

Language Revitalization and the Problem of Development in Guatemala: Case Studies from Health Care

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Introduction

Guatemala is a multiethnic Central American nation with a long history of state-sponsored violence against its indigenous Maya majority. Most salient in recent historical memory are the genocidal practices of the Guatemala military during an extended period of civil war which reached its height under the leadership of General Rios Montt in 1982-1983, with hundreds of indigenous communities destroyed and more than 200,000 people killed (Oficina de Derechos Humanos del Arzobispado de Guatemala, 1998). The war reached its official end in 1996 with the signing of the Peace Accords by representatives of the Guatemalan military and guerilla organizations which, in addition to ending armed conflict, also called for wide-sweeping social changes designed to promote the welfare of the country's Maya population.

However, despite the prosocial promises of the Peace Accords, indigenous Maya in post-Peace Guatemala remain today at extraordinary disadvantage. National health surveys, for example, show large disparities in health outcomes between the indigenous and non-indigenous populations in Guatemala (MSPAS et al, 2009). Furthermore, the percentage of the indigenous population that lives in extreme poverty is double that of the nonindigenous population (Gragnotati & Marini, 2003).

Mayan Languages Today in Guatemala

Against this background, we take up a discussion of the Mayan languages, which remain today an important mode of communication and index for ethnic identity, especially in rural communities. There are 21 Mayan languages spoken in Guatemala. The 4 largest of these (Kaqchikel, K'ichee', Q'eqchi', and Mam) each have more than 500,000 speakers (Richards, 2003).

Since the signing of the Peace Accords, the status and prestige of Mayan languages on the national stage has been considerably elevated (relative to their status during and before the armed conflict). For example, the passage of the Language Law (Ley de Idiomas) in 2003 granted co-official status with Spanish for each Mayan language in the communities where it is spoken (Maxwell, 2011).

In particular, this legislation granted several specific rights to speakers from each language community, including the right to access health and legal services in their native language. However, implementation of the Language Law has been inconsistent and spotty and, therefore, these rights still remain largely theoretical.

Furthermore, bilingual Maya-Spanish primary school education has made some important advances in Post-peace Guatemala. For example, in rural public schools, early bilingual education is now provided under the direction of a special branch of the Ministry of Education, the Directorate for Bilingual Education (Dirección General de la Educación Bilingüe, DIGEBI). Furthermore, apart from this there has been growth in a separate movement of community- and parent-directed bilingual schools under the umbrella of the National Committee for Maya Education (Comité Nacional de Educación Maya, CNEM) (Greebon, 2011).

When compared to many of the other endangered indigenous languages of the Americas, therefore, most Mayan languages are relatively thriving. In most rural communities transmission to children is still occurring. Indeed even in communities where language transmission was largely interrupted during the civil war, there are often positive developments, such as renewed interest in Mayan languages among the young and in new educational opportunities for heritage speakers (Maddox, 2010). Furthermore, although historically many indigenous parents discouraged use of Mayan languages for fear that their children would experience the same degree of school-based discrimination that they themselves experienced (Carey, 2006), the emergence of the National Committee for Maya Education (Greebon, 2011) is evidence that this trend is at least partially reversing.

Nevertheless, although the infrastructure to support Maya language primary school education has flourished in post-Peace Guatemala, there are still serious doubts about the quality of that education. Maxwell, for example, documents how instructional materials for use in these settings maintain a discriminatory and essentializing focus vis-à-vis Maya cultural concepts (Maxwell, 2009). Furthermore, Greebon has shown that even in the intentionally Maya-focused CNEM schools, the amount of instructional time spent in L1 (Maya) is far less than in L2 (Spanish) (Greebon, 2011); furthermore, the training and competency of teachers in the community-directed schools tends to be well below the national average (Marshall, 2009). Finally, Maya-language instruction in schools tends to be methodologically limited to rote memorization tasks with an overall tendency towards subtractive bilingualism and limited opportunities for the fostering of productive speech, problems which are similar to those encountered in indigenous language instructional contexts throughout the Americas (King, 2001; Lopez, 2008; Long & Hollander, 2009; Meek, 2010).

Taken together, therefore, although Mayan languages have achieved major legal and societal gains in post-Peace Guatemala, there remain serious doubts as to the future of Mayan language revitalization. There is limited utilization of Mayan

languages in public spheres other than primary school education, despite the provisions of the Language Law of 2003. Furthermore, primary school education is undercut by inadequate pedagogical materials, poor teacher training, and inefficient promotion of productive speech.

