

Maya Memories of the Internal Armed Conflict  
Health and Nutrition Issues in a Small K'iche Maya Community

By

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God my savior,

my parents Efrain and Rocelia.

My siblings Hector, Sindy, and Ericka.

My new niece, whom I love some much and to  
my church “Esfuerzo Cristiano Guatemala.”

Lastly, I am forever grateful to my *abuelita*, Angela Choguaj (†), an eighty-two year old Kaqchikel woman who worked all her life for her family and continues to serve as my link to my own Maya past and identity.

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Statistically speaking Maya people are marginalized and underrepresented in academia. Thus, I am thankful for this achievement and making it this far. Sibalaj Maltiox ri Iximulew winaq

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## CHAPTER 1

### 1. Introduction

Genara<sup>1</sup> is an older woman that lives in a small village of Totonicapán in western Guatemala. Doña Genara dressed a traditional *huipil*<sup>2</sup> and *corte*<sup>3</sup>, she sitting in front of her yard that is boarded with the beautiful green ravine in front of her house. The silence of the house allows the sound of the wind between the sparse scrubs to be heard.

Genera, a woman around fifty-five years old, describes her memories of internal armed conflict:

Mi corazón me duele cuando recuerdo eso (conflicto armado). Yo siento frío porque el miedo dañó mi salud y mi corazón. Yo he sentido miedo en cada momento durante y después del conflicto armado. Yo pienso que los soldados aun están ahí, en el campo y la comunidad, es miedo, yo tengo miedo.

My heart hurt when I remember that (armed conflict). I feel cold because fear harmed my health and my heart. I have felt fear every moment during and after armed conflict. I think that soldiers still are there in the field, land and community, its fear, I have felt fear.

After that memory, I asked; do you want to share something more about the internal armed conflict? Her gaze turned to heaven and the earth, after an eternal thirty seconds of waiting, the silence of victimization emerged. Genara said: “I lost my baby during the armed and conflict, I was pregnant”. It was a trauma lost a family member because she felt fear, unavailable the community health center, it did not have access to the water, food, and medicine to her pregnancy. The armed conflict was a social isolation force that killed a lot

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<sup>1</sup>Ethical issues: pseudonym name, the IRB has a prohibition to describe the real name as a shape of protection and confidentiality of the participants.

<sup>2</sup>Huipil: a women blouse that is the most common traditional garment worn by indigenous women from central Mexico to Central America.

<sup>3</sup>Corte: a Mayan woman's skirt.

of lives, children, older adult, women, and men, in silence. During the armed conflict, a kind of violence became embodied that denied health and food access under warfare with permanent consequence.

### **1.1 The Narrative of a Tragedy**

Guatemala has an unwritten history in regards to its rural Maya population. This is due to periods of fear under the internal armed conflict that led the Guatemalans to assume a time of silence that has become part of its collective memory. This contrasts starkly with the splendor of the country's Mayan heritage. Maya culture is present in the rural countryside of Western Guatemala, there are twenty-three ethno-linguistic groups that make up the Mayan community. The social, cultural, military, and political conditions of Guatemala—regarding the Maya population—are the result of Spanish colonialism, foreign policy, neoliberal economic reforms, and the period of the armed conflict (Smith, 2009; Schirmer, 2010). These events in history have contributed to the continued repression of the Maya people. Furthermore, the Maya people, have embodied structural violence as a result of these events and social factors. In essence, these conditions reinforced Guatemalan government's stranglehold on Mayan communities. The government then used them as a rationale for their exploitation of the national economy as well as justification of their social-political discrimination at local and national levels.

My thesis examines what kind of implications the internal armed conflict in Guatemala has had on health and nutrition matters in Maya rural life. The violence against the Maya people is the materialization of the structural violence that permeates the body, community, and social fabric. A structural violence perspective allows for a nuanced and global account of the pathogenic effects of health under warfare. The presence of these conditions, the

history of violence, and specific cultural elements made a K'iche Maya community an appealing focus area where I could examine health and nutrition matters. This thesis proposes a framework through which to examine the structural, collective, and individual violence embodied in chronic social conditions. Specifically, I study health and nutrition implications for the K'iche Maya people under the internal armed conflict in Guatemala.

The internal armed conflict in Guatemala from 1960 to 1996 produced 200,000 victims (83% Maya people), of which 42,275 were direct victims, 23,671 arbitrary executions, and 6,159 forced disappearance (CEH, 1999). Guatemala is still today a fractured country made up of repression and inequality that disproportionately affects the Maya rural population.

Fear and hunger were the everyday experiences of my life growing up in Guatemala. In my own personal and professional experience, Guatemala still experiences violence, racism, social, economic, and health inequality towards the Maya population. This exposure is what led to my interest in the holistic, qualitative, and quantitative social health issues of my country. My family—of Mayan descent—told me their personal narratives about the armed conflict in Guatemala, but I never heard fully the shuddering silence of the victimization. Guatemala's internal armed conflict began in the early 1960s, peaked in the early 1980s, and dragged on until a formal peace agreement was signed in 1996 (CEH, 1999).

The Historical Clarification Commission (1999) reported this majority of victims from the internal armed conflict were Maya. There is a tremendous paradox in the discrimination of the indigenous population who reside in the most rural and isolated regions of Guatemala. While they live humbly and peacefully in the most scenic countryside of the region, they suffer from economic isolation, exclusion, and a legacy of fear and pain. In

other words, Maya peasants lived under the army and guerilla groups oppression. In these rural Maya areas, the army and guerrilla carried out what may have been the most brutal counterinsurgency campaign in Latin America. Hundreds of villages were destroyed, tens of thousands of noncombatants were killed, and hundreds of thousands more were driven off their land (Carmack, 1988; Fallas, 1994; Green, 1996). This was accompanied by a ferocious campaign of forced disappearances and repression, by guerilla and military groups, against the Mayan people, resulting in areas where pain, affliction, hunger, and fear, were quotidian.

Studies of war-related famine, basic sanitation, and violent environments find a link between prenatal and early life exposure to hunger with negative physical long-term outcomes, for example, Jewish Holocaust survivors born during World War II (Vin- Raviv, 2014; Keinan-Boker, 2015). Comparably, in Latin America, the Peruvian population that lived under armed conflicts was characterized by low access to health services and high childhood and maternal mortality rates. It was found that Peruvian communities, during this time, suffered from severe social exclusion conditions, vulnerability to disease, and malnutrition (Medina, 2011). In Central America, the intensive war in Nicaragua from 1983 to 1987 continues to have a wide-reaching impact on health, health services, and health economics in the rural side of the country. The war resulted in decreased accessibility and availability of health services. The indirect effects of the war have been detrimental to the health system, which in turn, has negatively impacted Nicaraguans (Garfield, 1989; Smith, 1995). The war weakened primary health programs in the rural parts of the country.

Similarly, the period of the armed conflict in Guatemala (1960-1996) exacerbated the

poor health conditions of the Mayan population. Much of the Guatemalan national health budget was improperly channeled under the period of armed conflict. The health budget was not used effectively for the health system, furthermore, between 1976 and 1990 health spending was below, what was allocated in most years, with the exception of 1980 and 1986. The health system carried on with serious deficiencies in coverage and quality of resources, accentuating a pronounced absence of government attention to health care in rural areas of Guatemala in order to prioritize the military cost (CEH, 1999).

Under warfare, access to western biomedicine and healthcare was extremely complicated and nearly impossible. Access to a health system for Mayans was complicated; for local communities did not have health care because fear and hazard prompted issues in providing it for some communities. Consequently, Mayan traditional health system played the role of providing health care, for example, natural therapists and native midwives. A culture of fear by the military and guerrilla groups was a way to control and repress the Maya communities during these times.

Limiting access to food serves as an example of how daily needs were used to generate fear. Land, typically used for harvesting crops, particularly in isolated areas, was also weaponized—the army and guerrilla groups stole crops under the scorched earth policy (Fallas, 1994). Ultimately, the armed conflict affected nutrition by reducing access to essential food and nutrient resources. These conditions are a form of the structural, social, and political violence that did not allow for a secure access to food and health.

The social, political, and economic forces were employed by the army as strategies that overlapped with the armed conflict. These structural-violence forces led to abuses in human rights. The combination of structural violence and human rights abuses increased

social inequalities. The violation of the human rights of the Maya people was a direct consequence of these unequal power relationships. Interactions of inequality demonstrate how social problems have implications on overall health outcomes (Farmer, 2003). According to the World Health Organization (WHO), violence, as a concept from social etiology, impacts this population's health status. The WHO further argues that violence has direct effects on society and physical effects on the body (WHO, 2002). This concept can be seen in the Mayan community's legacy of chronic structural violence which was inherited, during and after the armed conflict in Guatemala.

Intensity of violence in the western highlands of Guatemala during the armed conflict is classified in three different ways (Carmack, 1998). First, the "Red Zones" refer to communities that experienced direct violence, next, the "Yellow Zones" refer to communities that experienced selective violence, and lastly, the "Green Zones" refer to communities that experienced indirect violence. The majority of anthropologist and aid institutions have focused on the "red zones." Therefore, the description of "green zones" has been absent in regards to health and nutrition issues under armed conflict. One such green zone was the Totonicapán area.

During the armed conflict, the green color was the distinctive signal to Totonicapán. Green, the color of nature, life, and energy, is associated with meanings of growth, and environment. K'iche Maya people of Totonicapán had an identity with the green color beyond the armed conflict. The legacy of the color green began with the history of the K'iche hero Atanasio Tzul and his resistance in the colonial period. Also, Totonicapán has a strong community identity organized by forty-eight communities (Organizacion de los cuarenta y ocho cantones) which is a natural place to conserve and

preserve nature under holistic Maya laws. Therefore, it was an irony the symbolic use of green color under warfare.

People in Totonicapán resented and feared both the army and guerillas groups because of the violence they imparted. The indirect events of the armed confrontation indirectly impacted the K'iche Mayan people of Totonicapán. During the armed conflict, the most vulnerable of the Mayan peoples were the K'iche' people with 32% of victims (CEH, 1999). Totonicapenses (colloquial name to refer to Totonicapán people) suffered poverty, difficult labor conditions, and repression. In Totonicapán economic development, healthcare, and food access were restricted and marked by extremely repressive economic and social policies. These policies emerged from the armed conflict, often aimed specifically at Mayan people.

I conducted an ethnographic study for twelve weeks in a small K'iche Maya hamlet outside of the municipality of Totonicapán, Guatemala. In this region, the Historical Clarification Commission reported (1999) 108 cases of violent events (arbitrary execution, forced disappearance, torture, threats, and confrontation between guerrilla and army groups) with 196 victims of these events. See Table 1.

Table 1. Victims in Totonicapán \*

Male	160
Female	4
Unidentified	25
Children	7
<b>Total Victims</b>	<b>196</b>

\*Historical Clarification Commission report pp. 1659-1680

It should be noted, the data does not include unreported victims or those that died as a result of inadequate access to health and food. For example, no deaths due to ectopic

abortions by stress, were reported as part of the victims.

During field work, I conducted demographic surveys, data collections, participatory observation, and in-depth interviews recounting personal experiences of individuals over fifty years old, who survived the armed conflict. It is important to describe the demographics of my target population. Table 2.

Table 2. Sociodemographic\*

	X
Family Members	5.0
Age	60.2
	%
Language	
K'iche	64.0
Spanish	33.0
K'iche-Spanish	3.0
Marital Status	
Married	71.8
Widow	20.5
Never married	7.7
Education	
Never went to the school	92.3
Elementary school	7.7
Occupation	
Housewife	79.5
Farmer	20.5
House Materials	
Concrete floor	23.1
Latrine	92.3
Water	92.3
Cellphone	71.8

\*N= 46

Table 2 provides a general description of the target group's current community status. This information provides a starting point from which to begin examining the retrospective



memories regarding health issues and violence under the period of armed conflict. Five people chose not to enroll in this research<sup>4</sup>.

The community of Totonicapán was isolated from most of the cruelty experienced during the armed conflict. Despite having less victims, this same isolation prevented it from accessing healthcare. And, this area was forced to abandon their croplands due to the militarization of their communities creating economic instability. Still, it was in Totonicapán that an alternative system of healthcare emerged during the armed conflict

In Chapter II, I examine the historical implications of the armed conflict in Guatemala. The legacy and consequences of the armed conflict demonstrate a theme of “inheritance” about the armed conflict and health and nutrition issues for the Mayan population. I argue that the Mayan people have a documented history of repression and violence over the course of Guatemala history that has had repercussions on their health.

In Chapter III, I propose the typology of violence in structural, individual, and collective forms as a chronic condition regarding health status. In order to describe how the armed conflict used social, economic, and political forces to hurt the body and memory of the K’iche Maya people of Totonicapán, I take a personal narratives approach. This approach allows for the understanding of how embodied violence has an effect on people and their health status as a multidimensional issue. Furthermore, it allows me to address the mental effects this repression regarding fear, pain, silence, social role, and trauma.

Finally, in Chapter IV, I propose that a form of structural violence is the embodied on limited of access to food under armed conflict. The research shows the experience of community behaviors in relation to food resources. I argue that one consequence of

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<sup>4</sup> All the people enrolled in this research provided their verbal informed consent. Also, the protocol was submitted to Institutional Review Board at Vanderbilt University, approval 170404.

structural violence is chronic malnutrition in the K'iche Maya population of Totonicapán. Here, I analyze nutrition disparities that are historically found in a marginalized K'iche Maya community.

In conclusion, these features of structural, collective, and individual violence, have been explored by social and medical sciences because they describe how violence is experienced in an area affect the health and nutrition status of the community. The thesis collected information from a small K'iche Maya community in Totonicapán illustrates these effects and shows how the structural violence that they suffered during the armed conflict continues to influence their well-bein

## **CHAPTER 2**

### **The Armed conflict context in Guatemala: Legacy of Violence in Maya Population and its Health Implications (1960-1996)**

Guatemala is a country with a history of contrasts and contradictions in Central America. Guatemala is a distinguished case in Central America because it has infamy, disgrace, terror, and pain all as a product of the armed confrontation and all with consequences for Maya population. This legacy of violence has contributed greatly to the systematic repression of Maya communities in Guatemala. In Chapter II, I will explore the historical period of armed conflict in Central America, Guatemala, and the K'iche community, Tzununa hamlet Santa Lucia Chiquimula, Totonicapán. I will inquire about the consequences of the war in relation to the Maya population's access to healthcare. In this Chapter II argues that the Maya people have a documented connotation of repression violence that has repercussions for their health status.

#### **2.1 Central America and Armed Conflict**

In the early 1960's, military governments throughout Central America erupted into armed conflict. Given Central America's violent past, historical memory has always played an important role in social transitions in the region. Since the 1970s, Central American been plagued by difficult range of political processes, military repression, insurgency movements, and foreign intervention. This only intensified in the 1980s when this region was plagued by civil war (Carmack, 1998; Pet Ter, 2002). Central America's transition was violent: over 50,000 people died in the Nicaraguan revolution, over 75,000 in El Salvador's civil war, and over 200,000 in Guatemala's internal armed conflict. The majority of the victims were Maya people (Sieder, 2002).

During the 1970s to 1980s, the violence produced in the armed conflict had particular characteristics of climate, history, and geography, all of which combined to give each country its distinctive characteristics. These armed conflicts hindered the Central America economic development and resulted in a number of human rights violations. Although the military's reasoning for armed confrontation was justified by each country, it ultimately had a negative impact on the civil population. Guatemala, Honduras, El Salvador, and Nicaragua suffered enormous damage in population, infrastructure, and development. National budgets prioritized military spending over investments on social needs which greatly affected economic, social, and health costs in Central American region (Garfield, 1989). Additionally, over two million people were displaced as a result of political violence in Central America during this period of armed conflict (Manz, 1988). The health needs of rural communities in particular were not met. This absence (health services) only intensified the oppression and amplified the health and nutritional inequalities already been experienced by the rural Maya in Guatemala.

