin man niqak'u'x ta ri yab'il.

Richin niq'at ri coronavirus, kak'oje chi awochoch.

Prevención y contención de COVID-19

Ramaj richin yak'oje' chi awochoch- April 22, 2020- 42 seconds

1: Tab'ij chuwe, achike nikulwachitäj wi man nanimaj ta chi yak'oje chi awochoch?
2: Ri ramaj töq man tikirel ta chi yatel chi awochoch. Wi yatilitäj pa b'ey man tajin ta nanimaj ri taqonem tzij, to ri ajpotz' yatkichäp el, yatkik'waj el pa q'atb'äl tzij chi ri k'o chi xtatöj ri amaq' rik'in pwäq ri jarupe k'o awik'in. Wi manäq apwäq, xk'atz apo xpe pa che wolajuj q'ij k'a pa juk'al lajuz q'ij.

Richin niq'at ri coronavirus, kak'oje chi awochoch.

Keqak'ulu' apo rik'in qak'u'x- May 9, 2020- 48 seconds

Konojel ri winaqi' aj Iximulew töq yetzolin pe juk'an chik ya', yenik'öx koma aq'omanela' ri yesamaj pa ruqituy aq'omab'äl. Wi k'o retal yab'il chike, ri winaqi' k'o

chi yet'aj chanin pa jun aq'omab'al jay. Re k'iy winaqi' aj Iximulew yetzolin pe, majun ri yab'il ta chike. Roma ri', ri je e k'o chi yek'oje chi kochoch kik'in ri kach'alal. Keqato' ri winaqi' ri nik'ajo yetzolin chi kochoch. K'o chi keqak'ulu' apo rik'in qak'u'x. Richin üt z kib'enam ri winaqi' pa jun chik amaq' chuqa' richin nichajix kik'aslem. Konojel tiqamolo' qi' chirij ri coronavirus ruma re' jun nimayab'il.

Idioma Maya Kaqchikel

Todo guatemalteco que retorna al país debe ser evaluado por personal del Ministerio de Salud. Si presentara algún síntoma debe ser trasladado hacia un hospital. La mayoría de ellos no presenta ningún malestar. Seamos solidarios con quienes necesitan volver a su hogar. Por una Migración regular para la Vida de los Pueblos: Todo contra el Coronavirus.

Ri winaqi' yetzolin pe- May 13, 2020- 1:05

Ri k'aslemanem: re re' jun na'oj ri nub'an chike chi yojk'oje' pa ruk'ojlem jun chik winäq chuqa' niq'ax chi qawäch ri nuna', ri nunnojij. Winaqi' ye'el pa kitinamit ja ri je' ri qach'alal man yetaman ta achike roma ri je' yetzolin pe Iximulew xe roma nikatz'in kik'ajul rik'in qak'u'x. Konojel yojtikir niqakiraj ri coronavirus, ri öj elenäq chuqa' ri man oj elenaq ta pa qatinamit nikatz'in chi niqachajij qi' chuwäch ri kiran yab'il. K'atzinel chuqa' niqatakej ri jalajoj rub'eyal richin xtujëq ta ri ri coronavirus. Niqanataj chi qonojel öj k'o chuwäch re jun kiran yab'il re'. Janila rejq'alem niqaq'ät apo chuqa' rukamon niqato' qi' chi qawäch qaro' qawinaq qi'. Re re' roma ruraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'al.

Idioma Kaqchikel

...ponernos en el lugar de alguien y comprender lo que siente o piensa. Empatía. Los migrantes son nuestros hermanos que por alguna razón retornan masivamente a nuestro país, debemos ser solidarios con ellos y acogerlos. Todos podríamos ser fuentes de contagio de coronavirus, debemos aplicar medidas sanitarias y procedimientos para evitar la propagación del coronavirus. Todos estamos expuestos a esta enfermedad, debemos apoyarnos entre hermanos. Por la salud y vida de los pueblos.

Tiqaya' retal ri ramaj richin vojel pa b'ey re jun wuqq'ij re'- May 19, 2020- 1 min.

