



Healthcare as a Building Brick?

Unraveling the importance of healthcare in Guatemala's post-conflict statebuilding process

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Figure 1. The Topsy-turvy Triangle of Statebuilding

Source: By authors

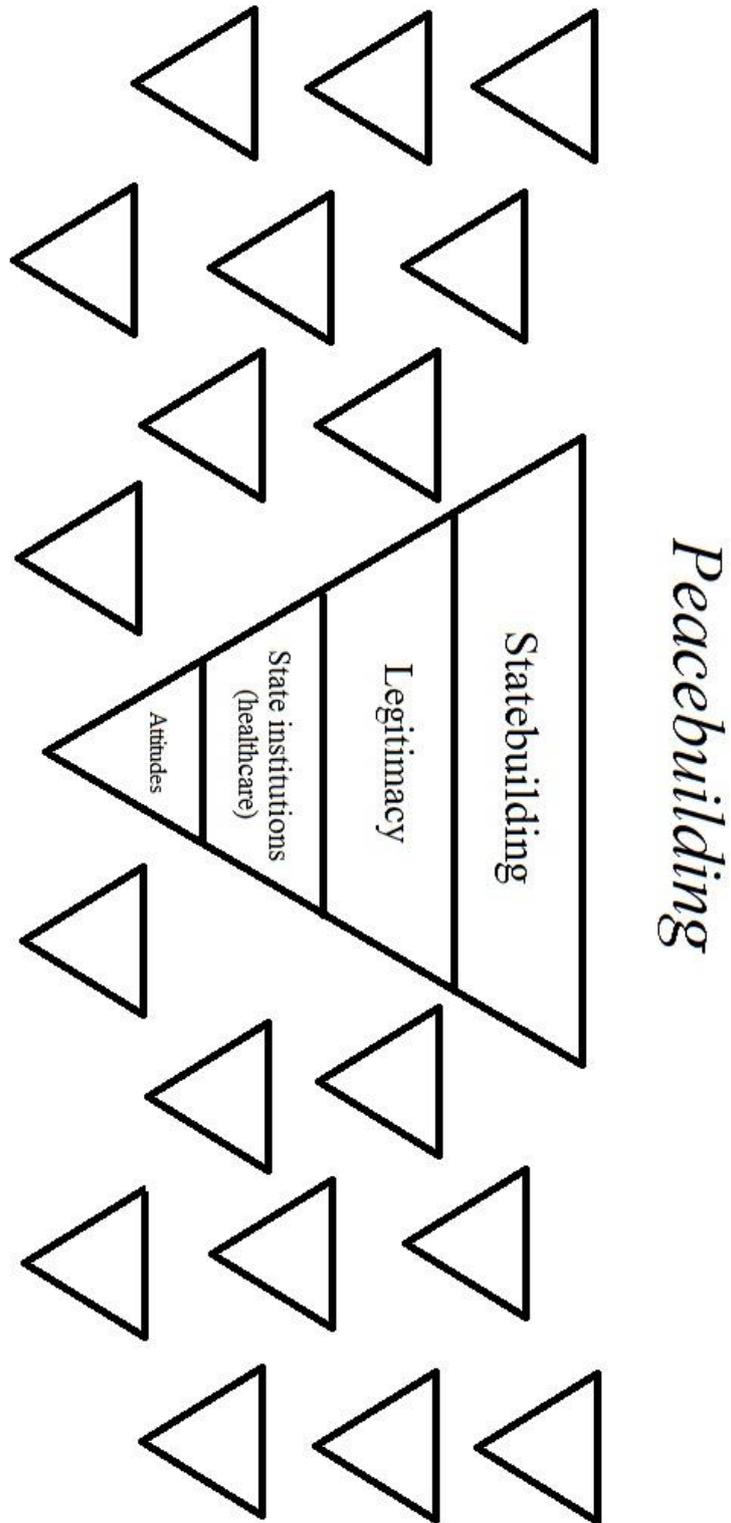


Figure 2. Map of conflict and ethnicity in Guatemala

Source: <http://www.globalsecurity.org/military/world/war/guatemala.htm>, retrieved on December 20, 2012

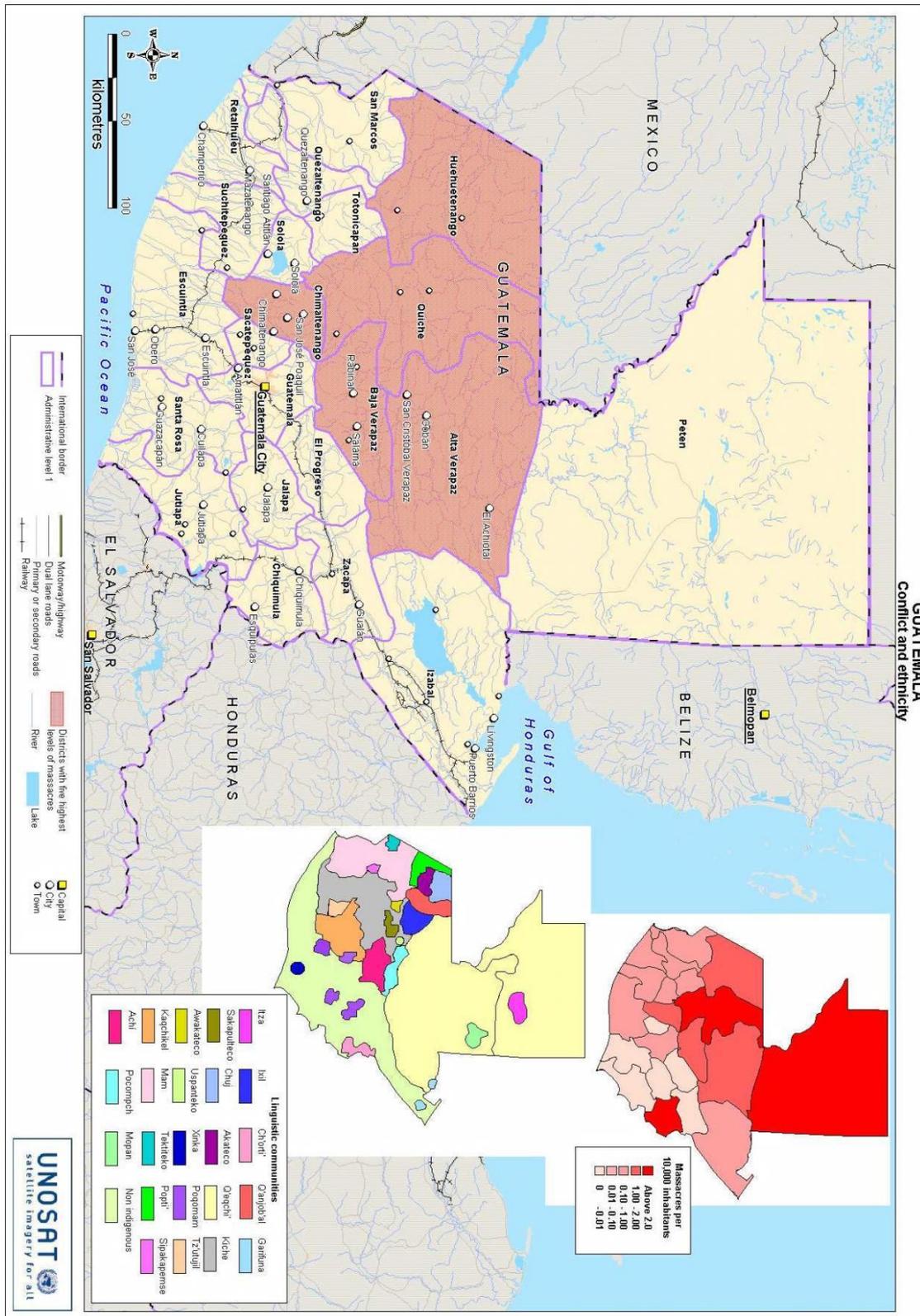
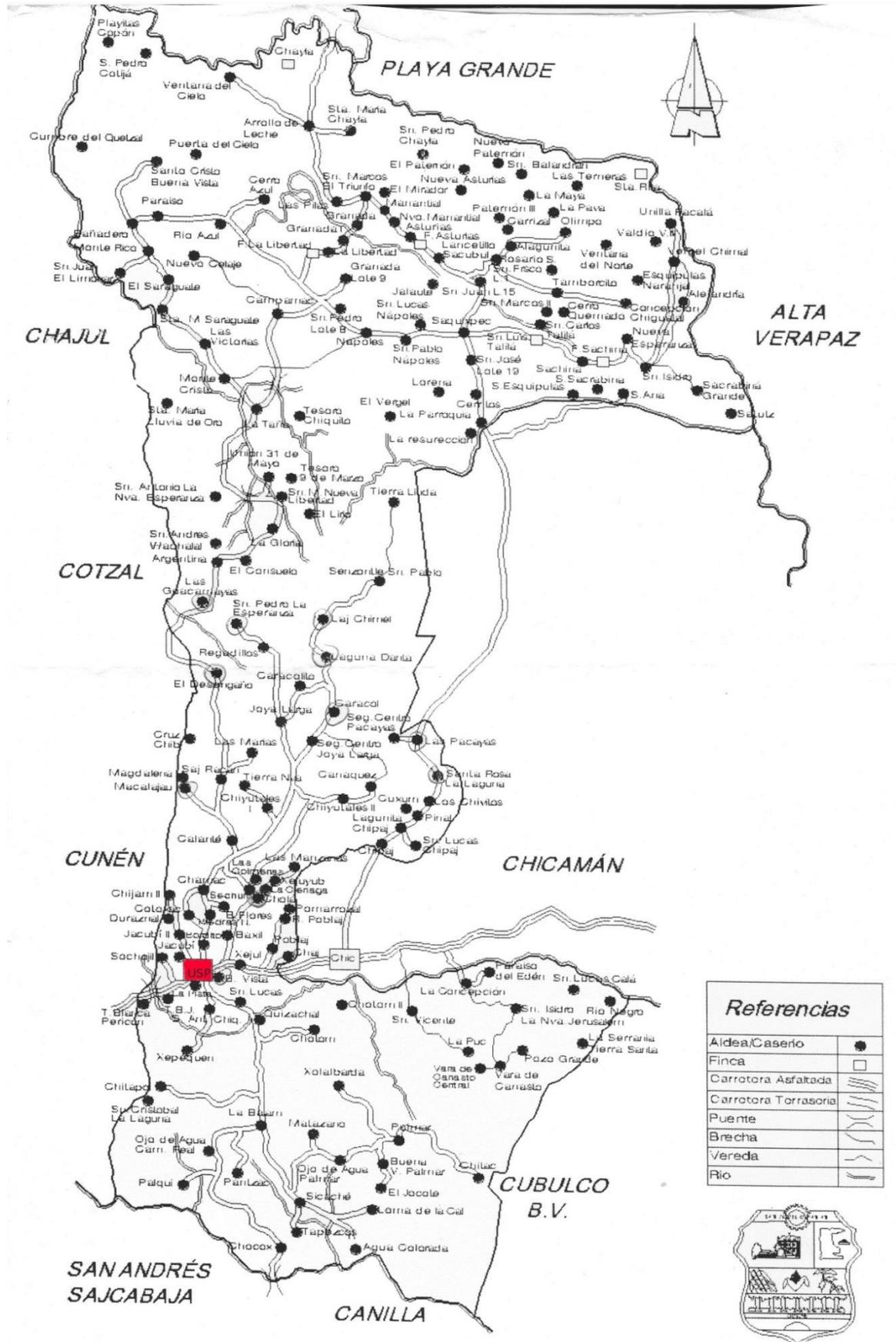


Figure 3. Map of the municipality of Uspantán

Source: Municipality office of Uspantán, retrieved on March 12, 2013



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Introduction

Last November an earthquake shocked Guatemala. With a magnitude of 7.4, it managed in San Marcos to make thirty houses collapse (Volkskrant 2012). To rebuild those houses for the inhabitants, a contractor and bricks, among other things, were probably needed. In many post-conflict situations today, such as Guatemala, this same rebuilding process is going on. Not with rebuilding houses, but with rebuilding the state. This (re)statebuilding is an overall theme in this study. In the case of statebuilding, not the contractor, but most importantly the central government takes the lead in the rebuilding process. Instead of bricks, the central government needs certain institutions such as the military, courts, healthcare and education to rebuild this metaphorical house; the state (Serwer and Thompson 2007). However, rebuilding the house is not enough. The inhabitants also need to trust the place they live in again. The same trust is necessary in rebuilding the state in a post-conflict situation: the state can only be legitimate when it receives enough trust by its population (Holsti 1996). With statebuilding as an aspect of peacebuilding (Ramsbotham 2011), Holsti (1996) argues that the state needs to provide solid, unbiased and effective services to gain and maintain legitimacy in order to prevent conflict and maintain peace. Also, the more solid the house, the smaller the chance of re-collapsing. Therefore, *strong* bricks are needed to build the house.

During the literature study we found that there are many authors who state that conflict has a devastating impact on healthcare institutions (Hoddie and Smith 2009; Murray et al. 2002; Haar and Rubenstein 2012; Kruk et al. 2009). Therefore, rebuilding this institution in a post-conflict situation is of great importance. Moreover, healthcare is a fundamental institution in (re)building the state and can, when effectively provided, be a very important aspect in building and maintaining peace (Human Security Report 2011; Haar and Rubenstein 2012; Rushton 2005). Therefore, the focus in this thesis is on healthcare as an important aspect of statebuilding and consequently peacebuilding. Healthcare can be divided into community, regional and national levels (Short 2007: 131). Within this division, the regional level will be examined, corresponding with what Perrin (1996:303) calls ‘the rural or district hospital level’. At this level, it becomes visible how accessibility and the population’s attitude regarding public healthcare, together with the government’s legitimacy and peacebuilding are all related together, and this is why this level is chosen to be examined in this study.

From the 25th of February until the 17th of April 2013, we carried out anthropological fieldwork in the municipality of Uspantán, Guatemala. This municipality counts 61,946 inhabitants of which 86 percent is *indígena*. In this municipality, only ten percent lives in the village San Miguel Uspantán (simply referred to as Uspantán by the population) and 90 percent lives in the surrounding rural area. The village Uspantán has one public hospital and several private clinics (Plan de Desarrollo 2010). This region, especially its indigenous population, is severely affected by the Guatemalan Civil War which officially began in 1960 and formally ended in 1996 with the final peace accord titled ‘The Agreement on a Firm and Lasting Peace’. It is rightly stated in the accords that with conflict

resolution, significant change in social and economic policy (such as healthcare policy) is crucial (Text of the Socio-Economic Accord in Short 2005:115-116). The component of the peace accords that is most relevant for this study is 'Social development' which treats the responsibility of the state of correcting social inequalities and deficiencies and ensuring human rights and also dedicates a section to 'Health' (Short 2005). In this section, health is considered a fundamental right for the whole population which should be performed by the state. In the end, the state has the obligation to take care of health and social welfare and it is the responsibility of 'The Guatemalan Ministry of Public Health and Social Welfare' (MSPAS) to formulate policies to provide integrated health services for the entire population (Short 2007:129). This responsibility is executed in the facilitation of costless healthcare to patients of the public health centers in a range of primary care service to tertiary hospital care (Bowser and Mahal 2011:161).

Although these peace accords seemed very promising, there is still a lot to be done by the central government to rebuild institutions such as healthcare (Reilly 2005). Budget cuts in governmental health spending and low levels of liability of health services are reflected in bad availability or lack of drugs and diagnostics and overcrowding (Bowser and Mahal 2011; Medendorp 2011). Also, the Guatemalan healthcare system faces disintegration of the healthcare sector among healthcare providers and futile public spending (Bustreo et al. 2005:40; PAHO 2004). Furthermore, between 40 and 60 percent of the Guatemalan population does not have access to healthcare facilities (Badillo et al. 2009, in Bowser and Mahal 2011:160; Bustreo et al. 2005:39), and those who do not have access to healthcare services are mostly poor Guatemalan citizens (Medendorp 2011:43; Bowser and Mahal 2011). These poor Guatemalan citizens are mainly indigenous people according to the World Bank (World Bank 1995). As a consequence, there can be stated that the goal of improving the healthcare services in Guatemala as a part of the Agreement was not sufficiently reached. This shows that the Guatemalan healthcare system is not working like it should following the statements in the peace accords.

Furthermore, besides the striking current healthcare situation, post-conflict Guatemala faces a devastated legitimacy of the central government and broken down state institutions (Landau 1994). The rebuilding of those broken down state institutions by the central government is not only necessary to make them effective, but also to subsequently regain legitimacy of the entire population (Holsti 1996; Ramsbotham 2011). The rebuilding of state institutions in order to underpin the legitimacy of the state is what defines statebuilding in modern literature (Ramsbotham 2011). Thus, once again, rebuilding the healthcare system can be a very important aspect in statebuilding and consequently peacebuilding (Human Security Report 2011; Haar and Rubenstein 2012; Rushton 2005). Within the statebuilding area, we focus on the central government in particular, an important part of the state apparatus (Ramsbotham 2011:115) and also frequently perceived by informants as identical to 'the state'. Instead of the more overarching term 'government' the term 'central government' is used in this study, referring to the *central* state system, operating in the capital of Guatemala. Furthermore, as is

stated above, the indigenous population of Guatemala faces extreme poverty and bad access to healthcare services and in Uspantán they were severely affected by the armed conflict. Therefore, we chose the indigenous people in Uspantán to embody the research population. Likewise, when studying the legitimacy of the Guatemalan state, we operationalized 'legitimacy' by studying the attitudes of the indigenous population towards the central government. This chain of above mentioned concepts can be visualized in a topsy-turvy triangle, existing of the attitudes at the bottom, followed by the state institutions, in this case healthcare, then legitimacy and utmost statebuilding. This triangle is one of the multiple triangles that are part of the overarching peacebuilding process (Figure 1).