The vulnerable areas had damage by military and guerilla presence; it left a legacy of violence. The violence took a form of political repression to target groups in civil population. The violence embodied in social inequity to rural population in basic services as health and education. These forms of violence had historical, political, and economic process that difficult to recover. When these armed conflicts came to end, Central American countries attempted focus resources and financial investments on rebuilding them economies and infrastructures. The civil wars sputtered out, ending in a series of peace accords: first in Nicaragua in 1990, then in El Salvador in 1992, and finally in Guatemala in 1996 (Arana, 2001). This period was intended to describe how the human

rights and solidarity movements would recover the social structure of the area. Some social structures were the community health centers.

In Central America, the Nicaragua case is of special interest because it improved the health care system after the armed conflict. In 1979, Nicaragua's conflict ended. The health legacy inherited by the new government was thus one of poor health status, lack of data, inadequate monitoring systems, and an inadequate administrative system. The country's health infrastructure was totally destroyed even though the conflict had ended. Investment in health as a percentage of the national budget increased by more than 50 percent between 1977 and 1984 (PAHO, 1984). According to data in Nicaragua, when the armed conflict was over, the number of community-based primary care centers nearly tripled from 172 in 1977 to 487 in 1984 (Braveman, 1987). This helped repair the health care system. Beyond that, Nicaragua had a denoted form of solving its armed conflict. Nicaragua's case is an example of what happened when there are clear criteria for promoting actions to recoup the health services after an armed conflict. It could have been a model to the other Central America countries in terms of recovering the health system after an armed conflict. Despite high hopes, Central America has seen few improvements in the five years since the fighting stopped.

As a result, education and health indicators had shown an abysmal situation in low socioeconomic groups (Maya groups from Guatemala). With the exceptions of Panama and Costa Rica, Central American countries had difficulty resolving social problems to recover from this crisis (Skaar, 2014). Those difficulties were more specifically outlined in three areas: social behavior, infrastructural destruction, and disruption to developmental policies (Ugalde, 2000).

In addition, some countries did not have enough resources after the war to recover from the damage it had caused. El Salvador and Guatemala did not experience a quick social recovery (Gould, 2014). After the armed conflict was finished, a struggle for power erupted that did not allow for the implementation of short-term interventions restructure the social infrastructure in health and education for vulnerable groups, such as indigenous Maya of rural Guatemala.

## **2.2 Violence and Armed Conflict in Guatemala**

In 1954, violence descended on Guatemala after the overthrow of President Jacobo Arbenz. Military repression and social oppression were common aspects of Guatemalan society after the backed overthrow of the Arbenz government and the refusal of agrarian reform by international intervention. The earlier agrarian reform distributed 1.5 million acres to some 100,000 families, so it benefited the rural Maya population (Skidmore, 2014). These fields were the main resources of subsistence to rural Maya communities because farming was the main means of livelihood in the region. It generated a campaign of violence in its immediate twelve years of continuous military government (Adams, 1970). The level of repression rose and fell during this time and the election of a civilian reformer to the presidency was the prelude to the more intense period of military repression.

Some international scholars have documented academic and social evidence regarding the international intervention by the US and its interest in United Fruit Company (UFCO) in Arbenz's government and its agrarian reform<sup>5</sup>. The UFCO held enormous tracts

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<sup>5</sup> On the problems related to repressed international intervention in Guatemala see *Immerman, R. H.* (1982). *The CIA in Guatemala: The foreign policy of intervention*. Austin: University of Texas; *Schlesinger, S.*

of land in Guatemala. As a company, it was against agrarian reform (Skidmore, 2014). It focused on the land property, which was of interest both to local and international oligarchy groups. UFCO accused the Arbenz of being a communist regime. As a consequence, the 1954 coup marked a turning point in Guatemalan history.

As a counterargument, other scholarly groups describe the parallel rupture of the social fabric in Guatemala that allowed the emergence of counterinsurgent groups. The temporary defeat of the armed guerrilla movement at the end of the 1960's did not demonstrate the impossibility of armed struggle, but rather the need to unify armed struggle and the entire spectrum of popular and democratic struggles concerning economic, social, and political demands (EGP, 1981). The guerrilla groups gradually developed a guerrilla movement based in the jungle area of northeastern of Guatemala (CIA, 2001). As a result, these circumstances erupted jointly to damage to the rural Maya population in Guatemala.

In 1960s, armed conflict began in Guatemala and insurgent groups revolted against the government. Although Julio César Méndez Montenegro occupied the presidential office, the military continued to exercise the real power. Instead of fulfilling the democratic promise of his election, Méndez Montenegro was unable to prevent the army and paramilitary right-wing death squads from carrying out a bloody campaign against the civilian population, especially in the rural areas of Guatemala. A military counterinsurgency campaign against several hundred guerrillas in Guatemala escalated into

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*C. et.al (2005). Bitter fruit: The story of the American coup in Guatemala. Cambridge, Mass: Harvard University, David Rockefeller Center for Latin American Studies; Gleijeses, P. (2008). La Esperanza rota: La revolución guatemalteca y los Estados Unidos, 1944-1954. Guatemala: Editorial Universitaria, Universidad de San Carlos de Guatemala.*

an attack against all real and imagined opposition, resulting in civilian deaths (McClintock, 1985).

The outbreak of the internal armed conflict confrontation in 1962, Guatemala entered a tragic and devastating stage of its history, with enormous human, health, social, and material cost. Some social structural causes relational to erupted of the armed conflict were the economic, cultural and social relations in Guatemala. These had been its roots in a social structure which was marked by the concentration of productive wealth (land) in the hands of a minority (CEH, 1999). Subsequently, this established the foundations of a system of multiple exclusions. It included elements of racism and social status, the most profound manifestation of a violent and dehumanizing social system by the State. These features focused on Mayan people had been marked by profound social exclusion since the colonial era.

In response to growing social tension, a new generation of guerrilla groups was formed in the 1970s. There were three principal organizations, all with roots in the previous guerilla movement that had been crushed in the late 1960s: the Ejército guerrillero de los Pobres (EGP); the Organización del Pueblo en Armas (ORPA); and the Fuerzas Armadas Rebeldes (FAR) (Manz, 1988). In the late 1970s the social tension always manifest in the agrarian, multiethnic Guatemalan nation gave way to full-scale civil war that has had lasting effects on its large indigenous population (Carmack, 1988). The victims were peasants, leaders of cooperatives, Maya leaders, and rural organizers.

A telling case was described by Greg Grandin (2011), an anthropologist, in his book *The Last Colonial Massacre*. His chronicle illustrated a social event related to the impact had on Guatemala Maya population. Grandin describes:



“May 1978, Panzós massacre was its persistent ordinariness, its indistinguishability from the hundreds of other indigenous protests and elite reactions that had taken place throughout the course of colonial and republican rule in Guatemala to that day. Early on a Monday morning between five hundred and seven hundred Q’eqchi’Mayan women, men, and children arrived in the center of Panzós, a languorous river town sitting low in the marshlands of the Polochic Valley. They gathered to present a letter to the mayor announcing an impending visit of a union delegation from the capital to discuss long-standing peasant complaints against local planters. A military detachment that had set up camp in the central plaza three days earlier met the crowd. Survivors insist that the soldiers opened fire preemptively, even with premeditation”

“At least thirty-five Q’eqchi’s, including a number of children, lay murdered and dozens were wounded by the time the shooting stopped”<sup>6</sup>.

Grandin described a historical massacre place in which Maya Guatemalans confronted violent repression by the government. This fact was an abstract duel pitting global ideologies against each other (labor force organization versus the landowning oligarchy). This event shows the real conflict in rural Guatemala. After Panzos’ massacre, a new kind of counterrevolutionary terror began in Guatemala, during which the army massacred hundreds of Maya people.

This context in which fear occurs had violent characteristics. Koonings argues that during authoritarian governments, civil conflict, and military interventions, violence assumes a social form (Koonings, 2011). Prior to the militarization of the countryside in the 1980s, life was hardly idyllic. Maya populations suffered from the effects of poverty, economic domination, social discrimination, and possessed little economic and political power. Also, several Maya groups were displaced of the local population, selective

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<sup>6</sup> Grandin, *The Last Colonial Massacre*, 1.

massacre of communities, state persecution, and other serious and unjustified harm. All of these distinctions have provided wide resources to argue that the violence from the armed conflict had ramifications for the Maya people in health and nutrition matters.

The most intense and brutal military repression in Guatemalans' long history of political violence occurred in the early 1980's. Ricardo Fallas, anthropologist, played a key initial role in documenting the armed conflict violence and its consequences. He meticulously documented the massacres carried out by Guatemala's army. Fallas recorded the systematic killings of the indigenous population in the jungle of northern Guatemala, on the border with Chiapas, and in other areas. Fallas worked between 1975 and 1982 when the Guatemalan government killed the indigenous population in response to their attempts at self-organization (Fallas, 1994). He described several reprisals, massacres, communities of the population in resistance, and experiences of the refugees in the different regions of Guatemala. His research provides a valuable context in terms of health and nutrition issues, his texts shows the diet, birth rate and access to water and food in red zones under armed conflict to Maya people.

Documentations of Guatemalan's armed conflict can provide an in depth glimpse of how military and guerrilla groups oppressed the Maya people in their communities. This act of comprehending the relationship between affliction, community's breakage and destruction was important to determine the level of damage in Maya natives.

Anthropologist Robert Carmack (1988) chronicles the legacy of brutality towards Maya people in his book called *Harvest of Violence*. Carmack reconstructs events by documenting oral history, in a conscious attempt to comprehend the utter devastation of the Maya communities as a result of armed conflict. Carmack described:

“The situation at Santa Cruz (Quiche, Guatemala rural Department) continued to deteriorate. Soon it became obvious that it was dangerous for us to work there any longer. Indian friends of our living near the ancient ruins - actual descendants of Quiché kings- told us about the murder of an Indian, a cooperative leader, that the army appeared to have done the killing. Alcalde Zapeta also admitted that murders were occurring in Santa Cruz, although he believed that the guerrillas were committing atrocities as bad as those of the Army. In June 1980 the guerrillas ordered all Americans to leave the Quiché Department”<sup>7</sup>.

Carmack relayed a tragedy in his narrative that described the conflict between guerrilla and the army in the Quiché<sup>8</sup> Department. The document has direct narratives accounts from Maya victims in the 1980s. Also, he takes documentation of abuses and denunciations of violations aimed to attempt to explain the causes, motivations, experiences, and sociocultural consequences of the armed conflict.

During these thirty-six years of armed conflict, Guatemala’s population suffered a legacy of fear and violence. Thousands were killed, thousands mourned; reconciliation, for those who remained, was impossible without a legacy of memories and justice to the Maya population. That period was a moment of contrast because cultural and linguistic diversity faced persecution and discrimination by military and guerrilla groups (CEH, 1999).

The cost of this crisis was multiple civilian fatalities, population displacement, gender repression, destruction of the health services network, and economic hardship. Rural Maya population especially suffered the most during this time. The violence experienced by Maya communities had several facets including high rate of kidnapping, deaths, murders, genocide, selective violence (counterinsurgent experience), and indirect

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<sup>7</sup> Carmack, *Harvest of Violence: The Maya Indians and the Guatemalan Crisis*, 44.

<sup>8</sup> Quiché refers to name of a town in rural Guatemala, this term differs from K’iche that linguist use to the Maya languages.

violence (drastic economic hardship was experienced along with lack of public services in relation to education and health). In fact, Maya people have been the object of social and cultural consequences of the violence such as the uprooting and dislocations of indigenous communities. The culture of fear (violence, selective killings, acts of terror, slaughter, and army bombardments) in rural Guatemala was an instrument of control and repression of indigenous people. These human rights violations can never be justified because they had a historically cost (Carmack, 1988; Stoll, 1993; Fallas 1994).

The Commission for Historical Clarification (CEH) was established through the Accord of Oslo on 1994, in order to clarify with objectivity, equity, and impartiality, the human rights violations and acts of violence connected with the armed confrontation that caused suffering amongst the Guatemalan people. The Commission was not established to judge, that is the function of the courts of law, but rather to clarify the history of the events of more than three decades of fratricidal war (CEH, 1999).

The Commission for Historical Clarification concluded as the tragedy of the armed confrontation. With the outbreak of the internal armed confrontation in 1962, Guatemala entered a tragic and devastating stage of its history, with enormous human, material and moral cost. CEH registered a total of 42,275 victims, including men, women and children. Of these, 23,671 were victims of arbitrary execution and 6,159 were victims of forced disappearance, 83 percent of fully identified victims were Maya and seventeen percent were Ladino (mestizo or Spanish speaking white person in Central America). Also, it was documented the annihilation of over 440 indigenous villages (Blum, 2001). Combining this data with the results of other studies of political violence in Guatemala, the CEH estimates

that the number of people who were killed or who disappeared as a result of the fratricidal confrontation reaches a total of over 200,000<sup>9</sup>.

The CHE reveals part of the injustices experienced by the Maya People. The report offers an interesting question in regards to armed conflict. What are the greater implications of trauma and suffering in relation to overall health and wellness? The real effects of trauma, suffer and health status is an item of reflection and discussing regard the legacy of violence.

In 1996, the President of Guatemala Alvaro Arzú, the high command of the Guatemala military, and commandants of the leftist guerilla groups known as the Guatemalan National Revolutionary Unity (URNG Spanish acronym) signed peace accords. It was brokered by the United Nations, officially ending thirty-six years of civil war, making Guatemala the last country in Central America to achieve peace (Green, 2000). The Peace Accords focused on economic development, greater civic participation, resettlement of displaced peoples, equal treatment of the indigenous population and of women, land redistribution, increased tax collection to improve social services, a greater respect for human rights, protection of natural resources, building a civilian police force, and streamlining government performance (Blum, 2001; Peace Accords, 1994).

Guatemala, after the Peace Accords, concentrated on demilitarization, indigenous rights, and political reforms. Despite efforts, the Peace Accords have been a challenge to the government and society. The cost of implementing of the Peace Accords was \$2.6 billion (Blum, 2001). Some infrastructure has been improved; two thousand rebel

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<sup>9</sup> Guatemala memory of silence. Tz'inil na'ab'al. Report of the Commission for Historical Clarification, 1999. Full report available: <https://hrdag.org/publications/guatemala-memory-of-silence-report-of-the-commission-for-historical-clarification-conclusions-and-recommendations/>

combatants were demobilized and received benefits, including land. Some refugees and displaced people have been resettled, but land title searches have been slow and land availability is far behind demand. A couple sections of the Accords deals with indigenous rights, but some scholars propose that several reforms of a state that continues discriminatory practices against Maya communities, e.g., Peace accords did not have health resettlement to Maya people. (Cleary, 2002).

In fact, the Peace Accords only has one article in an accord of over twelve that relates to health. The Peace Accord about *Uprooted People by the Armed Conflict, Compensation Accords* describes only that refers the recognize the non-formal studies of health and education promoters, and give them equivalence through the corresponding evaluation.

The absence of health and nutrition in infrastructure, medical staff, medicalization, and programs of health recovery after the armed conflict is an important element overlooked in these accords. This contributes to the invisibility and discrimination of Maya communities. Health improves were not a priority in terms of the accords. But thus, the demand for healthcare continues to increase in these rural Maya communities. The Peace Accords have not been able to offer these communities better access to health services.

Additionally, Maya populations are still denied equal political participations, education, health access and land ownership. Maya communities have continued to face oppression even after the Peace Accords of 1996. Several years of combat had consequences in relation to terror, societal radicalization, and political polarization. Additionally, it destroyed community-based organizations and the indigenous social fabric understandings. As a result, the Maya community has been the main victim of the armed conflict.