Ja re' ri k'ak'a' rub'eyal richin niqachajij qi' chuwäch ri nima yab'il coronavirus COVID-19: Re jun wuqq'ij re', k'o ri taqonem tzij richin man yatikir ta yab'iyaj pa b'ey. Nichapatäj pa wo'o' ramaj richin tiqaq'ij nb'ek'is pa wo'o' ramaj richin nimaq'a' ri ruka'n q'ij. Xaxe tikirel yojb'iyaj pa qatinamit chuqa' tinamital richin nab'eloq'o' qaway, qaq'utu'n, qaq'om, chuqa' tikirel yojb'e pa aqomab'al jay: qanik'atzin chi yojk'oje chi qachoch. Töq nib'an elenik, xaxe jun winaq tikirel nel, man rukamon ta yekwäch ak'wala', k'o chi niqaküch qachi' chuqa' qatzam; k'o chi nach'ojchorisaj qi' töq vojel qi' chuqa' ri töq yojtzolin chi qachoch. Roma ruraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'al: konojel tiqachupu' ri coronavirus.

Nuevas medidas del Estado de Calamidad: Continúan restricciones de movilización, desde las 5 de la tarde hasta las 5 de la mañana del día siguiente. Únicamente Podemos movilizarnos dentro del límite de nuestro municipio o departamento para ir a comprar

alimentos, medicinas o ir al hospital; debemos permanecer en casa. Al salir es necesario que solo vaya un miembro de la familia, sin niños, llevar mascarilla o algo que cubra nuestra boca y la nariz; debemos aplicar medidas de limpieza tanto al salir como al regresar a la casa. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Wakami yalan nk'atzin richin nqato' qi'- May 22, 2020- 52 seconds (more about food sharing)

Qach'alal: wakamin tiqato' qi' chi qawach roma qachaq qanimal qi'. Qachajin jun nim k'ayewal roma k'o jun kiran yab'il rub'i' coronavirus k'iy winaqi' tajin nikitij wayijal. Kojspan kik'in ri qach'alal ri kan pa k'itzin nikajo qato'ik wakamin. Kiqajalwachij qaway, qaq'utu'n chi qawäch roma ja re' öj tzuquyum pe jantape pa qak'aslem. Tiqatijay ichaj, ruwäch che', ruwäch ichaj, q'utu'n, chuqa' ok ya' ri jantape yeqatij pa qachoch wi k'o kuchuq'a' chuqa' k'o aq'om kik'in. Roma kiraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'äl: Konojel tiqachupu' ri coronavirus.

...seamos solidarios como hermanos y hermanas mayas...por el coronavirus muchas personas están pasando hambre. Compartamos con quienes más necesitan.

Intercambiemos alimentos ancestrales. Consumamos hierbas, frutas, verduras, comidas y bebidas tradicionales. Por la vida y la salud de los pueblos: Todos contra el coronavirus.

Kojtikon- May 27, 2020- 41 seconds

Qach'alal: wakamin tiqato' qi' chi qawäch roma qachaq qanimal qi'. K'o chi niqatik jun b'ey chik ri qawän, qakinäq. Tiqamolo' qi' pa qatinamit richin chi jujunal ri ach'alalri'il nikib'an kitikon ri kan pa kitz'in k'atzin pa tinamit. Kiqatika' q'ayis aq'om richin

niqaqomaj qi' chuwäch ri k'atän chuqa' ri ojob'. Tiqatika' ruwäch che' chuqa' ichaj pa taq ulew nirankatz'in richin niqatij pa qachoch. Roma kiraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'äl: Konojel tiqachupu' ri coronavirus.

...seamos solidarios como hermanos y hermanas mayas. Hay que retomar la siembra de nuestros alimentos...que cada familia cultive productos necesarios para la comunidad. Cultivemos plantas medicinales que contrarresten la gripe, fiebre y tos. Cultivemos nuestros huertos familiares para consumir verduras y hierbas. Por la vida y la salud de los pueblos: Todos contra el coronavirus.

Re jun wuqq'ij re'- June 3, 2020- 51 seconds

K'ak'a rub'eyal richin niqachajij qi' chuwäch ri k'ayewal chi jun Iximulew: K'o chi yak'oje chi awochoch pa ri waqi' ramaj tiqaq'ij k'a pa ri ro ramaj richin nimaq'a' ri ruk'an q'ij. Xaxe tikirel yojb'iyaj pa qatinamit o tinamital richin niqab'eloq'o' qaway, qaq'utu'n, qaq'om chuqa' tikirel yojb'e pa aq'omab'äl jay; k'o chi yojk'oje chi qachoch. Töq nib'än elenik, xaxe jun winaq tikirel nel, man rukamon ta yek'wäx ak'wala', k'o chi niqaküch qachi' chuqa' qatzam; k'o chi nach'ojchorisaj qi' töq yojel qi' chuqa' ri töq yojtzolin chi qachoch. Roma kiraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'äl: konojel tiqachupu' ri coronavirus.