Now, almost two decennia after the signing of the peace accords, we contribute to the existing debate concerning the role of healthcare in statebuilding. We examined if the theories and arguments found in the literature concerning this theme correspond to the contemporary situation in Guatemala, and consequently, if the topsy-turvy triangle can be recognized in the field. In this thesis, the question of how healthcare institutions can contribute to statebuilding in the post-conflict situation of Guatemala is highlighted. Furthermore, we hope the findings of this study can be helpful for those who have been assigned the task of rebuilding state institutions and maintaining peace. The central question in this study is: *Of what importance is public healthcare provision in the attitude of indigenous people towards the central government in the post-conflict situation in the municipality of Uspantán, Guatemala?*

The fieldwork for this study is carried out by two researchers, Welmoed Barendsen and Elske van Putten. Therefore, the study is bifurcated into two directions which will be visible in the empirical chapters and conciliated in the conclusion of the thesis. Welmoed Barendsen took into account conflict and the central government and Elske van Putten focused on the section of healthcare as a state institution in a post-conflict situation. During fieldwork, methods of participant observation, semi-structured interviews, open interviews and informal conversations were used. These methods were supported by the use of counting, mapping, photographing and recording. The majority of the data is based on interviews. In the beginning of the fieldwork period, these interviews were mostly semi-structured since it gave us something to go by. Later on we conducted more open interviews, because we were more familiar with interviewing and with our research population. Therefore we could better anticipate on the informants when conducting interviews. Besides interviewing, participant observation was also an important part of fieldwork because it enabled us to get closer to the local society in order to reveal processes, thoughts and interactions hidden for someone who does not immerses oneself in local culture. We participated and observed in the village, the public hospital, private clinics, conferences and relevant organizations in the municipality of Uspantán. Nonetheless, participation often turned out to be difficult for two reasons. Firstly, the research focus of Welmoed Barendsen was too abstract to have a fixed location where she could participate, and secondly since participating in healthcare services has its limitations, Elske van Putten faced difficulty with this method. Finally, informal conversations helped us with building rapport and finding new informants

more than it gave us information. Afterwards, we had rather carried out more participant observation as well as informal conversations to have more data that could confirm or refute the information given by the informants. However, considering validity in anthropological research, it is always hard to acquire perfectly valid data. Consequently, we are aware of the limitations of our research. There are other variables besides public healthcare provision that influence the attitude of the indigenous people towards the central government. These variables include, among other things, security, education and employment. Since we have not studied those variables, we cannot reasonably compare the importance of the different variables in the attitude of the indigenous population. This makes that we cannot completely determine and quantify the exact importance of public healthcare provision in the attitude of the indigenous people towards the central government. Nevertheless, by means of method triangulation (participant observation, semi-structured interviews, open interviews and informal conversations) we opted to maximize the level of validity in the research. Besides, by techniques of coding, reporting, documenting and categorizing, we complied the reliability of the research as much as possible.

This thesis begins with a shared theoretical foundation to anchor this study. Theories concerning conflict, statebuilding and healthcare are discussed in chapter one. In chapter two, the context of this study will be described, which is the post-conflict situation in the municipality of Uspantán in the Western Highlands of Guatemala. Chapter three focuses on the Guatemalan conflict and its legacy. In chapter four the effectiveness of the public healthcare system in Uspantán is unraveled with a focus on its accessibility. Consequently, the worthiness of the public healthcare system ascribed by the indigenous population of the municipality Uspantán is described in chapter five. Chapter six will touch upon the central government of Guatemala and the attitudes the research population has towards this political body. Finally, a conclusion will be given, accompanied by a discussion of the findings in the field.

Chapter 1 - Theoretical Framework

The nature and aftermath of conflict

Before we can elaborate on what should happen after a conflict, it is crucial to briefly define and conceptualize ‘conflict’ first. Mitchell (1981:17) defines conflict as “[A]ny situation in which two or more social entities or ‘parties’ perceive (however defined or structured) that they have mutually incompatible goals.” The mere fact that they perceive that the goals are incompatible can create a conflict situation. There are many theories discussing the nature of violent conflict, but since the processes after a conflict are of particular interest, there will mainly be focused on that area.

It is important to know what has caused a conflict in order to decide how to resolve it and to prevent a relapse into conflict. In the case of multi-ethnic Guatemala, ethnicity might seem a rather obvious cause and in everyday discourse ethnicity is often blamed for causing conflicts (Demmers 2012). However, there is more than meets this primordialist eye. Here we would like to argue that ethnicity is not always preexisting: a sense of ethnicity can be forced upon or strengthened by conflict and violence. Drakulić (1993:52) describes the ‘reification’ (making something concrete and fixed what was abstract and dynamic before) of ethnicity by comparing it with an ‘ill-fitted’ shirt which someone is forced to wear. This shirt is very hard to shrug off because people are being killed just because of it. In the case of Guatemala, *indígenas* were discriminately targeted and Thorp et al. (2006:456) argue that therefore the Guatemalan conflict became ethnicized: ethnicity became a consequence of conflict. This corresponds with Brubaker’s (2002:45) argument that violence creates groups instead of the other way around. The presupposition that ethnicity merely causes conflict is thus deemed false here.

However, the most important discussion in this area is the ‘greed versus grievance’ debate. Authors such as Azar (1990) and Arnson (1999) argue that conflicts are caused by grievances. These grievances may come forth out of communal content (a mis-match between government and different groups in society); the deprivation of political, economic, identity and security needs by the state. This corresponds with the main source for the goal incompatibility in Mitchell’s (1981) definition: a mis-match between social values and social structure. On the other end of the spectrum there is, among others, Collier (2007) who argues that conflicts arise out of greed and rebellions will only take place when the rebels can do well out of war. In this thesis, with the Guatemalan context in mind, we will take a grievances stance, with regard to the relation between the state and its population and the possibility of grievances when this relation does not meet certain expectations.

What to do when the conflict has ended? Arnson (1999:2), quoting Karl von Clausewitz without specific reference, argues that “war is the continuation of politics by other means” and therefore states that a central objective of peace processes is to bring the conflict back to the political arena. The brief debate above on the causes of conflict is also important here because Arnson (1999)

stresses the necessity of reflecting on the causes of conflict in the post-conflict context. She argues that the root causes of the conflict have to be addressed in order to achieve a stable peace. Considering the notion of ‘peace’, Galtung (1990) distinguishes two different types of peace, namely ‘positive peace’ and ‘negative peace’. Negative peace is not per se ‘negative’ as such, but is defined as the absence of direct violence. In positive peace this is all taken a step further and structural (exploitative social relations that cause unnecessary suffering, Ramsbotham 2011:31) and cultural violence (ignorance of this suffering, Ramsbotham 2011:31) are also ceased. It includes the ideas of ‘legitimacy’ and ‘justice’, for in order to achieve positive peace, injustice has to be removed.

Peacebuilding aims at achieving this positive peace, “in conjunction with peacemaking between conflict parties [...] and peacekeeping” (Ramsbotham 2011:199). Each conflict requires a different formula of policy instruments for peacebuilding in order to be successful and effective. In this study, the focus is on the post-conflict context of Guatemala and within this context one aspect is particularly of interest: the part of the peacebuilding formula that focuses on (re)building the state. In the next sections the state and the necessity of statebuilding after a conflict will be discussed.

A state dichotomy

As argued above, each post-conflict context requires a different peacebuilding formula and in the subsequent paragraph the role of statebuilding within this formula will be in the center of attention. However, it is also necessary to conceptualize ‘the state’ itself, which will be the aim of this paragraph. It is very important to keep in mind that, as Sieder (2011) argues, a state is not fixed and concrete, but rather abstract, dynamic and fluid, shaped by history and human (inter)actions. This means that the state can not be the same everywhere. Abrams (1988) argues that we should consider ‘the state’ as two different dimensions that can be distinguished, namely the ‘state system’ and the ‘state idea’. Sieder (2011:169), clearly describes the state *system*, on one hand, as ‘the material manifestations of the military and bureaucratic power of the state and its everyday routine practices’ such as the police, ministries and the working of public healthcare. The state *idea* on the other hand, entails the idea of the state, the reigning discourse considering and treating the state as being situated ‘above’ the non-state realm (Abrams 1988; Sieder 2011). These projections on the state reflect and are created by discourses of state officials (to legitimize state actions) as well as non-state actors and they constitute and shape the state system so that the two aspects are interlinked and interacting. Of particular interest in this study is the question Sieder (2011:171) poses on how the combination of thoughts about an ideal state and the actual existing state and its acts create different state ideas. The discrepancy between what is expected of the state and what it actually does, is interesting in the context of legitimacy, which will be touched upon below.

According to Azar (1990), the fact that the state is often considered as disjointed from civil society in many parts of the world is a consequence of a colonial legacy in which European ideas of

territorial statehood were imposed onto a diversity of communal groups, in order to ‘divide and rule’. In many ethnically diverse postcolonial societies, this resulted in one single group or few communal groups dominating the state machinery, being ignorant to the needs of other groups in society (Azar 1990). In Guatemala this colonial legacy is reflected in the fact that the Spanish descendants, or *ladinos*, dominate the indigenous groups, or *indígenas* (Kruijt 2008:12; Sanabria 2007; Sieder 2011). Azar also argues that such ‘highly centralized political state structures’ are sources of conflict and he therefore argues in favour of decentralization (Azar 1990:33-4). However, rather than considering the state as separated from society as if being divine, in anthropology there is a tendency to consider the state as being constituted *through* society. For example, in post-conflict Guatemala, especially regarding security and legal intermediation, the lines between ‘state’ and ‘non-state’ are vague, due to the involvement of actors of ‘civil society’ in state actions (Sieder 2011:170). This makes the territory of ‘the state’ and its governance hard to demarcate.

(Re)statebuilding

After a conflict, both the state system and the projections on the state have to be rebuild:

(re)statebuilding. Ramsbotham (2011) argues that statebuilding can be considered as a component of peacebuilding and from a ‘grievances’ stance, we argue that statebuilding is one of the most important aspects of peacebuilding. Statebuilding is a very broad concept and here we will use the following definition as a working definition: “Statebuilding [...] refers to the attempt to (re)build self-sustaining institutions of governance capable of delivering the essential public goods required to underpin perceived legitimacy and what it is hoped will eventually become an enduring peace.” (Ramsbotham 2011:199). Within this definition we distinguish legitimacy and the reconstruction of institutions as the fundamental components of statebuilding.

The focus on the importance of statebuilding in peacebuilding is relatively new, but fits neatly into the argument that deep-rooted conflict and protracted social conflict have to be addressed in order to achieve and maintain peace (Arnson 1999) and to build effective and *legitimate* institutions and practices of governance that meet basic needs (Azar 1990). What does *legitimacy* entail? According to Holsti (1996), there are two forms of legitimacy, namely vertical and horizontal legitimacy. Vertical legitimacy has to do with authority and Barker (1991, in Holsti 1996:87) argues that it entails “the belief in the rightfulness of the state, in its authority to issue commands [...]”. Horizontal legitimacy focuses on the relations between the different communal groups within a state. Holsti (1996) argues that the level of horizontal legitimacy depends on the level of acceptance and tolerance of various groups towards each other and that mutual horizontal lack of acceptance and tolerance may lead to the weakening of vertical legitimacy. Horizontal and vertical legitimacy are thus interlinked. However, the concept of vertical legitimacy is especially of interest in this study. Serwer and Thompson (2007) namely argue that building and maintaining (vertical) legitimacy is an important leadership

responsibility in societies emerging from conflict. Holsti (1996:91-92) argues that in modern states, this legitimacy is performance-based because states have to earn their ‘right to rule’ by providing services. Here counts that the way of performing and the bias in execution is related to rebellion: when services are provided well and unbiased, rebellion is unlikely. When they are poor and biased, grievances arise and rebellion becomes likely.

We argue that legitimacy is in this way linked to a certain bargain between the state and the individual members of the political community.¹ In the following citation, the idea of such a balanced legitimacy bargain becomes clear:

Thus, a fundamental prerequisite of vertical legitimacy [...] is an implicit bargain between the state and the political community: the state has the right to extract, but it must also provide services and allow participation in decisions to allocate resources [...] When the states extracts but does not provide offsetting services or access to decisions and decision-making, it risks losing its legitimacy and may face armed rebellion.

(Holsti 1996:92)

For Holsti (1996) the political community entails anyone who is citizen of the political entity (such as citizens of Guatemala as a democratic entity), transcending different organizations and communities within this entity. He argues that in many Western societies, ‘state’ and ‘government’ are distinct in the minds of the citizens and here the political community also includes the government, but not the state. In other societies however, like Guatemala, the state/government division is not always so clear, due to the ruler’s coercive and violent actions or its personal interests in ‘possessing the state’ (Holsti 1996:84-85). In such societies one may argue that the political community only includes citizens and does not include the government, being merged with the state.

Without explicitly using the term ‘legitimacy bargain’, Azar (1990) stresses the societal needs of the individual in his theory of Protracted Social Conflicts. If those needs are deprived and the state fails to address the grievances that arise from this deprivation, a fertile ground for conflict is created. Here he stresses governance and the state’s role as key factors in preventing or resolving conflict. Rushton (2005) also describes this concept of a legitimacy bargain when he argues that every state emerging from war is considered as illegitimate by at least a part of the population. In his article he elaborates on the potential of restoring health institutions as one of the ways to reconstitute legitimacy

¹ The concept of a certain bargain originally stems from the ‘social contract theory’ of political philosophers (Hobbes, Rousseau, Locke) referring to the relation between people in a state as well as the relation between the state and its people. It is extensively used in different scientific contexts (O’Brien, Hayward and Berkers, 2009; Blewet and Congleton, 1983). The social contract theory has many functions and components, but in this study we will only focus on the relation between the state and its population. Because we are not referring to the ‘social contract’ in all its facets, we will use the term ‘legitimacy bargain’ instead to refer to this relation between the state and its population.

of the state and thereby reconstitute the bargain. Below we will further elaborate on the role of health in a post-conflict society.

It seems that within the post-conflict statebuilding process a certain legitimacy bargain is a concept impossible to ignore. If strengthening or rebuilding public services and institutions do have a positive effect on the legitimacy of the state, focus on this (re)constitution is of great importance in the statebuilding and overarching peacebuilding process. It is therefore that we chose to focus on this (re)construction of institutions as a way to strengthen the legitimacy bargain. Rushton (2005:452) argues in this vein that “[A]ssisting the government to deliver public services is an important step towards building a long-term environment of peace and stability in which the government is recognized as legitimate and as a provider of [...] services.” Serwer and Thompson (2007) also stress the importance of rebuilding institutions to achieve certain end goals in peacebuilding. In the next section we will move on to the role of health and healthcare, being a state institution (Rushton 2005), within a context of conflict and statebuilding.

Conflict and Healthcare: A reciprocal relationship

Health is a central aspect in a human being’s wellbeing, and therefore it is also an important part of society. Hence, the health sector may largely influence social and economic development of the society (Lloyd-Sherlock 2000:1). In this light, the fact that literature shows that armed conflict significantly contributes to the devastation of health and healthcare is so much the worse (Hoddie and Smith 2009; Murray et al. 2002; Haar and Rubenstein 2012; Kruk et al. 2009). This reveals that conflict negatively influences health in general and therefore conceivably the development of society as well. Moreover, there is of course also a direct negative interplay between conflict and state. Following Haar and Rubenstein (2012:2) conflict often goes along with inadequate governance and service development and according to them, those are reasons for low population health indicators in conflict-affected states, like Guatemala. This can consequently induce an even weaker legitimacy bargain than there probably already is in times of conflict, since the state does not provide services to its political communities, but does extract from its population; namely their health, which is of major importance in a human life. This touches upon Holsti’s theory of vertical legitimacy (1996:92), and shows the importance of health in the legitimacy of the state.

Nevertheless, we should not consider a country as a homogenous area when considering health indicators or the impact of conflict in a country. The World Bank (in Haar and Rubenstein 2012:3) emphasizes that not all regions in a country are affected at the same level by conflict, and consequently neither are the health indicators. In the case of Guatemala, the Western Highlands where this research is conducted are much more affected than other parts of the country (Figure 2). Therefore, when studying the impact of conflict on health(care), we should keep an eye on differences between provincial regions and the nation as a whole concerning the health of the population (World

Bank in Haar and Rubenstein 2012:3). Lloyd-Sherlock (2000) deepens the World Bank's statement by writing that violence in conflict situations can cause a slow shrinking of healthcare coverage. Health programs can slowly vanish, and especially when living in areas of conflict, particular groups can become victims of this disappearance of health programs. As a result, those groups become excluded (Lloyd-Sherlock 2000:10).

However, the reverse is preferred. Following Haar and Rubenstein (2012), the better the equitability of health services, the bigger the state legitimacy. Good health services can generate trust in the government by the population and therefore, reinforce the authority and legitimacy of the state (Haar and Rubenstein 2012:5-6). This strengthening of the legitimacy bargain by dint of providing (health) services can perhaps result in a stronger (re)building of the state. Also, in the paragraph on statebuilding is shown that peacebuilding and statebuilding could theoretically be achieved by the rebuilding of state institutions (Ramsbotham 2011:199, Rushton 2005:452, Serwer and Thompson 2007). Since healthcare is a state institution, is it possible to approach healthcare as an institution able to contribute to peace- and statebuilding?

Literature shows that there certainly have been some approaches using healthcare as an instrument to increase the legitimacy of the state and/or the central government and subsequently to contribute to peace- and statebuilding. Rushton (2005) studies an interesting theory in which a government makes effort of providing health services to its populations in a post-conflict situation. This leads to the (re)gaining of the governments legitimacy and/or the perceptibility of the government willing to participate in the legitimacy bargain. This, on its turn, can contribute to the improvement of peacebuilding and statebuilding in a conflict affected state (Rushton 2005:442, Human Security Report 2011:140-141). Another approach is the Health as a Bridge for Peace program (HBP),² which is defined as "the integration of peace-building concerns, concepts, principles, strategies and practices into health relief and health-sector development" (Rushton 2005:446). According to this program, the government's legitimacy can be boosted through successful health improvements for citizens in post-conflict situations, which is confirmed by Haar and Rubenstein (2012). Furthermore, through such health interventions, trust can be gained and transformed into confidence and this can be a basis to start peace negotiations among antagonists. Therefore, HBP's most important assumption is that health policy can considerably contribute to a more secure world in multiple ways (Human Security Report 2011). Moreover, when these interventions are successfully implemented in a post-conflict state, it can lead to the enhancement of the authority and legitimacy of the state which Haar and Rubenstein (2012) described and is referred to above. Consequently, resurgence of the conflict becomes less likely and this on its turn contributes to the solidity of peace and the state, and therefore, to peace- and statebuilding. Prove for this theory is already given since experiences have shown that an effective delivery of health services and functioning health system can enhance the government's legitimacy and this makes that health can have an important influence on peace- and statebuilding in post-conflict

² This program is established in 1997, as an initiative of the World Health Organization (WHO).

countries (Human Security Report 2011:140-141; Kruk et al. 2009:90). Herewith, the question considering the possibility of approaching healthcare as an institution able to contribute to peace- and statebuilding can positively be answered.

In conclusion, in its different approaches, health can fulfill an important role in state- and peacebuilding processes in post-conflict countries. Therefore, we argue that a government in a post-conflict country trying to reform healthcare and integrate peacebuilding concerns in this reform has a good chance of attaining peace, increase its legitimacy and successfully rebuild the state. Since access is an important facet of healthcare, it should consequently be taken into consideration when trying to reform healthcare.

Access to healthcare services

Now we have seen that an effective public healthcare system can contribute to peace- and statebuilding, it is essential to examine when a public healthcare system is effective. Since it is not possible to elaborate on all the aspects of a healthcare system, we will focus in this study on ‘accessibility’, one of the primary aspects in examining the efficiency of a healthcare system.