### **2.3 The Green of Totonicapán –Le Rax Chumequena-**

Some scholars hold that the K'iche Maya group were founders of the Totonicapán area of Guatemala. They called this land “Chumequena” which means “Over the land with sources of hot water”. From 1524 to 1541 Totonicapán was part of the private encomienda of Pedro de Alvarado, the Spanish conqueror of Guatemala (Veblen, 1977; Hernández, 2006). In 1544, during the colonial period, a legal document named “El pueblo de San Miguel Totonicapán de la real corona” (San Miguel Totonicapán colonial’s town). In 1872, after 51 years of Guatemala’s colonial independency a National Decree founded the Totonicapán Department in the socio-political county of western Guatemala (Hernández, 2006). As a result, it became the Department of Totonicapán during the Republican Period.

The Totonicapán department is a K'iche Maya community in western Guatemala. Even today, the Department of Totonicapán is the Region VI (South-West) of Guatemala. It covers an area of roughly 1,061km<sup>2</sup>. Its altitudes range from 1600 to 3400 meters above sea level. This area is sub-divided into eight *municipios* (“municipalities”); each of which is a distinct ethnographic unit (Figure 1).

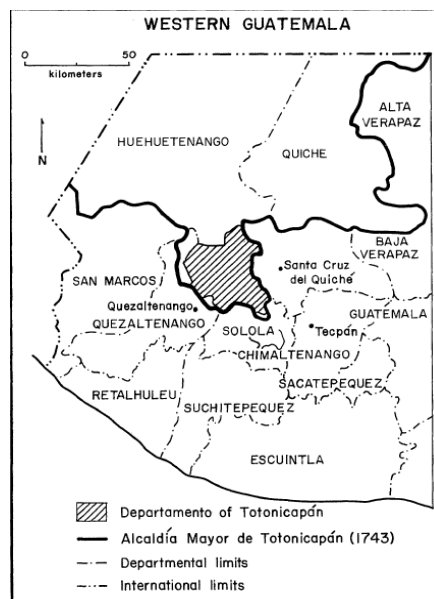


Figure 1. Western Guatemala<sup>10</sup>

The *municipios* are identified by the names of their *cabeceras*, capital towns, which are: San Andres Xecul, San Bartolo, Santa Maria Chiquimula, San Francisco El Alto, San Cristobal Totonicapán, Santa Lucia La Reforma, Momostenango, and San Miguel Totonicapán, which is also the departmental capital (Veble, 1977; Hernández, 2006; IDH, 2011). These *municipios* are further divided into well over one hundred smaller dispersed settlements referred to as *cantones* (wards), *caserios*(hamlet), and *aldeas* (villages)<sup>11</sup> (Figure 2).

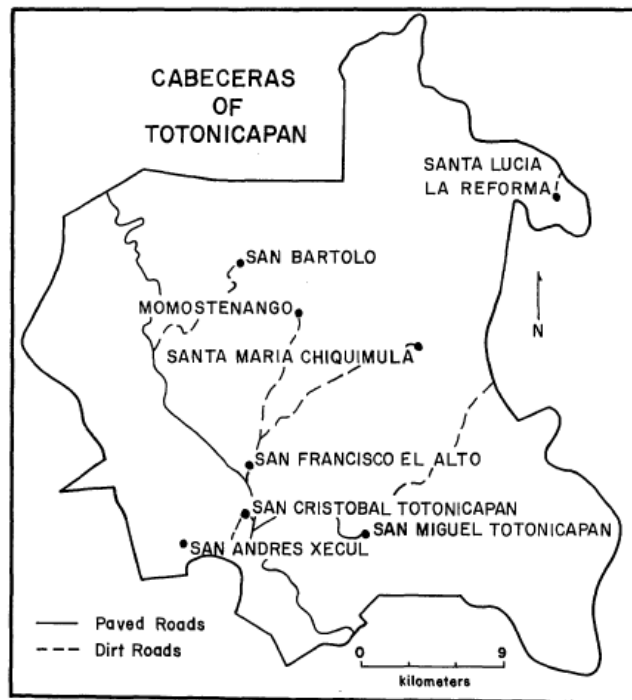


Figure 2. The Department of Totonicapán<sup>12</sup>

<sup>10</sup> Taylor & Francis Academic Journal Permissions, Veblen 1977.

<sup>11</sup> *Cantones*, *caserios*, and *aldeas* refer to small villages in rural area of Guatemala.

<sup>12</sup> Taylor & Francis Academic Journal Permissions, Veblen 1977.



This area has a very distinctive K'iche Maya community in western Guatemala. Its social organizations and cultural practices differ from other places. The place where I developed the field work was Tzununá hamlet in Santa Maria Chiquimula.

The degree of violence experienced by K'iche Maya communities during the armed conflict, 1960-1996, is described by scholars, as being “red” (communities those that experienced generalized violence), “pink” or “yellow” (communities where selective violence characterized their counterinsurgency experience), “green” (communities that experienced indirect violence, especially in the form of drastic economic hardship) (Carmack, 1988). In this context, this thesis describes a community from western Guatemala with a predominant K'iche Maya demographic in the Totonicapán department. This area suffered the “green” consequences of the armed struggle.

Totonicapán played a little active role in the armed conflict as green zone. Totonicapán has a strongly K'iche Maya in self-identification and famous in Guatemala for confrontation political tactics and a history of serious rebellions against state (Smith, 1990). The community's social cohesion was broken during the 1980s by military control. The counterinsurgency program was put into effect on three levels: first, physical destruction of hundreds of rural communities thought to harbor and supply the guerrillas. Second, it involves fewer killings and less physical destruction but its long-term consequences, it focused on military control of the movements and social relations of all rural males, labor, and food distribution. Third, civil patrol system and control of the lands (Carmack, 1988). In retrospect, this area experienced consequences of generalized violence, selective violence, an indirect violence of military government and guerrilla groups during Guatemala's armed conflict.

The program that most affected Totonicapán in the 1980s was the civil patrol system. It was a control of the community using males' labor with military support (Carmack, 1988). Totonicapán's civil patrol system was one military program in western Guatemala. It had direct economic, cultural, and social implications. This program has had consequences for the rural political and community life of Guatemala's Maya. As a result of the legacy of violence has been a notable impact on the K'iche Maya population social indicators.

A case reported in the Commission for Historical Clarification (CEH:) "*El bombazo of 1982s in Totonicapán*" tells of the destruction of electric plant in Totonicapán<sup>13</sup>. Also, The destruction of civil office with legal documents of the civil population of Totonicapán. It was accompanied by a large scale of kidnappings, extrajudicial executions, and violent acts towards natives of Totonicapán. It was the determine moment when Totonicapánses<sup>14</sup> felt the impact of the armed conflict in community life.

Their human rights were infringed by military and guerrilla groups. Maya populations in Totonicapán, social leaders, and civilians suffered from different forms of violence. The government prioritized expenditures for the military, which left fewer resources available to invest in health, education, and social development. This led to a higher rate of civilian fatalities, population displacement, ethnic repression, sanitary precariousness, and economic hardship. Rural Maya communities were the ones that suffered the most during this time.

The last national survey of demography reported in 2010 that approximately 461,000 people were living in Totonicapán, over fifty-six percent were living in the rural

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<sup>13</sup> Comission for the Historical Clarification report, Chapter III: 275 p.

<sup>14</sup> Colloquial name to people was born and live in Totonicapán area.

area, and that over ninety-six percent were K'iche Maya (UNDP, 2011). This population's labor focuses on fields harvesting corn. Totonicapán farmers have crop yields because they needed the local corn to sustain their families. The National Human Index in Totonicapán 2011 reported that seventy-three percent were living in poverty that around twenty percent were illiterate. They also suffer from poor health and nutrition. This was all the result of a lack of significant public service in health, education, and development in rural Maya population.

#### **2.4 Guatemala Health Consequences in Maya Population**

The armed conflict still has repercussions for the rural Maya rural population. It is important to understand why Guatemala's memories of the armed conflict mark the social and collective memory of Maya communities. Guatemalans have suffered from the effects of fear, hunger, and violence in the population that was born in the period of 1960-1980 in the rural their communities suffered the armed conflict experiences. According to reports, residents in Totonicapán tend to take a neutral stance regarding the two sides in the conflict, blaming the guerrillas as much as the army for placing the indigenous population in the crossfire. But these events of insulation, neutral, fear and blame, does not allow access to health infrastructure, health medications, land, food and water access. As a result, given the presence of inter-state conflicts, the absence of community services increases the humanitarian crisis in the area. It destroyed the social cohesion in rural communities and it has fragmented the society in the communal regions.

The government prioritized expenditures for the military, which left fewer resources available to invest in health, education, and social development. As a result, Maya population experienced a decline in nutrition and overall health. The armed conflict

in Guatemala had a high social cost in public health. the population suffered human consequences in the environment, social, and medical care (Bogin, 1992:1999; Rieder, 2012). The government allocated little funding for health programs in predominantly Maya communities. These features argue that damage in the population can lead to a victimization in the health status.

During the armed conflict, Maya Guatemalans with low -SES (socioeconomic-status) suffered an irregular supply of water, unsanitary conditions, economic instability, decline in food production, and lack of health care. Even the safety of the water and food supply of the country was compromised during the most intense periods of social, economic, and political instability caused by civil conflict (Bogin, 1992:1999). Maya Guatemalans have often been denied access to vital food and water resources, which shows severe violations of human rights (Carmack, 1988; Stoll, 1993; Fallas, 1993).

Researchers have attempted to calculate the financial and health burden in vulnerable populations, such as disadvantaged groups, during this stressful period (Levy, 1997; Singer, 2010). The rural, especially rural Maya, population was affected most strongly by these negative changes in health and nutrition. Bogin (1999) reported that height declined among Mayan and Ladino children from all social classes in Guatemala from 1974 to 1984 (This period included some of the most violent stages of the armed conflict), but an even stronger decline was seen in children with low-SES. The average height declined around nine centimeters between high-SES and low-SES children. Additionally, some mental health workers have begun to document the effects of state-sponsored violence through armed conflict exposure (Cabrera, 1995). They have described some problems encountered by Maya children after armed conflict situation such as fear,

violence, and terror used extensively in this period (Brinton, 1994). As a consequence, mental issues accentuate the distinctions of health struggles in Maya communities as a legacy of the violence.

In the early 1990s, the collapse of Guatemala's economy brought a decline in the health and nutrition services available to Maya groups. This led to increases in illnesses associated with armed conflict such as mental diseases, chronic diseases, stress, signs of depression, lack of appetite, etc.

The 1996 Guatemalan Peace Accords was signed to put an end to the 36-year of the armed conflict. However, this only stood as a way to compensate immediate damage caused by the war, without taking into account the decline in health experienced by K'iche Maya Guatemala. The repercussions of the armed conflict on health, wellbeing, and nutrition have long term consequences in adulthood with permanent costs to health (PAHO, 2015).

## **2.5 Conclusion: Health Matters**

Currently the Guatemalan Health Minister faces two main obstacles: limited access to public healthcare and unsuitable medical care. In rural Guatemala, the challenge is complicated. It does not have the infrastructure, health providers, and medicine suitable to cover the population's necessities. In 2015, only 16 percent of the national health budget was invested in Maya communities (ICEFI, 2015). At this point, target groups, such as the older Maya population lack medical care; this group experienced atrocities due to the armed conflict faces a number of health concerns including chronic diseases. This group needs to eliminate the health disparities inherited by structural violence and repression of the armed conflict.

The historical memory of armed conflict is significant because the health costs of war have rarely gone beyond the traditional statistics of deaths and injuries. In Guatemala, there could have been underestimated damage done by armed conflict, especially concerning the elderly population. Since longevity is also a biocultural phenomenon through social and cultural attitudes, still the effects of armed conflict continue in elderly population that suffered it. It could have a racist connotation that denies access to medical care (Bogin, 2001; Singer, 2010). Beyond victimization, the older Maya population consists of people that deserve a higher quality of life quality of life, wellness, and access to medical care.

The history of armed conflict in Central America, Guatemala, and Totonicapán is one of that carries tangible consequences for its Maya People. Result of 36 years of combat is that health, nutrition and wellbeing has declined. While Maya population had significant delays in red zones in the war. The green zone as Totonicapán not differed to the experienced variety of political, social and structural violence. Exposure to structural violence and limited access to food and water, inappropriate health services, has had lasting consequences. In Chapter III, I will examine how the typology of violence embodied some of these health concerns with implications for the Maya community health status.

## CHAPTER 3

### **Memories of Chronic Violence: Consequences for the Health Status in a Totonicapán Community**

Guatemala's violence is a multidimensional problem. Violence is not just physical but also social, cultural, political and symbolic. Years of armed conflict in Guatemala had an immense impact on the wellbeing and health of Maya communities and their villagers. Violence directly affected people's health status and produces different forms of victimization. These forms come from structural, social and political problems that do not allow secure access to health care. Medical and social science, both, explain how social problems have health implications for affected populations for violence over time (Benson, 2008; Fox, 2012). The World Health Organization (WHO) describes violence as having direct effects on society and in the victims' body (WHO, 2002). This has a meaning to individuals and communities regarding victimization of violence.

The impact of the armed conflict in Totonicapán (a green zone) has not been well documented. Totonicapán suffered structural violence that involved inadequate health care, food access and development to the local population. The green zone was a place where the armed confrontation had a limited presence. But this zone became an isolated area where socio-economic development and absence of health care had negative impact in the Maya communities. The majority of research has been focused on the "red zones" (communities were razed by the confrontation between guerrillas and militaries). Also, many international and local NGOs develop their efforts in the red zones to recover from the damage suffered. Therefore, the "green zones" have been absent of enough information regarding experiences suffered in this place.

I propose a typology of violence in which structural, individual, and collective violence frameworks are embodied in chronic issues in individuals with repercussion for the community. This will show the interaction between social and health issues in the context of violence have affected health status regarding physical, psychological, and healing matters over time. I take ethnographic experiences from a small K'iche Maya community in the municipality of Totonicapán in Guatemala. I am contrasting the fear, pain, and trauma as a shape of chronic violence with regards to health and healing issues. This will better help us understand how the structural, individual and collective violence, as chronic form, has implications for victims of violence.

### **3.1 Typology of Violence: Means and forms**

The rural Maya communities are the reflection of Guatemala. In these regions, humility lives side-by-side with exclusion, discrimination, and socio-economic isolation, which increased during and after the armed conflict. The characteristics above exemplify the victimization from the structural, social, and political forces of the structural violence that did not allow a secure access to healthcare and developed. This in turn directly affected people's health status over time.

Medicine and social science have explored synergies areas that explain how social problems, e.g., violence, have implications on health status (Lee, 2006). Violence, as a concept from social etiology has involve health matters that generated humanitarian costs in the people that suffered it (Arabinda, 2012). The indicated features illustrate the legacy of violence suffered in Guatemala communities during and after armed conflict. As a



result, violence involves a chronic condition which meaning has long term negative consequences in Maya population in Guatemala.

Violence is the intentional use of physical force or power, against oneself, another person, or against a group, that either result in injury, death, psychological harm, or deprivation (WHO, 2002). The concept of violence has a long been studied in medical discipline and has serious implications for the health and wellbeing of a person or community. The distinction between individual and collective violence is vital in the medical field. The individual violence reflects physical, sexual, psychological attack, and deprivation by an individual. The collective violence refers to violence committed by larger groups and is subdivided into social, political and economic violence (Belau, 1986; WHO, 2002; Fox, 2002; White, 2017). This research specifically examines the implications of individual and community violence as a form of structural violence because of its ramifications for individuals, communities, groups, and collectives, in regards to healthcare during and after the armed conflict in Guatemala. Therefore showing, in the medical field, that violence causes devastating effects on the physical and mental health status of an individual and communities.

