

Mayan Health Workers Trained in Acupuncture

The application of the NADA protocol in a variety of health modalities has become its marvel. NADA workers have even brought acupuncture into the developing world. One example is the Guatemalan Acupuncture and Medical Aid Project (GUAMAP) which has integrated acupuncture training into a framework of sustainable development.

It began with a handful of health workers who responded to an international crisis. Since 1994, GUAMAP has trained 125 “health promoters” from 22 of the poorest Guatemalan rural communities..

From decades prior to their arrival, a civil war left Mayan society in ruins. According to GUAMAP, the Guatemalan military led a 1980s campaign of terrorism and torture, leaving over 30,000 Mayan villagers murdered, 400 villages burned, and 60,000 surviving refugees displaced from their homes, living in resettlement camps in Honduras, Mexico and Belize.

By 1996, the Peace Accords in Guatemala had been signed, bringing 36 years of civil war to an end. However, the long-term health problems and economic and cultural damage had only begun. GUAMAP reports that 90% of Mayan refugees experienced war-related trauma. Between 1992-1999, 30-45,000 refugees were relocated back into Guatemala. GUAMAP was among the first of grassroots, religious and United Nations groups who provided aid during this time.

Among the community workers and acupuncturists who first ventured into the jungles with GUAMAP was the late NADA activist and acupuncturist Ron Rosen (see *Guidepoints*, November 2007). One of the first skills he taught local health promoters was the NADA protocol.

GUAMAP board President Mary Ellen O’Brien reports that successful outcomes have been demonstrated using NADA protocol for PTSD and anxiety. Health promoters are also trained how to use the NADA protocol in smoking and alcohol cessation. While other drug use is not prevalent in rural Guatemala, Gentry notes that risk alcohol use is common. “It’s a form of relief from trauma that people carry,” says GUAMAP co-founder, Blake Gentry.

Gentry claims that acupuncture has saved lives. A recent survey showed that 50-60% of people in the communities they serve were asking for acupuncture over Western biomedicine. He explained how this acceptance has grown among the most marginalized people in Guatemala.

Gentry recalled one of the first meetings they had with Mayan refugees. When he told them that GUAMAP could teach them acupuncture, people stepped forward and told him that acupuncture had been taught in other refugee communities as well. The Maya were excited.

GUAMAP later learned that the Maya have been practicing acupuncture for over 3000 years. Over 50 Mayan acupuncture points were documented by medical doctors Hernan Garcia, Antonio Sierra and Gilberto Balam. Most of these points share the same anatomical location as their Chinese counterpart. Garcia's group of community health workers learned of Mayan acupuncture when their refuted and unwelcomed efforts to use Western biomedical interventions in Mexico obliged them to bring in acupuncturists. When needles were pulled out, traditional Mayan healers, known as J'men, stepped forward to reveal that they, too, practice acupuncture. They call acupuncture "jup" and "tok."

Gentry says they have not witnessed the Mayan forms of acupuncture practiced within the communities where they do their volunteer work. However, he notes that acupuncture fits well into traditional Maya medicine. Both Chinese and Mayan medicines classify herbal formulas and treat based on similar principles. "Qi" is known to the Maya as "ool." "You're not reinventing a whole new epistemology," Gentry points out.

Many Chinese acupuncture points are named for geographical places. Ancient China was an agricultural society. Agriculture is the foundation for Mayan culture. Their knowledge source is from the natural world, not books.

According to Gentry, most Mayan health workers, have no more than a sixth grade education. "In the end," Gentry describes, "it's what they're going to remember and what they're going to recall when they're in the forest. That image is going to come more clearly than something in a text."

Because herbs have been traditionally integral to Mayan medicine, it would make sense for the Maya to meet their own medical needs from traditional healers. However, many Mayan healers had been targets of terrorism during the 1980's. In addition, returning refugees were not relocated in their native environments. GUAMAP has primarily served native highland Mayan communities who, in the Return Movement, had been relocated as refugees into a lowland semi-tropical climate. Their familiar medicinal plants did not grow in this climate.

GUAMAP began by disseminating Chinese herbs, but the high cost forced them to reassess sustainable ways of developing health care. Gentry says they faced a question: "How do you create a system on an equitable basis?"

With hospitals, laboratories and pharmacies over a half a day's journey for the 60% of Guatemala's population, rural health promoters provide the majority of preventative and primary care in rural Guatemala. While one lab test and prescription can cost up to a week's wage, three acupuncture treatments cost three days of work.

Gentry says that GUAMAP's mission has been to transfer technology (acupuncture) and decrease dependency—to empower the Maya to heal themselves.

Working from the basic NADA idea that grass roots personnel can learn to deliver standardized treatment protocols safely and effectively, GUAMAP has expanded its training project. The enlarged concept intends to equip the health promoters to deal with a wider range of health issues. This approach confronts the reality of the underserved community which GUAMAP serves.

The multi-phase training gives level-one students 10 treatments to use. If follow-up evaluations approve level-two training, students learn 30 treatments. A total of 25 students have excelled at this level. They are also developing level-three diagnosis training.

Gentry notes both the unique opportunity of working within the Mayan social context. Training materials must be translated into K'iche, one of the Mayan languages. Mayan health promoters must be chosen by community counsels to become trained in acupuncture.

“(Whether) the patient has a good or a bad experience affects all of the community,” he describes. “It’s also why acupuncture is accepted or not accepted at all. We’ve had to be vigilant about how people practice. We can’t just let people do any treatment they want.”

In addition to current monitoring of health promoters, certification is in sight for health promoters to train and monitor themselves. Two assemblies have already been held by the health promoters to discuss the governing principles of protocols and training. Competencies have been established for the pricing of consultations and needles as well as needle disposal.

The lens of Chinese medicine proved to be integral to creating safe space for building a vision of grassroots, sustainable, culturally competent health care among the Maya. However, health care disparities within Guatemala continue to challenge Mayan survival.

One of GUAMAP’s acupuncture trainees found an unconscious woman in labor who just arrived in the jungle after a 7-hour bus-ride from the nearest urban hospital after being released because she wasn’t dilated enough. By using the acupuncture skills he was taught, he saved the mother. Although the umbilical cord was tied around the baby’s neck, by using acupuncture and moxibustion he brought the child to life.

GUAMAP seeks licensed acupuncturists and health care professionals who speak Spanish to volunteer. For more information on volunteering or donating, visit www.guamap.org or contact Blake Gentry (520) 623-6620 guamap@guamap.org, PO Box 85371 Tucson AZ 85745-5371.

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