Development, Poverty, and the “Problem” of Indigenous Languages

It is a well-recognized fact that language endangerment is intimately related to poverty. All around the world, indigenous populations are doubly marked by both their linguistic marginalization and their lack of access to equitable health, education, and economic advancement opportunities (Harbert, 2009). Majority languages serve as the key to accessing necessary social services; as such there is always a tension between indigenous language maintenance and the pressing subsistence needs of an impoverished population. In Guatemala today, this issue is more pressing than ever. For example, with the advent of globalized neoliberalism, the rise of organized crime, the evaporation of the social investment by the state, and the global financial crisis, there is considerable evidence that the social and economic situation of the Maya has actually worsened since the signing of the Peace Accords (Chase-Dunn, 2000; Robinson, 2003). As such, there is an urgent need for language revitalization efforts in Guatemala that address the perverse incentives which encourage acquisition of Spanish over Mayan languages and which limit the public spaces in which Mayan languages are allowed to function.

The bulk of language revitalization efforts in Guatemala to date remain focused on primary school education. Although school-based efforts can go a long way towards raising the symbolic and social capital of indigenous languages, they are unlikely to “save indigenous languages” (Hornberger, 2008) as they are inefficacious in the production of fluent speakers. The fact remains that, in modern Guatemala, legal provisions notwithstanding, Mayan languages practically cannot be employed with the doctor, with the lawyer, at the business office, or in institutions of higher education. Furthermore, fluency in and utilization of Spanish is still at all levels the prerequisite for social and economic advancement.

In our opinion, there are two potential programmatic approaches to resolving the dilemma of the tension between the needs for subsistence and social advancement and the language revitalization agenda. The first approach is the most commonly employed, and it works by cultivating pride in indigenous linguistic heritage ‘notwithstanding’ its disadvantageous social position vis-à-vis Spanish; this approach is exemplified by the work of CNEM and its allies. While this work is valuable and indispensable, it is also practically self-evident, for the reasons discussed above, and also increasingly well recognized within the linguistic community itself, that language speakers cannot or do not always subscribe fully to the discourse of ‘linguistic patrimony’ which is operative for the academic language revitalization community (Hill 2002).

There is, however, a second approach, one that has been generally under-employed, largely because of the technical difficulties associated with its implementation. This second approach seeks to efface the social disadvantage which speaking Mayan languages constitute by building social institutions which allows their full utilization in a wider range of public spaces. What this approach does is attempt to make the speaking a Mayan language valuable in the same ways that speaking Spanish is valuable. Since this paper focuses on case studies from health care, we use a simple example: *Speaking a Mayan language is no longer a barrier to health care access, if your doctor speaks it too.*

Language Revitalization through Healthcare: The Wuqu' Kawoq Experience

Wuqu' Kawoq is a bilateral nongovernmental health organization that was founded in 2007 with the explicit mission of bridging the quality in health care divide for indigenous Kaqchikel Maya communities by developing health care services and programs delivered natively in the Kaqchikel language. The organization emerged after an prolonged period of consensus building prior to 2007 between a core group of international scholars (physicians, linguists, and anthropologists) and indigenous community leaders which identified two core priorities: (1) *Ri jun chi ri jun yawa' jeb'ël nutzijoj pe achike ri q'axomal ruchajin* (The patient should be able to easily communicate with the doctor) and (2) *Ri jun chik chi ma nqamestaj ta ri qatzij* (The active maintenance and recovery of speech) (Tummons, Henderson, & Rohloff, 2011).

Wuqu' Kawoq's first project was an internal medicine clinic in the urban Kaqchikel city of Santiago Sacatepéquez, located just a few minutes west of Guatemala City, which focused on the care of chronic diseases, primarily of the elderly. Over the years, this clinic has evolved into a full-service primary care facility serving a significant proportion of the adult population of Santiago Sacatepéquez, with a focus on the management of diabetes, cardiovascular disease, and women's health needs; it also serves as a primary referral center for patients from the entire Kaqchikel-speaking region of Guatemala with complex tertiary care needs. Subsequently, Wuqu' Kawoq has also expanded its rural health outreach efforts, largely focused on maternal-child health, into dozens of rural Kaqchikel communities in the departments of Sacatepéquez, Suchitepéquez, Sololá, and Chimaltenango. The case studies presented in this report are all drawn from the Santiago clinic experience.