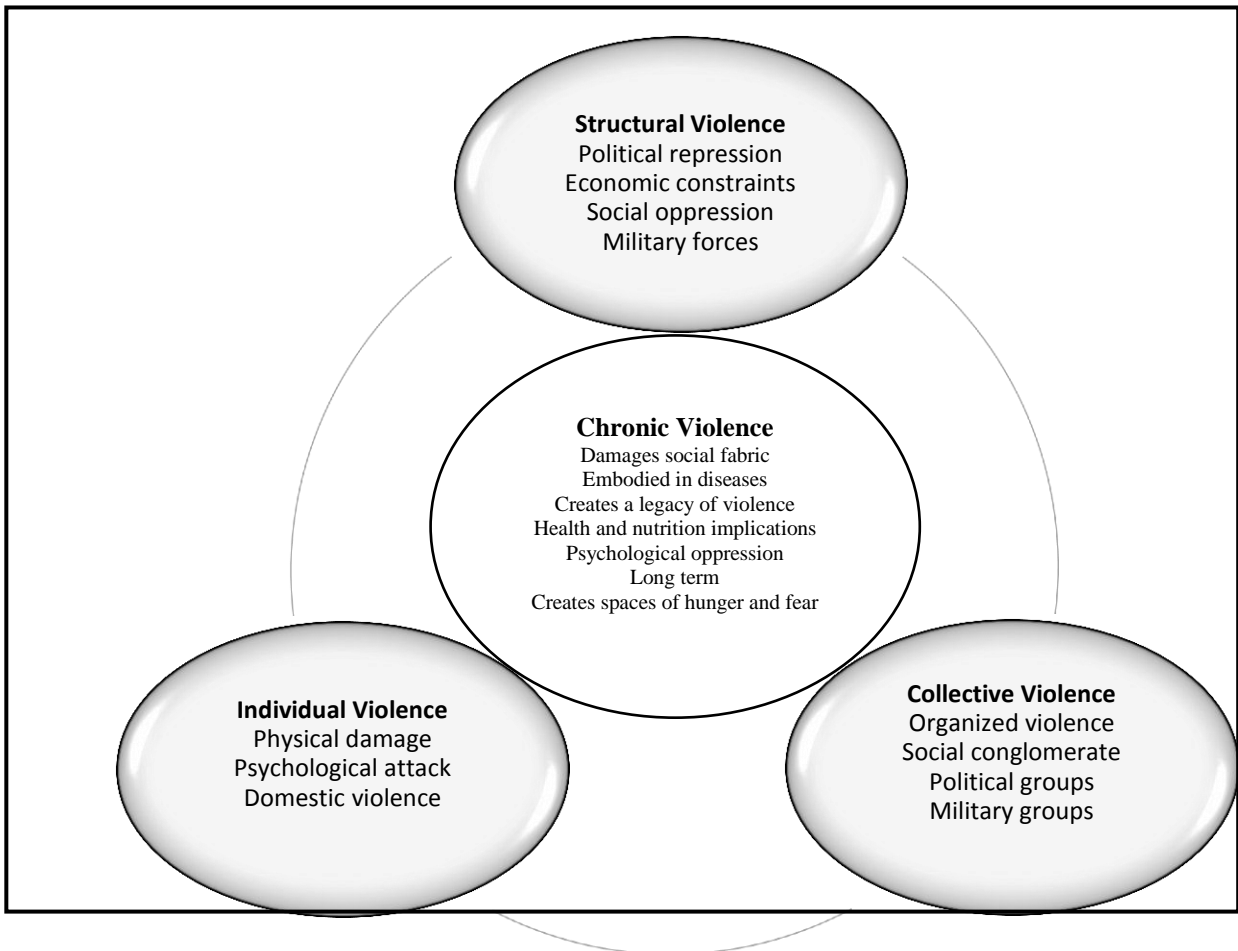
As discussed above, violence is a medical concept with social implications. Galtung (1969) argues that violence is present when humans are being influenced so that their actual physical and mental abilities are below their potential and that this physical incapacitation or deprivation of health (with killing as the extreme form) is at the hands of an offender who intends this to be the consequence. This concept is complementary with the medical concept that describes collective violence, e.g., social, political, and economic violence (WHO, 2002; Jaitman, 2017). Therefore, violence embodied as structural violence

increases inequalities between groups, which allows communities that are suffering from violence to not reach their full potential because of the health inequalities they face.

Understanding social concepts allows one to better knowing of kind of the violence and its implications. Anthropologists have proposed structural violence as a form of invisible violence because of it is role in the social fabric (Galtung, 1969; Manz, 1988). Social structures have differences of power, wealth, and health in people live within the same political and economic system (Farmer, 2004). Structural violence is a term that explains how all those whose social status denies them access to the health, it creates health inequalities. This kind of violence emerges of manifestation of enduring legacies of state violence and the social and economic insecurities brought on by structural struggles (Benson, 2008).

The social concept of violence defines three categories and subtypes. First, structural violence is a set of political-economic forces that develop unequal access of resources, services, rights, and security that limit life expectancy. Secondly, symbolic violence is composed of dominant hierarchies and internalized abuse that is legitimized as natural and deserved by a domination of a social class. Lastly, normalized violence becomes a part of institutional practices of human rights violations in discourses, cultural values, ideologies, and everyday interactions as a normalize silence in the society. The aforementioned features render violence produce social inequalities (Bourdieu, 2000: 2001; Walter, 2004; Bourgois, 2001; Rylko-Bauer, 2012; Ralp,2014). The social categorization expands the understanding of violence and clarifies social and medical interactions that affect communities and populations that have suffered the embodied of structural violence.

The structural violence manifests visibly, for example, in health disparities across class, ethnicity and citizenship status. These are visible as emerge with chronic patterns of violence in terms of individual and communal suffering. These chronic patterns remain through time by the social, economic, and political repression constraints toward specific groups. Thus, the origins and outcomes of violence are more usefully and accurately conceived in terms of structural and societal conditions; these origins develop a space of chronic violence whit health consequences for the population. See Figure 3.



### Figure 3. Origins and Outcomes of Chronic Violence<sup>15</sup>

As seen in Figure 3, the concentric circles from the different types of violence provide an interpretation to view and connect individual, collective, and structural violence. This connection creates a space where the concentric circle in the middle is the point where chronic violence converges and emerges; it can help us understand the profound and extensive effect of violence regarding health issues, and could reveal interesting implications to understand violence as a social disease. The chronic violence involves the violence as a medical concept embodied in the structural violence with long-term consequences in the health status of population.

In this sense, this research uses the framework of structural violence, collective and individual that makes a space of chronic violence; in a small K'iche Maya community of Guatemala. It suggests that chronic violence has implication to Maya communities regarding health status. Because members of the communities are individuals that suffered harms, physical and emotional, of the armed conflict; together with political- economic effect of the isolated area that increased the inequality in resources, services, rights to K'iche Maya communities from Totonicapán.

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<sup>15</sup>Image by author.

### **3.2 Research Methods: Qualitative and Quantitative meaning of Structural Violence<sup>16</sup>**

I show my research methods about the ethnography in a K'iche Maya community, Tzununá hamlet Santa Maria Chiquimula in Totonicapán, Guatemala. In order to approach holistic understandings of violence, some methods are necessary to measure the implications of the structural violence. With the cultural constraints surrounding the population that suffered stress periods such as armed conflict, the research sought to interview the older population (>50 years old: population were born 1974 to 1984, armed conflict period). The questions had focused on their experience of the armed conflict, health care during and after armed conflict, food access, and their current health status, through a survey and semi-structure interview.

These questions were crucial for understanding how the older population perceives the armed conflict and their health status as an embodied shape of structural violence. I conducted a survey and deep interview as method of data collection. All the questionnaires and interviews became conducted by the principal investigator (PI), a graduate student with experience in fieldwork interviews. Also, I was supported by two native K'iche Maya speaker in the transcriptions. Prior to administering the survey, I obtained oral consent and permission by the participants, World Health Organization format. The survey consisted in scaled scores by questions; each scale is directly transformed into percentage or average. This survey was developed using such as model the National Survey of Veterans (NSV)

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<sup>16</sup> The protocol of the research was approval as a designee of the Institutional Review Board reviewed the Request for Exemption application identified above. It was determined the study poses minimal risk to participants. This study meets 45 CFR 46.101 (b) category (2) for Exempt Review. Number IRB# 170404.

(USA, 1995) and Survey of Measuring Conflict Exposure in Micro-level (Brück Tilman, 2013). (Annex 1). The sections of the survey were demography, food consumption, and health status. The survey allowed quantified numerically a general description about the questions.

After providing the survey, I conducted in-depth interviews with people that allowed talking deeper about armed conflict. I conducted a semi-structural interview about of qualitative exploration focus on violence and health issues during and after armed conflict, behaviors of food consumption and perception of injury and illness. The interview took some questions from National Survey of Veterans (NSV) (USA, 1995) and the Collecting Survey Data during Armed Conflict (Axxin W, 2012) (Annex 2). In the same way, structural violence does materialize in the community can be more convenient characterized by qualitative data. Also, as a result of my time in the field, I was able to complement their interview responses with my ethnographic experiences of interactions, dialogues, and behaviors of daily lives in the community.

I engaged in participant observation during twelve weeks of my fieldwork, I participated as a part of the develop team in a local non-governmental organization. The NGO works in the western Guatemala (rural area). The NGO focus on social programs in zones where the armed conflict impacted the live of the Maya communities. I took field notes and describe some observations regarding some experiences of the armed conflict beyond health issues. As an ethnographer, the methods of ethnography had limits to intimate in the life of the people that suffered the armed conflict in this local zone. It is important to note that five persons rejected the survey and three rejected the interview after

conduct the survey. As such, it is a challenge to understanding the real consequences of the armed conflict in the lives of the victims.

Participants had the opportunity to review interview transcripts in order to clarify or withdraw any statements they have made and to help ensure that identifying information will be adequately concealed in written reports and publications. The risks of participation in this study were minimal. The risk was emotional distress from discussing experiences such as stressful life memories about the armed conflict, and intimate and public impacts of illness, injury, and diagnosis. However, these things are also basic features of participants' lives and should not be expected to be the cause of special or additional upset. In this sense, the study followed in the established tradition of the confidentiality, privacy and data security procedures described making this risk quite low.

The database, field notes, and records of the research have limited access. Only the PI has access regarding information privacy, all the information has codification. I used REDCap software for uploading the information in the field. In addition, we will use Stata software for the data analysis for descriptive analysis. Additionally, the translate speakers signed a confidential agreement about not divulgation of information about deep-interviews.

### **3.3 Harming without Weapons, Dying in silence**

The green zone was an isolated area from the intensity and cruelty excesses of the armed conflict with a few war confrontations. This zone had an increase of the inequalities to access to health care, food, and developed. Which made Totonicapán an example of how humanitarian needs were delayed and limited. This zone is described as a “green” community that experienced structural violence, especially in the form of drastic economic

hardship and destruction of the material bases for Maya culture (Smith, 1992). Totonicapán has a majority K'iche Maya population that has experienced the direct and indirect consequences of the armed conflict over time. The K'iche Maya older adults are persons that experienced the brutality, the impositions, and the institutionalized discrimination by guerilla and military groups. These experiences are memories by individuals how facts that injured the body, mind, and community.

Since the relationship between K'iche Maya population and the armed conflict was an important determinant of social structural violence in regards to access to food and health. It brings a cultural perspective; the population from Totonicapán who participated in a cycle of violence underwent limited control of social coercion by military, guerilla and economic oppression that have constrained the development of the region and human indicators. For example, the Pan American Health Organization reported that in 1978 (armed conflict period) 60.5 percent of children between 6 to 9 years old had moderate to severe malnutrition in Totonicapán (PAHO ,1993).

The generation composed of those born in 1960 to 1980 in Totonicapán grew up under the most algid period of the armed conflict (Grey, 2004). Totonicapán shows through a multitude of complex and contradictory fluid personal memories of violence towards women, children, older adults, and families. I conducted depth interviews try to understand the memories of the violence in a retrospective way. The memories created an atmosphere in which silence, pain, and trauma had been present after 36 years of internal armed conflict in which structural violence and fear became routine aspects of everyday life (Fischer, 2002; Benson, 2008). In the memory of Totonicapán people, this violence is sub-categorized as chronic-violent features with consequences that remain over time.



### 3.4 Memories

Theoretical attention to the armed conflict in Guatemala examines the processes of realignment and fragmentation in Maya communities. Some communities undergoing violent changed the related local, cultural, social, and health circumstance to the impact of the war. The narratives, life-histories approach with anthropological analysis, emphasizing the way people talk about and explain the structural violence as a chronic memory in the population (Zur, 2001). It focuses on the individuals as objects of the socio-economic conditions that denied the access to health care as a vital human right over armed conflict. In this sense, the oppressive state caused additional problems, it increased the instability of the inequalities in social health issues. Thus, it is important to give testimonies and memories to individuals' experience of violence, when their voices have been silenced by the aggression express in their social context with effect in their health status, for example, Totonicapán context.

Although silence is an absence of sound, in the lands of Totonicapán the memories of the armed conflict have a shuddering silence of victimization. The silence is a way of life for victims of the internal armed conflict in Guatemala. The silence is an expression of repression to Maya people of Guatemala. In my deep- interviews, the silence was the space of time embodied the memory of everything and nothing in the same time. The silence was an allegory of damage in the body for the K'iche Maya of Totonicapán. Doña Dorcas<sup>17</sup> is an older woman that lives in a small village of Totonicapán. The silence of the Dorcas' house allows the sound of the wind between the sparse scrubs to be heard.

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<sup>17</sup>Ethical issues: pseudonym name, the IRB has a prohibition to describe the real name as a shape of protection and confidentiality of the participants.

Dorcas, a woman around fifty years old, describes her memories of internal armed conflict:

Natajik ri' tzutaj jun ch'oj como jun avión xpetik, jun avión, entonces xpe ri' jun avión ixsutinik entonces, b'a xutzaq ri q'aq, xutzaq ri q'aq' jewa', b'a rajsik ne lo, ajsik lo pa San Antonio, ajsik lo mer cho le jun taqa'aj comoo ixkil apanoq, b'a xaqaxib'ij kib' chla ixqaxib'ij k'ib b'a chla, despues xepe winaq pa qaxo'l pa qachoch b'a, chila k'u r'I ya no

Remembering the war, the airplane came here (community), the airplane came here, the plane flew around the community, the plane started firing. This started in the top of the land of San Antonio, they saw the plane. We were scared in that moment, we were scared in that moment. After that, they foreign people (military-guerilla groups) came to our community, our houses, we can't do anymore.

While Angela<sup>18</sup> a K'iche Maya woman around 50 years old from the same community. Angela feel that her life offered her some restrictions during and after the armed conflict in her community. She describes feeling a sense of limitation, at least in retrospect:

“Yo siempre me he sentido mal acerca de eso (conflicto armado) por que no permiti6 trabajar la tierra, eso fue lamentable. Pero en esos tiempos, solo fue como las cosas pasan: la gente simplemente sentía miedo, fue peligroso. No salia de mi casa”.

“I have always felt bad about it (armed conflict) because it did not allow work in the land, it was pitiful. But in those times, that was just how things were; people simply felt fear, it was dangerous. I did not go out of my house”

Also, Veronica's<sup>19</sup> experiences, a K'iche Maya woman of 83 years old from the same community, reveal the effects of the home, in which some patterns tended to fill vital positions in the house. She described that:

“ri marido ya kepetik, ya kepetik, ya kepetik xaq tanto xqab'an sufrir. Hay qaxib'ij qib' qaxib'ij qib' je' qaqoj qanoq ri qaq'aq' chaqab'. Xomo kiper winaq kiper

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<sup>18</sup>Ethical issues: pseudonym name, the IRB has a prohibition to describe the real name as a shape of protection and confidentiality of the participants.

