

A guiding light into Western Medicine

Idalia Xuncax works with mayan immigrants

- By Andrea Alegría |
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Through her small oval shaped glasses, Idalia Xuncax's dark eyes shine when she laughs.

It's funny now, at 38-years-old, how her fifth grade teacher thought she was deaf on that first day of school when, like many Mayan immigrants from Guatemala, she only spoke the native dialect Kanjobal. Back then the experience was terrifying.

"I didn't know what the teacher was saying, I didn't understand. I ran into the bathroom and just cried," she remembers, her expression hardening.

From her small office at Clínica Oscar Romero, a community clinic serving one of Los Angeles' most overcrowded and impoverished neighborhoods, Xuncax now helps Mayan women receive medical services, helping patients overcome a language barrier that has kept many in the dark and at times, possibly feeling as terrified as she did when she first arrived. She also acts as a cultural bridge, battling beliefs that have kept many Mayan away from clinics and hospitals altogether.

"Here, [in the United States] if your child is sick you take him to the hospital. But there it's more about making a herbal tea, about taking him to a curandero [herbal healer]," says Xuncax, whose official badge reads Mesoamerican Clinic Coordinator.

Similar to a case manager, she serves as a guide into the world of Western Medicine for a population, which has generally been reluctant to seek treatment at clinics and hospitals. For eight years, she has worked hard to gain the trust of Mayan women by acting as an interpreter for their patient-doctor dialogues, but mostly by taking the time to explain medical procedures and listen to their questions and concerns.

Xuncax follows up to make sure patients show up for appointments and take their medicines, and also educates them on good health practices. Mayan women now come to her with personal concerns, when they need help filling out Medical forms, or reading a doctor's letter. Some of these women, she says, will come to her office first before a doctor's appointment, and if they don't find her there, they will leave.

Some 20,000 Mayans settled in Pico Union and other Los Angeles neighborhoods during the

1980's. Like Xuncax and her family, many are among the 250,000 Guatemalans who fled torture, rape, and murder during a civil war that lasted over 30 years. The massive killings during those years are often referred to as the "Silent Holocaust", when hundreds of Mayan villages were wiped off the map.

New generations of Mayans have kept coming to the area in constant waves, and many arrive with no knowledge of English or Spanish, and can't read or write. The majority of Maya who show up at the clinic speak Kanjobal, but there are also patients who speak Quiche and Mam, among other Maya dialects.

Xuncax, with her straight black hair, copper colored skin and short stature, speaks English, Spanish and Kanjobal fluently. She is among a handful of the clinic's staff members who speak Mayan, a group that includes her sister, Rosa, who works at the front desk.

For many patients, access to an interpreter has meant the difference between getting the right help from a doctor, or not. For timid 22-year-old Juana Juan, who arrived in Los Angeles from Huehuetenango Guatemala only five months ago, it meant being able to tell a doctor about those chest pains she's been having, and understanding that she should have an electrocardiogram performed.

"It's comforting to know that the doctor will know everything that I am feeling," she says in her native tongue. Her husband, 25-year-old Tomas Juan Pedro, who speaks a little Spanish, says they came to Clínica Romero only when they heard from a Mayan neighbor that people spoke Kanjobal there.

Through Xuncax's efforts to reach out to this particular population, the clinic has seen the numbers of Mayan patients go up from just a handful 8 years ago to upwards of 700 today. Despite the increase, getting Maya patients to come to the clinic remains a challenge. "These patients come with some reluctance, or apprehension I should say, in many cases not fully understanding or knowing exactly what it is we do," says Dr. Eduardo González, Clínica Romero's Executive Director, and one of its founders back in 1983. "Many of them have never gone to see a physician before in their entire lives, not in their homeland or in the United States."

Back in Guatemala, going to see a doctor would usually mean a significant economic expense for Mayan families, and many don't know about the free services that Clínica Romero offers. "Their culture, where they have no regular access to health care, has come with them, and they tend to be more resourceful, caring for their own with herbal remedies

and things of that nature,” González says.

Like all immigrant populations throughout Los Angeles County, González says the Maya community is experiencing an increase in the number of people with chronic diseases, mainly obesity and diabetes, in part as a result of changes in their personal habits and exercise patterns. In their homelands, for example, Mayan people tend to walk more, he says. Of the 15,000 patients the clinic saw in 2007, about 2,400 had diabetes.

“Our mission is to provide quality health care to the uninsured and underserved and I truly can’t think of a population that is less served and less insured than the Mesoamerican population,” says González.

One of the greatest challenges for Xuncax and the clinic has been educating Mayan women about the importance of pre-natal care. “How do you explain to a pregnant mother who has already had nine healthy children in her native land without the use of doctors, that prenatal care is important for the health of her baby? It’s difficult,” she says. “They just don’t understand.”

Her own mother didn’t understand after migrating to Los Angeles.

Far from the bustle of Alvarado Street, where the clinic is located, Xuncax and eight of her siblings were born in the rural town of San Miguel Acatan, a municipality in the Guatemalan department of Huehuetenango. Gynecologists, exam rooms, sonograms and the concept of pre-natal care were unheard of, and her mother gave birth to all of them in the house where they lived, aided not by a doctor, but by a partera or midwife. But there was one exception. “I had one brother who was born here [in the United States] and my mother said she would never like to have that experience again,” Xuncax says. With nine children, her mother had never been examined by a physician, and the experience of going to a doctor, getting regular examinations, and giving birth at a hospital was “traumatic for her,” Xuncax explains.

“Still today,” she adds, “I have patients who refuse to have a Pap smear done. They just don’t like being examined.”

Not seeing the benefit in prenatal care can have devastating consequences. “It’s sad,” she says. “I explain to them that there are silent diseases, that it’s important for their baby’s health that they go to the checkups, but most of the times they don’t believe in pre-natal care.”

Xuncax has to be patient. Her job at the clinic is an opportunity to help the members of this community who have to adjust to a radically different lifestyle in Los Angeles. It is her responsibility to guide them. “It’s about really having that sensibility to want to understand and help,” she says.

From her own experience she can understand the struggles and the hurdles the Maya immigrants face as they adapt to life in the United States.

“Our culture is very rich. It’s free. It’s full of rivers and trees and all kinds of crops, fruits and vegetables. It’s about walking to the market in the middle of town, walking to church, walking everywhere,” Xuncax explains. “Here, it’s very different, it’s about feeling enclosed, about strict routines and eight-hour workdays, about being in cars and buses and living in tiny apartments.”

After arriving in Los Angeles, Xuncax and her family worked in downtown garment shops to make ends meet. Her family was able to legalize their immigration status through political asylum, and Xuncax is now a U.S. citizen. However, many of the Maya women she helps are stuck in the shadows, making their fears of seeking medical help, at times, even greater.

“My people have been able to survive but there is a great demand for Maya interpreters at hospitals, clinics and pharmacies,” says Xuncax. “There is a great need for people with the sensibility to want to help, especially those who don’t speak English or Spanish and those who can’t read or write.”