Nuevas medidas del Estado de Calamidad: Continúan restricciones de movilización, desde las 6 de la tarde hasta las 5 de la mañana del día siguiente. Únicamente Podemos movilizarnos dentro del límite de nuestro municipio o departamento para ir a comprar

alimentos, medicinas o ir al hospital; debemos permanecer en casa. Al salir es necesario que solo vaya un miembro de la familia, sin niños, llevar mascarilla o algo que cubra nuestra boca y la nariz; debemos aplicar medidas de limpieza tanto al salir como al regresar a la casa. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Richin yojk'ase' pa rub'eval kik'in qach'alal pa qochoch- June 13, 2020- 43 seconds

Ri coronavirus jun yab'il chi xirujalaj jumul ri ruwachulew. Chuwäch re k'ayewal xuya' pe ri coronavirus tiketamaj niqakukub'a qak'u'x pa rub'eval. Man tiqaxib'ij qi' chuqa' man yalan yojmayon roma re kan ke re' wi'. Tiqato qi' tiqakamelaj qi' pa qochoch kik'in ri qach'alal. To, niqato' qi' chi qawäch yalan jeb'ël roma konojel niqato' qi' chuwäch ri coronavirus chuqa' nuya' ruchuq'a' ri rutob'al qachak'ul. Roma kiraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'äl: konojel tiqachupu' ri coronavirus.

El coronavirus es una enfermedad que vino a cambiar al mundo. Aprendamos a manejar nuestras emociones y preocupaciones. En familia sintámonos solidarios y amables. Un ambiente familiar sano nos ayuda a enfrentar mayor el coronavirus. Por la vida y la salud de los pueblos: Todos contra el Coronavirus.

Tiqato' qi'- June 18, 2020- 42 seconds

Töq öj k'o chi qochoch, k'o chi niqachajij ri qaraxnaqil. Tiqamolo' qi' kik'in ri qach'alal pa jay. Tiqajacha' chi qawäch ri samaj k'o chi niqab'än pa jay. K'o ri yech'ojchorisan, k'o ri nikib'än way chuqa' k'o yetzeton yechajin ri nima'q winaqi'. Keqachajij ri qati't qamama' chuqa' ri qalk'wal. Ronojel q'ij, tiqachapa' jun ramaj richin yojetzan chuqa'

yojtzijon chi qawäch roma qach'alal qi'. Ri tzijonem yojruto' richin niqachajij qi'. Roma kiraxnaqil chuqa' kik'aslem ri winaqi' pa jalajoj b'anob'äl: konojel tiqachupu' ri coronavirus.

En nuestro hogar debemos cuidarnos. Aprovechemos para compartir en Familia.

Repartamos las tareas del hogar. Cuidemos a nuestras abuelas y nuestros abuelos.

Encontremos un momento para jugar y escucharnos como familia. Por la vida y la salud de los pueblos: Todos contra el Coronavirus.

Taqonem tzij- June 22, 2020- 1:05

Na'oj richin ruchajinik roma ri k'ayewal: wolajuj q'ij richin ruwaq ik' richin juna' wo'o' juk'al. Ri taqonem tzij nitikir ruramajil pa wolajuj q'ij richin ri ruwaq ik' k'a pa juk'al b'eleje' q'ij richin ri ruwaq ik' richin ri juna' wo'o' juk'al richin tikirel yeb'iyaj ri winaqi' xaxe ya'on q'ij ri lunes k'a sabado pa wo'o' ramaj nimaq'a' k'a pa waqi' ramaj richin tiqaq'ij. B'aton richin nib'an b'enam juk'an chik tinamital. Ri k'ayib'äl jay, xaxe yejaqe' pa waqi' ramaj nimaq'a' k'a pa kaji' ramaj richin tiqaq'ij. Ri k'ayib'äl tikirel nb'an pa waqxaqi' ramaj k'a pa kaji' ramaj richin ri tiqaq'ij. Nitz'ape' chi jun amaq' chi jun q'ij ri ka'i' domingo ri juk'al jun chuqa' juk'al waqxaqi' q'ij richin ri ruwaq ik'. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqachupu' ri coronavirus.

