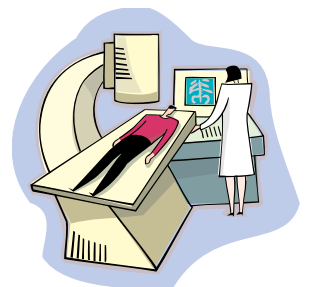
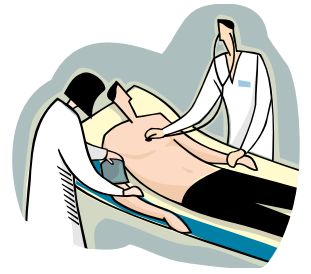


# Spanish for Health Care Workers



**Kern Resource Center**  
5801 Sundale Avenue  
Bakersfield, CA 93309  
(661)827-3266  
(661)827-3304 (fax)  
[www.health-careers.org](http://www.health-careers.org)

## Spanish for Health Care Workers

*This document was developed utilizing Carl D. Perkins Vocational Education Act funds, PL 101-392, administered by the Standards and High School Development Division of the California Department of Education. The activity which is the subject of this handbook was supported in whole or in part by the U.S. Department of Education. However, opinions expressed herein do not necessarily reflect the position or the policy of the aforementioned departments, and no official endorsement should be inferred.*

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# Introduction

Virtually every health care professional in California encounters immigrants as a regular part of the day's work. Whether these interactions are positive or negative, satisfying or frustrating, depends at least in part on the knowledge and understanding the health care professional or educator brings to the encounter. We all have good days and bad days in which we meet the full range of clients, but even on the worst of days with the most recalcitrant client, understanding where that client is coming from will almost always contribute to a positive outcome.

As of the 2000 census, Hispanics—both immigrants and California-born—made up 32 percent of our state's population, with the majority of new immigrants coming from Mexico. According to the 2003 American Community Survey, nearly 10 million California residents have Mexican heritage. The various minority Californians combine to outnumber white residents. With the nation's largest immigrant population, California is a microcosm of what the entire United States is projected to look like in 2050, when Hispanics are expected to make up nearly one-fourth of the nation's residents and Asians close to 10 percent. In 2002, the population of Los Angeles was 44 percent Latino and 12 percent Asian, and more than 100 languages were spoken by students in the city's schools.

Health care professionals need to equip themselves with information that will help them meet the challenge of working with immigrants, non-English speakers, and English language learners competently and compassionately. Rather than viewing immigrant clients as problems, with increased knowledge we may come to appreciate the contributions they make to our nation—which is, after all, made up almost entirely of immigrants. The Center for Religion and Civic Culture at the University of Southern California observed, in a recent report on immigrants in Los Angeles, that these new arrivals have much to share: “Anchored in community, immigrants know something about extended family ties, the value of community, and the importance of preserving a cultural heritage while contributing to the new society.”

## Immigration Facts

In 2004, the foreign-born in the United States, some 34.2 million people, accounted for 12 percent of our total population. Fifty-three percent of the immigrant population was born in Latin America, 25 percent in Asia, 14 percent in Europe, and 8 percent in other regions.

U.S. citizens are some of the most fortunate people in the world. Except for Native Americans, we all are the descendants of immigrants, a fact that we tend to overlook in our dealings with more recent arrivals to our nation and state. Much of the United States at some time belonged to other nations, most notably Mexico, which for centuries counted California and other Western states as part of its territory. The fact that we live in the richest and most powerful nation in the world should not blind us to the fact that our position is a matter of good fortune rather than divine favor.

To get an idea of the lure of the United States, we might imagine ourselves as citizens of a nation ravaged by civil war, earthquakes, famine, tsunamis, multinational corporations—alone or in combination—who live in shanties on land we do not own, with no reliable source of water, no hope of employment, no access to medical care. This is the reality of life for millions of the world's people, and we should not be surprised that many will risk death for the chance to make a better life for themselves and their families in this country.

## Legal Status

Immigrants are differentiated between those who have become U.S. citizens and those who remain non-citizens. U.S. citizens are classified as native-born or naturalized. According to the Urban Institute, more than half of all legal immigrants to the United States eventually become naturalized citizens. Non-citizens fall into one of four major legal status groups:

- 1 **Legal Permanent Residents.** These individuals have permanent visas or “green cards.” Most achieve their status as a result of family reunification laws allowing citizens and legal permanent residents to apply for permission for spouses, parents, siblings, and children to immigrate. Others are admitted when employers apply for visas for them. After five

## Spanish for Health Care Workers

years as a legalized permanent resident (three years if married to a U.S. citizen), an individual may apply for citizenship.

