



Community and ancestral knowledge before Covid 19

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1. Introduction

Community and ancestral knowledge in the face of Covid 19 is the name of this case study in Guatemala that gathers the lived experience of community health agents: health promoters, midwives and traditional therapists in the framework of primary health care in times of pandemic.

In the face of official biologicistic, welfarist and mercantilist health systems, community health once again demonstrates its effectiveness in difficult times, when health services collapse and show their inefficiency.

With the use of traditional medicine, ancestral and cosmogonic practices for health promotion, prevention, care and rehabilitation actions, with cultural relevance before covid 19; the forecasts and statistics did not have a strong impact on rural and indigenous communities as expected.

These knowledge and practices are based on the indigenous cosmovision of the Abya Yala continent and are part of an ancestral health system of the native peoples. In the cosmovision of the Mayan peoples there is a holistic concept of health based on the fullness of life, in balance between human beings, mother earth, the cosmos and the whole environment. These paradigmatic elements are key to the "Buen Vivir" for a new civilizing era.

2. The social, political and historical context, and the approaches used by the government to prevent and control the pandemic

Guatemala is a multicultural and multilingual country. According to population estimates and projections made by the National Institute of Statistics INE, by 2021



Guatemala has a total population of 17,109,746 (INE, 2019). Using the mechanism of self-identification by people of belonging, Guatemala is inhabited by: Mayans 41%, Xinkas 1.8, Garifunas 0.1% Afrodescendants/Creoles/Afromestizos 0.2, Ladinos 56% and Foreigners 0.2 (INE 2019).

Guatemala faces a social and economic situation burdened by poverty, racism, exclusion, violence and impunity, problems that far from being resolved after the signing of the peace accords, have increased in the last 20 years. The weak state structure, low tax collection and high levels of corruption make the country one of the most worrisome Multidimensional Poverty Indexes in the entire region. The Multidimensional Poverty Index aims to identify deprivations at the household and individual level in the areas of health, education and standard of living (IACHR, 2015). Public services in the country are not guaranteed for the population, either for reasons of quality and capacity of the State, but also for social reasons such as discrimination against certain sectors of the population (indigenous people, women, populations living in poverty, etc.).

In the departments with the largest indigenous population, the health system is obsolete and lacks the necessary human, financial and medical resources. It is also observed that there are serious geographical obstacles for the effective provision of health care, since in several regions of the country, indigenous people must travel long distances to reach health care centers, which is more serious in cases of emergency. In addition to the scarcity and insufficiency of health services, there is the lack of cultural adaptation of these services, manifested, for example, in the absence of medical personnel who speak the indigenous language of the area and the lack of an interpretation system.

Covid 19 deepens this situation of exclusion and poverty of rural and indigenous communities and uncovers once again the malfunctioning of public health services. The state approach was based on health, economic and military aspects. In the



first place, priority was given to biological and health care, where the logic was case seen, case hospitalized, which resulted in the immediate collapse of hospitals. Also, attention was politicized with the creation of temporary hospitals with much pomp, without adequate equipment and human resources. After the collapse of hospitals, the pandemic was further commercialized by contracting hotels for the hospitalization of patients along with prescription drugs.

The steering role of the Ministry of Health never worked, because social security attended to insured patients on its own, as did the army and the national police. As a desperate solution, a national commission against covid 19 was created without playing a leading role in decision making.

Several care services were militarized, the army played a leading role in the care and stigmatization of patients affected by covid 19. Slogans such as: "together against the enemy" "together in the battle and the war against the enemy" were used. Patients affected by covid 19 were stigmatized in different ways. The military played a leading role in testing and later in vaccination.

The prevention approach was not a priority; there were no effective information, education and awareness campaigns for the population. The national information system never worked, and cultural relevance in a multicultural and multilingual country was not considered.

Fortunately for the most vulnerable population, Covid 19 behaved more urban than rural and the most catastrophic forecasts did not occur. One of the main reasons was the use of traditional, popular, alternative and traditional medicine and community health actions. Health promoters, midwives and traditional therapists played an important frontline role in the community in health promotion, prevention, care and rehabilitation.

3. A description of the action in which the health activists participated.

In the face of the collapse of hospitals, the greater impact on urban populations and a national information system that does not work, health promoters, midwives



and traditional therapists in coordination with the health personnel of the first level of care played an important and frontline role in the community. The community health model based on primary health care again took effect at key moments such as the covid 19 pandemic.

Summary table of community health agents:

Community and ancestral health agents	Shares
Health promoters	Information, prevention, care with essential chemical drugs to the general population.
Midwives	Prevention and care for girls, women and pregnant women. Use of medicinal plants and other traditional resources
Traditional therapists	Attention with medicinal plants, psychological support during and after the pandemic with Mayan ceremonies.

Health promoters were born in the 1960s in Guatemala in response to the difficult or non-existent access to health services by rural and indigenous populations. They took off during the 1976 earthquake and played a leading role in the founding of the association of community health services ASECSA in 1978. They are community health agents with basic health care skills using essential medicines and natural medicine.

In covid 19 they played an important role in informing about Covid 19 and the home care of affected patients. They made referrals to health services, and coordinated actions with nursing assistants at the health posts.