Medidas Estado de Calamidad: Vigentes del lunes 15 junio hasta el lunes 29 de junio de 2020. La movilidad de personas de lunes a sábado de 5:00 a.m. a 6:00 p.m. Continúan restricciones de movilización interdepartamental. Los establecimientos comerciales

pueden operar de 6:00 a.m. a 4:00 p.m. Los mercados cantonales permanecen abiertos de 6:00 a.m. a 4:00 p.m. Se Cierra el país las 24 horas los domingos, 21 y 28 de junio. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Ngoyob'ei chi qonojel voitajin niqachajij qi' qach'alal- July 1, 2020- 58 seconds

Ri Maya' Cholchi' aj Iximulew nuya' rutzijol chiwe chirij ri chajinem raxnaqil: Ja re' ri chajinem kan k'atzinem niqab'än ronojel q'ij k'a töq xkiya' jun chik rutzijol. Niqajach qi' töq öj k'o pa jun jak'al k'ojlib'äl tiqaya' qakojol. Chuqa' man tikirel ta niqachapala' qi'. Kokisaj tz'apichi' ri kan qitzij yojruto'. Kokisaj tz'apichi' ri man nik'o ta ya' chupam, achi'el ri chup, tza'm roma niqakiraj töq yojch'o töq yojatixan kan niqakiraj el ri yab'il chike ri ch'aqa chik winaqi'. Wi man nawokisaj ta ri tz'apichi', yak'a pa k'ayewal: k'o chi xtatoj nimaläj pwäq. Roma ri ri', maq ri'j wakamin. Roma ri raxnaqil chuqa' ri k'aslemal ri qatinamit, kantanimaj ri chajinem raxnaqil. Kakanaj kan chi awochoch.

Medidas sanitarias del Estado de Calamidad: En espacios abiertos debemos permanecer distantes evitando todo contacto físico. Usar mascarilla que no permita traspaso de fluidos como saliva y mocos cuando platicamos y estornudamos. El incumplimiento del uso de mascarilla tendrá consecuencias drásticas con multas muy altas. #QuédateEnCasa.

Ri nimayab'il- July 1, 2020- 38 seconds

Pixa' richin ruchajixik ri amaq': öj k'o pa jun nim k'ayewal roma ri kiran nima yab'il coronavirus. Roma ri, k'atzinel niqatz'eqelb'ej ri pixa' e k'o qa. Tawokisaj tz'apichi'. Naya' kan akojol kik'in ri winaqi'. Jantape tach'aja' ri aq'a'. Man tiqachäp ri qawäch,

qatza'm, qachi' rik'in ri qaq'a'. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqachupu' ri coronavirus.

Recomendaciones en la etapa más crítica del Coonavirus: Usar ascarillas. Respetar el distanciamiento social. Lavarse constantemente las manos. No tocarnos los ojos, la nariz y la boca con las manos. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Tiqaya' retal- August 14, 2020- 47 seconds

Kikib'anem tzij ajilab'al 27-2020, ruwaq mokaj richin rutzijol: Niq'at rub'ixik chike ri qach'ab'al taq tzij xabachike rokisaxik na'ojil nikib'an richin nikiya' jalajoj tzijol. Tikitaluj rub'ixik pa kaxlan ch'ab'al chuqa' pa maya', garífuna chuqa' xinca ch'ab'al pa taq k'ilewal. Re nutzijoj re' jun jikib'anem tzij re. Re ruk'wan ri' rik'in rutiluxik ruq'atik re jun kiran nima yab'il COVID-19. Ri nuya' rutzijol ruchituy raxnaqil chuqa' aq'omab'al richin winaqilal. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Decreto 27-2020, Congreso de la República: Artículo 6. De la difusión. Se ordena a todos los medios de difusión y órganos de publicidad, cualquiera que sea la forma y la tecnología que utilicen publicar las disposiciones presidenciales, relacionadas con la prevención del COVID-19. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Rub'eyal samaj richin ch'ajch'orisanem- August 14, 2020- 1:01