<sup>19</sup>Ethical issues: pseudonym name, the IRB has a prohibition to describe the real name as a shape of protection and confidentiality of the participants.

eloq'omab' (guerillas) kecha ekekoj qaq'aq',ma q'ij'. Xub'anik xaq kujpotznaq chaqab' chub'anakil kil le winaq potz'ij. Xub'anakil ela''.

“My husband said, they comes, they comes (guerrilla), we suffered a lot. We feared (the family), we were very afraid that they guerrilla comes. We put the fire (light) in the night. Because of the eloq'omab' (guerilla – military groups), they used their weapon all day . We cut firewood to the night, so the people (guerilla) hear noise of the fire. this happened”. (the use the fire -light- in the nigh as protection)

Personal, social, and cultural history described by Genera, Angela and Veronicas hold that fear is a shape of life. The memories of the fear of conflict leaves a sentiment that endures over time. The culture of fear in Guatemala during armed conflict described a violent social fabric distrust and rupture of family ties. Fear has entered the social memory and the social practices especially in rural Maya communities (Green, 2006; Nordstrom C, 2009). Biomedical sciences show that fear is an unpleasant emotion. The fear caused by the belief that someone or something is dangerous, likely to cause pain. Its definition is a simple observable physical arousal and a fully conscious experience in the human body. But fear is more than an emotion in humans; it depends on several factors in the human body. These factors are easiness of eliciting aversive affective states (psychosomatic symptoms), the similarity of the response pattern and the role of the human biomarkers in processing stimuli in fear responses (Blanchard, 1969; le Doux 2003:2012). Therefore, the memories of Genera, Angela, and Veronica about the armed conflict are a social stimulation in their life that has implications for her health status. It could be a reason that one of them said: “I feel cold” when remembering that experience.

Danger and insecurity are caused by fear; for this reason Green (2006) argues that personal experience in Kaqchikel<sup>20</sup> Maya groups penetrated the social memory under the

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<sup>20</sup> Guatemala has twenty-three Maya groups, one of them Kaqchikel

internal armed conflict. These effects of fear are persistent over time in individuals that suffered it. Social relations to community level are destabilized and divide the community life. Fear is an acute experience under armed conflict but a chronic condition after that. These features deny an adequate development after the conflict to the community and its individuals. Individuals could suffer an insecure state of violence, lives wracked, physical and emotional damages, and altered memories of chronic fear. Also, the structural violence suffered during and after internal armed conflict, it has had a common pattern. The violence has left a legacy of fear. Therefore, inhabitants of the Maya communities still fear the arbitrary nature of the violence because shapes of violence remain in the community over time (Manz, 1988).

Researchers in social sciences have interpreted the fear from a foreign worldview (international scholars) and from the local worldview (Guatemalan scholars). Also, they interpret the fear from a social science perspective. This perspective illustrates these concepts in a holistic perspective, and shows of different multidimensional concept. Because communities and their individuals suffered different experiences and memories in different levels of violence under the armed conflict.

### **3.5 Multidimensionality of the Victims Through the Memories**

These aspects of the individuals that were involved in the armed conflict in Guatemala have several interpretations. Victims of violence take a multi-dimensional meaning with chronic conditions in health that remain over time. Structural violence is embedded in the victims. This form of violence, which is centered on the damage, it could change the personal perception and the role that play in the community (Ralph, 2010).

Individuals involved in the violent communities have several interpretations. First, individuals in dangerous environments where they are subject to physical force intended to hurt or kill someone, are characterized as refugees and are often forced to leave their homes in order to escape. Also, they take the form of displaced persons when they have been obliged to flee their homes, in order to avoid the effects of violence (Manz, 1988; Falla, 1994). Second, some violent context could change the social marital status of women or men when they lose their spouses and become widows. Additionally, these individuals who lose their loved ones and do not remarry, suffer a special kind of social oppression (Green, 2006). These individuals suffer a social disability regarding their marital status because disability is a term that covers impairments, activity limitations, and participation restrictions in a social context. Social disability is a problem in social fabric encountered by an individual. When widows don't remarry, they suffer a social disability but which could impose health problem and other social issues (WHO, 2011). It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society, e.g., victims of the armed conflict in Totonicapán communities.

Third, international institutions report that children are the main victims of violence. Children who lose their parents, caregivers, and family members have a major change in their social status and become orphans (IDMC, 2008). Fourth, the legacy of the violence in individuals could change the status of perception to them. Individuals that survive horrible experiences could change their perception to those of survivors, based on testimonies, memories, and experiences of suffering. Also, anthropologists try to describe this population as a 'group that fights to survive' (Falla, 1994; Farmer, 2013; Levinger, 2011). Therefore, the victims are a multidimensional concept as individuals. Thus, victims

of violence could change how they identify themselves in terms of social status as a result of their suffering. This focuses on a multidimensional shape because individuals take a new social status and survivors could identify themselves in multiple ways e.g., an individual could consider themselves to be a survivor but at the same time an orphan.

Victims of the armed conflict in Guatemala have permanent consequences in the health status. Maya communities were most damaged by the armed conflict. But this damage is a shape of violence. This structural violence could harm and kill without guns. The Maya population did not have access to treat the fear and health care. Denying in access to healthcare under armed conflict in Maya communities constituted another kind of violence. This particular shape of violence increased the inequality and delayed the development in the Maya population. For example, Genera's community did not have access to the community health center. The lack of access to health care had killed and hurt in silence; through denial of access to health care.

Not providing and offering health services under the armed conflict in rural Maya communities was another way that violence damaged the communities and hurt individuals. Guatemala's government has financed and managed public health care. The inequality in health issues increased in the period of the armed conflict toward Maya communities. The quality of delivered health care was a matter of concern to Maya communities and health authorities. Because the public health is a tangible service that was denied to Maya people, it can be perceived as another shape of violence (Bogin, 1992: 1999). At the same time, international institutions care about the quality of public healthcare services because reflects the importance of the state towards public Maya communities.

### 3.6 Health or Healing in a Maya Community

The perceptions of Maya communities have provided an in-depth glimpse of how effective a governments health care services are to this population under the armed conflict. The absence of health providers, directly or indirectly, with their community health centers was an additional expression of repression to Maya people. The understanding the broken relationships between health providers and victims of the armed conflict is important to determine the level of violence perceived by the victims (Levy, 1997; Singer, 2010). These features of medical care are indicative of the perceptions of overall government performance beyond of weapons and bullets during the armed conflict. The lack of health services silently killed Maya communities.

In the middle of the deep interviews, Genera, Angela, and Veronica expressed that they used native plants as part of the healing process to health. This group of K'iche Maya women has been in the necessity of access to the different ways to healthcare during and after armed conflict, understood as a sense of healing the pain and the fear of the community situation. I have taken weeds (*q'ayes*<sup>21</sup>), I drunk agua de *ruda*<sup>22</sup> (*ruda* water), *ruda* water take me of the fear and healing me for moments. Women were also dealing with fear feeling and not knowing if this fear to live or die overloaded her body and mind. The access to health under fire had strong implications regarding will live or die because healing the fear in a violent context played a role of survival. In this sense, the use of local

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<sup>21</sup> K'iche Maya word *q'ayes* refers to a group of native plants.

<sup>22</sup> Agua de *ruda* (*ruda* water) refers to common rue plant (*Ruta graveolens*).

resources to heal through native plants had an important role in Maya communities. Women's memory is a dramatic narrative about how they tried to heal fear. Also, two K'iche Maya men, over 55 years old, from the same community, share to me that they drunk *agua de sacate* (fodder leaves) and *agua de Kaxab'al*<sup>23</sup> (ruda water) to take off the fear, after watching over the community from the guerrilla groups in the nights.

Genera, Angela and Veronica told me that the only access to health in the community was the *atilt ak'al*<sup>24</sup>, *Iyom*<sup>25</sup>, *ajtu*<sup>26</sup>, *aj q'ij*<sup>27</sup> because the community health center was established in the next Departamento approximate to seventy five kilometers from the community place. The only way to cure fear was through the local healers, midwives, and native therapists, as they are people who could help understand the healing plants cognitive structures in K'iche Maya population. The native healers, as native speakers, could play a key role in terms of transition from healing concepts to cultural concepts. Scholars have known that healers play certain classical roles in knowledge, attitudes, and beliefs in their communities. Healers are aware that they have been deeply embedded in the culture, knowing certain local needs, and healing diseases (Bakan, 1962). Healers could heal through native plants. Local healers, midwives, and therapists become the immediate access to the health care; this act strengthened the traditional Maya health system and postpone the access to western biomedicine under armed conflict. Additionally, anthropologist T.S. Harvey describes a vital aspect of the process of healing; in rural Guatemala, healing is a group process to try to recover the equilibrium after social conflict

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<sup>23</sup>K'iche Maya word kaxab'al to rue plant.

<sup>24</sup> Native Maya midwife

<sup>25</sup> Native Maya midwife /natural therapist in women

<sup>26</sup> a woman who has just given birth

<sup>27</sup>The day keeper



(Harvey, 2011). Also, Harvey offers a description of the meaning of silence when Maya people have interaction with health service as a form of clinic interaction and sociocultural encounter. Women's memories are the perfect example of therapy in a cultural context, (Knight, 1982). Therefore, healers played a vital role during the armed conflict in terms of healing because they were who attended to unhealthy people in their communities.

In K'iche medicine, illnesses are signs of natural disorder. The therapeutic treatment is fundamentally concerned with restoring relations between body and physical process to return the health homeostasis. In this sense, the use of native plants is a native treatment for illnesses caused by imbalances in somatic harmony in disturbed emotional states, e.g., fear (Mellado, 1994; Huber, 2010). Local empirical knowledge about medicinal properties of plants is the basis for their use as remedies during the armed conflict. Investigations on the medical botany of the Maya groups have explored perceptions, attitudes, and treatment choices related to health (Kufer, 2005; Michel, 2008). In this sense, the use of native plants to healing fear was a resource to treat it, in communities under armed conflict.

In Guatemala, particularly among the Maya of the western highlands K'iche, the healing traditions under armed conflict have been studied in far less detail regarding fear. The period of the internal armed conflict in which both wartime injury and immediate postwar rehabilitation are circumscribed to the culture of fear. Among lands of Totonicapán, there is also fear felt as a recognition of the trauma of the armed conflict based on experiences and memories. It describes a shape of violence and fear in the structural sense that has promoted a legacy of health inequalities in the zone of

Totonicapán, between what could have been with equitable health and what is, an inequality in health.

At the height of the violence 1980, international organizations issued a ban on social science research in Guatemala. This was done in order to protect Mayan consultants from the possibility that in the course of interacting with outsiders, they might falsely be accused by military informers of subversion. Also, it was a way to protect some Maya communities (Tedlock, 2000). In this sense, the relevance of absent of information about health access in Maya communities in the period of armed conflict is vital. The memory of fear is a retrospective shape to understand which the real situation was influenced by suffering. Fear is keeping in the memory of the Maya communities as an expression of the violence suffered, e.g., Genera's memories, but the Maya population try to survive and forget the fear.

Mayas, having experienced genocide, exile, and severe poverty, are at high risk for the consequences of cumulative trauma that continually resurfaces through experienced fear (Burns, 1993; Millender, 2017). Little is known about the mental health status of this population regarding cumulative trauma as it relates to social determinants of health status (depression symptoms), and health behavior. The combination of social, psychological, environmental, cultural, and biological stress that Mayas face daily places them at higher risk for mental and physical disorders. It leads to disability and health burdens Yet, the adult Mayan population's health status is frequently ignored, as they are not generally classified as people that suffered violence. But in Totonicapán this is not the case.

### 3.7 The Trauma Issues

Invisible injuries are mental pains that have effects on the body. The pain is a symbol and a metaphor for the life situation. The expression of the pain could be the silence. The silence in Totonicapán people is a powerful shape to share information. In the last part of my deep interviews that I conducted with the women, the silence was a form of expression to be quiet but in the same time the silence represents symbolic words in the absence of them. The silence is the memory of kidnapping, murder, pain, trauma. The silence is the expressions of a life suffer for the K'iche people in the hamlet. The silence is the audible voice of the victims to report the cruelty of armed conflict in Totonicapán because silence is a cultural language of presence and absence to communicate something (Harvey, 2011). The silence is the memory that communicates the pain of lost a son a father, a daughter, a mother during armed conflict

While Angela's experiences reveal that she felt un happy: "It was just too hard (armed conflict) in those times". She describes felt limited in terms of her home life. A lot of things happened, Angela was a young housewife in armed conflict time, her children are in the early stage of the life. But then, she knew that was hard times. "That was just how things were; people simply felt fear in the community they don't feel be free to go outside to the land", which reveals how ingrained and even internalized social trauma for villagers were at the time. This phenomenon is consistent with trauma situation in this cultural context of the community.

In the same sense, two men explained in their interviews that it was dangerous to go outside or travel between communities because they thought that some happened in the

way. They said “you heard so much danger, get out was dangerous”. Also, they said, “in this time is much better, if we had a sick we could go out to Totonicapán city to look for a physician, but in older times was hard, we cannot do that”.

The American Psychological Association (1999) defines trauma as an emotional response to a terrible event like an accident, rape or natural disaster. In Totonicapán was the isolated situation and the stress of the armed conflict. After the event, the longer-term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms as headaches, nausea, depression. Add, some people have difficulty moving on with their lives. Also, these circumstances wreak havoc on the social eventfulness of trauma in the persons, their context, and community. MacLeish (2010) describes that trauma is any meaningful way to be a soldier when soldiers are attached to subject oneself to an often- terrifying psychic drama that plays out all day, every day in the context of war. Although this definition takes the side of soldier, this can be applied to victims as civil population in rural Maya Communities in Guatemala, e.g., Mrs. Genera from Totonicapán.

The levels at which dynamic of internal armed conflict in Totonicapán took shape in the everyday lives of the community people; it was a social dynamic. This dynamic produce embodied issues in the health status. In this context, these dynamics have effects not only to victims of the armed conflict but and their families and communities. The repercussions of armed conflict in Guatemala extend throughout the lives of the people who inhabit, in the Totonicapán communities. The length and distinct character of the armed conflict have exposed these populations to chronic hardships and forms of vulnerability, including the trauma during and after the armed conflict.

These vulnerabilities are corporal, affective, and social. For example, Genera's memory occupies a space and object of violence during the armed conflict but after this event continues in a state of violence link to the loss of her son to an individual level. The community level of the violence in Totonicapán is simultaneously isolated, health, food, and water access are a huge problem in the community. It is simultaneously shaped by structural violence because the inequalities increase by allowed to be exposed to harm and death without of essential social services. Also, this violence denied the recovery of trauma in health and social aspects. It is a feeling that the legacy of the internal armed conflict has been present in rural communities of Totonicapán.

Structural violence, as a chronic form, in rural Maya communities in Guatemala is an endemic public health and social problem. The physical, coercive, and psychological forms of structural violence into individual and community during and after the armed conflict been linked to adverse health outcomes. Because Maya people experience social forces of racism, gender inequality, poverty, as a form of structural violence. Some policies that address structural violence often determine to increase the inequality to who has access to health care. In this sense, social determinants of disease are even harder to disregard in terms of people and its communities e.g., Totonicapán communities. Therefore, it describes the reason of chronic violence takes a structural violence forma as a way of permanent damage in the population through social inequalities.