Regarding midwives. They are not only midwives. Statistics show that they attend 35% of births nationally and 100% in Mayan communities. Midwives are counselors of girls and women in sexual and reproductive health, they are leaders in their communities, they are authorities, they are spiritual guides, they are called "grandmothers midwives" out of respect. Given the prioritization of pandemic care in health and quarantine services, the work of midwives for pregnancy, childbirth and puerperium care increased in times of covid 19. Without protective equipment, without hygiene kits, their work increased.

In relation to traditional therapists: healers, callers, sobadores, componsehuesos, challeros, spiritual guides and others; are part of those who practice ancestral medicine. The use of medicinal plants, ancestral practices and Mayan ceremonies for psychosocial care played an important role in the treatment and recovery of affected people.

ASECSA developed different strategies and communication campaigns in written and audio-visual format in different Mayan languages to support community health agents.

A summary of the content is as follows: We share this message to share about coronavirus in a simple and understandable way in the communities, with a focus on health promotion and prevention. It is a new disease that we do not know, but we will have to live with it. Initially it will bring many problems in families, communities, towns and countries, but also lessons as our grandmothers and grandfathers said before the new Bactum: the need for a new era of peace and harmony between humanity with mother earth, the cosmos and everything around us.

Remember to: wash your hands permanently with soap and water, keep a minimum distance of 1.5 meters from other people, when sneezing cover your mouth and nose with your elbow bent, to greet you can do what our elders do in



the community: cross your arms and bend your head, use a mask when you have symptoms, it can be made of cloth but do not let saliva droplets pass through.

Recommendations before covid 19: (Name, preparation and use)

Natural antiseptics that I can use in my community: honey, onion, garlic, laurel, eucalyptus.

For relief of cough and other symptoms: Honey, lemon, ginger, thyme, propolis, steam inhalation.

To reduce fever: warm or cold water, egg washcloths, lettuce tea, hot garlic, sage tea, lemon tea.

One last piece of advice: To be at peace with ourselves, with mother earth and for a more just world, invoke, thank, ask for health and life, every day to the creators and formers, to the heart of heaven and earth, to father sun, to mother moon, to the water, to the wind, to the mountains, to the hills, to the cosmos. We are only a part of them

Manuals used:

1. To prevent and treat Covid 19 in the community
2. Stigmatization of people with Covid 19
3. Home care for people with Covid symptoms 19
4. Gender violence in times of Covid 19
5. Food Sovereignty before Covid 19
6. Solidarity community economy in times of covid 19
7. Covid 19 and Vaccination

4. Experiences and lessons learned



Community health and the ancestral health system once again played a leading role in the community in the face of the collapse of the official health system.

The approach of health promotion, prevention and counseling from local languages by community health workers was effective and relevant.

The use of traditional medicine and ancestral practices were effective in alleviating symptoms of covid 19 and avoiding complications.

At the local level, the situation forced collaboration between the state health services of the first level of care and community health agents.

In Guatemala, as a multicultural and multilingual country, cultural relevance in the processes of health promotion, prevention, care and rehabilitation were key to avoid negative scenarios and prognoses.

The cosmogonic approach of coexistence and harmony between all living beings, including human beings, with viruses was vital for the better acceptance of the vaccine by the indigenous population.

The coexistence approach also drastically decreased the stigma towards Covid-infected individuals and families 19

Several community help and self-help practices were undertaken, such as the exchange of products between communities during periods of confinement or quarantine.

The Mayan ceremonies were very effective for the recovery of the mental health of the affected population.

Local governments and community leaders played an important role in informing and organizing the population. They strengthened their leadership.

Covid is gone forever, we will have to learn to live with the virus in a harmonious way.



We cannot go back to business as usual; we will need a new way of living and living together. Health systems will have to be transformed.

The market and the private sector only worked to create new rich people. It did not work in favor of the population, hence the need to strengthen public systems, starting with primary health care, with the active participation of the communities.

5. A critical review of the actions carried out and lessons learned

The covid 19 pandemic comes as a kind of surprise test, an unexpected evaluation of our health system. And we could not expect anything else in the face of state systems in crisis. Asphyxiated by exclusionary policies, by short-term and governmental visions, suffocated by its poor budget, by corruption and by the privatizing market.

We are facing a health system working backwards, with emphasis on the third level, with a curative and hospital approach.

The COVID-19 pandemic and the disasters we are experiencing have their causes, they are not always natural and have harmful effects on vulnerable populations, derived from the capitalist model; the pandemic is a manifestation and consequence of the civilizational crisis.

Health promoters, midwives and traditional therapists have played a transcendental role in the front line of Covid-19 in the communities, making use of their ancestral and community practices and wisdom.

We cannot return to the same normality, we need to continue reconstituting this new reality, strong and intercultural public health systems, maintaining the struggle for the right to health on the basis of primary health care and universal systems in the articulation of peoples and communities. Strengthen the organization, demands



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and spaces for participation, weaving from the local, regional, national and international levels.

Our health systems are products of colonial, racist and exclusionary states, which promote capitalist and privatizing health models; this situation must change.

Retake community and ancestral knowledge, the health of ecosystems, overcome the anthropocentric cultural paradigm, decolonize our thoughts and act from different perspectives and generations, from women, youth, indigenous peoples.

The cosmivision of the native peoples as a conceptual, philosophical basis for holistic and integral health is an alternative to hegemonic models of health for a new civilizing model of life.