Rub'eyal samaj richin ch'ajch'orisanem: ruk'ojolil k'ayewal chuqa' rub'eyal ri k'o chi nib'än. Nijikib'äx richin ruya'ik rutzijol ri ch'ob'oj nib'än pa ruwi' ri jalajoj ruqatik ruwäch samaj chuqa' moloj. Ki chuqa' ri, ri ruk'ayewal ruk'amon pe ri kiran yab'il COVID-19. Nichäp rusamajixik pa juk'al wuqu' q'ij richin ri ruwuq' ik' richin ri juna' 2020. Xtuya' retal kik'in jalajoj taq b'onil. Ri käq nuk'ajo ruqatik ronojel ruwäch moloj chuqa' retal k'ayewal. Ri alanxax retal nim k'ayewal. Ri q'än retal loman k'ayewal. Ri rax retal chi nich'ojmir ronojel. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Sistema de Alerta sanitaria (Rojo, Anaranjado, Amarillo, Verde). Se establece para proveer información y tomar decisiones sobre el COVID-19. Vigente desde el 27 de julio de 2020. Es un tipo de semáforo: Rojo: Restricciones completas, Alerta máxima.

Anaranjado: Alerta alta. Amarillo: Moderado. Verde: La nueva normalidad. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Rokisaxik ri tz'apichi'- August 14, 2020- 33 seconds

Rokisaxik ri tz'apichi': Ri roxisaxik ri tz'apichi' k'o chi nib'än pa taq b'ey, pa jay chuqa' pa jalajoj kiwäch ch'ich'. Ri winaqi' yeyawäj roma ri COVID-19, ri je k'o chi nikokisaj ri tz'apichi' pa kochoch. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Normas sanitarias de Salud Pública: Uso de mascarillas. El uso de mascarillas es obligatorio en espacios públicos, privados y en cualquier clase de transporte. Para las personas contagiadas por COVID-19 el uso de las mascarillas es también obligatorio en su vivienda. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Kojolil pa winaqirem- August 14, 2020- 36 seconds

Kojolil pa winaqirem: Konojel ri winaqi' k'ochi nikiya' kikojol jun etok'al rik'in nik'al. Man nikitunaj ta ki' ri winaqi' töq man k'atzinel ta. Tiq'at ruwäch jalajoj taq moloj winaqi' chuqa' pa taq samak pa etzanem, moloj richin k'ok'obäl k'u'x chuqa' chaq'a' chik moloj. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Normas sanitarias de Salud Pública: Distanciamiento social o físico. Mantener una distancia física entre sí de por lo menos 1.5 m. Evita aglomeraciones en el trabajo, reuniones sociales, deportivas, religiosas. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Lajuj samaj- Chuti rutzijol 8- August 23, 2020- 40 seconds

Ruqatikirich'ich' richin yesamaj qa pa qatinamit chuqa' ri yeb'e juk'an chik tinamit: Töq pa jun tinamit, k'o yalan nim ruchuq'a' ri yab'il o töq k'ajināq jub'a' ruchuq'a' xaxe nik'aj rupam ri ch'ich' ye'okisäx. Töq ri ch'ich' yesamaj pa jalajoj tinamit, akuchi' jalajoj rub'anon runimilem ruchuq'a' ri yab'il, k'o chi nik'wäx ruqatikirinem ruchuq'a' yab'il. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Sistema de alerta sanitaria. Restricciones en el transporte urbano y extra urbano: Cuando los municipios estén en: Rojo (Máxima) y Naranja (Alerta alta), la ocupación máxima de todo transporte público será de hasta el 50 por ciento de su capacidad. La circulación del transporte entre municipios con distinto nivel de alerta se aplicará la restricción más alta. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Lajuj samaj- Chuti Rutzijol 7- August 23, 2020- 36 seconds

Ruq'atik moloj pa rochoch Ajaw chuqa' xabakuchi' na ri yetzijon pa ruwi' Ajaw: Ri moloj pa rochoch Ajaw achi'el q'asan ya' chuqa' k'ulb'ik xaxe lajuj winaqi' yek'oje pa ri moloj chuqa' xaxe nik'aj ramaj nib'än. Ke ri chuqa', ch'aca ch'ik moloj ri yeb'än pa rochoch Ajaw nimaq taq moloj man tikirel ta yeb'än. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Sistema de alerta sanitaria: Restricciones para Iglesia y templos: Los servicios religiosos como bautizos y matrimonios se limitan a 10 personas y tiempo máximo de duración de hasta 30 minutos. Además, las concentraciones religiosas como retiros, reuniones de oración y congresos quedan prohibidas. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Lajuj samaj- Chuti rutzijol 6- August 23, 2020- 36 seconds