Accessibility is an important aspect of public healthcare. Especially in situations of conflict, access is the key in organizing an admissible healthcare system (Perrin 1996:320). The accessibility of healthcare varies per person and is shaped by finances, availability of insurance and information, geographical location, ethnic origin, language, security, political participation and other cultural patterns (Perrin 1996:318-320; PAHO 2004). By this, healthcare providers can not create a ‘standardized’ access to healthcare systems equal for a whole population. In general it can be said that access to health services is worse for indigenous people (Horton 2006:1706). A confirmation is found by Kruk et al. (2009) concerning the variable ‘geographical location’. They state that most health improvements in a post-conflict situation are delivered in urban areas because of the better health infrastructure than in rural areas (Kruk et al. 2009:90). Since indigenous people mostly live in rural areas, this points to the assumption that they probably have a worse access to health services compared to people living in urban areas, which are mostly non-indigenous people. This is certainly the case in the municipality of Uspantán, Guatemala, where a lot of *indigenas* live hours away from the first regional healthcare center. The previous argument can also be linked to the statements by the World Bank in Haar and Rubenstein (2012) and Lloyd-Sherlock (2000) in the former paragraph about regional differences in the impact of conflict and its consequences for health (services). Thus, one region can have worse healthcare services or access to those services after a conflict than another region in the same country.

Absence of, or bad access to mechanisms that can satisfy health needs is by the Pan American Health Organization (PAHO) considered as *exclusion* in health. Their definition of exclusion in health reads: “exclusion in health is understood as the lack of access of certain groups or people to various

goods, services and opportunities that improve or maintain their health status and that other individuals and groups in the society enjoy” (PAHO 2004: xiv). PAHO’s idea of exclusion in health corresponds in terms of the inability of receiving healthcare by particular groups with Lloyd-Sherlock’s (2000:10) idea of exclusion in health referred to above. This exclusion is often experienced especially by indigenous ethnic groups, partly due to their place of residence, which is the case in Guatemala as well. This exclusion can be linked to Holsti’s (1996) concept of ‘horizontal legitimacy’ already touched upon, reflecting the relations between different groups within the state. It is said that when these relations are based on inequality, hierarchy and exclusion, the level of horizontal legitimacy is low. Holsti (1996) argues that in this situation the oppressed are often defined in special categories and usually are excluded from the political community. He also argues that ethnicity is often an exclusionist principle of legitimacy that exacerbates division in plural communities. Applying this to health, this can lead to the situation that when a government provides healthcare with an inadequate access, this might contribute to the exclusion of (a part of) its citizens, which can subsequently lead to conflict (Haar and Rubenstein 2012).

Health service delivery is an important aspect of the legitimacy bargain between government and population, and therefore one should suppose that healthcare is a very accessible public institution provided by the government. Unfortunately, literature shows that this is not always the case, and that the government does not always attain its end of the bargain, like is the case in the municipality of Uspantán, Guatemala. Such a failure will consequently influence the population’s attitude towards the government. In this study will be examined how access of healthcare provided by the Guatemalan government and the attitude of the population towards this central government are related.

Every post-conflict situation needs a different peacebuilding formula in order to build and maintain peace. Consequently, the municipality of Uspantán needs its own peacebuilding formula as well. In either way, building the state, both as system and idea (Abrams 1988), is shown to be a very important aspect of peacebuilding (Ramsbotham 2011, Holsti 1996, Serwer and Thomspson 2007, Rushton 2005). In this theoretical framework it was said that statebuilding entails, among other aspects, building effective and legitimate institutions, like healthcare (Azar 1990). This, in turn, can positively contribute to the legitimacy bargain between the state and its citizens. This legitimacy bargain is closely linked to ethnicity (horizontal legitimacy, Holsti 1996) which appears in the multi-ethnic society of Uspantán as well. Among other things, the bargain can be maintained by effective health service delivery by the central government to the population (Rushton 2005). This is also the case in Uspantán, where healthcare, as being a state institution, is provided by the central government to the community. When the government provides health services with an equal access for all of its inhabitants, exclusion in health will probably disappear, which will consequently lead to a stronger legitimacy bargain. Lloyd-Sherlock’s (2000:4) statement that it is the responsibility of any state to guarantee health for its population, can fluently be incorporated in this concept of a legitimacy

bargain. Responsibilities of governments considering health provision must be monitored, and if the state fails in providing health services to all of its populations, its legitimacy can be questioned (Lloyd-Sherlock 2000:5-6, Holsti 1996) and the bargain weakened. In sum, we have seen that healthcare is an important aspect of the relation between the government and its populations. Therefore, it is important to consider how a central government provides healthcare and how this is related to the bargain between a state and its (ethnic) population in a post-conflict context.

Chapter 2 – The setting: the municipality of Uspantán, Guatemala

An ethnically rich and conflict-ridden municipality

This study on public healthcare provision by the central government in relation to the legitimacy bargain between the central government and its population is carried out in the post-conflict context of Uspantán, Guatemala. Guatemala's population consists of mostly indigenous people (60 percent) and *ladinos*.³ In Guatemala, the term '*ladino*' is used to refer to non-indigenous Guatemalans and *mestizos*. The relation between different indigenous peoples (*indígenas*) and *ladinos* is hierarchical, a legacy from colonialism. Sanabria (2007) and Kruijt (2008:12) argue that the colonial rulers in the sixteenth century imposed an institutionalized racial categorical system in Latin America and assigned more tributary duties to the rural *indígenas* than to the urban *ladinos*. Landau (2008:196) argues that the *indígenas* were always seen as 'somewhat less than human' by the *ladino* elite. This has left Guatemala with political and social divisions which maintained after independence (a low level of horizontal legitimacy).

Most indigenous people live in the Petén region, characterized by impassable rainforests, and in the Western Highlands, where a diversity of linguistic communities is habituated.⁴ The municipality of Uspantán (Figure 3) is located in the northern part of these Western Highlands, 257 kilometers away from the capital. In this municipality, 86 percent of the population is said to be indigenous and following Alfonso Rivera Orrego no less than five different ethnic groups cohabit here, namely: *uspantekos*, *quiches*, *kekchíes*, *pocomchies* and *ladinos*.⁵ These groups all have their own language corresponding with their ethnic names except for castellan Spanish, the language of the *ladinos* (Alfonso Rivera Orrego, *unpublished*). Most indigenous people wear colourful typical clothing, called *traje típico*, which brightens up the scene. Especially on the crowded market days in the village of Uspantán this results in an oasis of colours. Together with the mostly tranquil streets and the omnipresent tune of the icecream cart, the village of Uspantán has a placid atmosphere. This atmosphere, however, partly conceals the problems the municipality currently faces, such as (extreme) poverty, illiteracy, unemployment, malnutrition, a high morbidity and mortality rate and a low level and quality of education.⁶

Rigoberta Menchú (1983), born and raised in the municipality of Uspantán, argues that because of the ethnic diversity in this region, one can hardly speak of indigenous people as one group. Thorp et al. (2006:461) argue that the different indigenous groups in Guatemala in general did not really have a feeling of a 'common indigenous' identity, until the breakdown of their political

³ Website: <http://www.iwgia.org/regions/latin-america/guatemala/868-update-2011-guatemala>, retrieved on the 7th of May, 2012

⁴ Website: <http://www.unhcr.org/refworld/country..MRGL..GTM..49749d163c.0.html>, retrieved on 3rd of December 2012

⁵ 86 percent of Uspantán's population is indigenous: Plan de Desarrollo, Uspantán, Quiché, December 2010

⁶ Plan de Desarrollo, Uspantán, Quiché, December 2010

autonomy and isolation and the unrestrained murders of indigenous people in the civil war which swept through Guatemala from 1960 to 1996. Indeed, during the whole conflict most massacres occurred in indigenous populated areas, especially in the Western Highlands (Figure 2). This region was in particular affected during ‘*La Violencia*’, the period between 1975 en 1985 when the military *ladino* government launched a brutal anti-guerilla campaign (Internal Displacement Monitoring Centre 2006). The municipality of Uspantán is, so to say, an ethnically rich region and an important stage setting of the Guatemalan conflict.

The twenty-four year old public healthcare system

The healthcare system of Guatemala is provided by three players; the government, in particular the Guatemalan Ministry of Public Health and Social Welfare (MSPAS), the Guatemalan Social Security Institute (IGSS) and the private sector (Bowser and Mahal 2011:160). This study focusses on the first healthcare provider; the government. MSPAS provides healthcare at four levels of facilities; the national, regional, municipal and hamlet level (Duncan Jones in Adams and Hawkins 2007:87). Those levels correspond with Short’s (2007 131) national, regional and community level, in which the community level covers both Duncan Jones’ municipal and hamlet level. The information considering healthcare used in this thesis is gathered on the regional level, in a district hospital in the mountainous municipality Uspantán.

The small and architectural simple public hospital in Uspantán is built after the armed conflict in 1989 or 1990.⁷ Before the building of the hospital, the village of Uspantán just had a *centro de salud*, which is a small health center that is only able to provide basic healthcare.⁸ As a consequence, it seems that regarding public healthcare facilities in the post-conflict municipality of Uspantán, we can not speak so much about ‘rebuilding’ or ‘reconstruction’ practices, but rather about ‘building’ and ‘construction’ practices in a statebuilding context. Nevertheless, those public healthcare facilities, which are state institutions, can be building bricks in (re)building the (idea of) the Guatemalan state after a period of violent conflict and therefore can still be essential in this study on statebuilding.

The public hospital in Uspantán covers a mostly rural district of 61,946, spread over 179 communities.⁹ Officially it has 30 small, bare and hard beds, but the overcrowding of the hospital makes that there are in reality 35 to 40 beds. The hospital has seven specialisms,¹⁰ and provides obstetrics, anesthesia, an ambulance, emergency department, first aid, x-rays, ultrasounds, a laboratory, a pharmacy, space for recovery, isolation, lactation and pre-matures, and attention for newborns and malnourishment. Furthermore, the hospital offers both biomedical and natural medicines, whereof the latter are manually cultivated in the hospital’s garden. The hospital in

⁷ Informants disagree on the year the public hospital in Uspantán was build.

⁸ Open interview with Mario Fransisco Petz, 03 April 2013

⁹ Open interview with Mario Fransisco Petz, 03 April 2013; informal conversation with José Luis, 26 February 2013; Plan de Desarrollo, Uspantán, Quiché, December 2010

¹⁰ Medicine, surgery, gynecology, traumatology, odontology, psychology and pediatrics

Uspantán has 37 nurses and nine or eleven doctors,¹¹ of which five are Guatemalan and the rest is Cuban. One or two of the Guatemalan doctors can speak in both Spanish and an indigenous language, the other doctors just speak Spanish which is the main language spoken in the hospital.¹² Nevertheless, among the patients and other personnel of the hospital there are also other languages spoken. Around 86% of the patients is indigenous and speaks K'iche', Uspanteko, Poqomchi, Q'eqchi', Mam or Ixil.¹³ A lot of those patients can speak both Spanish and an indigenous language, but some can only speak an indigenous language.¹⁴

During fieldwork in the municipality of Uspantán, Guatemala, the functioning of the Guatemalan public healthcare system was reflected in the public hospital in Uspantán. It turned out that this system shows a lot of deficiencies. Later on in this thesis there will be examined what the influence of those deficiencies is on the legitimacy of the central government in Guatemala in a post-conflict statebuilding context.

¹¹ Informants disagree on the amount of doctors in the public hospital in Uspantán.

¹² Informants disagree on how many doctors in the public hospital can speak both Spanish and an indigenous language. Informal conversation with José Luis, 05 March 2013; open interviews with Mario Fransisco Petz, 03 April 2013; Julio Damian, 15 March 2013; semi-structured interview with Victor Hernandez, 11 March 2013.

Spanish is also the most important language in the *centro de salud* in Chicaman (Johanna Mendoza, my own observation), which points to the fact that Spanish is probably in most public healthcare centers the most important language.

¹³ Plan de Desarrollo, Uspantán, Quiché, December 2010; Semi-structured interviews with Ronnie Soch, 12 April 2013; Johanna Mendoza, 11 April 2013; Open interview with Mario Fransisco Petz, 03 April 2013; Monografía de hospital Uspantán, 2009

¹⁴ Semi-structured interviews with Ronnie Soch, 12 April 2013; Carlos Moran, April 02, 2013; Yehimy Ordoñez, April 11, 2013; Jorge Cardona, March 04, 2013

Chapter 3 – The Conflict and its Legacy

Welmoed Barendsen

The conflict: Violence, fear and groupness

As stated before, Uspantán was an important stage setting of the devastating Guatemalan conflict. In this municipality, informants especially mentioned ‘*las ochentas*’, the eighties, as a term to describe the rock-bottom of the conflict in the 1980s.¹⁵ The underlying cause of the conflict in Guatemala in general lay in the structural exploitation of the indigenous peasants, regarding landownership and -rights, from the Spanish conquest on. These structural exploitative relations can be considered as structural violence (Ramsbotham 2011) and also occurred in the municipality of Uspantán.¹⁶ The argument that the conquest was at the roots of the conflict is supported by Kruijt (2008:12), Sanabria (2007) and Sieder (2011). One can argue that the exploitation generated grievances of the indigenous people which led to organization (for example the different guerilla organizations) against this injustice. This fits into the ‘grievances stance’ of Azar (1990) and Arnson (1999), already touched upon in chapter one, regarding the causes of conflict.

About the conflict as it occurred in the municipality of Uspantán exist many different stories, as every informant has his or her own version of events. One informant stated: “There are many stories, many thoughts, but I only know my own.”¹⁷ This is also true regarding the start of the manifestation of the conflict in the village of Uspantán.¹⁸ Even though the conflict was already going on for almost two decades, it did not *manifest* itself in the municipality of Uspantán until the late 1970s or early 1980s. One version of ‘the trigger’ of the violence in the village Uspantán is the increasing presence of the guerrilla in and around the village, without referring to a specific date.¹⁹ The national army, who had one of their military bases in the village, did not approve this increment and abductions started.²⁰ Another version starts when the guerillas came in the village of Uspantán, received by local organizations such as the assumed guerilla-infiltrated Convent. On the 12th of August in 1979, the guerillas killed a man who was organizing a meeting for *fincas*-owners in the neighbouring

¹⁵ Semi-structured interview with Hippolito Tomas Hernandez, February 27, 2013, Ignacio Aspop, February 27, 2013 and Open interview with Cristobal Soche, March 21, 2013

¹⁶ Open interview with Cristobal Soche, March 21, 2013, Informal conversation with Maria Isabel Reynoso, March 14 2013, Plan de Desarrollo, Uspantán, Quiché, 2010:71

¹⁷ “*Hay muchas historias, muchos pensamientos, pero yo solo sé mi propios.*” Open interview with Don Alfonso, March 15, 2013

¹⁸ Here Mitchell’s (1981:50) distinction between a latent conflict, referring to a situation which includes only the recognition of goal incompatibility and manifest conflict, where conflict behaviour is involved to achieve goals, is useful.

¹⁹ Informants generally referred to *la guerrilla* instead of naming a certain guerilla group. Two informants mentioned the EGP (*Ejército de Guerrillero de los Pobres*). That informants were probably speaking of the EGP is supported by Saul Landau (1993). Landau (1993:168) explains that after the guerillas led by former militants Sosa and Lima (who initiated the conflict with a revolt against president Ydigoras and the corruption of his military regime) were seemingly defeated in the 1960s, they began to regroup in Mexico in the 1970s, where they developed a new strategy: including the *indígenas*. As a consequence, these guerillas stationed in the area where most *indígenas* lived: the department el Quiché in which Uspantán is situated. These guerillas were by then called the EGP (Landau, 1993:173).

²⁰ Informal conversation with Maria Isabel Reynoso, March 14, 2013

municipality of Chicamán. In 1980, the guerilla returned to burn the *finca* where the meeting was held, which was an important trigger for the onset of the conflict, according to one informant.²¹ Whoever is guilty of triggering a manifest conflict (the national army or the guerilla), from a certain moment the village was a stage setting of abductions, disappearances and consequently fear.²² However, for the most part, violence did not occur in the village itself, since it was merely a military base.²³ This is also the reason why during the fieldwork period there were not many *visible* signs of a history of conflict in the village. On the contrary, the mountainous *aldeas* surrounding the village did witness severe violence.²⁴

Although the guerilla, who were hidden in the rugged mountains, principally did not have much presence, the army suspected a lot of indigenous communities of being collaborators of the guerilla.²⁵ *Orejas*, or ‘ears’, the name for the paramilitaries, watched and observed people in the village and *aldeas* and when they discovered something presumably leftist or communist, which was associated with the *guerilleros*, the accused person would be taken to the station where after he or she would disappear, meaning that they were killed or forced into the *Patrulla Autodefensa Civil* (PAC).²⁶ Besides abducting people, the national army would burn houses, violate women, murder families, devastate crops and kill and eat the animals of suspected collaborating communities (CEH, 1999).²⁷ The indigenous inhabitants of the communities, fearing for their lives, fled either to the village of Uspantán, Cobán, the south coast, the capital or into the mountains.²⁸

Moreover, sometimes it seemed of no great importance whether or not an indigenous person was actually leftist or supporting the guerilla. On the 31th of January in 1980, 37 members of the indigenous peasant organization *Comité de Unidad Campesina* (CUC), among them inhabitants from Uspantán (such as Vicente Menchú, father of Rigoberta Menchú), occupied the Spanish embassy because other, more legal forms of protest had not been fruitful. This occupation ended in the burning of the embassy and only one of the members survived (CEH 1999:163-183; Menchú 1983).²⁹ Hereafter, the military government launched a campaign against the communities of the occupants, accusing them of being *guerrilleros*, such as *aldea* Laj Chime, the community of family Menchú.

²¹ Open interview with Don Julio García, March 8, 2013

²² Open interview with Antonio Chitop, April 12, 2013, Informal conversation with David Velasquez, March 25, 2013 and Maria Isabel Reynoso March 14, 2013

²³ Supported by testimonies in CEH, 1999, Open Interview Cristobal Soche, March 21, 2013, Semi-structured interview with Juanita Us Natareno, March 25, 2013

²⁴ From the 232 testimonies in the report of the CEH, 1999, of the municipality of Uspantán, 214 (92,24 percent) took place in the *aldeas*, in comparison to 18 (7,76 percent) in the village of Uspantán

²⁵ Open interview with Cristobal Soche, March 21, 2013 and Antonio Chitop, April 12, 2013

²⁶ Open interview with Antonio Chitop, April 12, 2012, Informal conversation with David Velasquez, March 14, 2012. Following Landau (1994), the Guatemalan government, influenced by the USA, saw the guerillas as leftist, communist organizations. Since the USA was in an anti-communist phase, it encouraged the Guatemalan government to fight these organizations.

²⁷ Open interview with Cristobal Soche, March 21, 2013, Antonio Chitop, April 12, 2013, Fernando Us Rodriguez, 19 March, 2013, Semi-structured interviews with Ignacio Ašpop, February 27, 2013, Ernesto Menchú, March 04, 2013, Informal conversation with David Valesquez, March, 14, 2013,

²⁸ Several semi-structured interviews, e.g. with Ignacio Ašpop, February 27, 2013 and Juanita Us Natareno March 25, 2013, several open interviews e.g. with Isabel Chen, April 02, 2013 and Antonio Chitop, April 12, 2013.