The Medical Consultation as Social Space for Language Revitalization

The Santiago clinic is unusually busy for a Saturday morning. Dozens of patients and their families lounge outdoors, waiting for their turn with the doctor. The age range of those present is broad, as octogenarians mingle with younger adults. Children run around playing in the courtyard.

A new middle-aged patient arrives for the first time. Climbing the stairs in into the waiting area, she greets the other patients in Spanish, “¡Buenos días!” (Good morning!). The assembled patients respond as a chorus, “Matyöx!” (Thanks!). She smiles and pauses awkwardly for a moment before continuing, this time in Kaqchikel, “Ja re ri clinica?” (This is the clinic, right?).

As she sits down, a medical consultation is just finishing. Petrona is next in line. She is a 50-something long-standing patient of the clinic with severe diabetes. However, today she is not here for herself; rather, she has brought her teenage grandchild Jose to the clinic for advice on how to treat his acne.

The doctor exits the consultation room and greets Petrona and her husband Florencio, who doesn't have a medical complaint today and has come along just to socialize. He jokes at the doctor, “Nintz'ët chi at más ti'oj wakamin!” (You look fatter than the last time I saw you!). The other patients enjoy a collective chuckle.

Together Petrona and Jose enter the medical consultation room. The doctor begins, addressing her grandson, “Achike ab'l'?” (What is your name). He replies without hesitation, “Mi nombre es Jose” (My name is Jose). Petrona jabs him hard in the ribs with her elbow, “Ke re yach'o'n!” (Talk in Kaqchikel!).

Santiago Sacatepéquez is a large, urban Kaqchikel town. Located close to Guatemala City, many of its inhabitants make the daily trip into the city for employment and education. As such, it is often considered to be a town that is rapidly losing the use of Kaqchikel in public speech domains. However, as our vignette illustrates, the large majority of the population maintains full receptive Kaqchikel fluency and, for the most part, can still engage in productive speech if encouraged to do so.

By fostering an environment in which speaking Kaqchikel is broadly normative and tied to the delivery of valuable services, the clinic is contributing to the goals of Kaqchikel language revitalization in novel ways. In the clinic waiting room, Kaqchikel small talk between patients is the rule. Since the clinic serves a broad age range, this provides a permissive social environment in which elderly fluent speakers can model productive speech to younger speakers. Furthermore, clinic physicians and staff freely circulate with patients in the waiting area, exchanging greeting and jokes in Kaqchikel. This emphasizes mutuality and sends the message that Kaqchikel is a prestige language, spoken not just by “those in need” but also by professionals in the normal daily operations of a development organization. In the medical consultation itself, elderly Kaqchikel monolingual patients receive comprehensive attention in their maternal language. What's more, use of Kaqchikel even by less-fluent young speakers has become the

socially expected norm.

Kaqchikel in Medicine: Setting Expectations for Quality

The Santiago clinic regularly hosts rotations of medical students, linguists, and other observers, both from abroad and from Guatemala, who come to observe the practice of medicine in Kaqchikel. Today, a medical student Patricia is visiting from a medical school in Guatemala City. Luisa, one of the clinic's long-term community organizers, is managing patient flow for the day. She is a life-long inhabitant of Santiago and is bilingual in Spanish and Kaqchikel.

Patricia greets Luisa, shaking her hand: "¡Buenos días!" (Good morning!). Luisa responds, in Kaqchikel: "Matyöx, la ützwäch? (Thanks, how are you). Patricia blinks, "Lo siento, no hablo idioma" (Sorry, I don't speak Maya). Luisa laughs heartily and continues unfazed, "Majun k'ayewal, k'o chi xtawetemaj" (That's alright, you'll learn).

Since the inception of the project, a major focus of programmatic activities has been the normalization of the use of Kaqchikel at the institutional level. As the first vignette illustrates, this has been important for generating a public space in which language transmission and productive use of Kaqchikel is fostered among inhabitants of the town. However, the language revitalization agenda furthermore demands bilaterism and mutuality. It has not been enough simply to create a space in which Kaqchikel speech is encouraged among service recipients.