There is evidence that the reduction of health inequalities can only be achieved by addressing their fundamental causes as opposed to the diseases. In this sense, it explains the persistence of health inequalities over in Guatemala' rural communities through the structural violence suffered under the armed conflict. Totonicapán communities which

need immediate manifestations and lasting regarding recovery of health and healing. This population has lived the cruelty of armed conflict and its consequences. After the armed conflict, the policy of redress in Totonicapán communities did not include health issues and their implications in socio-cultural context. This fact increased the health inequalities (some cause inheritance from internal armed conflict). This argument is to consider the impact of hegemonic inheritance of structural violence in rural communities from Totonicapán. It determines unequal social and political relations which are deleterious to the health.

### **3.8 Conclusion: A Legacy in Health**

The integration of violence, victims, fear and structural violence concepts lay groundout a useful framework. This framework takes the synergy of social and medical field which allows to explain the variation from structural violence to chronic violence concept. This kind of chronic violence has variations between culture and social context. But it laid groundwork experiences in a small K'iche Maya community of Totonicapán; during and after the armed conflict. These features allow describing chronic violence as a particular expression of the structural violence. This chronic violence manifests through silence, trauma, fear, and memories; it shows permanent consequences over time in the health status.

Structural violence has a particular effect in health status of individuals and their social environment. These effects are essential to understand that health has implications beyond individuals but also in the community. This chapter shows that individuals who have been victims of violence can impact the perception of themselves. Because individuals can take different social roles after their experiences of traumatic violence. The experience of being

victims represents a new category that could change how interprets the social status e.g., wives become widows when they lost their spouse.

As a result, testimonies and memories about health access showed a limited access under warfare because it was a dangerous situation to expose the life. This experience delimited the concept of health. The men and women memories are real examples of how social etiology of the armed conflict was developed regarding structural violence. The structural violence led inheritance of multidimensional problems in health, social and cultural issues in a community of Totonicapán. The mix between health struggles and social problems is a legacy of fear, pain and trauma regarding health outcomes in rural Guatemala. Therefore, women and men have coped their experiences since the internal armed conflict.

In the next chapter, I will explore food access as an aspect that increases food inequalities in a structural violence context that develop chronic conditions in nutrition issues. It shows how individual and community had a context where the economic isolation had a negative impact in food access and nutrition status.

## CHAPTER 4

### **Food Access a Legacy Inherited from a Chronic State**

Je le xujwa ta chik, ya' xuya' susto. Chaqe ya xraj ta chik qawa, qaxab'ij chiqib' ya no qaya' pena kujel b'ik rumal qakil le ripch'ich' kesutinik pa qayacha qib'. Wene kujkitirnej b'ix kujchaya'

We did no eat anymore, we were afraid. So, we did not want to eat, we were afraid, we cannot do anything. It was dangerous to go out of the house (to the land crop) because we saw the airplane around us. They (guerilla- military groups) followed us, we think that we could lose our live.

Scholarly interest, particularly, in the Maya people increased during the Guatemalan armed conflict. From this period emerged a large amount of anthropological analysis of the historical events that culminated in the armed conflict and its consequences over time (Fallas, 1994; Carmack, 1988; Grandin, 2000). These victims' and witnesses' lived experiences of trauma leave a fractured nation with social problems. Notably, the armed conflict also catalyzed structural problems regarding food access in Guatemala. The struggles of Maya communities regarding food access have been constant before, during, and after the armed conflict. The struggles of food access under armed conflict created the affliction, anguish, and fear to look for food. It involves forms of suffering, injustice, and violence related to political, economic, and military forces that limited the food. The expression of the structural violence, through military repression, had implications in the food access. These conditions have been a factor in chronic social problems such as the chronic malnutrition in the Maya population. Thus, chronic malnutrition could be a social legacy inherited from the armed conflict.

The political, economic, social, and military forces in the armed conflict developed major food insecurity, as a form of chronic violence, in Maya communities of Guatemala.



The effects of this situation have continued as a legacy of the armed conflict. The economic losses and disruptions to supply and access food associated with armed conflict have been disastrous (FAO, 2000). Denied of access to agriculture resources represented a major source of instability to food access. These features have had an impact on the hunger and malnutrition in places where the vast majority of the Maya people lived.

I present a framework where structural violence embodied in chronic food and nutrition issues in Maya community. I show how the military, political, and social forces have made an expression of food repression that have affected the nutrition status of a small K'iche Maya population under armed conflict. This will better help us understand how the legacy of the armed conflict increased the structural repression, regarding food and nutrition, in the K'iche Maya people in a small community of Totonicapán.

#### **4.1 Food and Structural Violence**

In chapter III, I describe the implication of structural violence, as chronic violence, in the health status of the Maya community. The chapter IV shows how the chronic violence involves food and nutrition issues as a form of chronic repression. This repression increased the inequalities in the K'iche Maya population. The magnitude and complexity of the armed conflict problems and their relation with food access laid the groundwork for socio-structural spaces of hunger and starvation. These problems have increased in the zones where the military forces prevented adequate access to food. In this particular case, a small K'iche Maya community of Totonicapán reflects that armed conflict also involves some structural problems with negative effects on human development. Thus, the people suffered unequal development regarding nutrition status that has had consequences for physical, mental, and emotional development.

The armed conflict through social, politic, economic, and military coercion created a violent structure that produced inequalities in food access. The inequalities found in the access to food are a result of social spaces where lack of equality was present. These inequalities have tangible symbolisms for the community regarding hunger, malnutrition, and starvation. Galtung's theory of structural violence (1969) argues that social injustice caused by structural violent spaces does not benefits minority groups when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations, e.g., absence of the food.

The structural violence framework constructs social, political, and economic causes of hunger as a form of inequality. For example, the relative levels of food deprivation reduce the actual potentials of the individuals affected. The reduction of the human potential is caused by deprivation of macronutrients (protein, carbohydrates, and fat) and micronutrient (vitamins and minerals) content in the food. As a consequence, the deprivation of food includes malnutrition, and diseases that manifest themselves as forms of structural violence over time. Additionally, Sen (2013) argues that the system of structural violence has led to reductions in the ability of people to buy and grow their own food and thus feed themselves, e.g., in social conflict situations. In the same way, Paul Farmer (2009) describes the connection between structural violence and human rights abuses. Structural violence develops inequalities of power that deny access to health, food and water resources. Farmer argues that health care is a human right and that the spread of diseases is the predictable and inevitable consequence of unequal power relations that produce health and food inequalities (Farmer, 2009; Rylko-Bauer, 2012). Farmer's argument could be applied in form of to human rights abuses in the K'iche Maya people

spread the unequal food access. Therefore, unequal food access is a social injustice in nutrition issues.

#### 4.2 Feeding in the Olden Times

During my twelve weeks stay with the small K'iche Maya community in Tonicapán, I conducted a survey with general questions about eating patterns during the armed conflict. Also, I took notes what they ate during the armed conflict period. The result was a retrospective snapshot of the food access in the community during that period. This was a vital understand in order grasp the historical and ethnic importance of this event. I was able to analyze some social aspects of the food. Accessing the food in the context where the military repression was a social and political expression of the action of subduing by force the Maya population to starving. See Table 3.

Table 3. Food Access During the Armed Conflict\*

n= 46					
	Yes %	No %	DA %		
Lost the harvest	78.3	4.3	17.4		
Experienced hunger	84.8	4.3	10.9		
Did not have food access	84.8	15.2	0.0		
	< 7 days	>7 days	> 15 days	DA	
Longest period of lower food consumption	28.3	15.2	47.8	8.7	
	River %	Water well %	Others %	DA %	
Water access	48.7	33.3	18.0	0.0	
	Children %	Husband/Wife %	Grandparents %	Others %	DA %
Family food distribution	53.8	7.7	7.7	28.2	2.6

\*Total of 51 persons were enrolled but 5 persons denied to answer the survey.

\*\*Average age 60.2 years old.

Table 3 above demonstrates three main elements. The first highlights the importance hunger periods that the population suffered under armed conflict. The major period of hunger was more than fifteen days. This provides an interpretation that periods of hunger extend toward prolonged suffering in the villagers. The second brings attention to water access in that period. The water contributed to filling the absence of food (Maya culture has beverages are used as food). The local river was the main resource to water access; the distance could had been a dangerous situation in this conflict. Finally, the family food distribution, under armed conflict, takes a priority to feeding children. It demonstrates the importance of protecting the family legacy regarding feeding. This table describes general information about the kind of challenges that the local villagers suffered to food access.

#### **4.3 The Male Role in Food Access**

Controlling the counterinsurgency in Guatemala had a repression plan prepared by the military forces. The plan had the most intensive damages in the rural side with military intervention in conflict zones (Schirmer, 2010). The army's strategists began to plan focusing on the Mayan regions, e.g., Totonicapán area. One of the interventions was the Civil Defense Patrols (Patrullas de Autodefensa Civil -PAC-). They were comprised of male campesinos (peasant farmers) primarily from rural Guatemala. They were organized by the army to 'protect' their communities from guerrilla groups. These PACs did not allow men to sow and harvest the land in the seed time (Amnestia international, 2002). Additionally, the plan implemented the Fusiles and Frijoles (Rifles and Beans) campaign which was providing food and medical aid to rural area highland in Guatemala. The Rifles and Beans had a program to lay down the fear and control in the rural communities. Thus,

food access was a situation of fear and anguish in the period of the armed conflict in Maya communities.

I requested verbal consent to conduct in-depth interviews with key persons about the male role in harvesting. The interviews provide heartbreaking testimonies. These Maya narratives composed of pluralistic experiences about the armed conflict memories in a local community in Totoncapán. It introduces the topic of violent access, inhibition, and repression to local population toward food access. The narratives described spaces of hunger and fear where social, political, and military forces incurred. These narratives have been stored in the memory of the local K'iche Maya villagers over time. The lost stare, the silence, the memory, the delay to respond were experiences and recurring patterns in the interviews. The walking trails in the mountains of the community lead the roads to lonely and distant houses. A small house in the top of the mountain was the place where I found Anita's house. She shared how food access was a problem when the armed conflict arrived the community.

The encounter happened in Anita's kitchen. This place is the matriarchal area because the kitchen provides food to the family. Anita made *atole* that shared. She always sat on a stool next side of the stow. Also, she served a food preparation called *Sub* (tamalitos=small tamales). Anita began the talk saying:

You come back, do you want to talk about the experiences? Anita remembered: It was when the fear and the sad started in the community. The men began to patrols, some men that didn't want to do it, they were killed". Anita continued to describe the men's absences in homes, "the men were taken by the military, they went to mountains with the military groups and they made everything that military said.

I tried to get more information about why people think about the male factor as resources of land crop labor. Claudia, another K'iche Maya woman, confirms that the absence of males in the house was a key part to deny's access to food sources. Claudia said:

Ri ojer k'o ta como k'o ta qarajil como la era' como kamasaxik, kamasaxik qeb'a are' nupapá xub'an patrullero, k'o ta qarajil.

In olden times, we did not have anything, we did not eat nothing because they killed people (they: military-guerilla groups), they killed people. Therefore, my dad became a patrolman. We did not have money. (The family lost the main family member that gained money to family)

Also, the men that I interviewed, in my time in the community, confirmed that they were forced to enroll in the civil patrol program. They said:

The military trained us. We learned how used the guns. The military requested to us that we patrolled days and nights. We wanted to protect the community but we did not have time to harvest the land crop. We wanted to work but we cannot. We did not earn money. Everything was the patrols.

The Civil Defense Patrols was a program who objective was to "protect" the local communities from guerrilla groups. The men enrolled in this program did not receive compensation for the labor hours (Remijense, 2001). The civil patrol program was a key factor that impacted agriculture labor. This land labor was abandoned by males. This fact influenced the food production in the community.

Civil patrols emerged as a form of control towards Maya populations. The patrols formation was intended to destroy the social fabric of the community (Simon, 1986). The Civil Patrol program, from the state and military forces, used male population as military resources to protect the community. The civil patrol occurred in the structural context of intense racism and racial inequality (Kobral, 1997); this took male members of the family

(the father and older son) to enroll in the program. The male population was forced to augment regular troops and forget the agricultural labor. The absence of male population complicated food access. The lands were forgotten for their production. The harvesting seasons were in a secondary plane. In some cases, the males were forced leave their jobs. This fact affected the family income. Most significantly and ominously, the political force of the government through military created a violent state in the community under the civil patrols.

Male labor is most obvious in agriculture. The absence of the men in the community had consequences for the crops. The reduction of crop production developed food insecurity in the families. The worst situation was the famine period under armed conflict. The famine had an impact on the nutrition status of family members. The armed conflict laid a social cost in the community. This social cost had an impact on economics, agriculture, and health. The local population in conflict areas suffered from abandoned livestock, reduction in the local economy (absent farmer markets), absence of transport services, and moving freely was a danger. Also, some agriculture lands were destroyed (Simon, 1986; FAO, 2000; Bogin, 1992: 1999). Thus, the military forces implemented oppression and control of male force, it developed spaces where the female population had a key role as food providers to the family.

The absences of men in homes added more roles to females. This absence had implications for the family provider; women were forced to gather food to complement the meal. The absences of men in the land's crops led to presences of the women as pickers. It could be a reason why the women reported that they only eat vegetables and native plants in the armed conflict times. The women picked up the native plants that grew near the

houses. Usually, in the rural Maya communities, the role of corn farmers had been male. However, under social conflict women acquired a leading role to provide food.

Structural violence, such a form of oppression to males, can translate into more intimate forms of family disruption. The control of male labor was a setting of extreme scarcity and deprivation of main family responsibilities. Also, the emotional distancing and separation of the mothers change the role of female responsibilities e.g., food pickers, had repercussions to oldest son in the family. Women reported when they were young (children or teenagers), they assumed the role to cook and care to their youngest siblings under armed conflict because both parents had other occupations to protect the family. In this sense, the product of the physical absence of the males, in the community and family, changed the role of the family members and the responsibility to youngest members too.

The women's memories of childhood exposed the repercussions when they were children. The children had symptoms of suffered from effects of war and many of the children's parents were unaware of their distress. Although, the extent of children's symptoms varies depending on the dynamic interaction of a set of factors under war. The child's prior psychobiological status, chronic malnutrition, and resiliency are associated with the extent of disruption caused to the family unit and the food availability (Bethancourt, 2008; Elbedour, 1993). Such patterns are common among children exposed to war.

#### **4.4 Food Access as a Weapon of War**

Food security is a nutrition concept. The spectrum of food security implies the availability of adequate supplies at a national level food access. Food security has a vital component to its achievement: ensuring that all people at all times have physical and



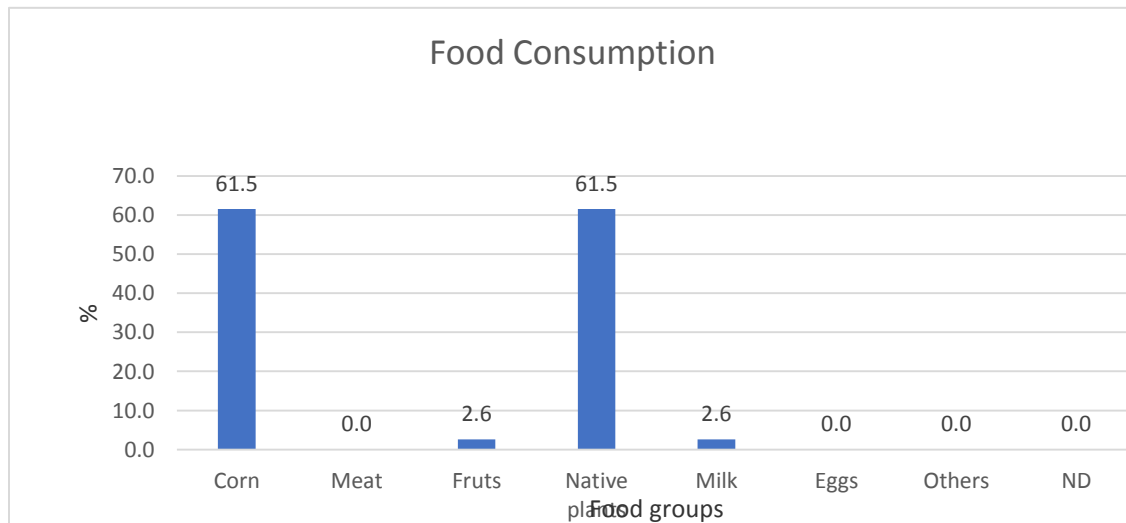
economic access to basic food (FAO, 2005). This fact allows safe and nutritious food which meets their dietary needs to be provided. Under armed conflict, food security was an unsurpassed utopia to the K'iche community.