²⁹ Although this man was later abducted while being treated in the hospital and assassinated (CEH, 1999)

The generalized violence against the different indigenous communities accused of being collaborators of the guerilla pushed all these communities into one ‘group’: *indígenas*, supporting Brubaker’s (2002:45) theory that violence can create a certain ‘groupness’. Moreover, two informants said that indigenous people were being murdered because of the simple fact of being an *indígena*.³⁰ The indigenous groupness can then be considered as, in Drakulic’s (1993:25) terms, a shirt hard to shrug off: they were targeted *just because* they were indigenous. The extreme violence in the municipality of Uspantán had thus a two-fold effect: it generated fear as well as groupness.

Reconstruction? Taking command in post-conflict Uspantán

*A woman in traje walks hesitatingly through the doorway of the small office, her long grey hair resting on her back. Her face is rugose. She nods to the woman who is sitting behind a desk, situated opposite the doorway, counter to one of the white sidewalls. This woman wears her long black hair in a tail and is dressed in typical traje as well. Her round face carries big brown eyes. “Saqarik” [Hello] she says in K’iche’ to the old lady who has reached the nearest of the three plastic green chairs filling the other sidewall. For a moment she looks through the window next to the doorway of the office of Programa Nacional de Resarcimiento, to the green courtyard of the municipality complex. Then she introduces herself to the employee of the program as Isabel Chen. She tells that she is still waiting for a repayment from the central government for the loss of her sons who have died during the conflict. The employee pages through some files and explains to her that the names of her sons do not appear in the municipality registers. The program will have to examine her case to see if it is possible for her to receive a repayment. Old Isabel shakes her head and says that she has been waiting for so long now.*³¹

Isabel Chen is certainly not alone in her victimhood; the legacy of the armed conflict for indigenous people in Uspantán is very extensive. As a consequence of the attacks on the indigenous communities described above, there is a lot of displacement and a lot of indigenous people have to cope with the loss of money, possessions and family members.³² Poverty is an important consequence of the conflict and is very visible in Uspantán: there were men and women with dirty and torn clothes, young boys wandering around the central park, carrying their little shoe polish-gear boxes trying to earn some money as well as primitive staggering houses made out of clay and metal sheets.³³ Furthermore, some *aldeas* had cooperatives before the armed conflict to be able to sustain their community and to create

³⁰ Such as the brother of David Valesquez, Informal conversation with David Valesquez, open interview with Antonio Chitop, April 12, 2013

³¹ This vignette is based on field notes and observations of March 14, 2013

³² Displacement: semi-structured interview with Ignacio Ašpop, February 28, 2013, open interview Isabel Chen, April 02, 2013 and Cristobal Soche, March 21, 2013

³³ Poverty as a consequence of the conflict: several open interviews, e.g. with Ignacio Ašpop, April 02, 2013, and Isabel Chen April 02, 2013, semi-structured interview with Ana Rodriguez y Rosa Tum, March 20, 2013 and Juanita Us Natareno, March 25, 2013. The Plan de Desarrollo, Quiché, Uspantán (2010:26), states that in the municipality, 87,7 percent of its inhabitants live in poverty and 36,6 percent in extreme poverty. On national level, 44,3 percent of the people in Guatemala live in poverty and 16,8 percent in extreme poverty.

income, but as these cooperatives were often also destroyed, the community had to start from scratch.³⁴ A repayment from the central government, for example with help of the *Programa Nacional de Resarcimiento* (PNR), an organization from the central government that gives economic or material repayments and psychological help to victims of the conflict, would therefore be very helpful.

Another consequence is that the conflict divided the society. One informant stated that because people were forced into the PAC's, they had to fight against neighbours, friends and even family.³⁵ Participants on different sides of the conflict (the army, the PAC's, the guerilla, and the civilians) still reason in those different parties, although the conflict has passed.³⁶ On the contrary, when talking to the Mayor of Uspantán in his giant luxury office, he proudly told that indeed there is a process of harmonizing going on at this moment.³⁷ However, accounts of informants tell something else. For example, when asking an informant named Don Alfonso if he knew an informant named Don Julio, he answered "Ai, he is from the other side, he is from the militarized side".³⁸ So unfortunately, social divisions implemented during the conquest remain or are even strengthened after the conflict.

Furthermore, one informant spoke about another consequence of the conflict: the loss of traditions and religion which the Mayan communities practiced. Devastation of corn, houses and people are not only a material loss for the Mayan communities: corn, besides being an important religious symbol (CEH 1999, Tomo V:62), houses and people were believed to have a soul. It is said within the Mayan community that now they have to pay for these losses.³⁹ Moreover, because people were afraid of being recognized as an *indígena* due to the violence against them, some people got rid of their traditional clothing or *traje típico* (Rigoberta Menchú 1983).⁴⁰ Besides the consequences mentioned above, many people cope with traumas and mental problems.⁴¹

Given these consequences of the conflict, there was much to reconstruct in the society of the municipality of Uspantán when the conflict had officially ended in 1996. The Mayor said that regarding reconciliation and the (re)construction of education and health, there has not been a lot of initiative from the central government in Uspantán. It is said that the region of Guatemala City, where the central government is seated, has far more and better healthcare and education services (also due to a lack of decentralization, see chapter six).⁴² The informants confirmed this: most people say that there has not been much reconstruction, in anyway not sufficiently.⁴³ According to this information, with regard to rebuilding state institutions in the context of post-conflict statebuilding, the central

³⁴ Field notes, Open interview with Cristobal Soche, March 21, 2013

³⁵ Open interview with Cristobal Soche, March 21, 2013

³⁶ Open interviews with Don Julio García, March 08, 2013, Don Alfonso Rivera Orrego, March 15, 2013, informal conversation with David Velasquez, March 14, 2013

³⁷ Semi-structured interview with Víctor Hugo Figueroa Pérez, March 11, 2013

³⁸ "Ai, él es del otro lado, él es del lado militarizado." Open interview with Don Alfonso Rivera Orrego, March 15, 2013

³⁹ Open interview with Antonio Chitop Cabrera, April 12, 2013

⁴⁰ Open interview with Antonio Chitop Cabrera, April 12, 2013

⁴¹ Semi-structured interview with Ignacio Ašpop, February 27, 2013, several open interviews, e.g. with Antonio Chitop, April 12, 2012 and Don Alfonso Rivera Orrego, February 28, 2013.

⁴² Respectively semi-structured and open interview with Víctor Hugo Figueroa Pérez, March 03, 2013 and April 09, 2013

⁴³ Several semi-structured interviews, e.g. with Bertha Us Tum, March 26, 2013 and Ernesto Menchú, March 04, 2013, open interview with Cristobal Soche, March 21, 2013, informal conversation with Isabel Reynoso, March 14, 2013

government is seemingly working on its institutions in and around the capital, but not so much in other, more remote regions in the country, such as the municipality of Uspantán.



Photo 1: Post-conflict *aldea* San Pedro la Esperanza (Photo by author)

As a consequence, in most communities people were forced to reconstruct the community with their own hands.⁴⁴ One example is San Pedro la Esperanza, a remote *aldea* which lies at approximately twenty kilometers from the village of Uspantán and is a ‘priority’ community of the central government for its extreme poverty (Photo 1). The community was totally erased during the conflict and every inhabitant left the area.⁴⁵ However, despite its priority status, the community has not seen any reconstruction initiative from the government besides a small school building, a community room and some houses dispersed over the surrounding hills.⁴⁶ Therefore, it is very dependent on surrounding *aldeas* and the village of Uspantán, which are connected with the community by an unpaved, rough road through the mountains.⁴⁷

Moreover, when there is support, such as with the PNR, the money often goes to ‘people who want to do well out of war’: people who try to receive a repayment by distorting the truth.⁴⁸ Besides,

⁴⁴ Open interviews with Cristobal Soche, March 21, 2013 and Ignacio Ašpop, April 02, 2013 field notes

⁴⁵ Informal conversation with Maria Isabel Reynoso, April 10, 2013, open interview with Cristobal Soche, March 21, 2013, Field notes,

⁴⁶ Informal conversation with Maria Isabel Reynoso, April 10, 2013, Field notes April 10, 2013

⁴⁷ Field notes April 10, 2013

⁴⁸ Semi-structured interview with Juanita Us Natareno, March 25, 2013, open interview with Fernando Us Rodriguez, March 19, 2013, informal conversation with Maria Isabel Reynoso and Cristobal Soche, March 15, 2013

although the activities of the PNR also include providing houses and exhumations, to receive such help demands a lot of bureaucratic processes and sometimes financial investments, which can be an important obstacle for the mostly (extremely) poor indigenous people.⁴⁹ In relation to the latter, there has been a lot of critique on the PNR as organization of the government because it has not benefited a lot of victims yet after ten years of work. According to some this is due to unwillingness of the central government to invest money.⁵⁰ In a newspaper article considering this topic the following was stated: “The program has given 622 million quetzals for 22 million people and the result is that the communities stay poor” (Morales 2013).⁵¹ Thus, getting support and help to the (right) people seems to be difficult.

However, the people for whom the consequences of the conflict are everyday realities are not passively waiting on reconstruction on behalf of the central government. The inhabitants of Uspantán are active agents, organizing themselves to cope with the post-conflict situation: there are local organizations such as ASODDVCICAIRU (*Asociación para la dignificación y desarrollo integral de comunidades víctimas del conflicto armado interno de Uspantán*) to honor the victims and to compensate for their sufferings (Photo 2). Besides, Uspantán’s women organization, with no direct link to the conflict, helps indigenous people, especially women, to exit poverty.⁵²



Photo 2: Indigenous people commemorate their fallen relatives at an inhumation ceremony, organized by ASODDVCICAIRU (Photo by author)

⁴⁹Field notes March 14, 2013, March 21, 2013, April 04, 2013, April 10, 2013, April 11, 2013, Informal conversation with Maria Isabel Reynoso April 04, 2013, Open interview with Antonio Chitop Cabrera, April 12, 2013

⁵⁰Prensa libre, February 26, 2013, open Interview with Antonio Chitop Cabrera, April 12, 2013

⁵¹ “El programa ha dado Q622 millones para 22 mil personas, y el resultado es que las comunidades siguen pobres.”

⁵² Field notes, semi-structured with Ana Rodriguez and Rosa Tum, March 20, 2013

It is clear that in the municipality of Uspantán the conflict was severe and destructive in many ways. The extreme violence of mostly the national army in the municipality had the effect of generating fear as well as a certain groupness among different indigenous communities. Indigenous communities in the *aldeas* were being targeted for assumedly being or collaborating with *guerilleros* or simply for being *indígena*. This discriminate targeting has left a legacy of displacement, poverty, social division, and loss of Mayan traditions. The government however, did not show much initiative to account for this legacy and to reconstruct society in the municipality; it seems like the communities had to realize this reconstruction themselves. Later on we will examine if this apparent unwillingness of the central government only considers reconstruction, or if it concerns a wider phenomenon and what consequences this has for the legitimacy of the central government and subsequently for statebuilding. Now we will continue with the effectiveness of an important state institution in post-conflict Uspantán: public healthcare.

Chapter 4 - The effectiveness of the public healthcare system

Elske van Putten

The small district hospital in Uspantán is widely used by the inhabitants of the mostly rural district that is covered by this *hospital nacional Uspantán*. In this chapter the effectiveness of the public hospital in Uspantán for those inhabitants will be examined. To achieve this goal, firstly the functioning of the healthcare system will be studied, which can subsequently tell something about the effectiveness of this system. In the examination of the functioning of the healthcare system, the focus will be on accessibility as an important element of the functioning and consequently, its effectiveness. With effectiveness in this context is meant the accomplishment of the purpose of healthcare; providing care and needs for the achievement of a good health for the patients. Functioning entails, regardless of the patient's ability to pay, providing the conditions of timeless quality and dignity to meet the health needs of the patients (PAHO 2004:7). The functioning of the healthcare system sets the effectiveness of this system. In short, up from below, the accessibility is chosen as one of the means for determining the functioning of the public healthcare system, which can consequently tell something about the effectiveness of this system.

Besides the services resulting from the observed focus of MSPAS and the public hospital in Uspantán on pregnancy, childbirth, breastfeeding, family planning etcetera, the hospital covers a broad scale of healthcare services with specialisms in medicine, surgery, gynecology, traumatology, odontology, psychology and pediatrics.⁵³ Especially compared to the minimal public healthcare services available in the hamlets around the village of Uspantán, this hospital is an important place of reference for public healthcare services. This is due to the fact that in the hospital in Uspantán there is more advanced equipment available, there are more doctors and specialisms and therefore more opportunities to perform extensive public healthcare. Nevertheless, this does not mean that the public hospital in Uspantán has *enough* resources for executing proper public healthcare, which will be studied extensively in chapter five. However, all patients in a range from young to old, male to female and *indígena* to *ladino* pass by in this hospital, with all types of problems varying from headaches caused by fights, to RSI-like problems caused by making too many tortilla's or gastritis triggered by eating too many chili.⁵⁴ Pain, serious injuries, or the supposed availability of free public healthcare often make that an inhabitant of the district covered by the public hospital in Uspantán goes to this hospital.⁵⁵ Nevertheless, they often postpone their visit to the hospital because of several reasons,

⁵³ MSPAS n.d. Conozcanos: Red de servicios. http://portal.mspas.gob.gt/index.php?option=com_content&view=article&id=311&Itemid=11, accessed May 18, 2013; Conference organized by MSPAS for the personnel of public health centers, February 28, 2013; (self-made) Posters in different public healthcare centers; Monograph of the history of Uspantán and its healthcare services, n.d.

⁵⁴ Participant observation at a consults by dr. Gustavo, April 12, 2013

⁵⁵ Semi-structured interviews with patient Renata, March 21, 2013; patient Vicente, March 21, 2013; patient Fernando, March 25, 2013; Informal conversation with dr. Gustavo, April 12, 2013; Open interview with David Velasquez, March 26, 2013

which can tell us something about the functioning and the effectiveness of the public healthcare system in post-conflict Uspantán.⁵⁶

Functioning and accessibility

Above is stated that the functioning of a healthcare system entails the provision of the conditions to meet the health needs of the patients (PAHO 2004:7). In this thesis the focus is on one of those conditions for meeting the health needs of the patients; accessibility. When there is no (good) access to the healthcare system, those health needs are probably not met. Access thus is an element in the functioning of a healthcare system. However, this thesis also argues that the relation between functioning and accessibility is bilateral. A good or bad accessibility, as being a condition or element within the functioning, can influence the level of functioning of a healthcare system, since the elements of functioning can have an upward influence. But on the other hand, the level of functioning can also influence the degree of access to healthcare. A bad functioning will probably come hand in hand with a low accessibility of the healthcare system. According to Badillo et al. (2009, in Bowser and Mahal 2011) in the years 2004 – 2006, only around 60 percent of the Guatemalan population had access to healthcare facilities. When studying Medendorp (2011:43), Bowser and Mahal (2011) and the World Bank (1995), it turns out that the indigenous Guatemalan citizens are the ones who most frequently do not have access to healthcare. Moreover, the Western Highlands, the region where Uspantán is located, is the region with the most conspicuous social exclusion caused by bad access to healthcare in Guatemala (PAHO 2004:35). However, when asking directly, several indigenous inhabitants of Uspantán and its surroundings express their positive thoughts about the accessibility of the public hospital in Uspantán.⁵⁷ Patients say that receiving healthcare is easy, and nearly always possible.⁵⁸ Nevertheless, some other inhabitants' opinions are negative and in combination with personal observation and participation it seems that the functioning of the public hospital in Uspantán often negatively influences its accessibility,⁵⁹ despite the positive words of some informants. Consequently, the accessibility of the public hospital in Uspantán does not seem very well.

The most important barrier in providing proper public healthcare services, or the functioning of the healthcare system in Uspantán, is the lack of sufficient medicines, equipment, personnel and medical attention in Uspantán's hospital, which will be further examined in the next chapter.⁶⁰ This leads to the situation that patients do not receive proper medicines or medical exams and they often spend hours waiting in the bare and bleak corridors and halls of the hospital, before a doctor can or

⁵⁶ Open interview with David Velasquez, March 26, 2013

⁵⁷ Several semi-structured interviews e.g. patient Ángela, March 05, 2013; Johanna Mendoza, April 11, 2013;

⁵⁸ Several semi-structured interviews e.g. patient Gloria, March 12, 2013; patient Renata, March 21, 2013

⁵⁹ Semi-structured interviews with patient Judith, March 12, 2013; patient Lucía, March 12, 2013; Eulogio Velasquez, April 09, 2013; Carlos Nevtali Canocan, April 10, 2013

⁶⁰ Several semi-structured interviews e.g. patient Dolores, March 12, 2013; Jorge Cardona, March 04, 2013; Several informal conversations e.g. dr. Gustavo, April 12, 2013; Noe Arrera Hernandez, March 21, 2013; Several open interviews e.g. Adriana Sofia Riviera, April 02, 2013; Mario Fransisco Petz, April 03, 2013;

wants to see them.⁶¹ Following counting, these spaces mostly have around thirty or forty people waiting here.⁶² A reason for those queues is overcrowding. The covered district is simply too big for the hospital's capacities, and there is not enough personnel available for all the patients.⁶³ Apart from the functioning of the hospital, another access barrier is that the doctors working in the hospital can occasionally be arrogant or malevolent with especially indigenous patients, which is an additional reason for those patients to stay away from the hospital as long as possible.⁶⁴ However, not only the functioning of this little hospital or the arrogance of the doctors, also the personal circumstances of the indigenous patients are a big barrier in their access to the public hospital. The liminary economic situation of many patients holds them from visiting private clinics,⁶⁵ or buying the medicines that the hospital does not provide.⁶⁶ Likewise, many patients live in a community that is very far from the public hospital in Uspantán.⁶⁷ The bad, bumpy and unpaved roads and the absence of a car among many patients limits their personal access to the hospital in Uspantán.⁶⁸ Finally, not feeling confident with speaking Spanish or not being able to can hold an ill person away from visiting the public hospital.⁶⁹

This language barrier in the access to the hospital is striking, since the hospital in Uspantán promotes its implementation of the *pertinencia cultural*, which literally means 'cultural relevance'. This program is a mandate from MSPAS and its main goal is providing special attention to the indigenous patients of the hospital. In the words of the director; "The Maya [culture] still is important in the hospital. This hospital is culturally adapted, we have Mayan things."⁷⁰ In practice this means that the hospital is able to provide natural medicines, help from Mayan midwives with childbirth and pregnancy, an office for Mayan affairs and Mayan therapists for medical attention.⁷¹ But probably the most important aspect of the *pertinencia cultural* is the possibility for indigenous patients to receive medical attention in their own indigenous language.⁷² The objective of this aspect is that patients probably feel better and have more confidence in the hospital when they can talk in their own

⁶¹ Several semi-structured interviews e.g. Ronnie Soch, April 12, 2013; Yehimy Ordoñez, April 11, 2013

⁶² The group of people in the waiting rooms of the hospital consists of both patients and their accompanying relatives.