Ruq'atik ri k'ayib'äl pa tinamit: Kik'ojol winaqi': Jun etok'al rik'in nik'aj kik'ojol ri k'ayinel rik'in ri loq'onel chuqa' kik'ojol ri k'ayinela'. Pa taq k'ayib'äl, man tikirel ta yeb'e winaqi' ri k'o kiyab'il o k'o oxkaj kijuna' richin man nikik'ul ta ri kiran yab'il. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Sistema de alerta sanitaria: Restricciones en Mercados cantonales y municipales:
Restricciones limitadas entre vendedores y compradores. No se permite ingreso de personas de alto riesgo o mayores de 60 años. Por la Salud y la Vida de los Pueblos:
Todos contra el Coronavirus.

Lajuj samaj- Chuti rutzijol 5- August 23, 2020- 47 seconds

Ruch'achorisaxik ri qaq'a': richin pa rub'eyal niqach'äj qaq'a', tiqatz'eqelb'ej re pixa' re': 1) Niqach'akej ri qaq'a' rik'in ya'. 2) Niqaya' xab'on pa qaq'a'. 3) Kake' jeb'ël rupam aq'a'. 4) Niqak'e' rupam ri qaq'a' rik'in ruwi' qaq'a'. 5) Niqak'e' rij qaq'a' chuqa' qanim ruwi' qaq'a' chi kikojol ri ruwi' qaq'a'. Richin nichajix kik'aslem, kiraxnaqil ri winaqi': konojel tiqaq'ata' ri coronavirus.

Normas sanitarias: Higiene de manos. Para un correcto lavado de manos te recomendamos lo siguiente: 1) Mojarnos las manos con agua. 2) Poner jabón en la palma de la mano. 3) Frotar las palmas de las manos entre sí. 4) Frotar las palmas de las manos con los dedos entrelazados. 5) Frotar el dorso de las manos entrelazando los dedos. Por la Salud y la Vida de los Pueblos: Todos contra el Coronavirus.

Tiqachajij qi'- September 28, 2020- 37 seconds

Qach'alal: tōq yojapon pa rusamaj jay ri Kaqchikel Cholchi' netāx ri ruqaq'a' qachakul.
 Niqach'ajchorisaj pa ruxe' qaxajab', niqasu' qaq'a' rik'in ri kinel k'āy ya' chuqa'
 niqachajij qakojol kik'in ch'aqa chik winaqi'. Tiqachajij qi' chuwäch ri coronavirus.

Kiq'ij ak'wala'- October 1, 2020- 21 seconds

Qaq'ij öj ak'qala': stape kokisan ri tz'apichi', man niqamestaj ta yojtze'en, yojetz'an,
 chuqa' yojch'o' pa qach'ab'al.

Día del niño: A pesar de que temenos puesta la mascarilla, no olvidamos sonreír, jugar y
 hablar nuestro idioma.

Kiq'ij ak'wala'- October 1, 2020- 21 seconds

Qaq'ij öj ak'qala': stape kokisan ri tz'apichi', man niqamestaj ta yojtze'en, yojetz'an,
 chuqa' yojch'o' pa qach'ab'al.

Día del niño: A pesar de que temenos puesta la mascarilla, no olvidamos sonreír, jugar y
 hablar nuestro idioma.

Oj k'o chwäch jun k'ak'a rub'eyal k'aslem- October 31, 2020- 44 seconds

Öj k'o chuwäch jun k'ak'a rub'eyal k'aslem. K'atzinel niqatz'eqelb'ej rub'eyal
 niqach'ojchorisaj qi' richin niqachajij qaraxnaqil. Roma ri', tōq yatel el chi awochoch,
 tanataj chi: nawokisaj atz'apichi' richin nachajij awi' chuqa' yachajij ri awach'alal, naya'

kan akajol kik'in ri winaqi' pa jaq'al chuqa' tz'apin taq k'ojlib'al chuqa' nach'äj jantape ri aq'a'. Tiqachajij qi' konojel richin niqaq'at ri yab'il.