The interaction between armed conflict and food security is a complex dynamic. Because this synergy has a dynamic of war and famine where the increase of food insecurity can be a consequence of conflict. Armed conflict often reduces food availability, agricultural production, and markets are disrupted; the conflict disrupts food systems, destroys livelihoods, and displaces people (FAO, 2000; De Waal, 2015). The disruption of food systems, in Guatemala under armed conflict, erupted a violent space of starvation in Maya population. Thus, these features created a social uncertainty toward food that was used as a form of oppression by military groups.

While one of the causes of negative nutrition status in the K'iche population could be the devastating effects of the armed conflict, economic marginalization, poor conditions, and social isolation were structural factors that laid the groundwork for determining the underdevelopment of the local community. When conditions are especially negative, as occurred in the community during and after the intense conflict in Totonicapán, the negative intake of food can be severe. Bad intake of food, poor physical status, and bad health conditions were identified as having the greatest impact on the community. Also, the Maya population is largely rural with highest rates of food privation. Understanding the underlying structural causes requires a historic and social approach to the armed conflict. These structural causes increased in the period of the conflict. As a result, food inequality in the Maya population was expanded.

Anita shared the experiences of her family in the armed conflict period. Her family only ate chile, tortillas, and native herbs. Anita said, “There was nothing to eat, it was dangerous to go toward land crops to harvesting”. She described that it was complicated to buy food because local markets were not allowed in the community. Walking to the next community for access to food was a risk. Sometimes, she walked long distances to take the bus in other community to buy corn in the downtown; this increased the cost to access food. In this context, several women reported that access to food in the armed conflict was complicated. They reported the *Ichaj* (food native plants) and *Q’ayes* (medicinal plants) were the main resources of feeding. The general argument was that they only have access to native plants and some vegetables such as potatoes and courgette, native plants were planted near the houses. The native plants and a few vegetables were a complement to maize. These foods were the main elements of meal times. The women said, “we get a little, we share it”. The direct and indirect mechanisms through which armed conflict affects health and nutrition status are numerous. Thus, the armed conflict led to severe food insecurity through a violent restriction of the food consumption; See Figure 4.

Figure 4. Food Consumption in the Armed Conflict



\*N= 46

The figure 4 above shows the importance of corn and native plants, specifically, in providing a substantial part of meal times. It is important to note that access to meat and egg as protein sources were non-existent. Even so, the quantity of foods consumed was a minimum to sustain food on the table.

In this regard, the Basic Food Basket (BFB) was an instrument developed in 1980 by United Nations Economic Commission for Latin America and the Caribbean, known as ECLAC (Spanish CEPAL) and Institute of Nutrition of Central America and Panama (INCAP) (Flores, 1980; CEPAL, 1981). These institutions developed the BFB based on the social, economic, and demographic context of 1980. The BFB established minimum wages for the different food groups regarding socioeconomic issues. In particular, the Guatemala context under armed conflict suffered a socio-economic impact toward food access. The 1980 BFB version was a set of food products that cover the requirements of nutrients. The BFB took data from El Salvador and Costa Rica to develop the food groups in Central America. The 1980 BFB is an instrument to refer the data collected in my research. My research consideration the socio-cultural context of the availability and production of foods in rural areas in 1970- 1980 in Guatemala.

Given the background, the BFB promoted eight groups of food: dairy food, eggs, meat, beans, vegetables, fruits, corn, rice, sugar, and oil (Flores, 1980). These eight groups provided enough food for daily requirements in an ideal situation. Graph 1 shows that only two food groups were consumed in the period of the armed conflict in a small K'iche Maya community of Totonicapán. These two groups, corn and native plants were not enough to

cover the nutrient requirements. In this way, some international research reported that periods of the conflict did not provide enough food sources for the civilian population. It has permanent consequences for the human capital. (Cliffe, 1994; FAO, 2000; White, 2000). The absence of nutrients had a negative impact on nutrition status over time in K'iche Maya population. This absence was created by spaces of hunger through the structural violence.

The socio-political forces through the army made spaces where food insecurity increased. Food as a weapon of war was a strategy to manipulate and repress the population. Food insecurity had complications in the community under fire, e.g., the famine was expanding. This famine contributed to repress the villagers. Also, the famine was ideological and political spaces where structural violence prevented the social potential of the population under repression. This fact was a part of the rationale to use food to bend the local population of the K'iche Maya community of Totonicapán. Moreover, the armed conflict increased the food insecurity in multiple ways, including disruption of food production, subsistence activities, blockades that severely hinder the flow of food to population and the displacement of people into areas with limited food supply. The food crisis was clandestine because of the cruelty of the armed confrontation. Thus, K'iche Maya people under such circumstances of rural hiding were subject to extreme physical deprivation, including starvation.

In this repression the native plants play a key role to provide essential nutrients. Also, chapter II describes how the native plants have a health concept to the Maya culture too. In this sense, under the armed conflict, the population reported a consumption of corn and native plants. Since food groups have such significant representation of who we are,

beyond nutritional issues, this symbolism plays a key role in food consumption in the K'iche Maya people. Conditions of food consumption and access become a way to identify cultural elements. In particular, the community was a place affected by the armed conflict; the people recognized aspects of valuable food sources because the food becomes survival identifiers. For instance, the corn uses shed light on fundamental elements that build and support Maya community ties at a specific moment in time (De Beausset, 2016) Thus, the corn and native plants were categorized and identified as essential food in the armed period.

Anthropologists have continued to refine theories about the cultural and nutritional relationship regarding food groups and their cognitive structures (Mintz, 2002; Ember 1997). Cognitive structures are defined as the basic mental processes that people use to make sense out of information. The goal of cultural cognitive processes is to discover the cultural rules and organizing principles underlying the cultural behavior of certain people (Ember, 1977). Maya people depended on cognitive structures to organize their behavior and make their decisions about food under armed conflict. In this context, K'iche Maya people have a hierarchy of food consumption and cognitive structures that explain food behavior. This elaborates how cognitive structure is used to guide food behaviors. Under fire, the structural cognitive identified the *wa'* (corn meal) and *rikil* (native plants) as two elements to eat and followed the cognitive structure given the circumstances of the conflict. Thus, under repression, cultural elements have been present in food selection.

The repression added fear conditions during armed period. Several women reported that army groups burned the crops and kidnapped people when they tried to work in the land. Water access was another dangerous activity, women groups traveled between five to

ten kilometers to access the local river. The way to access the local river was through rural paths. These desolated paths were perfect spaces for civil patrols, military, and guerrilla groups to control. The presences of foreign people with guns were an alert that sometimes happened in the community. The women groups were a form of protection when they walked long distances to access water resources. The memories of these circumstances dwell in local villagers, some longing for and some dreading the starving their bleak lands. It is an uncertain process. What were there be land to grow food? Did the army leave them grow food? these uncertain questions to local villagers. Thus, the control and manipulation of the food and water resources were an instrument to promote fear in the local community.

#### **4.5 Eating under Warfare**

The anthropology of health, food, and nutrition has lagged behind the rest of the field regarding what happened under armed conflict in Guatemala. This could suggest that health disparities have not been a subject of study in Guatemala in Maya communities in the 1960s - 1980s. Indeed, K'iche Maya people showed expressions of fear and pain when talking about the food during the armed conflict period. The applied work in the rural indigenous community, targeted of my research, generally consisted of documenting the local cultural understandings and translating when the people talked about food access and hungry. These two words reflected broader trends involved in fear expression. The synergism between food availability and the fear of armed environment made an expression of sadness and pain. These two expressions are results of violent structural spaces. Women shared some experiences

Anita

Le winaq xekelb'ik che patrullera b'a xetata' taj la' como ch'aqwi' kab'ij, chiya' taq ri achijab' ke'esax b'ik, ke'ek'am b'i chi b'ana' chixb'ison jeri', porque k'o winaq k'o eleq'omab' je ri' eq je', kib'an kichoch.

The people get out the patrols but, after that, people did not understand, they did not hear (the people suffered effects, the people refers to the men in the community that were enrolled in the patrol groups), they (guerilla- military groups) kidnaped to the men, they take them, it was sad for them (men of the community), we were sad.

Claudia

nada k'o ta chi'qaja' k'o ta chik nada, como are' winaq ekamiselab' ek'o chaq'ij, ke'ujb'isonik porque taq q'ayes qatijo xu ri'

We did not have water, we did not have other home resources (food), because they were killers (guerilla-military groups) they became here in the community in the day, we were sad because we only ate native plants.

The sadness of eating under fear is an expression of distress. Studies of depressive disorders have described somatic presentations of distress, particularly among women. The somatization of distress describes a psychological expression (Rao, 2012). The depressive disorders are perceived as a physical pain but this is produced by social or physical forces. Cultural, social, and political context plays a central role in shaping emotional experience within and outside of the individual, e.g., depression. Differences in value systems across social issues can also influence the expression of emotional distress (Pereira, 2007). The social problems are expressions of social inequalities in oppressed groups. Oppression could be seen as food deprivation, observing its far-reaching impacts on factors such as a social capital of the population (Patel, 1999). This potential is reduced by economic, political, military, and cultural forces that stop individuals, groups, and societies from reaching their full potential. Therefore, sadness is materialized in the distress memories of how the people accessed food under armed conflict.

These factors have their most demonstrable effects on health and physical matters, causing suffering to the body and mind in armed conflict zones. It manifested through structural violence in the body is expression of materialized the violence. Being some villagers hungry; seeing the family members with disease, having inadequate food, and unsanitary conditions may cause psychological alteration as well as physical suffering in the body. How these events were processed in each individual to produce psychological effects was an interaction between individual and its contextual (Levy, 1997). This process interacts with their mental constructs of what is available to eat. Thus, the ability to adapt to starving also depends on the modulation of emotions of fear, anger, and distress of pain.

The memories or images of the events to access food under war may recur mentally. These were embodied in anger, and distress. The memories themselves are painful and the people may try to avoid them. However, the memories may seriously disrupt or resist some behaviors. The memories are presented with food patterns mediating information that evokes fear with directly experiences that threaten them (Singer, 2010). For many armed conflict-affected, there is a long exposure to cumulative adverse events, sometimes over years. Many local villagers, in the small K'iche Maya community, accumulate stress that continues to face food deprivation. These circumstances evoke sadness regarding food.

#### **4.6 Conclusion: Chronic Malnutrition A Legacy of the Armed Conflict**

Feeding practices are intimate features of the culture of any society. The feeding of the family in relatively isolated and violent, a small K'iche Maya community, have followed practices that have transmitted from one generation to the next. In communities under war, the food practices were conditioned by food access. An inadequate food access



limits the intake of nutrients. In the armed conflict, corn and native plants occupied a dominant position in the everyday diet to villagers. A suboptimal environment was created for the continuous consumption of two foods (corn and plants), plus the exposure of the armed conflict, economic limit, and social oppression. This environment was the perfect space for deficient physical growth to survive under poor dietary regimens (Mata, 1978).

Deficient physical growth is an expression of chronic malnutrition. Chronic malnutrition is a form of growth failure. Chronic malnutrition occurs over time. A child who is chronically malnourished often appears to be normally proportioned but is actually shorter than normal for its age (Reinhardt, 2014). Stunting starts before birth and is caused by poor maternal nutrition, poor feeding practices, poor food quality, and inadequate environment as well as frequent infections which can slow down growth. These socio-structural causes, in rural Guatemala, joined the legacy of the armed conflict. The synergy has affected Maya communities in their nutrition status.

Guatemala has had one of the highest rates of child stunting in the world in the last forty years; the indigenous Maya population, who constitute a majority, are disproportionately affected in comparison to the general population. During the armed conflict, Maya Guatemalans with low SES (socioeconomic-status) suffered an irregular supply of water, unsanitary conditions, economic instability, decline in food production, and lack of health care. Nevertheless, research on the social dynamics of malnutrition in Maya communities, under armed conflict, is lacking a way to describe implications for them. The malnutrition is a form in which communities show heavily influenced by local and structural inequalities developed under fire.

The armed conflict period had particular impact with regard to the K'iche community of Totonicapán that fed with uncertainty and fear. This uncertainty of food access in a context impoverished of structural violence show cases of chronic stunting. But stunting is not just about height. With malnourishment comes greater susceptibility to disease and infection, impaired cognitive function and even lower IQ (intelligence quotient). Therefore, the population is more likely to drop out of school and grow up to be unskilled workers with little potential for economic success later in life.

Accordingly, the issue of chronic structural violence in Maya communities fail at critical elements of social, political and military forces. Given the historical and political context in Guatemala, the elements of the legacy of violence manifest social illnesses. These social illnesses made inequalities that have affected Maya communities over time, e.g., chronic malnutrition.

Finally, it is essential understand the nutrition costs of the armed conflict in Guatemala. Throughout Guatemala's history, armed conflict has served as both cause and consequence of food insecurity and famine. The effects of famine on childhood growth and development have been proven. The armed conflict in Guatemala occurred during a 36 year period: in which growth and development in childhood and prenatal were traumatized in that time. These events resulted in a permanent cost to nutrition status of the K'iche Maya people; it impacted a complete generation and its legacy, which has been a subhuman form of repression to Maya population remains. Maya communities in Guatemala have been a repression group through health inequalities who affects mainly affect Maya populations in malnutrition issues. Food insecurity and malnutrition are endemic with a catastrophic heritage of the armed conflict to Maya communities.

## CHAPTER 5

### **Conclusion: Everything Kept in The Memory**

Arriving at the community is one hour by the road. The community is located in the middle of the road between Totonicapán and Quiché departments. The community is difficult to access. Some rural buses that travel between Totonicapán and Quiché leave people on the road. In the middle of the desolated land is access to community. Entering into the community is an eventful experience. The strange looks at my person, the women entered their houses. Some men gave greetings to me with the traditional S'aqrik (good morning). Land workers walk in the ravine toward the corn crop. Some people asked me what do you do here? Fortunately, miss Maria was assistance me. She said, they know me and know that you are a good person because I walk with you. Maria said: "the community remembers me". In this last reflexion, I will explore "the remembering of the damage" as a culmination of my journey in the community

Maria is a K'iche a Maya woman. Maria's family migrated because the armed conflict and the poverty of the community. She lives in the urban area of Totonicapán but grew up in the rural community. In my visit to the community, in the middle of the walking trails, she said: you asked very hard questions that the people do not talk about it. People do not like remembering. Maria told me that when I asked about the armed conflict a few people remember the last massacre after the peace accords.

The history of the first massacre since the peace accords in 1996 occurred in Totonicapán (Clearly, 2002). The repression is nailed in the memory of Totonicapán people. On October 4, 2012, the army opened fire on indigenous protestors demonstrating for a just cause in the strategic Totonicapán area, whose indigenous population is unusually

well organized. It was a chronicle of the historical and political events in the memory of violence. This event still under investigation was the most recent event after the armed conflict (Falla, 2012). Maria thought that when I asked about the armed conflict, I referred to event in 2012 that was the reason that she said: you should ask with “ojer” (older times) to refer the armed conflict times (1960-1996).