⁶³ Several semi-structured interviews e.g. Johanna Mendoza, April 11, 2013; Yehimy Ordoñez, April 11, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013

⁶⁴ Informal conversation with Sonia Urizar and David Velasquez, March 25, 2013

⁶⁵ Which are considered as better than the public hospital in Uspantán. Semi-structured interviews with dr. Cancinos, March 19, 2013; Jorge Cardona March 04, 2013; Informal conversation with Noe Arrera Hernandez, March 21, 2013; Open interview with David Velasquez, March 26, 2013

⁶⁶ Semi-structured interviews with Ernesto Menchú, April 09, 2013; Daniella Soch Alvarez, March 14, 2013; Informal conversation with dr. Gustavo, April 12, 2013

⁶⁷ Several semi-structured interviews e.g. Ignacio Ašpop, February 27, 2013; Yehimy Ordoñez, April 11, 2013; Several informal conversations with Sonia Urizar and David Velasquez

⁶⁸ Semi-structured interview with Carlos Nevtali Canocan, April 10, 2013; Carlos Moran, April 11, 2013

⁶⁹ Informal conversation with Sonia Urizar and David Velasquez, March 25, 2013; Semi-structured interviews with Ignacio Ašpop, February 27, 2013; Johanna Mendoza, April 11, 2013

⁷⁰ "La Maya todavía esta importante en el hospital. Este hospital es culturalmente adaptivo, tenemos cosas Maya." Open interview with Mario Fransisco Petz, April 03, 2013

⁷¹ Open interview with Mario Fransisco Petz, April 03, 2013; Informal conversation with José Luis, March 27, 2013; Semi-structured interview with Ronnie Soch, April 12, 2013

⁷² Semi-structured interviews with Ronnie Soch, April 12, 2013; Daniella Soch Alvarez, April 12, 2013; Ana Rodriguez, March 20, 2013; Rosa Tum, March 20, 2013; Open interview with Mario Fransisco Petz, April 03, 2013; Informal conversations with José Luis, March 27, 2013 and April 02, 2013

language.⁷³ The *pertinencia cultural* has had some positive results, which is reflected in the remark of one informant when I asked her opinion about the *pertinencia cultural*. “It is good because I have people here who talk like us, there is a doctor here who is ‘my people’, who talks with us not in this language [which was Spanish].”⁷⁴

However, in practice language still turns out to be a barrier in the accessibility of the hospital in Uspantán since some patients postpone or refuse a visit to the hospital because of an uncertainty or inability to speak Spanish.⁷⁵ This fact makes that the factual implementation of the *pertinencia cultural* can be doubted. This weakens the rightfulness of the public hospital since they are supposed to implement the *pertinencia cultural*. When examining this in a wider context, the central government can be questioned, because it is the central government who is in the first place responsible for carrying out the *pertinencia cultural*.⁷⁶ Promising to execute this program, but neglecting to fulfill this promise⁷⁷ can be a step in the impairment of both the hospital’s and the government’s legitimacy and worthiness.

Accessibility of healthcare services as a personal affair

‘Personal access’ is a topic that is already shortly touched upon above. Both Perrin (1996:318-320) and PAHO (2004) emphasize the personal aspect of access to healthcare services. Variables who determine someone’s access to healthcare services are finances, availability of insurance and information, geographical location, ethnic origin, language, security, political participation and other cultural patterns. In this study on the functioning and accessibility of the public healthcare system in Uspantán, all those variables can be recognized when examining the access of patients to the hospital.

The population of the district covered by the public hospital in Uspantán consists of *ladinos*, *mestizos* and *indígenas*. The last group can be divided into dominantly *Uspantekos*, *K’iches*, *Qeqchies* and *Ixiles* with languages with corresponding names spoken among those indigenous communities (Alfonso Rivera Orrego, *unpublished*).⁷⁸ The geographical location of the indigenous population is mostly rural and in general they are poorer than *ladinos*.⁷⁹ As a consequence of the former two facts, this indigenous population has a low level of insurance coverage, which is confirmed in Table 1 and 2.

⁷³ Semi-structured interview with Daniella Soch Alvarez, April 12, 2013; Ronnie Soch, April 12, 2013

⁷⁴ “*esta bien porque tengo la gente aqui habla como nosotros, hay un doctor aqui es mi gente, habla con nosotros no este idioma* [Español]” Semi-structured interview with Daniella Soch Alvarez, April 12, 2013

⁷⁵ Informal conversation with Sonia Urizar and David Velasquez, March 25, 2013; Semi-structured interview with Ignacio Ašpop, February 27, 2013; Ernesto Menchú, April 09, 2013; Johanna Mendoza, April 11, 2013

⁷⁶ Semi-structured interview with Ronnie Soch, April 12, 2013; Daniella Soch Alvarez, April 12, 2013; Informal conversation with José Luis, March 27, 2013

⁷⁷ Which they sometimes do according to semi-structured interviews with Ernesto Menchú, March 04, 2013; Lisa Mendez, April 02, 2013

⁷⁸ Plan de Desarrollo, Quiche 2010: 12

⁷⁹ Several semi-structured interview e.g. Ernesto Menchú, March 04, 2013; Jorge Cardona, March 04, 2013; Plan de Desarrollo, Quiche 2010: 12

	2000			2006		
	Poorest	Richest	Total	Poorest	Richest	Total
All populations						
Share of the population covered by IGSS or private insurance (%)	2.9	23.6	11.0	3.0	33.5	15.1
Urban						
Share of the population covered by IGSS or private insurance (%)	4.7	27.3	19.4	5.2	36.7	23.4
Rural						
Share of the population covered by IGSS or private insurance (%)	2.7	12.7	5.8	2.6	20.1	7.5

Note: Poorest refers to the lowest 25% of the population in terms of expenditures; richest refers to the highest 25% of the population in terms of expenditures.

Table 1. Insurance coverage in Guatemala by residence and expenditure quartile, 2000 & 2006. Bowser and Mahal 2011:161

	2000			2006		
	Poorest	Richest	Total	Poorest	Richest	Total
% covered by IGSS or private insurance (% of the population)	2.9	23.6	11.0	3.0	33.5	15.1
% traveling >1 h to seek care (% of the population)	36.2	26.6	30.8	42.6	29.9	35.4
OOP payments						
On drugs/total OOP spending (%)	69.8	56.3	61.9	68.5	56.2	61.8
On consultations/total OOP spending (%)	19.1	24.1	21.3	20.5	22.3	21.0

Note: Poorest refers to the lowest 25% of the population in terms of expenditures; richest refers to the highest 25% of the population in terms of expenditures.

Table 2. Insurance coverage, physical access, and out of pocket spending on health in Guatemala, 2000 & 2006. Bowser and Mahal 2011:162

Considering the variable security, the recent history characterized by the armed conflict that became ethnicized and in which targeting of *indígenas* regularly took place (Thorp et al. 2006:456) has shown that the indigenous population was in general less safe than the *ladino* population (Thorp et al. 2006, Menchú 1983, Landau 1994). Also, the political participation among *indígenas* has shown to be lower than among the *ladinos*.⁸⁰ All those facts together confirm Horton's (2006:1706) statement that access to health services is in general worse for indigenous people. This worse accessibility of public healthcare provision for indigenous people compared to *ladinos* and *mestizos* may lead to the assumption that the functioning as well the effectiveness of the public hospital in Uspantán is poorer for the indigenous population of Uspantán.

This assumption can be strengthened by a certain insecurity for *indígenas* caused by discrimination which is at times faced among this group. Discrimination is often expressed in an unwillingness or inability of hospital personnel to speak in an indigenous language, which contradicts the *pertinencia cultural*.⁸¹ Also, *indígenas* are sometimes discriminated when *ladino* patients are favored.⁸² Consequently, discrimination towards indigenous people can be considered as a cause for a harder (personal) access for them to healthcare services.⁸³ The lack of defense by indigenous patients against those practices or an attitude expressing fear once more complicates their personal access.⁸⁴ Fortunately, it seems like discrimination slowly diminishes. Nowadays, it is already less than some

⁸⁰ Semi-structured interview with Lisa Mendez, April 02, 2013; Ernesto Menchú, March 04, 2013

⁸¹ Informal conversation with Sonia Urizar and David Velasquez, March 25, 2013

⁸² Semi-structured interview with Ignacio Ašpop, February 27, 2013; Ernesto Menchú, March 04, 2013; Juanita Us, March 25, 2013; Lisa Mendez, April 02, 2013; Mario Fransisco Petz, April 03, 2013

⁸³ Semi-structured interview with Ernesto Menchú, March 04, 2013; Lisa Mendez, April 02, 2013; Ignacio Ašpop, February 27, 2013; Juanita Us, March 25, 2013

⁸⁴ Semi-structured interview with Lisa Mendez, April 02, 2013; Eulogio Velasquez, April 09, 2013

decennia before.⁸⁵ A generally accepted reason for this decline is the end of the armed conflict and the signing of the peace accords. This made that the governmental programs in favor of *ladinos* and *mestizas* and the ban on education for *indígenas* were abolished and with this, between ten and fifteen years ago, the discrimination started to shrink.⁸⁶ Nevertheless, discrimination today is still an issue of concern among some inhabitants of Uspantán and its surroundings.⁸⁷ Strikingly, the director of the public hospital in Uspantán confirms the existence of fragmentation, racism and exclusionism in the national public healthcare services in Guatemala, but denies the presence of discrimination in his hospital.⁸⁸ His argument is the presence of the *pertinencia cultural* in his hospital, and he typically supports his argument with pointing to one of the two small Mayan signs made on a piece of cardboard hanging on his wall, hard to see between the Guatemalan flags and his personal certificates livening up his office. But the implementation of the *pertinencia cultural* is still vague and the program is a MSPAS mandate, and therefore not typical for this public hospital in Uspantán. This refutes the directors argument and despite the fact that the presence of discrimination in the hospital in Uspantán was not obviously observed, there neither is assumed that there is no discrimination in this hospital at all. The mentioning of discrimination by some inhabitants of the municipality Uspantán is enough to take discrimination into serious account when examining the accessibility and functioning of the public healthcare system in Uspantán.

Nevertheless, despite this insufficient access and the mentioned presence of discrimination in the public healthcare situation in Uspantán, PAHO's exclusion in health theory is not completely suitable to this context. The definition "exclusion in health is understood as the lack of access of certain groups or people to various goods, services and opportunities that improve or maintain their health status and that other individuals and groups in the society enjoy" (PAHO 2004:xiv) shows that the indigenous people appointed to the public hospital in Uspantán are not so much directly excluded from the public healthcare system. Rather there can be said that their personal situation and the experienced discrimination complicates their access and makes that they are indirectly excluded from this system. Moreover, the access is insufficient for all of the hospital's (potential) patients since the functioning of the public hospital is deficient, considering the lack of essential resources in the public healthcare system. The inadequate functioning and accessibility of the public hospital in Uspantán is not limited to certain groups or people. The absence of sufficient goods, services and opportunities to improve or maintain health which is caused by an insufficient funding of the central government is faced by all of their potential patients, both *ladinos* and *indígenas*.⁸⁹ Therefore, it is not possible to

⁸⁵ Semi-structured interviews with Daniella Soch Alvarez, March 14, 2013; Ana Rodriguez, March 20, 2013; Rosa Tum, March 20, 2013

⁸⁶ Semi-structured interview with Daniella Soch Alvarez, April 12, 2013; Ronnie Soch, April 12, 2013

⁸⁷ Semi-structured interview with Lisa Mendez, April 02, 2013; Ernesto Menchú, March 04, 2013 and April 09, 2013; Ignacio Ašpop, February 27, 2013; Juanita Us, March 25, 2013

⁸⁸ Open interview with Mario Fransisco Petz, April 03, 2013

⁸⁹ The absence of healthcare resources and insufficient governmental funding will be extensively discussed in chapter five.

speak about *direct* exclusion in the public healthcare system in Uspantán, but just about *indirect* exclusion in the public healthcare system in Uspantán.

In short, the effectiveness of the public healthcare system in Uspantán is unraveled by examining both the functioning and accessibility of this system. The functioning of the hospital in Uspantán turns out to be insufficient, due to a lack of essential healthcare resources caused by an insufficient governmental funding. The functioning of a hospital is inherently related to accessibility, in a bilateral way. Even though inhabitants of Uspantán and its surroundings might say and think that the access to the public healthcare system is good, it is a fact that the access to the public healthcare system in Uspantán is not satisfactorily good. Important in the accessibility is the personal aspect. Accessibility is a personal affair, influenced by personal circumstances and therefore different for everyone. In the case of Uspantán, despite the *pertinencia cultural*, a lot of inhabitants face discrimination as one of those circumstances that negatively influence their access. As a consequence, a part of the patients of the hospital in Uspantán is indirectly excluded from public healthcare and both the accessibility and the functioning of the hospital are flawed. This is partly caused by personal circumstances, and partly by an inadequate governmental policy considering public healthcare. The insufficient working of the public healthcare system in Uspantán makes that the system cannot be perfectly effective. Concluding, the public healthcare system in Uspantán is partly ineffective and cannot completely provide in the cares and needs for the achievement of a good health for its patients. We will now go on and examine the consequence this insufficient healthcare provision has for the worthiness the patients ascribe to this system.

Chapter 5 - The worthiness of the public healthcare system

Elske van Putten

Wednesday, March 27, 2013

It is around 10am when Esteban enters *farmacia San Martin* (Photo 3). He walks to the backside of the pharmacy and turns to David Velasquez. David is the son of the owner of the pharmacy and he is just sorting different types of medicines in the old wooden shelters with glass doors hanging on the walls of a simple room, which is the pharmacy (Photo 4). Almost whispering,

Esteban starts talking about the pain he feels in his knees, his shoulders, his chest and his throat. Esteban has visited

farmacia San Martin a few times before to ask for a consult, but David always told him to go to an official doctor, since David has never fulfilled a medical study and therefore officially cannot help Esteban. But every time Esteban visited the public hospital in Uspantán, he needed to wait half a day



Photo 4: Sonia Urizar & David Velasquez in *farmacia San Martin*.

Photo: Marie-Louise Glebbeek

before he got medical attention, in which the doctor only gave him some painkillers or tranquilizers. Those medicines helped for a few hours or days, but did not solve the underlying illnesses, so every time the pain returned. Moreover, the doctors in the hospital did not examine Esteban, so they did not even have an idea of what kind of illness he suffers from. Additionally, Esteban's financial situation makes that he is not able to pay for a consult in a private clinic,⁹⁰ and therefore he goes to David, his last hope for cheap but helpful medical attention. This time, David is willing to help Esteban. When Esteban tells David about the pain he feels, David stops sorting the medicines, and beckons Esteban to walk past the counter to a small room behind the



Photo 3: *Farmacia San Martin*.

Photo: Marie-Louise Glebbeek

pharmacy. This room is furnished with a bed from a medical office with a smudgy white sheet over it, some shelters filled with needles, antibiotics, pastilles, liquids and some undefinable boxes, and a table hidden under piles of paper, clothes, bags, and medicines. David dictates Esteban to lay down on the bed and asks what his problem is. In *K'iche'*, Esteban tells David

⁹⁰ Which costs around 100 quetzals for one consult. Semi-structured interview with dr. Cancinos, March 19, 2013

about the pain in different parts of his body. The pain radiates through his body and holds him from being able to eat or work normally. Esteban is a young man of twenty-two years old and incapacitated to work for already one year. In this little room behind the pharmacy David starts with examining the boy by measuring his temperature, blood pressure, hemoglobin level, and looks at his eyes, ears, tongue and abdomen. After this simple examination, he makes the conclusion that Esteban suffers from dehydration, anemia, low blood pressure, gastritis, fatigue, high sun-sensibility and fever, which points to an infection. David prescribes antibiotics, pastilles against gastritis, a liquid stomach protector for the gastritis pills, and another unnamed medicine. The total price is close to 500 quetzals,⁹¹ but considering Esteban's financial situation, David sells him the medicines for the purchase price which makes a total of 300 quetzals. This means for David that he does not make a profit from selling those medicines, besides the time he already lost by providing a free medical consult to Esteban. Unfortunately, Esteban just has 30 quetzals to spend on medicines. Softly sighing, David makes his last allowance to Esteban. He gives him for free one antibiotic injection in his bottom, and sells him the pastilles against gastritis and the stomach protector for 30 quetzals. Esteban thanks David, and leaves the pharmacy. Two weeks later David tells me that Esteban came back to the pharmacy to tell David that he certainly felt better after David's consult, and David gave him another antibiotic injection.⁹²

“Lack”

This poignant insight in the healthcare provision in Uspantán gives an idea of the functioning of the public healthcare system in Guatemala, which is provided by the central government. As already shortly touched upon above, ‘lack’ is what characterizes this public healthcare system, and what influences the ascribed worth of this system the most. Lack of personnel, medicines, (sufficient) medical attention, (working) equipment and lack of the central government fulfilling the promises it made is a shared frustration among the (indigenous) inhabitants of Uspantán.⁹³ This is partly summarized by one informant: “Lack of medicines, lack of persons here who can do an operation in an emergency, and lack of equipment for doing a special exam. It's not there.”⁹⁴

However, despite the fact that the region of Guatemala City has far more and better healthcare services,⁹⁵ the dysfunction of the public healthcare system is a national problem, encountered as well in the best hospitals in the country. As an informant mentioned: “There is no treatment, there are no medicines, the same we have here they have in Guatemala [city] as well. There are people who go to

⁹¹ 500 quetzals is around 50 Euros (exchange rate: 10 quetzals is 1 Euro).

⁹² Field notes and informal conversation with David Velasquez and Esteban, March 27, 2013

⁹³ Several semi-structured interviews e.g. patient Judith, March 12, 2013; Ignacio Ašpop, February 27, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013; Mario Francisco Petz, April 03, 2013; Several informal conversations e.g. David Velasquez; dr. Gustavo, April 12, 2013;

⁹⁴ “*Falta de medicinas, falta las personas que hacen operaciones aqui por una emergencia. Y falta de aparatos para hacer un examen especial. No hay.*” Semi-structured interview with Daniella Soch Alvarez, April 12, 2013

⁹⁵ Respectively semi-structured and open interview with Víctor Hugo Figueroa Pérez, March 03, 2013 and April 09, 2013

Guatemala for medical treatments or they die there because there are no medicines.”⁹⁶ Considering medicines, some explanation has to be made. Medicines are divided among different generations. Medicines in the first generation are the cheapest and most basic; mostly vitamins or tranquilizers. Medicines in the fourth generation are the strongest, but also the most expensive. The hospital only buys medicines in generation three and four for operations and the bedridden department in the hospital. The hospital’s tiny pharmacy, where patients coming from a consult can receive their medicines, only has medicines in generation one and two, and just some in generation three. So when consult-patients, which is by far the biggest group of patients in the hospital, need medicines in generation three or four, those are probably not available in the hospital’s pharmacy.⁹⁷ Therefore, the patients need to go to another pharmacy and buy those medicines over there,⁹⁸ which is confirmed by an informant when he tells me “Sometimes they say ‘look, we have no pills, you buy it at home’. So it is bought on the street or in a pharmacy.”⁹⁹

Lack of those resources is reflected in Esteban’s record as well. Firstly, in the public hospital he faced an absence of sufficient medical attention and personnel, and therefore he needed to wait hours before he was helped. Once he was helped, the medical attention was so minimal, that he did not even get examined. An additional reason for this could be that the hospital did not have the right equipment to examine Esteban. Instead of being examined, he just got some medicines, but only those in generation one.¹⁰⁰ Esteban’s experience in the public hospital in Uspantán is very typical, and a clear example of those circumstances where a lot of (indigenous) inhabitants of Uspantán complain about. Hardly surprising is that those practices are of great, negative influence on the populations feelings, thoughts and opinions towards the public healthcare system, and that therefore the worth of this system diminishes.