Equally important has been how, through several years of consistent clinical activity and community building work, patients and community organizers involved in the project has come to *expect and demand* that services be provided in Kaqchikel. As this second vignette illustrates, patients and organizers routinely direct Kaqchikel-based discourse even at visitors to the project who patently do not understand them. These highly symbolic exchanges help to reinforce an emerging standard for quality in development work that is entirely unprecedented. For the constituency in Santiago, quality of service is directly linked to utilization of Kaqchikel, and Kaqchikel has largely replaced Spanish as the default language for discourse.

Neologisms in Medicine: Reinvigorating the Kaqchikel Medical Lexicon

Dominga is a octogenarian patient who is visiting the clinic for the first time. Several accompanying family members help her into the examination room, and she clearly walks with a great deal of pain. "Nq'axon waqän. Jun medico xub'ij chwe chi re xreumatismx rub'i' po ri saber achike runa'oj" (My legs hurt. Some doctor told me it was 'rheumatism' but who knows what that means). The doctor replies, "Ah, ri achajin ri rusipojik abaq'il" (Oh, that means that your joints are swollen

up). “Ah,” *Dominga replies*, “*man xinwetamaj ta*” (Oh, I didn’t know that).

In 2010, Wuqu’ Kawoq embarked on an extensive neologisms project in collaboration with Kaqchikel Cholchi’, the Kaqchikel arm of the Guatemalan Academy of Mayan Languages. This very productive collaboration has resulted in the generation of thousands of new medical neologisms as well as the revision of some older neologisms. There are two central problems with incorporating neologisms into a language revitalization strategy. The first involves deciding how neologisms are to be formed. The second involves developing a plan to disseminate them that will ensure their uptake. Considerable previous work has been done on the generation of technical neologisms in Kaqchikel (Chacach et al, 1995). By examining that previously work critically, we show how neologism strategies can be more effective went integrated into an explicit development agenda.

All of the previous work on Kaqchikel neologisms was done within a framework in which formal bilingual education is conceived as the locus where language revitalization takes place. Against this backdrop, the goal of a neologism project is, superficially, to produce word lists of neologisms that teachers can use to plan lessons in which they explicitly introduce novel Kaqchikel forms. Secondly, students and authors can also use these formal neologisms reference works in order to use standardized forms in writing. While these goals are laudable, we have already drawn attention to the fragility of educational approaches to language revitalization given the weaknesses of the Guatemalan school system. More importantly, though, the types of neologisms that are developed within an educational paradigm are completely different than those needed outside of this sector.

In particular, in this earlier work on neologisms, explicit preference was given to generating neologisms that utilized novel combinations of semantic clusters of Kaqchikel word roots or that revived old forms that had fallen out of use. What both of these types of neologisms have in common is that they are semantically opaque to speakers out of context. This is acceptable if the mode of dissemination is classroom-based. In fact, this type of neologism fits the bilingual education paradigm perfectly, as the teacher merely assigns students to the task of learning new words or asks them to consult a dictionary in preparing writing assignments.

We have previously argued that this neologism strategy is not suitable for deployment in a community-based setting precisely because their meaning is not immediately apparent to most native Kaqchikel speakers (Tummons, Henderson, & Rohloff, 2011). Rather, we have argued that, at least from the standpoint of community based medical work, neologisms should generally utilize the synthetic complex noun phrase structure that is extremely productive in Kaqchikel rather than generating completely novel forms. This allows for the point-to-point replacement of semantically unintelligible Spanish loan words with intelligible

noun phrases which both serve as an immediately intelligible neologism while at the same time conveying important medical information. In the vignette above, for example, the patient uses a loan word, *xreumatismx* (rheumatism) which is, for her, semantically null (“who knows what that means”) with the doctor effaces quickly with *rusipokik baq’* (bone swelling) which is both immediately intelligible to her and conveys, at the same time, important information about her disease process. A Kaqchikel neologism that were as semantically opaque as rheumatism would be functionally equivalent to just using Spanish, and arguably worse since it would make a speaker think she were not actually able to speak her own language.

By altering the mode of disseminating neologisms, i.e., through community-based development work, the theory of creating neologisms changes. First, most of the 3000 neologisms we have created for our 2010 project with Kaqchikel Cholchi, like *rusipokik baq’*, conform to the complex noun phrase templates Kaqchikel provides. This allows us to use the neologisms in a clinical setting without explicit instruction. When our patients return home and share information about their health with their families, they will use the neologisms they ‘learned’ in our clinics. In this way, the dissemination of neologisms is taken out of the classroom and proceeds in the natural way words enter daily use, namely without explicit instruction.