Medidas sanitarias y la nueva normalidad. Estamos ante una nueva normalidad. Es importante seguir con las medidas sanitarias. Al salir de casa, recuerde el uso de mascarilla, mantener el distanciamiento social y el lavado constante de manos. Si nos cuidamos entre todos evitamos el contagio.

Oj k'o chwäch jun k'ak'a rub'eval k'aslem- October 31, 2020- 37 seconds

Öj k'o chuwäch jun k'ak'a rub'eval k'aslem. Yojel jub'ey chik pa b'ey, k'o ri yojtzolin pa qasamaj chuqa' ri yeqab'an ronojel q'ij. Wakamin, pa qaq'a' k'o wi richin niqachajij qi', re' jun nim samaj. Man tiqamestaj kokisaj qatz'apichi' chuqa' niqach'äj jantape ri qaq'a'. Tiqachajij qi' konojel richin niqaq'at ri yab'il.

Estamos ante una nueva normalidad. Volvimos a salir a la calle, muchos retornamos a nuestros trabajos y actividades cotidianas. La responsabilidad de cuidarnos debe ser aún más grande. No olvidemos el uso de la mascarilla y el lavado de manos constante. Si nos cuidamos entre todos evitamos el contagio.

Chwäch re jun k'ak'a rub'eval k'aslem re'- October 31, 2020- 36 seconds

Chuwäch re jun k'ak'a rub'eval k'aslem re', ri qakajol kik'in ri winaqi' man ta xkojruch'al rik'in ri qach'alal chuqa' rik'in ri loq'oläj qate' ruwachulew, rik'in ri

kukub'äy qak'u'x chuqa' rik'in ri qatinamit. Man tiqamestaj kokisaj qatz'apichi' chuqa' niqach'äj jantape ri qaq'a'. Tiqachajij qi' konojel richin niqaq'at ri yab'il.

Ante esta nueva normalidad: que el distanciamiento social no nos aleje de nuestros seres queridos, con la naturaleza sagrada, con nuestra espiritualidad y con nuestra comunidad. No olvidemos el uso de la mascarilla y el lavado de manos constante. Si nos cuidamos entre todos evitamos el contagio.

Chwäch re jun k'ak'a rub'eyal k'aslem re'- October 31, 2020- 34 seconds

Chuwäch re jun k'ak'a rub'eyal k'aslem re': tiqachapa' jub'ey chik ri rub'eyal richin niqachajij ri raxnaqil pa molaj ke chuqa' ri niqatik chuqa' yeqatij ch'ajch'oj ri qilal. Niqachajij chuqa' yeqatik ij'atz' aj wawe'. Man tiqamestaj kokisaj qatz'apichi' chuqa' niqach'äj jantape ri qaq'a'. Tiqachajij qi' konojel richin niqaq'at ri yab'il.

Ante esta nueva normalidad: retomemos las medidas tradicionales para preservar la salud colectiva así como producir y consumir alimentos sanos, cuidar y cosechar las semillas nativas. No olvidemos el uso de la mascarilla y el lavado de manos constante. Si nos cuidamos entre todos evitamos el contagio.

BIBLIOGRAPHY

- American Sociological Association. "Medical Sociology." *American Sociological Association*, 18 Feb. 2021, www.asanet.org/communities/sections/sites/medical-sociology .
- Brown, R. M., Maxwell, J. M., & Little, W. E. (2006). *¿La ütz awäch?: Introduction to Kaqchikel Maya Language*. Austin, TX: University of Texas Press.
- (A) Carey, D. (2006). *Engendering Mayan History: Kaqchikel Women as Agents and Conduits of the Past, 1875-1970*. New York: Routledge.
- (B) Carey, D. (2001). *Our Elders Teach Us: Maya-Kaqchikel Historical Perspectives: Xkib'ij Kan Qate' Qatata'*. Tuscaloosa: University of Alabama Press.
- Comunidad Lingüística Kaqchikel-ALMG. "Comunidad Lingüística Kaqchikel-ALMG." *Facebook*, www.facebook.com/Comunidad-Ling%C3%BC%C3%ADstica-Kaqchikel-ALMG-181584991911982/videos/?ref=page_internal.
- Conrad, Peter, and Kristin K. Barker. "The Social Construction of Illness: Key Insights and Policy Implications." *Journal of Health and Social Behavior*, vol. 51, no. 1_suppl, 2010, doi:10.1177/0022146510383495.
- Fischer, E. (1999). Cultural Logic and Maya identity. *Current Anthropology*, 40(4), 473-500. doi:10.1086/200046