This context allows understanding that memory underlies as an ability to learn, remember stories, and recognize sadness. It is unsettling to think that it all hinges the connection between the present and the past. For example, the first and last violent event lay down how the people remember the effects of living Totonicapán. Researchers have been able to trace memory down to showing that memories are stored throughout many events of the life (Delic, 2014). Post-war communities are marked by the effects of massive repression (Kienzler, 2008). Maya rural Guatemalans have been marginalized of a model of trauma transformation, reconciliation, and recovery through social reconstruction in health. In rural Guatemala, the health access is complicated. The health in Maya communities is not a priority to Government. It could be a form of repression through structural violence, the negation of health access remains present in rural Guatemala after 36 years of armed conflict. The structural violence, as chronic form, has become deeply embedded in the collective memory of the Maya population over time. Thus, the distant armed conflict is still present in the environment of the community life of highland of Totonicapán.

The violent environment produces emotional and bodily stress where the health status became a clandestine victim. This environment creates expressions of distinct illness experiences, which are further shaped by social, historical, and political contexts. The

legacy of the past is still present in the memories and the bodies of the victims of the armed conflict in a small K'iche Maya Community. This legacy of the structural violence of the armed conflict reveals about how Guatemalan social, political, economic, and cultural realities embodied in victims and their health and nutrition status (Copeland, 2015). Thus, the bodily and social experiences create a collective memory of violence as a result of their being forced to intense negative emotions that could not find an outlet or satisfaction.

### **5.1 Events of Life Embodied**

The stressful facts in life involve health status consequences. Each of the narratives shared by the people, in my research, showed the damage that altered health status. As Maria said: we lived quietly before the situation arrived (armed conflict). The alterations of the life allowed that stress emerged as a shape of fear, pain, affliction, intrusive distressing memories, dissociative reaction, and sadness (Bisson, 2015). These clinical symptoms are expressions of Post-Traumatic Stress Disorder, (PTSD) that the body has suffered. Also, this means that people remained in experiences of structural violence that can be absorbed or somaticized onto the body; through which subjects shielded themselves from the armed conflict. This somatization has been permanent in the post-war period expressed in alterations in health status.

The whole series of past events connected with armed conflict were breaching the habits and behaviors of the community. This series of events were experiences of individual sufferers one can also be read as cases to reveal distinctive patterns of embodiment of injustice, exposure, and victimization of the conflict. The silent and devastating epidemic of structural violence is visible as a silent disease. Violence is

characterized as being a social health problem, therefore there is an important association to treat this as a disease (Zola, 1972; WHO, 2010; White, 2017). This social health problem has had implications for the bodies and minds of victims of the armed conflict.

The disease is a biological condition that produces a diagnosis, labeling, and categorization in the body regarding health. While the perception of the armed conflict makes of illness concept appear; this concept -illness- refers to perceptions and experiences of certain socially disvalued states, e.g., effects of the armed conflict. Some effects had ramifications that destroy the social fabric of the community. In this sense, sickness is a disorder in a population and structural context but in a holistic point of view of interaction with the social context (Young, 1982; Kleinman, 1988;).The militarization of structural violence, under armed conflict in Guatemala, was concretized in the community's relation to repression. The violence embodied in disease has implications a context of structural violence. Therefore, violence during the armed conflict was an expression of disease, illness, and sickness in the Maya community of Totonicapán.

## **5.2 Feeding the History**

The armed conflict had several consequences for food access. The detriment of nutritional status came for the periods of starvation under armed conflict in Guatemala, because the military and guerrilla groups could have confiscated any food that they found. In the in-depth interviews the allegations of food deprivation appear to explain the nutritional condition of family members. The military forces used the repression of food access to promote structural repression as a form of violence in the community. This allows assessing the human cost of the armed conflict regarding food and nutrition issues.

Indeed, directly or indirectly, armed conflict touched the lives of most people in the community, often with enduring and costly nutrition consequences.

The economic restriction in the zones of the armed conflict intended to produce destabilization. Because local people of the communities under conflict did not have enough economic development in forms of jobs and land harvest. The local population was often targeted by military and guerilla repression. Militarism was a destroyer of food access because it had social and economic dislocations, reduced social spending, one stunted social development due to war-related restriction.

The community of Totonicapán has social, economic inequities, grinding poverty of its Maya people. These inequalities created food insecurity. The basic grain production had failed to keep up with population growth under conflict, and traditional crops had taken up decreasing in large proportions; peasant farmers have suffered desolation of land to harvest. As a result, malnutrition among Maya population was estimated highest percent, and the largely rural population of the western highlands, e.g., Totonicapán. Malnutrition is the result of the poverty of subsistence farming and limited health access. The above features have added to a long history of repression forms through the structural violence the K'iche Maya community had during and after the armed conflict.

### **5.3 The Green Maya**

The green color is the result of the combination of two colors, blue and yellow, on the visible spectrum. The green color is associated with life, renewal, nature, and energy. The green color is also traditionally identified with forests, jungles, and plants. It was a tragedy that under the armed conflict the “green area” was Totonicapán. Because

Totonicapán has had a unique area of preserving the forests in the western highland of Guatemala. The green of 48 K'iche cantons of Totonicapán, the Mayan Forest Area, is a traditional Maya organization that reveals that the process of protecting lands has been one of racialized dispossession for the Indigenous peoples who live there. The Mayan forest covers the hills and the mountain ridge. The management of local resources by the Maya community provides an argument where Maya people and nature can coexist. It was a fact that this harmony was broken under the internal armed conflict. The united 48 villages of the department Totonicapán are among the best organized among the Maya in Guatemala. Because Totonicapán population consider themselves the descendants of Atanasio Tzul, the great Maya-K'iche' leader who in the first decades of the 19th century led the K'iche rebellion. From the rebellion to current times, the organization for the protection of the lands and hills started it. Therefore, the green of Totonicapán was not usurped under the armed conflict.

The K'iche Maya of Totonicapán has an eternal history of repression. In the colonial times, Atanasio Tzul who was made famous for leading a rebellion in the K'iche province of Totonicapán in 1820. He suffered colonial oppression. The movement was brutally repressed by the colonial authorities. In 1970- 1996, the K'iche people were oppressed by the army and guerrilla groups under internal armed conflict by 36 years (CEH, 1999). Current times, 2012, the communities of Totonicapán were protesting excessive electricity rates, changes to the professional teacher training requirements, and proposed constitutional reforms. The National Civilian Police and the Military were sent to disband the protest and restore the flow of traffic. But these groups confronted the protesters. According to preliminary investigations, eight soldiers fired their weapons into



the crowd. Six protesters are confirmed dead, and at least 33 others injured. Thirteen soldiers also reported injuries (Falla, 2012; Clearly, 2012). The green lands of Totonicapán have been experienced a long period of repression. This social repression has injured the body and memory through violence with consequences for the wellbeing of the K'iche Maya people.

The new green Maya to know that the history reveals the identity. The generation was born after 1996 in rural Guatemala is the first Maya generation that grows up without the internal armed conflict. But under the oppression of structural and political violence toward Maya people in the modern times. The perspectives of this generation draw on important conceptual influences regarding the memory. In mine in-deep interviews involved sometimes that the oldest son who was a witness about the questions. In the middle of the interview, the son asked its mother: mother why do you never say anything about it (the internal armed conflict). The silence returns as absent or present of the memories, the mother was silent and did not respond to her son. This new legacy of the rural Maya could have some critical consequences that include the silence of the mothers. Some questions to this new legacy could be if they should know what happened in the community, they should remember this or they should forget. The modern rural Maya should forget the guerilla and military group, they should forget or they should remember. The voice of silence is part of the identity of the rural Maya population. Some interesting questions still do not have an answer for the new post-war Maya population, how does post-war Maya population interpret the silence of the previous generation (older population)? it is a huge question for the collective memory of Maya Guatemalans.

## APPENDIX A- Survey

### Survey-2016-17 (ENGLISH VERSION) Older population and health status opinion in the armed conflict\*

#### FILTERS

1. ¿Do you want to speak on Spanish or Maya idioms? [1G+2G]

Spanish	1
Maya idiom	2
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

2. ¿Are you Maya -Indigenous? [1G+2G]

Yes	1	
No	2	FINISH THE SURVEY
Doesn't know [Not read it]	88	FINISH THE SURVEY
Doesn't answer [Not read it]	99	FINISH THE SURVEY

3. ¿How old are you? [> 50 years old] [1G]

Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

4. Sex [Not ask]

<b>Male</b>	<b>0</b>
<b>Female</b>	<b>1</b>

#### BLOCK: FOOD CONSUMPTION

5. Did your household experience severe losses of harvesting since the outset of the conflict?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

6. Did you experience hunger during the conflict armed?

Yes	1
No	0

Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

7. During the armed conflict, did you experience:

More Hunger	1
Same hunger	0
Less hunger	
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

8. Did your household experience severe declines in food consumption or hunger periods during armed conflict or since its onset?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

9. What was the longest period of lower food consumption during armed conflict? [1G]

< seven days	1
>seven days	2
>fifteen days	3
>1 month	4
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

10. Do you think that famine had increased a little, somewhat, or a lot, during armed conflict?

A little	1
Somewhat	2
A lot	3
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

11. We would like to know the reasons for the fall in food consumption. Did you experience any of the following during the armed conflict? [1G]

Destruction of crops/livestock	1
Absence of food markets	2
Too dangerous to get to market	3
Transport to market impossible	4

Inflation/volatility of prices	5
Lack of available money to buy food	6
Poor harvest	7
Others	8
Doesn't know [Not read it]	88
Does not answer [Not read it]	99

12. What kind of food did you eat during armed conflict?

Seeds (corn, beans, rice, etc)	1
Meat	2
Fruits	3
Vegetables	4
Milk	5
Eggs	6
Others	7
Doesn't know [Not read it]	88
Does not answer [Not read it]	99

13. Did you have access to water during armed conflict?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

14. Which were the main resources for access to water you have access to water during armed conflict?

Community river	1
Waterhole	2
Buy water	3
Others	7
Doesn't know [Not read it]	88
Does not answer [Not read it]	99

15. Did your priority the food for? [1G]

Children	1
Wife /husband	2
Grandfather /Grandmothers	3
Others	4
Others	5
Doesn't know [Not read it]	88

Doesn't answer [Not read it]	99
------------------------------	----

16. Did you receive any aid(food) from? [1G]

Catholic church	1
Cristiano- evangelic church	2
ONG	3
Military- Government	4
Guerilla	5
USA AID	6
Nothing	7
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

17. Did you take some vitamins or minerals during the armed conflict?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

18. Did you believe that the armed conflict affect the food behaviors in your life?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

**BLOCK: HEALTH STATUS**

19. In this community during armed conflict, did you have a local health community center?  
(No= Following 31 Q)

Yes	1
No	2
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

20. Did you have in this community: \_\_\_\_\_ during armed conflict? Multiple choice [1G]

Maya curandero	1
Huesero	2
Maya midwife	3
Chalquero	4
Other popular medicine care	5
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

21. Did you get sick during armed conflict? [1G]

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

22. In general, during the armed conflict, would you say your health were? [1G]

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Others	6
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

23. Did you suffer stress periods during armed conflict such as extremely sad status or extremely happy?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

24. Do you believe that your get a chronic disease after armed conflict ? [1G]

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

25. What kind of sick did you get it?

Metabolic disease	1
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Mental Diseases	2
Injuries	3
Stress	4
Others: _____	5
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

26. ¿ In the past week, how much assistance did you require in the following activities due to a health condition)

	I can do without any assistance	I can do with some assistance	I am completely depend on assistance	Doesn't know [Not read it]
Bathing				
Eating				
Transferring from bed or a chair				
Using the toilet				
Walking around your home				
Dressing				
Preparing meals				
Managing your money				
Doing household chores				
Using the telephone				
Taking medications properly				

27. Are you currently in need of the aid and attendance of another person?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

28. Are you permanently housebound?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

29. In the last month, do you drink alcohol

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

30. In the last month, do you smoke (Cigarettes, puro, tobacco, etc) alcohol, etc?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

31. In the last month, do you have nightmare or dreams about the armed conflict?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

32. ¿Do you believe that your life is better, worse, same that before of armed conflict? [1G]

Better	1
Same	2
worse	3
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

#### BLOCK : DEMOGRAPHY

33. How many people live in your home?

Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

34. Which idiom do you speak in your home?

Only Maya idiom	1
Mainly Maya idiom	2
Maya idiom and Spanish (both)	3
Mainly Spanish but sometimes Maya idiom	4
Only Spanish	5
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

35. Which is your marital status? [1G+2G]

Married	1
Divorced / widow	2



Single / Never married	3
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

36. Which was the last grade in the school?

Never go to the school	1
1 <sup>er</sup> elementary school	2
2 <sup>o</sup> elementary school	3
3 <sup>er</sup> elementary school	4
4 <sup>o</sup> elementary school	5
5 <sup>o</sup> elementary school	6
6 <sup>o</sup> elementary school	7
1 <sup>o</sup> secondary school	8
2 <sup>o</sup> secondary school	9
3 <sup>o</sup> secondary school	10
➤ Hig school	11
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

37. ¿What kind of job do you have? [1G+2G]

Student	1
Housewife	2
laborer	3
Farmer	4
Technical assistant	5
Elementary / Secondary teacher	6
Military	7
Business management	8
Founder own bussines	9
Others: _____	10
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

\

38. ¿Would you tell me which of the following stuff do you have at home? [1G+2G]

	Yes	No	Doesn't know [Not read it]
Concrete floor	1	0	99
Gas stove	1	0	99
Refrigerator	1	0	99
latrine	1	0	99
Television	1	0	99
Cellphone	1	0	99
Computer	1	0	99
Drinking water	1	0	99

Bicycle	1	0	99
Motor cycle	1	0	99
Car	1	0	99

39. ¿Do you receive or someone from your family remittances?

Yes	1
No	0
Doesn't know [Not read it]	88
Doesn't answer [Not read it]	99

### Interviewer Question

40. Sex from interviewer:

Male	1
Female	2

41. ¿ Husband present in the interview?

Yes	1
No	0

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## Appendix B- In Depth Interview

### Medicine after armed conflict

- Do you get illness before, during or after armed conflict?
- How has going to armed conflict in Guatemala impacted your body, mind, emotions? Your overall health status, nutrition status and wellbeing? What effects
- What diagnosis/es had you received, if any? Did you feel like the diagnosis was accurate? How did you feel about it?
- What treatment have you undergone, past or present, if any? Did the treatment help you?
- Do you have a different explanation for your current state of health and wellbeing than what your doctor, therapist, or other health care provider might say? How do you explain this difference?

### **Perception of food consumption**

- Do you have a supplementation such as vitamins minerals any? It is a treatment or you buy that without prescription, Why?
- Compared the food consumption during the armed conflict and now, do you believe that you have a better food consumption, why or not? Reasons
- Compared the access to the water during the armed conflict and now, do you believe that you have a better access to water, why or not? Reasons
- Did the food cover all persons living in this house during the armed conflict? And now?, Why?

### **Perceptions of injury and illness**

- What do members of the community think about the armed conflict and your illness?
- What aspects of being diagnosed with an injury, illness or mental illness as an older people that live the armed conflict hardest to understand for someone who hasn't experienced it?
- Are there ways that the Government, NGOs, or other institution better support for the medical care in this community?
- Do you need more medical care or special attention because you lived in the armed conflict?
- Did you take some drugs (cigarettes, tobacco, others) or alcohol after the armed conflict? Increased, decreased, why?

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