An important cause for this general discontentment with public healthcare services and a big influence on the level of healthcare provision, is the governmental spending on public healthcare. Compared to other (Latin-American) countries, Guatemala has a low level of government spending on health; in 2011 it was 2,0 percent of the GDP. Only Belize was lower with 1,0 percent of the GDP spent on public health (PAHO 2012). Part of the national public healthcare system is that the public hospital in Uspantán annually receives a certain amount of money from MSPAS.¹⁰¹ With this budget, they need to purchase equipment and medicines, and hire personnel. Unfortunately, the budget is insufficient to buy enough medicines in all generations, new or more advanced equipment, and hire

⁹⁶ “No hay tratada, no hay medicina, y iguales que aquí y hay en Guatemala también. Hay personas que atienden en Guatemala o se mueron allí porque no hay medicina.” Semi-structured interview with Daniella Soch Alvarez, April 12, 2013

⁹⁷ Fieldnotes, February 25 till April 17, 2013

⁹⁸ Informal conversation with nurse Veronica, April 01, 2013

⁹⁹ “Porque a veces le se dicen ‘mira, no hay pastillas, se compran lo en su casa’. Entonces se compra en la calle o en una farmacia.” Semi-structured interview with Ronnie Soch, April 12, 2013

¹⁰⁰ Informal conversation with David Velasquez and Esteban, March 27, 2013

¹⁰¹ Semi-structured interview with Victor Hernandez, March 11, 2013; Johanna Mendoza, April 11, 2013; Mario Fransisco Petz, April 03, 2013 (In 2013, this amount was 2000.000 or 2500.000 quetzals; 200.000 or 250.000 Euros).

more personnel.¹⁰² These findings confirm both Bowser and Mahal (2011) and Medendorp (2011) who write about the budget cuts in the Guatemalan governmental health spending and the low accountability of health services. They state that those two facts are returned in overcrowding and a bad availability of drugs and diagnostics in the public hospitals in Guatemala, which is exactly what is going on in the public hospital in Uspantán.

This ‘lack’ of essential healthcare resources makes that despite the supposed availability of free public healthcare, patients still need to spend on their health,¹⁰³ which is called ‘out of pocket’ spending by Bowser and Mahal (2011). According to them, in rural areas, 75 percent of out of pocket spending on healthcare is for medicines, followed by consultations (11 percent) and diagnostic exams (8 percent). These figures are connected to the desires among the (indigenous) inhabitants of Uspantán when it comes to an ideal healthcare system. For a majority of the respondents, an ideal healthcare system should be having sufficient medicines, extensive medical attention and sufficient equipment.¹⁰⁴ Those desires also reflect the common annoyance among the (indigenous) inhabitants of Uspantán considering the actual public healthcare system. The absence of crucial components for providing proper public healthcare is what tremendously disturbs the people who are in need of this healthcare, like Esteban.

Who is to blame?

As written above, the lack of essential elements for providing proper public healthcare is what lowers the worth of the public healthcare system in Uspantán. The reason for this lack can for a great deal be found in the financial policy of the central government, which implies that the budget given to the public hospital in Uspantán by the central government is insufficient to buy all the essential elements needed for proper healthcare provision.

Considering the (indigenous) inhabitants of Uspantán, most of them know that public healthcare is provided by the central government.¹⁰⁵ Accordingly, it is generally known that this provision means that the central government is responsible for funding the public hospital in Uspantán.¹⁰⁶ Also, the population makes the link that it is the central government that is responsible for the lack of several resources that the population experiences in the hospital.¹⁰⁷ The public hospital

¹⁰² Informal conversation with nurse Veronica, April 01, 2013; open interview with Adriana Sofia Riviera, April 02, 2013; several semi-structured interviews e.g. Daniella Soch Alvarez, April 12, 2013; Don Alvarez, April 08, 2013;

¹⁰³ Semi-structured interview with Daniella Soch Alvarez, March 14, 2013; Jorge Cardona, March 04, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013; several informal conversations with Sonia Urizar and David Velasquez

¹⁰⁴ Semi-structured interview with Mario Fransisco Petz, April 03, 2013; Eulogio Velasquez, April 09, 2013; Ronnie Soch, April 12, 2013; Informal conversation José Luis, April 02, 2013;

¹⁰⁵ Patient Consuelo (semi-structured interview March 05, 2013) was my only informant who did *not* know that public healthcare is provided by the central government.

¹⁰⁶ Semi-structured interview with patient Judith, March 12, 2013; patient Lucia, March 12, 2013; Lisa Mendez, April 02, 2013; Juanita Us, March 25, 2013; Don Alfonso, February 28, 2013; Don Alvarez, April 08, 2013; Ernesto Menchú, April 09, 2013; Eulogio Velasquez, April 09, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013; Informal conversation with David Velasquez, March 26, 2013

¹⁰⁷ Semi-structured interview with patient Lucia, March 12, 2013, patient Judith March 12, 2013; Don Alvarez, April 08, 2013; Ernesto Menchú, March 04, 2013 and April 09, 2013; Eulogio Velasquez, April 09, 2013; Carlos Nevtali Canocan,

in Uspantán depends on the budget given by MSPAS for providing proper public healthcare to its patients.¹⁰⁸ As long as the budget given by MSPAS is not increased, the healthcare services in the hospital just cannot improve. Therefore, most of the (indigenous) inhabitants of Uspantán think that the central government should be blamed for the insufficient availability of medicines, equipment and personnel.¹⁰⁹ This is demonstrated by an informant when he said: “The workers in the hospital don’t have the blame, it is the government... because they don’t send money to every hospital.”¹¹⁰ Consequently, it can be stated that the low ascribed worth to the public healthcare system in Uspantán is strongly related to the central government. Their insufficient funding causes that the ascription of a low worth to the public healthcare system inherently applies to them, the central government, as well. This is the reverse of the statement found by several authors that trust in the government can be generated by good health services or health improvements (e.g. Health as a Bridge for Peace) to its populations in a post-conflict situation and that this can lead to the reinforcement of the authority and legitimacy of the state (Haar and Rubenstein 2012:5-6, Rushton 2005:442, Human Security Report 2011:140-141, Kruk et al. 2009:90). In the case of Uspantán, almost the opposite is going on. The authority and legitimacy of the central government are attenuated because the central government does not provide sufficient health services or improvements to its populations, and this affects its worthiness. Within this study, ‘worthiness of the central government’ is used as a concept that can be derived by the governments authority and legitimacy ascribed by the population. The bigger its authority and legitimacy, the more positive the attitudes are towards the central government and the more worth it has for its population.

The reflection of this account among the (indigenous) inhabitants of Uspantán is clear; many of them are negative about the national public healthcare system,¹¹¹ but positive about the particular public healthcare system in Uspantán.¹¹² This is probably because for many (indigenous) patients in the hospital in Uspantán, especially in the bedridden department, the medical attention is personal and friendly.¹¹³ Furthermore, services in the hospital are often rated as good, which is confirmed by my own experience in the hospital when I participated in blood donation. I needed to wait long before I

April 10, 2013; Ronnie Soch, April 12, 2013; Don Alfonso; February 28, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013

¹⁰⁸ Semi-structured interview with Victor Hernandez, March 11, 2013; Johanna Mendoza, April 11, 2013; Informal conversation with José Luis, March 27, 2013; Open interview with Mario Fransisco Petz, April 03, 2013

¹⁰⁹ Semi-structured interview with patient Lucia, March 12, 2013, patient Judith March 12, 2013; Don Alvarez, April 08, 2013; Ernesto Menchú, March 04, 2013 and April 09, 2013; Eulogio Velasquez, April 09, 2013; Carlos Nevtali Canocan, April 10, 2013; Ronnie Soch, April 12, 2013; Don Alfonso; February 28, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013

¹¹⁰ “*Los trabajadores en el hospital no tienen la culpa, es el gobierno... porque no manda dinero al cada hospital.*” Semi-structured interview with Ernesto Menchú, April 09, 2013

¹¹¹ Open interview with Adriana Sofia Riviera, April 02, 2013; semi-structured interview with Ernesto Menchú, March 04, 2013 and April 09, 2013; Eulogio Velasquez, April 09, 2013; Carlos Nevtali Canocan, April 10, 2013; Johanna Mendoza, April 11, 2013; Daniella Soch Alvarez, March 14, 2013; don Alfonso, February 28, 2013

¹¹² Several semi-structured interviews e.g. Patient Itza, March 12, 2013; Victor Hernandez, March 11, 2013; Informal conversation with Noe Arrera Hernandez, March 21, 2013; José Luis, March 05, 2013; Open interview with Adriana Sofia Riviera, April 02, 2013

¹¹³ Fieldnotes, observations from February 25, 2013 till April 17, 2013. Most of my informants that were patients were lying in the bedridden department in the hospital.

got helped, which points to an insufficiency of personnel, but once I got helped the attention and services were very personal and concerned.

A possible influence of the conflict on the actual public healthcare system

Interesting in this study is to examine in how far this impairment of the worthiness of the public healthcare system in Uspantán and the central government of Guatemala is related to the recent history marked by the armed conflict. Haar and Rubenstein are convinced that conflict often is demonstrated in states with inadequate governance and accompanying bad service development (Haar and Rubenstein 2012:2). Regarding the armed conflict in Guatemala, this theory certainly is applicable. One of the causes of the conflict in Guatemala were the grievances that played among the population towards the central government. Consequently, the central government was already disappointing before the armed conflict and they already had an ascribed low worthiness before. Furthermore, within theory it is a fact that armed conflict contributes to the devastation of health (Hoddie and Smith 2009; Murray et al. 2002; Haar and Rubenstein 2012; Kruk et al. 2009). But in the society of Uspantán, it is not apparent whether the armed conflict negatively influenced the health of its citizens, or destroyed healthcare facilities. Before the conflict, there were very few healthcare services in the municipality of Uspantán.¹¹⁴ After the severe violence under the presidency of General Rios Montt in 1983 – 1984, Uspantán received a *centro de salud*.¹¹⁵ This changed in 1989 or 1990 when the population of Uspantán grew. In this time, under the presidency of General Luís García, the *centro de salud* changed into a public hospital, which is still working nowadays.¹¹⁶ As a consequence of this history, there were almost no healthcare services before and during the conflict that could be destroyed in the war. Therefore, the point made by Lloyd-Sherlock (2000) that violence in conflict situations can cause a slow shrinking of healthcare coverage is visible in many (post-)conflict situations, but not in Uspantán. As one informant mentioned in this context when I asked him if something improved or worsened in the public healthcare system after the conflict “No, just normal. Not good enough, but also not bad enough, but it is not very good”.¹¹⁷

In sum, the biggest issue in the actual public healthcare system that is affecting the worth of this system is the lack of essential resources. This lack is caused by an insufficient funding of MSPAS, coming from the actual financial policy by the central government. This in practice turns out that for the indigenous inhabitants of Uspantán the public healthcare provision is inadequate, which can subsequently lead to several poignant personal stories among the inhabitants of Uspantán, like the story of Esteban. In this situation, a history marked by an armed conflict does not change the facts.

¹¹⁴ Semi-structured interview with Ignacio Ašpop, February 27, 2013; Ernesto Menchú, March 04, 2013; Bertha Us Tum, March 26, 2013; Open interview with Cristobal Soche, March 21, 2013

¹¹⁵ Semi-structured interview with Daniella Soch Alvarez, March 14, 2013; Carlos Moran, April 11, 2013; Informal conversation with Noe Arrera Hernandez, March 21, 2013; Open interview with Mario Fransisco Petz, April 03, 2013

¹¹⁶ Open interview with Mario Fransisco Petz, April 03, 2013; Cristobal Soche, March 21, 2013; Don Julio, March 08, 2013; Semi-structured interview with Daniella Soch Alvarez, March 14, 2013; Carlos Moran, April 11, 2013

¹¹⁷ “No, solo asi normal. No estan bastante bien ni tan bastante peor pero no esta muy bien.” Semi-structured interview with Ernesto Menchú, March 04, 2013

The internal conflict that manifested in Usphantán in the eighties is not the reason that the public healthcare system currently is not functioning properly. The low level of worthiness of the public healthcare system nowadays is probably only in second instance caused by the armed conflict. In the first place it is caused by an insufficient (financial) policy from the central government towards healthcare. Considering the central government, they already had a low level of worthiness or legitimacy before the start of the conflict, which consequently lead to grievances that were an important provocation for the start of the conflict. Still, some grievances can be found among the (indigenous) population of Usphantán towards the central government. The public healthcare provision, which is the responsibility of the central government (in special MSPAS), is insufficient. The consciousness by the population of this responsibility and improper execution of this responsibility by the central government leads not only to a low level of worthiness of the public healthcare system, but also to a low level of worthiness of the central government. To better understand this consequence in the case of Guatemala, there first needs to be examined what the Guatemalan central government actually is in terms of system and idea.

Chapter 6 - The Central Government of Guatemala as System and Idea

Welmoed Barendsen

Introducing the Central Government of Guatemala

When talking about the central government in Guatemala as part of the state system and idea (Abrams 1988), it is important to understand what or who constitutes the central government for the indigenous population of the municipality of Uspantán. It was discovered that for the indigenous population of Uspantán the central government is foremost linked with President Otto Pérez Molina (referred to as *El Presidente* or *General Otto Pérez Molina*) who is in office since 2011.¹¹⁸ One informant explained to me: “I believe that the (central) government for the population is the president. Because he has the power. He has the lead of the country.”¹¹⁹ The political party of the president is *Partido Patriota*, characterized by a fist, a symbol of the *Mano Dura* policy it claims to enact (Photo 5).¹²⁰ Here comes in Abram’s (1988) concept of a state idea, created by the political party itself.

In chapter one Holsti (1996:84-85) was brought in, arguing that in some societies the state/government distinction is not so clear. Here it was found that informants at times also used the term ‘*El Estado*’, the state, to refer to the central government.¹²¹ That those informants referred to the central government became indirectly apparent: we were talking about the central government when ‘*El Estado*’ was introduced as a term or someone used the two terms alternately. This shows that for some indigenous citizens of Uspantán, the line between ‘the state’ and the central government is blurry; for them the central government apparently is identical to the state. This has consequences for the legitimacy bargain which is then a bargain between the citizens as political community on the one hand and the state and central government on the other. Besides, the line between who is the state and who is non-state is blurry as well. An example are the employees of the PNR. These employees are indigenous people from the village of Uspantán and from the municipal *aldeas*. These employees work for the central government and can theoretically be considered as part of the state realm, but are not regarded as such in practice; not by others nor by themselves. They and their clients refer to the central government as a distinct political body where they exert little influence on. This corresponds with Sieder’s (2011) argument that the limits of governance are not always clear.

¹¹⁸ Several open interviews, e.g. with Fernando Us Rodriguez, March 19, 2013 and Cristobal Soche, March 21, 2013, several semi-structured interviews, e.g. with Lisa Mendes April 02, 2013 and Isabel Chen, April 02, 2013, informal conversation with Don Alvarez, March 06, 2013

¹¹⁹ “*Yo creo que el gobierno para la población es el presidente. Porque él tiene el poder. El tiene la conducción del país.*” Open interview with Cristobal Soche, March 21, 2013.

¹²⁰ Meaning: acting severely and effective

¹²¹ Several semi-structured interviews, e.g. with Ernesto Menchú, March 04, 2013, Juanita Us Natareno, March 25, 2013, several open interviews, e.g. with Cristobal Soche, March 21, 2013 and Adriana Sofia Rivera Can, April 02, 2013.



Photo 5: The 'Mano Dura' of *Partido Patriota* (Photo by author)

Regarding the visibility of the central government, it was observed that in the municipality of Uspantán, it is visible by different means: speeches on television, articles in newspapers, a governmental emblem on the entrance of the hospital and remained political campaign paintings on buildings in the village as well as the *aldeas* of Uspantán (see below).¹²² On the other hand, one informant explained to me that the central government is not very visible in the village of Uspantán and that the local authorities are more important.¹²³ The Mayor confirmed this by saying that with elections far more people participate in local elections than in national elections, because the local government is more useful for the inhabitants: if an inhabitant opts for a new project, he or she would go to the local government.¹²⁴ Moreover, following observations and from what was said in informal conversations, while some political paintings in the village mention a certain presidential candidate, the paintings are actually painted for the local Mayor elections.¹²⁵ Besides, regarding the visibility on television and in the newspapers, a lot of people can not read nor write, some do not have a television, and it are foremost men who read newspapers.¹²⁶ Subsequently for some people the central government is not very visible at all, as in the case of the illiterate Isabel Chen, more than 75 years old and living with her son and daughter-in-law: "The government? It is... my daughter-in-law knows, she saw him on television."¹²⁷ Nonetheless, some of my informants I asked have also participated in the national elections besides the Mayor elections.¹²⁸ Besides, the fact that the central government is not visible for some and might be less important in elections does not necessarily mean that the indigenous

¹²² Field notes and observations during fieldwork period February 25, 2013 until April 17, 2013. With the international women's day, there were no less than three messages from the central government in the *Nuestro Diario*: *Nuestro Diario*, March 08, 2013.

¹²³ Semi-structured interview with Don Alfonso Rivera Orrego, February 28, 2013

¹²⁴ Respectively semi-structured and open interview with Víctor Hugo Figueroa Pérez, March 11 2013 and April 09, 2013

¹²⁵ Several informal conversations, e.g. with Sonia Urizar, March 13 2013

¹²⁶ Isabel Chen can not read nor write nor has a television. Open Interview with Isabel Chen, April 02, 2013. Following the Plan de Desarrollo Uspantán, Quiché, 2010:33, in the municipality of Uspantán 37,73 percent of inhabitants older than 15 years is illiterate. Newspapers: observations April 05, 2013. Semi-structured interview with Ana Rodríguez and Rosa Tum, March 20, 2013.

¹²⁷ In Guatemala, a lot of people do not know their exact birthdate, due to a lack of registration. 'El gobierno? Es... Mi nuera sabe, lo vio en televisión.' Open interview with Isabel Chen, April 02, 2013

¹²⁸ Several semi-structured interviews, e.g. with Juanita Us Natareno, March 25, 2013 and Bertha Us Tum, March 26, 2013

people in Uspantán do not care about it: as stated above, a certain discourse on the central government is ubiquitous.