Refocusing neologism creation and dissemination on a domain outside of education sharpens the goals of the enterprise in a beneficial way. In a linguistic and educational setting, measuring the success of a neologism project often terminates with the elaboration of the formal pedagogical materials. In the context of a medical clinic, however, clear metrics for assessing the uptake and, ultimately, success of a neologism are more readily apparent. Furthermore, the social dynamics of the setting (high clinical volume, diverse ages and backgrounds of patients) allow for rapid deployment, assessment, and iterative revision of neologisms.

The final way that a development-based model of neologism creation alters the default practice is that it strongly deemphasizes literacy. Though not universally the case, many endangered languages have weaker modern written traditions than the local dominant language. In the communities where Wuqu’ Kawoq works almost no native speakers have even the most basic Kaqchikel literacy skills. If language revitalization is about creating spaces and opportunities for using a language, then published materials in Mayan languages is ineffective outside of the education sector.¹ In most of the communities where we work, improving the health outcomes of Maya means speaking Kaqchikel, but it does not mean writing Kaqchikel. As an example, one of the outcomes of our neologism project has been the development of course materials to train community health promoters and patients about diabetes. When we were developing these materials, focus groups with patients and health workers made it very clear that printing the manual in Kaqchikel would severely decrease its uptake, as no one

felt comfortable reading in Kaqchikel; therefore, we instead chose to focus instead solely on key Kaqchikel neologisms, supplemented by large amounts of explanatory text in Spanish. The manual has subsequently been used as a guide to facilitators, who read in Spanish but deliver classes (and neologisms) in Kaqchikel, thereby staying faithful to the mode in which Kaqchikel is widely used in the community without alienating either facilitators or participants by imposing a (currently) unattainable Kaqchikel literacy standard.

Integrating the Language Revitalization and Development Agenda:

In the last section we detailed some of our own experiences working at the intersection of development work and language revitalization. This section will take a wider look at trends in linguistics and language documentation, arguing for a model of language revitalization that emphasizes partnerships between linguists and development workers.

An important recent trend in the field of linguistics, especially amongst those working on endangered languages, is a focus on what has been called *community-based* or *collaborative* research (Cyzaykowska-Higgins 2009, Penfield et al. 2008, Rice 2011). According to the Centre for Community-based Research (2011), this approach includes the following guiding criteria:

- ⤴ Community situated: research begins with a topic of practical relevance to the community (as opposed to individual scholars) and is carried out in a community setting.
- ⤴ Collaborative: community members and researchers equitably share control of the research agenda through active and reciprocal involvement in the research design, implementation, and dissemination.
- ⤴ Action-oriented: the process and results are useful to community members in making positive social change and promoting social equity.

What these principles share is an opposition to a *linguist-centered* research methodology where the work is done as linguists would have it done to produce something of interest to their colleagues (Cyzaykowska-Higgins 2009).

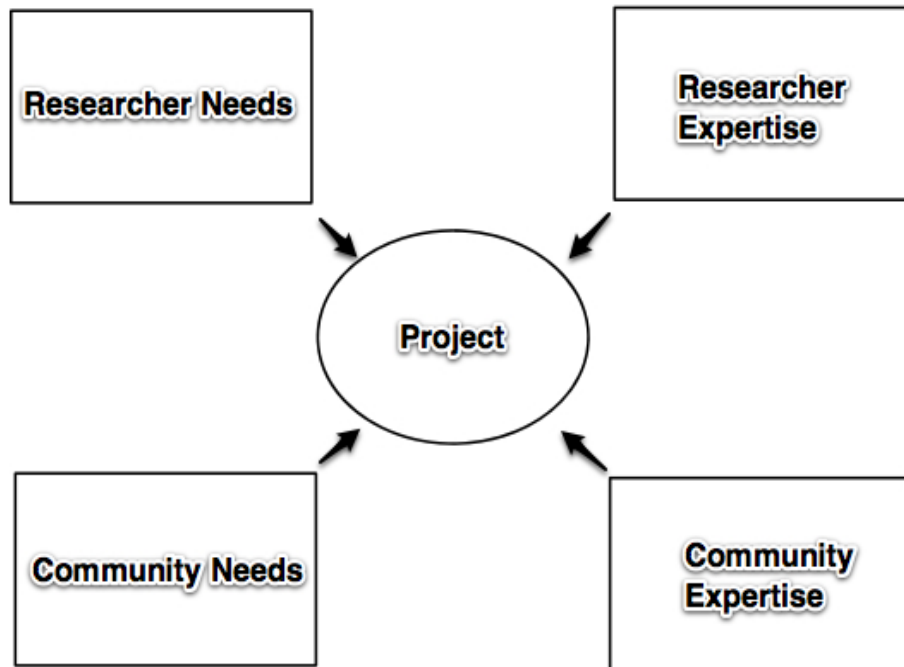
The discussion of community-based research in linguistics is usually framed in ethical terms. It is a way for “outsider” linguists to do research in a marginalized community without recreating in their research the same conditions that keep a community marginalized. At the same time, these principles point the way to effective work in language revitalization. Hill (2002) provides an important critique of the rhetoric of language endangerment, arguing that it is produced by linguists, for linguists. Communities that speak endangered languages do not engage in language revitalization projects out of a recognition that their languages are