- Furbee, Louanna, and Robert A. Benfer. "Cognitive and geographic maps: Study of individual variation among Tojolabal Mayans." *American Anthropologist* 85.2 (1983): 305-334.
- García Ajpub' Pablo., et al. *Ruxe'el Mayab' K'aslemäl = Raíz y espíritu Del Conocimiento Maya*. Programa De Educación Intercultural Multilingüe De Centroamérica PROEIMCA, Componente Nacional Guatemala, 2009.
- Grandin, G. (2001). A More Onerous Citizenship: Illness, race, and Nation in Republican Guatemala. *Reclaiming the Political in Latin American History*, 205-230.
doi:10.1215/9780822383260-008
- Guatemala Literacy Project. (2020, January 06). Why Guatemala? Retrieved April 23, 2021, from <https://www.guatemalaliteracy.org/why-guatemala/>
- (A) Harvey, T. S. (2011). Maya Mobile Medicine in Guatemala: The “Other” Public Health. *Medical Anthropology Quarterly*, 25(1), 47-69. doi:10.1111/j.1548-1387.2010.01135.x
- (B) Harvey, T. S. (2008). Where There is No Patient: An Anthropological Treatment of a Biomedical Category. *Culture, Medicine, and Psychiatry*, 32(4), 577-606.
doi:10.1007/s11013-008-9107-1
- Hasan, Khwaja A. “What Is Medical Anthropology?” *Medical Anthropology Newsletter*, vol. 6, no. 3, 1975, pp. 7–10. *JSTOR*, www.jstor.org/stable/648085 . Accessed 15 Apr. 2021.

Hinojosa, S. Z. (2013). K'u'x como vínculo corporal en el cosmos. *Estudios De Cultura Maya*, 22. doi:10.19130/iifl.ecm.2002.22.416

Hinojosa, S. Z. (2015). *In This Body: Kaqchikel Maya and the Grounding of Spirit*. Albuquerque: University of New Mexico Press.

Houston, Stephen, et al. *The Memory of Bones: Body, Being, and Experience among the Classic Maya*. University of Texas Press, 2006.

Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. BASIC Books, 2020.

López Daniel Domingo, and Umaña Isabel Aguilar. *Raxalaj Mayab' K'aslemalil = Cosmovisión Maya, Plenitud De La Vida*. PNUD Guatemala, 2006.

Maupin, Jonathan N. "Shifting Identities: The transformation of community health workers in highland Guatemala" *Annals of Anthropological Practice*, vol. 39, no. 1, 2015, pp. 73–88., doi:10.1111/napa.12065.

Maxwell, Judith et. al. "Q'eqaläj Jiq' Ojüb 'Darkest Suffering Cough' (COVID-19) in Guatemala: Perspectives from the Kaqchikel". To appear in *COVID-19 and an Emerging World of Ad Hoc Geographies*. Edited by Stanley D. Brunn, Springer.

Maxwell, Judith. Subclassification of illness and pain among speakers of two Mayan Languages: Cakchiquel and Yucatec Maya. International Journal of American Linguistics 51: (1985) 499-502.

Maxwell, J. M., & Hill, R. M. (2006). *Kaqchikel Chronicles: The Definitive Edition*.
Austin, TX: University of Texas.

Maya Health Alliance- Wuqu' Kawoq. "Maya Health Alliance." *Wuqu' Kawoq*, 2020,
www.wuqukawoq.org/.

Rohloff, Peter. | *CIOL (Chartered Institute of Linguists)*, Chartered Institute of Linguists,
www.ciol.org.uk/mayan-care .

Society for Medical Anthropology. "What Is Medical Anthropology?" *Society for
Medical Anthropology*, Society for Medical Anthropology, 2017,
www.medanthro.net/about/about-medical-anthropology/ .

Sontag, Susan. *Illness as Metaphor*. Farrar, Straus and Giroux, 1977.

BIOGRAPHY

Nicolas Barnum was born and raised in Birmingham, Alabama where he first developed his love for Latin American Studies. He graduated magna cum laude with a B.A. in Latin American Studies and Spanish from Rhodes College in Memphis, Tennessee. He currently lives with his partner Clare and their 14 year old dog Kate in New Orleans, Louisiana.