Local and Central State Systems

Besides the central government, there are also the local authorities as part of a more local state system. There are different local authorities working for the municipality of Uspantán: the mayor of the municipality, the five councils, the directory of municipality planning, the treasure ship, the secretary, and the police.¹²⁹ The local police works for the inhabitants of the municipality (drawing taxes and cleaning the streets and the market area).¹³⁰ The national police also has an office in Uspantán, but only exists of four policemen.¹³¹ Besides the conventional authorities, there is also the indigenous Mayor who works for the indigenous population only and supports their interests. Following him, he works totally apart from the political system in Guatemala and also obeys other laws: “The law of the people from before”.¹³² Because there are so many indigenous people in Uspantán, the conventional Mayor states that he works a lot with indigenous people to, although he can not speak their languages (only a little K’iche’).¹³³

Regarding the relation with the central government, the local authorities are said to be autonomous.¹³⁴ However, they do depend on the central government in ways of the annual financial distribution to finance projects and because there is no decentralization.¹³⁵ Regarding the latter, the Mayor stated that he has to ask for permission of the central government for everything he does. Following him, this decentralization is also the cause of the lack of basic services such as education and health in areas at great distance from the capital.¹³⁶ Most of the informants know very well that the Mayor is dependent on support from the central government, such as one informant stated: “The mayor cannot solve problems alone. He always has to go above.”¹³⁷ The Mayor told that this support from the government is politicized: Mayors of the same party as the central government receive more money than other Mayors.¹³⁸ Here, the Mayor’s negative stance towards centralization corresponds with the stance of Azar (1990), but for different reasons: the latter argues that a centralized state structure can be a breeding ground for conflict.

¹²⁹ Several semi-structured interviews, e.g. with Hippolito Tomas Hernandez, February 27, 2013 and Ignacio Ašpop, February 27, 2013

¹³⁰ Semi-structured interview with Hippolito Tomas Hernandez, February 27, 2013

¹³¹ Semi-structured interview with Ignacio Ašpop, April 04, 2013

¹³² ‘*La ley de la gente antes*’. Semi-structured interview with Ignacio Ašpop, April 04, 2013

¹³³ Semi-structured interview with Víctor Hugo Figueroa Pérez, March 11, 2013

¹³⁴ Semi-structured interview with Hippolito Tomas Hernandez, February 27, 2013 and Don Alfonso Rivera Orrego, February 28, 2013

¹³⁵ Finance projects: Several semi-structured interviews, e.g. with Víctor Hugo Figueroa Pérez, March 11, 2013 and Lisa Mendes, April 02, 2013, open interview with Cristobal Soche, March 21, 2013. No decentralization: Semi-structured interview with Don Alfonso, February 28, 2013, open interview with Víctor Hugo Figueroa Pérez, April 09, 2013

¹³⁶ Semi-structured interview with Víctor Hugo Figueroa Pérez, April 04, 2013

¹³⁷ “*El alcalde solo no puede resolver las problemas. Siempre tiene que ir arriba.*” Open interview with Cristobal Soche, March 21, 2013

¹³⁸ Semi-structured interview with Víctor Hugo Figueroa Pérez, March 11, 2013. Confirmed by Fernando Us Rodriguez in an open interview, March 19, 2013. Don Alfonso however stated that this was not the case when he worked for the municipality twenty years ago. Open Interview with Don Alfonso Rivera Orrego, March 15, 2013

The President: Unmet expectations and mistrust

“In Guatemala there was no genocide. This is what I have to say.”¹³⁹ – Otto Pérez Molina

In Uspantán, Guatemala, it seemed that most indigenous people do not feel the necessity to express themselves very positive (no criticism, just commendation) about the central government out of fear for sanctions. On the contrary, it seemed almost like the socially accepted answers were criticisms and that commendation was taboo. The reigning discourse on the central government, the state idea created by the informants, was that it promises a lot, but does nothing.¹⁴⁰ However, although most of the informants complain about unemployment, none of the informants capable of working actually is unemployed. This shows that sometimes, discourse seems stronger than individual experiences.

This thesis argues that the reigning discourse has everything to do with unmet expectations the research population has of the central government. One informant told that in his opinion, the government has the obligation to provide three main services: education, health and security.¹⁴¹ This corresponds with the expectations of the central government by other informants. Providing efficient education (financial support for classes with native speaking teachers) and healthcare (enough medicines, no discrimination, competent employees) besides toppling unemployment were mentioned by numerous informants as things the central government should do.¹⁴² Besides, informants argued that it should provide security, reform laws or put existing laws into practice and collaborate more with indigenous people and act more in favour of the indigenous people.¹⁴³ Following observations and the conducted interviews, these expectations arose out of existing or experienced shortcomings in the country of which some are more important to an individual than others.¹⁴⁴

Unfortunately, almost every informant said that this central government is either ignorant or politicized.¹⁴⁵ When talking about politicization, health, or employment the largest part of the

¹³⁹ “*En Guatemala no hubo genocidio. Es lo que yo tengo que decir.*” Foro: Primer Año de Gobierno de Asociación de Gerentes de Guatemala, March 14, 2013: <https://www.youtube.com/watch?v=QNNJDsfEzJo>.

¹⁴⁰ Informal conversation with Don Alvarez, March 06, 2013 and David Velasquez March 14, 2013, several semi-structured interviews, e.g. with Ernesto Menchú, March 04 2013 and Lisa Mendes, April 02, 2013, open interview with Ignacio Ašpop, April 02, 2013

¹⁴¹ Semi-structured interview with Don Alfonso, February 28, 2013

¹⁴² Education: Semi-structured interview with Juanita Us Natareno, March 25, 2013, several open interviews, e.g. with Víctor Hugo Figueroa Pérez, April 09, 2013, and Fernando Us Rodriquez, March 19, 2013. Healthcare: Semi-structured interviews with Rosa Tum and Ana Rodriquez, March 20, 2013 and Ernesto Menchú, March 04, 2013, open interviews with Fernando Us Rodriquez, March 19, 2013, and Adriana Sofia Rivera Can, April 02, 2013. Toppling unemployment: Several semi-structured interviews, e.g. with Juanita Us Natareno, March 25, 2013 and Rosa Tum and Ana Rodriquez, March 20, 2013, open interview with Adriana Sofia Rivera Can, April 02, 2013. Laws: several open interviews, e.g. with Cristobal Soche, March 21, 2013 and Fernando Us Rodriquez, March 19, 2013, informal conversation with Ernesto Menchú, April 01, 2013

¹⁴³ Security: semi-structured interviews with Don Alvarez, April 08, 2013 and Ignacio Ašpop, April 02, 2013. Collaborate, act in favour of indigenous people: respectively semi-structured interview and informal conversation with Ernesto Menchú, March 04, 2013 and April 01, 2013, several open interviews, e.g. with Fernando Us Rodriquez, March 19, 2013 and Adriana Sofia Rivera Can, April 02, 2013, semi-structured interview with Juanita Us Natareno March 25, 2013.

¹⁴⁴ To say: ‘negative’ expectations. It is not sure that these expectations are expectations people have of ‘a’ government in general: these expectations are improvements the population argues that the central government of Guatemala should make in other to fulfill their expectations of a ‘good’ central government of Guatemala.

¹⁴⁵ Ignorant: semi-structured interview with Ernesto Menchú, March 04, 2013, Rosa Tum and Ana Rodriquez, March 20, 2013 and Don Alvarez, April 08, 2013. Politicized: several semi-structured interviews, e.g. with Don Alfonso Rivera Orrego,

informants are pessimistic about the central government. Regarding insecurity, the newspapers are full of assassinations and other crimes, although the informants refer to it more in general in Guatemala than in Uspantán itself.¹⁴⁶ There seem to be some improvements regarding the root causes of the conflict: following a municipal report, problems considering equity in land property have been improved in the municipality of Uspantán, although one informant contradicts this.¹⁴⁷ However, this is not the case regarding the colonially inherited political and social divisions between *indígenas* and *ladinos*, where we already touched up in chapter three. Existing laws in favour of indigenous people (for example regarding culture and language), are foremost not put in practice, keeping indigenous people still in an oppressed position in relation to the dominant *ladino* minority.¹⁴⁸ These unjust relationships between *indígenas* and *ladinos* are a sign of structural violence, that, according to Ramsbotham (2011:11), entails structural injustices. Because of the presence of structural violence, one cannot speak of ‘positive peace’ (Galtung 1990) in Guatemala, which hinders the peacebuilding process. This unequal relationship as form of structural violence also reflects the low level of horizontal legitimacy in Uspantán and more general in Guatemala, which subsequently has negative consequences for the vertical legitimacy of the central government (Holsti 1996). Briefly worded, the central government does not come up to the expectations of the indigenous people in Uspantán and this has great consequences for its legitimacy and subsequently statebuilding as a part of the peacebuilding process.

The expectations of an ideal Guatemalan central government on one hand and the ignorance of the central government to meet these expectations on the other, reflects the discrepancy Sieder (2011:71) puts forward between the expectations and the reality of the state, creating a certain state idea, that can be linked to the debate on vertical legitimacy (Holsti 1996). The unmet expectations of the research population, due to insufficient provision of basic public goods by the central government suggest a weak legitimacy bargain: the end of the central government is not being met. This legitimacy debate also includes another aspect, namely the general democratic body in Guatemala. It was learned during fieldwork that, in Uspantán as well, voting habits have little to do with a social vision or ideology. As the Mayor himself said: “Everything is politicized”.¹⁴⁹ People supporting a particular political party find it easier to find employment (for example in the hospital) or receive more benefits than other people: the authorities are ‘buying’ people into votes.¹⁵⁰ However, on local level, it seems that the Mayor also participates in this; one informant namely stated that she had to support UNE, the

February 28, 2013 and Don Alvarez, April 08, 2013, several open interviews, e.g. with Fernando Us Rodriguez, March 19, 2013 and Cristobal Soche, March 21, 2013

¹⁴⁶ With an average of 7 reports on assassinations each newspaper, based on 11 newspaper over a period of thirty-eight days

¹⁴⁷ Open interview with Cristobal Soche, March 21, 2013.

¹⁴⁸ Several open interviews, e.g. with Cristobal Soche, March 21, 2013 and Fernando Us Rodriguez, March 19, 2013, informal conversation with Ernesto Menchú, April 01, 2013

¹⁴⁹ “*Todo es politizado*”. Interview with Víctor Hugo Figueroa Pérez, March 11, 2013

¹⁵⁰ Easier to find employment: semi-structured interviews with Juanita Us Natareno, March 25, 2013 and Lisa Mendes April 02, 2013, several open interviews, e.g. with Fernando Us Rodriguez, March 19, 2013 and Antonio Chitop, April 12, 2013. Easier to find employment in the hospital: semi-structured interview with Don Emilio, April 10, 2013. Easier to find employment in the hospital: semi-structured interview with Don Emilio, April 10, 2013

political party of the Mayor, to keep her job.¹⁵¹ This points out that voting for a certain political group has more to do with opportunity and power than with sincere dedication. One informant stated that a general responsible for atrocities in the area of Ixil, has won the former elections in that same area. He says he knows why: “That makes you think, right? Why our people, right? What happens is, as I say, the politics come, they have presence, give to the people, give metal sheets and all of our people engage their selves...”¹⁵² This ‘buying the right to rule’ is not exactly in accordance with Holsti’s (1996) definition of vertical legitimacy, in which the state has to *earn* the right to rule: it has to provide certain services to the people in order to become, maintain or simply to be legitimate. Being ‘democratically’ chosen in Guatemala is therefore not automatically the same as being legitimate.

The information that was received from informants with relation to political influence of the indigenous people is that the central government uses the population as stairs to maintain or achieve a certain position and are ignorant towards civil organizations (such as ASODDICCIVICAIRU).¹⁵³ Although there are many organizations in the municipality of Uspantán, they seemingly feel they are not being listened enough to.¹⁵⁴ For indigenous people in Uspantán, it seems that the central government as part of the state system is disjointed from non-state actors (their selves). This goes even further in that indigenous people working for a state organization are still considered as non-state actors (see above). Azar (1996) would argue that this is due to the fact that in post-colonial Guatemala in practice one single group (*ladinos*) still dominates the political arena, being ignorant to the needs of indigenous groups.

Then there is also the role the President had in the armed conflict as General in the army. This role makes him a former actor on ‘the other side of the war’ for the research population and this was recently brought up in the case against former General Ríos Montt, when a witness accused the President for burning houses and killing people during the conflict.¹⁵⁵ Besides, what is striking, and what some informants mentioned, is that the President said on television that there had not been genocide in Guatemala (Photo 6). Especially in the municipality of Uspantán, where almost everyone is a victim of the armed conflict, such a statement is very daring. As stated above, the society is still divided into different groups because of the conflict and if people do not even dare to fully trust a neighbour who supposedly has participated ‘on the other side’, how can they trust a President which was surely a very important actor on this same ‘other side’? That a certain mistrust existed before the

¹⁵¹ Semi-structured interview with Lisa Mendes, April 02, 2013

¹⁵² “Una se pone a pensar, verdad? Por qué nuestra gente, verdad? Lo que pasa es como digo, la política llega, tiene presencia, regala a las personas, regala láminas y toda nuestra gente engaña...” Open Interview with Cristobal Soche, March 21, 2013

¹⁵³ Stairs: Semi-structured interview with Juanita Us Natareno, March 25, 2013, open interviews with Don Alfonso, March 15, 2013 and Cristobal Soche, March 21, 2013. Ignorant: Semi-structured interviews with Ernesto Menchú, March 04, 2013 and Ana Rodríguez and Rosa Tum, March 20, 2013

¹⁵⁴ Following El Plan de Desarrollo, Uspantán, Quiché, 2010:72, there existed 41 organizations and 35 committees in Uspantán in 2008

¹⁵⁵ Actor on ‘the other side of the war’: Open interviews with Antonio Chitop, April 12, 2013 and Ignacio Ašpop, April 02, 2013, informal conversations with David Velasquez, March 25, 2013 and Don Alvarez, March 06, 2013. Accusation: Nuestro Diario, 05 April 2013, informal conversation with Sonia Urizar, April 08, 2013. Efraín Ríos Montt was a military dictator from 1982 until 1983 and is now being trialed for responsibility of genocidal actions.

elections is shown in the statement of one informant that before the elections, there was a discourse reigning that once Otto Pérez Molina would win, he would start another conflict.¹⁵⁶ Following Rushton (2005) however, this problem of trust is common in post-conflict societies as he argues that every state emerging from war is seen as illegitimate by at least a part of the population. In Guatemala this is seemingly the case with this ‘military’ President.¹⁵⁷

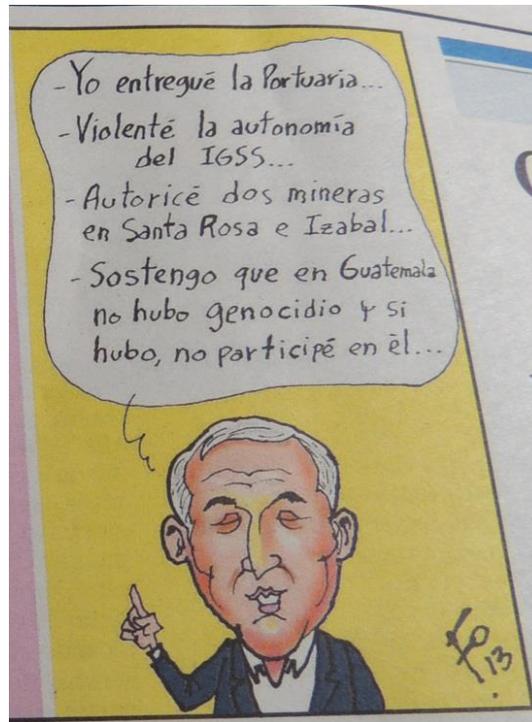


Photo 6: President Otto Pérez Molina in a cartoon in Guatemalan newspaper (Prensa Libre, April 07, 2013)

Regarding ‘trust’ in the President, one informant, a journalist for *Nuestro Diario*, stated that because he tries to bring the former atrocities and wrongdoings of the military under attention of the wider public, he was not safe under the regime of the former president, Alvaro Colom, and is still not safe. He quoted something a friend told him: “Look, being journalist in Guatemala, these are the costs. Here, when they do not send you to the cemetery, they will send you into prison and when they do not send you into prison, they will quit your job. When they do not pay you, they hit you. When they do not charge you, they kill you.”¹⁵⁸ Regarding trust in Pérez Molina, an informant mentioned the brutal repression of a protest in Totonicapán against a hydroelectric plant in 2012 as an example of the regime of the current President. Here, seven people were killed and 41 people injured.¹⁵⁹ These actions

¹⁵⁶ Semi-structured interview with Bertha Us Tum, March 26, 2013

¹⁵⁷ Some informants referred to the President as a ‘military president’, such as Don Alvarez in an informal conversation, March 06, 2013

¹⁵⁸ “Mira, ser periodista en Guatemala... esos son los costos. Aquí, si no te mandan al cementerio, te mandan a la cárcel y si no te mandan a la cárcel, te quitan tu trabajo. Si no te pagan, te pegan. Si no te cobran, te matan.” Open interview with Antonio Chitop, 12 April 2013

¹⁵⁹ Open interview with Ignacio Ašpop, April 02, 2013 and confirmed by website article ‘Ejército masacra a indígenas en Totonicapán’, October 26, 2012,

of both the former and current President are not particularly contributing to a relation of trust with the central government.

In this chapter it is stated that for indigenous people in Uspantán, the central government is represented by the president and is considered by some as identical to the state, making the distinction between central government and state fuzzy. It is also stated that the centralized state system causes an unequal distribution of state services: public goods might be delivered in and around the capital, but in remote areas such as Uspantán it leaves much to be desired. One can even argue in Azar's (1996) terms that the government is depriving Uspantán of its societal needs, causing a low level of vertical legitimacy. This counts especially for the indigenous people in the municipality: they hold certain expectations of good governance, ranging from providing effective healthcare to toppling unemployment, which are not met. This discrepancy between their expectations and reality is what constitutes their state idea and this weakens the legitimacy bargain. Moreover, the remained oppressed position of the indigenous people, a sign of structural violence, reflects a low level of horizontal legitimacy, undermining the bargain further. Ceasing structural violence, such as these unequal relationships between *ladinos* and *indígenas*, is especially important when we bring in Arnson (1999), stating that addressing root causes is important in achieving stable peace. For now, as not all forms of violence have ceased, we can not speak of an entire 'positive' peace, in Galtung's (1996) terms and an important requisite in peacebuilding following the definition of Ramsbotham (2011:199) is not fulfilled. Besides, the state system is also problematic: indigenous people in Uspantán do not have the feeling they are part of it and could be part of it. In sum, the whole state realm, both idea and system, has to be altered in order to upgrade the legitimacy of the central government in the context of statebuilding as a component of peacebuilding.

Public healthcare is part of the state system as well as the state idea. It is part of the system as state institution and part of the idea because people have certain ideas about ideal public healthcare provision by the central government. In the next chapter we will conclude this thesis discussing of *what importance* public healthcare provision is in the attitude of indigenous people towards the central government in the post-conflict situation in the municipality of Uspantán, Guatemala.