unique human cultural treasures or scientifically interesting. Against this backdrop, it is hard to justify the production of the Boasian trilogy of grammars, dictionaries, and text collections as a community-based language revitalization strategy (though these obviously play an important role as part of a wider language revitalization strategy). Although these materials can be collaboratively produced, in and of themselves they are not community situated and action-oriented.

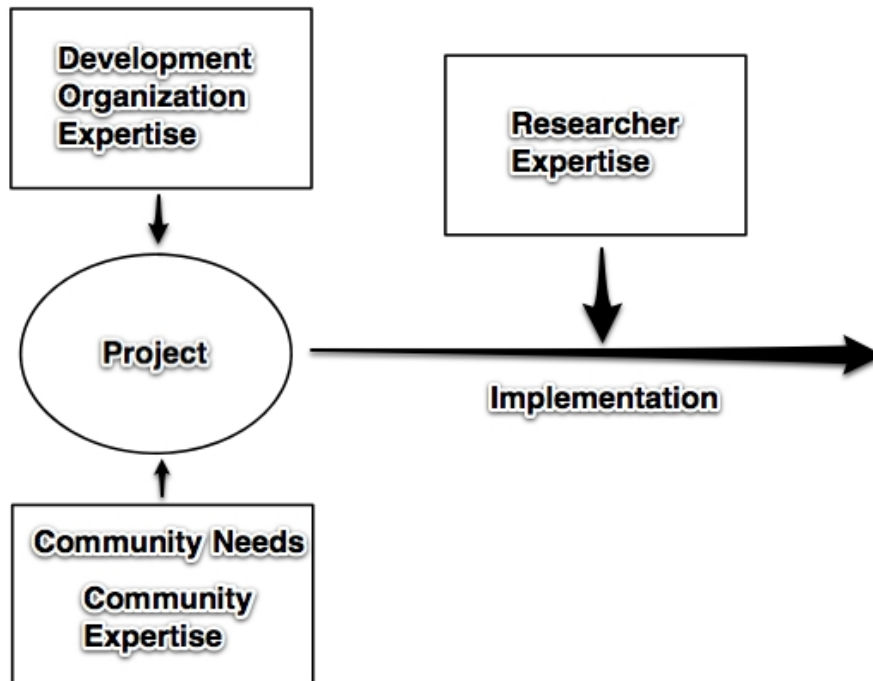
This is true regardless of the identities of the linguists creating these materials. Mayan linguistics, for example, is unique in that there are large numbers of well-trained native speaker linguists, due to the concerted effort of American and European linguists to engage in collaborative linguistic research through providing extensive technical training to Mayan language speakers received (England 1998). For example, Kaqchikel Cholchi' is staffed exclusively by Mayas, all with a high level of linguistic knowledge. This is clearly an amazing achievement that challenges assumptions about Mayan identity and increases the prestige of Mayan languages. However, at the same time, as scholars, the linguists at Kaqchikel Cholchi' tend to follow the same pattern as non-indigenous scholars in pursuing language revitalization in ways that are linguist-centered—grammars, dictionaries, corpora, neologism collections, and school curricula. Although all important contributions, they remain scholarly works with limited impact in communities with low levels of literacy and ineffective schools.

We believe that the response to these issues is to more closely tie language policy to the development agenda. In particular, language revitalization projects should grow out of non-linguistic community needs. In this view, linguists are there to do work ensuring that the resulting projects, which might not be *prima facie* about language revitalization, are implemented in a way that valorizes a language, increases its domains of use, and presents opportunities for language teaching.

Consider the model for community-based research presented in Leonard & Haynes (2010). Here, a collaborative project grows out of the intersection of community needs and expertise and researcher needs and expertise (Figure 1).



The problem with this model is that the needs and expertise of linguists as researchers often do not overlap with community needs and expertise outside of a few narrow areas, which explains why the canonical community-based linguistic projects are writing manuals and folklore collections, as these are the most salient things that linguists can conceivably do that communities might conceivably want. While important work that should be done, when matched up against the forces that endanger languages, writing manuals and folklore collections is weak tea indeed.



In our proposed model alternative model (Figure 2), linguistic concerns do not factor in at planning phase during which projects are conceived. Rather, projects are conceived and negotiated solely by the community in question, potentially with optional input by non-governmental development organizations or other development organizations. In our experience, the communities we work in are interested in language revitalization, but only in an extremely secondary way that is subordinate issues like healthcare and economic well-being. In our model, linguists and their work do come into play, but not until the transition from conception to implementation. At this phase, they agitate for staff and volunteers that speak endangered languages, create linguistically and culturally sensitive materials, provide classes for staff and volunteers to improve their language skills, and generally ensure that the project, in its implementation, creates a space for endangered languages to be spoken.

We can see how this model works in practice by considering again our case study in neologism creation. The first point is that project was not conceived as a neologisms project. Although neologism creation is a classic language revitalization project, Wuqu' Kawoq's partnership with Kaqchikel Cholchi to create neologisms was embedded in a project that was never strictly about language. Rather, the project grew out of community interest in tackling wide-spread untreated chronic disease in Kaqchikel communities. Linguists became involved at the implementation phase, where they agitated for first language medical care via doctors and community health promoters. Our patients cannot talk to local Guatemalan doctors about their diabetes in Kaqchikel, but they can talk with Wuqu' Kawoq staff and volunteers. This effectively increased the domains in which Kaqchikel is used, and what's more, did so in a high-status domain that

increased linguistic prestige. Second, linguists had to ensure that Wuqu' Kawoq staff would be able to carry on high-level medical discussions in Kaqchikel. This required the creation of neologisms, as well as training materials that were linguistically and culturally salient. This once again extended the language into high status technical domains, all the while providing a valuable nonlinguistic community service.

Conclusions:

In the introduction to this paper, we have sketched how, in post-Peace Guatemala, Mayan languages have made considerable progress on the national stage, especially in the area of primary school education. However, we also show how the public domains in which Mayan languages are employed are still severely restricted and how, as a stand-alone strategy, primary school education is unlikely to transform this situation. In particular, we note how the perverse incentives that lead to language shift towards Spanish, due to the competing demands occasioned by poverty and lack of social advancement opportunities, are still strongly in place.

Against this background, we make an argument for the development of new, parallel strategies for language revitalization that explicitly tie language goals to the development agenda. We use the experience of Wuqu' Kawoq, a health services nongovernmental organization that we work with in Guatemala, to show how this can be effectively accomplished. By providing essential medical services that are programmatically tied to the use of Kaqchikel Maya at multiple institutional levels, Wuqu' Kawoq is working to generate new social spaces in which transmission of Kaqchikel can occur, where the advocacy agenda for social services in Kaqchikel as a human right can be productively advanced, and where neologisms can be effectively employed.

There are several implications for language policy in Guatemala that can be inferred from our case study. First, although advancing the Mayan language agenda at the primary school level affords important symbolic capital, it does not resolve the “development problem” and the tension that this places on language revitalization goals. In our opinion, an agenda that emphasizes the importance of Mayan languages *per se* is unlikely to make significant headway in Guatemala because it runs head-long against the urgency of subsistence needs in the base population. With our work at Wuqu' Kawoq, we have preferred to concede the point that “other priorities” – poverty, health, economic well being – are indeed prior to language revitalization. However, as we have shown, this has not prevented the implementation of a strong language revitalization ideology and, indeed, has afforded novel opportunities to engage in new forms of language revitalization.

Endnotes:

¹ In fact, we argue that fetishizing the written word is actually detrimental because it places authoritative Kaqchikel out of the reach most fluent speakers. While written Kaqchikel might increase the perceived value of the language, the price is devaluing expert speakers who are no longer feel expert when the bar includes literacy.

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