Conclusion

How solid did the house turn out to be? This thesis started with a metaphorical house, symbolizing the state of Guatemala. It was argued that after a disaster, such as an earthquake or an armed conflict, this house has to be rebuilt with strong building bricks. The rebuilding of the state after an armed conflict, which is what matters in this study, is part of the overarching peacebuilding process. In the case of rebuilding the state after an armed conflict, the bricks represent state institutions. Of the several available building bricks or state institutions, there was focused on public healthcare. The role of public healthcare provision in the legitimacy bargain between the state and the central government on one side and the population on the other side was studied.¹⁶⁰ Legitimacy is important in rebuilding the state and can be gained and maintained by providing solid, unbiased and effective services to the population. Consequently it was argued that effective healthcare provision can contribute to legitimacy and subsequently to statebuilding. This chain of concepts was visualized in a topsy-turvy triangle (Figure 1). The aim was to recognize this triangle in the post-conflict society of the municipality Uspantán in the Western Highlands of Guatemala, by doing fieldwork. Being there in the society of Uspantán, among the research population, enabled us to acquire knowledge on both their explicit as well as tacit culture. By conducting ethnographic research, the importance of healthcare in Guatemala's post-conflict statebuilding was unraveled in order to provide an answer to the question *'of what importance is public healthcare provision in the attitude of indigenous people towards the central government in the post-conflict situation in the municipality of Uspantán, Guatemala?'* In this thesis it is examined if the theories and arguments found in the literature concerning the topsy-turvy triangle correspond to the contemporary situation in Guatemala. The findings show that the overall attitude towards the central government of Guatemala is negative and that within this attitude, the ineffectiveness of the public healthcare system in Uspantán has turned out to play an important role. When applying this to a broader context of statebuilding, this corresponds to the theories and arguments found in the literature concerning this context.

Firstly, in chapter three, the conflict and its legacy in the municipality of Uspantán were discussed. It was argued that the conflict in the municipality of Uspantán was caused by grievances of the indigenous population, arisen from structural exploitative relations between *ladinos* and *indígenas*, inherited from a colonialist past. This corresponds with the theory of Azar (1990) that conflicts are caused by grievances and undermines Collier's (2007) stance that conflicts arise out of greed. The conflict especially had a devastating impact in the *aldeas* of Uspantán, because the indigenous communities in these rural areas were suspected of being or collaborating with the guerilla. These communities were targeted by the national army and numerous people and families were murdered.

¹⁶⁰ In this thesis, the term 'legitimacy bargain' is introduced, which entails multiple theories by different authors concerning a certain legitimacy-based contract between the state and central government on the one side, and the population on the other side.

These attacks happened especially after 37 members of the CUC occupied the Spanish Embassy which ended in a catastrophe. However, being indigenous only also seemed a reason to be afraid: people were targeted for simply being *indígena* and in this way it indeed can be argued that the conflict was ethnicized, just as Thorp et al. (2006) argue. The members of the different ethnic communities were forced into, in Drakulić's (1993) terms, a persistent '*indígena*-shirt'. This shirt can be considered as a homogenizing form of ethnicity which was forced upon the indigenous people. In turn, this created a certain groupness between the different indigenous groups, a feeling of common identity. It can therefore be argued that besides the theories of Thorp et al. (2006) and Drakulić (1993), also Brubaker's (2002) theory, that violence can create groups, is applicable to the Guatemalan conflict in Uspantán. The consequences of the armed conflict for the municipality of Uspantán vary from poverty, social divisions and loss of Mayan traditions. Regarding reconstruction practices in Uspantán after the armed conflict, it was argued that the initiative of the central government of Guatemala leaves much to be desired. The PNR, for example, could have been a good and supportive program if it was not so bureaucratically arranged. Practically, the communities had to realize the reconstruction themselves and in fact they did, instead of passively waiting for a sign of support of the central government. However, this seemingly unwillingness of the central government to fulfill promises did not only concern reconstruction practices, but was a recurring theme in this thesis, such as in the context of the public healthcare system.

Considering this public healthcare system in the municipality of Uspantán, during the fieldwork period it turned out that the system is to a great extent ineffective. This is found by studying particularly the functioning of this healthcare system, which involves the provision of the conditions to meet the health needs of the patients (PAHO 2004:7). Access is one of those conditions and the key for organizing a proper healthcare system (Perrin 1996:320). While studying the level of accessibility of the public hospital in Uspantán, participant observation showed that the accessibility was insufficient for most of its patients. Following Perrin (1996:318-320) and PAHO (2004), the level of accessibility should not be considered as an attribute of a healthcare system, but rather as a flexible attribute belonging to a person and that is unique for everyone. Everyone has a different access to healthcare systems, determined by someone's personal circumstances. In the municipality of Uspantán, many indigenous inhabitants are confronted with personal circumstances, like discrimination, that negatively influence their level of access to the healthcare system. This situation is a confirmation of the statement made by Horton (2006) that indigenous people in general have a worse access to health services. Likewise, the municipality Uspantán as geographical location was often a hindering personal circumstance for the indigenous population. Kruk et al. (2009) argue that health improvements in a post-conflict situation are mostly delivered in urban areas, which is a consequence of the centralized governance in Guatemala. The World Bank (in Haar and Rubenstein 2012:3) already pointed to the fact that different parts of a country are differently affected by conflict, which can have consequences for distribution of public (healthcare) services. Uspantán turned out as a place that was

seriously affected by the conflict and nowadays receives little public (healthcare) services. The current lack of essential resources for providing proper public healthcare is the main condition that negatively influences the access for all of the patients of the hospital in Uspantán. As a consequence of this situation, many indigenous people were often indirectly excluded from, or faced a bad access to the public healthcare system. Lloyd-Sherlock's (2010:10) theory that in some situations exclusion in healthcare services is caused by conflict and PAHO's theory that just a particular group of the society is excluded from healthcare services, which touches on Holsti's (1996) concept of 'horizontal legitimacy', therefore both are not completely applicable to the situation in Uspantán. Haar and Rubenstein (2012) continue on this line by stating that healthcare services with an inadequate access, provided by the central government, might exclude (a part of) its citizens which can eventually lead to conflict. In Uspantán, there exists a public healthcare system with an inadequate access and as a consequence, a certain exclusion for the indigenous population caused by their worse access. However, considering the possibility of this exclusion leading to a conflict in Uspantán, any eventual (desire for) rising of conflict or something that might point to this was not observed during the fieldwork period. Considering Uspantán, Haar and Rubenstein therefore go a little too fast when assuming that bad access and (indirect) exclusion of healthcare might lead to conflict.

Lack of essential resources like medicines, personnel, equipment and medical attention has turned out to be of major importance in the attitudes of the indigenous population towards the public healthcare system. This lack is caused by an insufficient funding of the central government. This insufficient healthcare provision might not be surprising, since conflict affected states like Guatemala often have an inadequate governance and service development, which lead to low population health indicators (Haar and Rubenstein 2012:2). However, it still is one of the responsibilities of the central government to guarantee health for its population (Lloyd-Sherlock 2000:4), or one of the societal needs it should provide (Azar 1990). The ineffective public healthcare system in Uspantán is blamed on the central government by the indigenous population, since they are aware of the government's responsibilities. However, the worthiness ascribed to the health sector can consequently have a big influence on social and economic development of a society (Lloyd-Sherlock 2000:1), and therefore on 'the state' as well. When seen from the positive side, the legitimacy of the state can be boosted by healthcare improvements. This is affirmed by Haar and Rubenstein who state that improved health services can increase trust in the government and contribute to the reinforcement of the authority and legitimacy of the state (Haar and Rubenstein 2012:5-6). It is also confirmed by Rushton's (2005) theory that the government can try to improve peacebuilding processes and regain legitimacy by providing health services in post-conflict situations and finally it is confirmed by the Health as a Bridge for Peace program (Haar and Rubenstein 2012, Rushton 2005). These improvements in health services can support processes of peace- and statebuilding in post-conflict situations (Rushton 2005: 442, Human Security Report 2011:140-141, Kruk et al. 2009:90). Unfortunately, in Guatemala, it does not seem that the current public healthcare provision supports processes of peace- and statebuilding.

Until now, the central government of Guatemala has not yet successfully enough improved health services to regain the authority and legitimacy of the state necessary for strengthening the legitimacy bargain.

In the last empirical chapter it was stated that for the indigenous people of Uspantán, the central government is represented by the president. It was also argued that the central government and the state are somewhat intertwined, making the distinction between central government and state fuzzy. This corresponds with the statement of Holsti (1996) that, especially in non-Western societies such as Guatemala, the state/government division is not so clear. The concept of the state as system and idea of Abrams (1988) is also recognized in the data. Concerning the state system it was said that governance in Guatemala is centralized and therefore, state services are foremost distributed in and around the capital. According to Azar (1990) such a centralized system can keep or make a state war-prone. It was also argued that indigenous people in Uspantán do not have the feeling they are part and could be part of the state system and the lines between what or who is 'state' and 'non-state' are not always clear. According to Sieder (2011) and what also returns in the data of chapter six, this is due to the involvement of perceived non-state actors in the state system. Concerning the state idea of Guatemala, it was said that there is a discrepancy between what is expected of a good central government by the indigenous people and what the central government is actually doing. Healthcare provision is one of the elements that turned out to be a recurrent theme in accounts of informants on unmet expectations. This discrepancy constitutes a certain state idea, which weakens the state's vertical legitimacy (Holsti 1996). It is argued that the central government is actually depriving the indigenous population of Uspantán from its needs and is not trusted by the indigenous population in Uspantán and this not only causes a low level of vertical legitimacy, but following Azar (1990) also creates grievances and thus a breeding ground for conflict. There was also argued that because of signs of unjust social relationships, which are in fact unaddressed root causes, there can not be spoken of, in Galtung's (1990) terms, 'positive peace' in Uspantán. This is problematic since, in the context of statebuilding, the unjust social relationships hindering positive peace reflect a weak level of horizontal legitimacy which undermines vertical legitimacy (Holsti 1996). Thus, it is shown that statebuilding is hindered by unmet expectations and unaddressed root causes and this consequently negatively influences the overarching peacebuilding process in Uspantán.

In order to determine the importance of public healthcare in the attitude of indigenous people towards the central government in post-conflict Uspantán, it was foremost important to unravel the overall attitude towards the central government by this population. It was found that this attitude was mainly constituted by unmet expectations regarding several sections of the central government's obligation towards all of its populations, of which healthcare was mentioned repeatedly. Subsequently, the indigenous population holds a certain idea of good governance, also regarding healthcare, which does not correspond with reality. This is reflected in a discourse among the indigenous population that the central government fails to fulfill the promises it made. These unmet expectations and unfulfilled

promises constituting the attitude towards the central government, are repeatedly encountered in the public healthcare system, which was revealed by the recurrently mentioned and observed lack of essential healthcare resources. Lack of these resources is one of the reasons that the public healthcare system in Uspantán can be judged as ineffective. The mere fact that the healthcare provision that is available for the indigenous population in Uspantán is ineffective makes that this has great consequences for their lives. Not receiving the care to fulfill the needs of a patient influences the worth the indigenous population adheres to this system. Moreover, the knowledge by the indigenous population of Uspantán that it is the central government that is responsible for providing this healthcare, makes that this low worthiness not only abides to the healthcare system itself, but to its provider, the central government, as well. This shows the awareness of the indigenous population considering the relation between the ineffective healthcare system and the central government. The indigenous population is aware of the government's responsibility to provide public healthcare, of which they have their own expectations. However, those expectations are unmet due to the ineffective public healthcare system.

This account leads to the assumption that public healthcare provision is of great importance in the attitude of the indigenous population of post-conflict Uspantán towards the central government. Consequently, this allegation has implications reaching beyond the horizon of Uspantán, encompassing the entire topsy-turvy triangle. The attitude towards the central government reflects the degree of legitimacy that the government receives from its citizens. Both the attitude of the indigenous population of the municipality of Uspantán towards public healthcare provision as well as the attitude towards the central government have turned out negative. Therefore, this thesis argues that the government of Guatemala is not considered as legitimate by the indigenous population of the municipality of Uspantán. From this it can be derived that the legitimacy bargain between the central government and the indigenous population is weak. Consequently, this hinders the statebuilding process as an important element of the peacebuilding process that is taking place in post-conflict Guatemala. In our vision, only when the central government of Guatemala will actually come up to its own end of the legitimacy bargain, such as providing effective healthcare, the legitimacy bargain can be strengthened, helping the processes of statebuilding and peacebuilding.

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Appendix 1 – Resumen en Español

Desde el 25 de febrero hasta el 17 de abril del 2013, ejecutamos un trabajo de campo antropológico en la municipalidad de Uspantán, Guatemala. En este estudio revisamos la influencia que tiene el funcionamiento del sistema de salud pública en la opinión de los indígenas acerca del gobierno central. Esta municipalidad fue severamente afectada con el conflicto armado de Guatemala, que comenzó oficialmente en 1960 y terminó en 1996 con el acuerdo de paz titulado ‘Acuerdo de paz firme y duradera’. En este acuerdo de paz la salud se consideró un derecho fundamental de la población, que debe ser ejecutado por el Estado. El Estado tiene la obligación de cuidar la salud y ofrecer asistencia social. Es la responsabilidad del Ministerio de Salud Pública y Asistencia Social (MSPAS) el formular políticas para proveer servicios de salud integral para toda la población de Guatemala. Esta población consiste principalmente de indígenas (60 por ciento) y ladinos. En Guatemala, la palabra ‘ladino’ se usa para referirse a mestizos y personas que no son indígenas. La relación entre los diferentes grupos indígenas y los ladinos se mantiene jerárquica, un legado del tiempo de colonialismo. Terminar la relación desigual entre los ladinos y los indígenas es especialmente importante para tratar las causas fundamentales del conflicto y es crucial para conseguir una paz estable.

Es claro que en la municipalidad de Uspantán, el conflicto armado fue grave y destructivo en muchas maneras. La violencia extrema en la municipalidad, en su mayor parte del ejército nacional, tuvo el efecto de generar miedo y también un sentimiento de grupo entre las comunidades indígenas. Las comunidades indígenas en las aldeas fueron el objeto de violencia al ser acusadas de ser guerrilleros o de colaborar con ellos, o simplemente por ser indígenas. Estos hechos provocaron el desplazamiento, pobreza, división social y la pérdida de tradiciones maya. Sin embargo, el gobierno central no mostró mucha iniciativa en la reconstrucción de la sociedad en las municipalidades; al parecer las comunidades tuvieron que realizar la reconstrucción por sí mismas.

En relación al sistema de salud, el funcionamiento del hospital en Uspantán ha resultado ser insuficiente debido a la falta de recursos de salud esenciales como medicamentos, equipo y personal causados por una financiación insuficiente del gobierno. El funcionamiento de un hospital está inherentemente relacionado a la accesibilidad, en una manera recíproca. A pesar de que los habitantes de Uspantán y sus alrededores digan y piensen que la accesibilidad al sistema de salud público es suficiente, es una realidad que la accesibilidad al sistema de salud pública en Uspantán no es suficiente. Importante en la accesibilidad es el aspecto personal ya que la accesibilidad está influenciada por circunstancias personales y por eso es diferente para cada persona. En el caso de Uspantán, a pesar de la *pertinencia cultural*, muchos habitantes encuentran discriminación como una de las condiciones que influyen negativamente en su accesibilidad. Como consecuencia, una parte de los pacientes del hospital de Uspantán son indirectamente excluidos del sistema de salud pública y tanto la accesibilidad como el funcionamiento del hospital son de poca calidad. Esta situación es parcialmente causada por circunstancias personales, y por otra parte debido a políticas públicas

inadecuadas en el sistema de salud. El funcionamiento insuficiente del sistema público de salud en Uspantán hace que éste no sea totalmente efectivo. En conclusión, el sistema de salud pública en Uspantán es parcialmente inefectivo y no puede proveer totalmente las necesidades y los cuidados requeridos para una buena salud de los pacientes.

La falta de recursos esenciales y el bajo nivel de solvencia son causados por un financiamiento insuficiente del MSPAS, procedente de una política financiera insuficiente del gobierno central hacia el sistema de salud. Esto resulta en un sistema de salud pública inefectivo y en la provisión de servicios de salud inadecuados para los indígenas en Uspantán. Por consiguiente nos encontramos con historias conmovedoras entre sus habitantes. El conocimiento entre la población de Uspantán acerca de las deficiencias del gobierno central en el manejo de sus responsabilidades resulta no sólo en un bajo nivel de confianza en el sistema pública de salud sino también en un bajo nivel de confianza en el gobierno.

Para determinar la influencia del sistema de salud pública en la actitud de la población indígena hacia el gobierno central de Guatemala en Uspantán, dada una situación postconflicto, fue importante averiguar primeramente la actitud general de esta población hacia el gobierno central. Para la población indígena en Uspantán el gobierno central es representado por el presidente que es considerado por algunos como idéntico al Estado, mostrando la falta de distinción entre el gobierno central y el Estado. Además, el sistema centralizado del Estado provoca una distribución desigual de los servicios públicos: encontramos servicios públicos en y alrededor de la capital, pero en zonas lejanas como Uspantán, la distribución de estos servicios deja mucho que desear. Hemos encontrado que esta actitud de la población es formada por expectativas que no son cumplidas en varios sectores del gobierno central, entre los cuales los servicios de salud fueron mencionados con frecuencia. Además, la población indígena tiene una idea sobre buen gobierno, también en cuanto al sistema de salud, que no se corresponde con la realidad. Esto se refleja en conversaciones entre la población indígena que indican que el gobierno central no mantiene sus promesas. Estas expectativas no satisfechas y las promesas no cumplidas, forman la actitud hacia el gobierno central y se encuentran con frecuencia en el sistema de salud pública. Esta situación se evidencia en la falta de recursos esenciales de salud, lo que fue mencionado y observado frecuentemente. La falta de recursos de salud es una de las razones por las que se puede juzgar el sistema de salud pública en Uspantán como ineficaz. El simple hecho de que la asistencia de salud disponible para la gente indígena en Uspantán es ineficaz, tiene grandes consecuencias para las vidas de esta población. No recibir el cuidado que los pacientes necesitan, afecta el valor que la gente indígena concede al sistema de salud pública. Más aún, el conocimiento de la gente indígena en Uspantán de que el gobierno central es responsable de ofrecer servicios de salud, hace que se le conceda poco valor no solo al sistema de salud pública sino también a su procurador, el gobierno central. Esto muestra la conciencia de la población indígena en cuanto a la relación entre el sistema de salud ineficaz y el gobierno central. La gente indígena sabe que

es responsabilidad del gobierno ofrecer salud pública y tienen sus propias expectativas. Sin embargo, estas expectativas no son cumplidas conforme a la ineficiencia del sistema de salud pública.

Esta explicación nos hace suponer que en la situación postconflicto de Uspantán, la provisión de salud pública es muy importante para determinar la actitud de la población indígena hacia el gobierno central. Por consiguiente, esta suposición tiene implicaciones que van más allá del horizonte de Uspantán. La actitud hacia el gobierno central refleja el grado de legitimidad que el gobierno central recibe de sus ciudadanos. Tanto la actitud de la población indígena de la municipalidad de Uspantán hacia los servicios de salud como la actitud hacia el gobierno central se han vuelto negativas. Por eso, en esta tesis argumentamos que el gobierno central no es considerado legítimo por la población indígena de la municipalidad de Uspantán. Por consiguiente, esto impide la reconstitución del Estado y el establecimiento de una paz duradera en una Guatemala postconflicto.