- ② **Refugees/Asylees.** These are people admitted for humanitarian reasons, generally fleeing war or persecution in their native countries. They are screened by the U.S. Department of State and international organizations before admission. Once in the United States, refugees are usually resettled by family members or resettlement organizations. Unlike most other immigrants, refugees are eligible for a variety of federal social services. Individuals fleeing persecution who arrive in the United States without approval can apply for asylum.
- ③ **Temporary Residents.** Most of these individuals have visas for temporary employment or education.
- ④ **Undocumented Immigrants.** These immigrants have no authorization to be living or working in the United States. Most estimates show the population of undocumented immigrants doubling from 4 million to more than 8 million during the 1990s.

Immigrants move freely between these four groups as their circumstances change. In 2000, between 10 and 11 million foreign-born in the United States were naturalized citizens; the same number were legal permanent residents; some 8.4 million were undocumented immigrants; 2.5 million had arrived as refugees after 1980; and about 1.5 million were temporary residents. The Urban Institute estimates that each year during the decade of the 1990s the following numbers of immigrants entered the United States:

- Legal Residents: 700,000 to 900,000
- Refugees/Asylees: 70,000 to 125,000
- Undocumented Immigrants: 300,000 to 500,000+

A study by the Pew Hispanic Center released in June 2005 estimated the total of undocumented immigrants now in the United States at 10.3 million, about a third of the foreign-born population.

## Countries of Origin

Census 2000 identified more than 100 countries as home to the nation's foreign-born population. In a survey conducted by the Urban Institute in 1999–2000, immigrant families in Los Angeles County, home to one of the nation's most diverse communities, were found to have come from 75 different countries. While new immigrants continue to settle in California, Florida, New York, and Texas, traditionally the destination of the largest numbers, the 2000 census showed states in the Midwest, South, Northeast, and Pacific Northwest among those with the fastest-growing immigrant populations. Some 22 states that had relatively low immigrant populations in 1990 saw those numbers grow by over 90 percent by the 2000 census. California remained the principal first destination for immigrants, but as housing prices continue to rise and living in California becomes increasingly expensive, more immigrants will settle elsewhere. In the 2003 American Community Survey, seven California cities and five California counties were in the top ten cities and counties for foreign-born population.

Countries/regions of origin for the foreign-born identified in the 2000 census are:

- Mexico: 9.2 million, 30 percent
- Asia: 8.2 million, 26 percent
- Other Latin America: 6.9 million, 22 percent
- Europe and Canada: 5.7 million, 18 percent
- Africa and Other: 1 million, 3 percent

## English Language Proficiency

Census 2000 showed that 47 million U.S. residents, or 18 percent of the population age 5 and older, speak a language other than English at home, with 40 languages listed. Some 28 million of these speak Spanish. The fact that most of these people have limited proficiency in English poses a significant challenge to their integration into U.S. life. Those with limited English proficiency tend to have less desirable jobs, earn lower wages, and experience hunger. An Urban Institute report states: "Food insecurity and other hardship measures were more closely associated with limited English proficiency than with either legal status or length of residency in the United States."

As immigrants live longer in the United States, their language proficiency generally increases. Some 44 percent of all foreign-born residents counted in the 2000 census were limited English proficient. About 10 percent of all U.S. public school students are English language learners (ELLs); their numbers have doubled to more than 2 million since 1990. In California, the 2003 American Community Survey identified 40.8 percent of the population over age 5 who spoke a language other than English at home. Nearly 1.5 million California students were classified as English language learners in 2002.

## Refugees

Between 1975 and 2000, the United States admitted 2,284,956 refugees, with the largest number coming from Asia. Before arriving in the United States, many refugees have spent time as refugees in an intermediary country. Large numbers of Hmong, for example, have spent long periods of time in refugee camps in Thailand before settling in California or other states. Both between resettled groups and within groups there is great diversity, depending upon the status and experience of the individuals prior to fleeing their native land and/or being resettled from a refugee camp. In the case of resettlement, refugees generally receive health screenings and orientation to U.S. life prior to their arrival. The Justice Department conducts interviews to establish that they are indeed in danger if they return to their native country. Voluntary agencies, working with State Department contracts, facilitate the resettlement process and provide for or arrange housing, medical care, job training, school enrollment, and other social services for a limited time.

Some of the best information on refugee health issues has been compiled by Charles Kemp and is found on the Baylor University Web site: [http://www3.baylor.edu/~Charles\\_Kemp/refugee\\_health\\_problems.htm](http://www3.baylor.edu/~Charles_Kemp/refugee_health_problems.htm). Kemp notes that refugees first come into the health care system through local health departments, where they undergo a screening called the Refugee Domestic Health Assessment to eliminate health-related barriers to successful adaptation to the new culture. Refugees are screened for TB and other communicable diseases. Often, only TB and sexually transmitted diseases are treated in the health department, with other conditions being referred more or less successfully to the primary care sector. Caseworkers or previously settled family members assist new refugees in navigating the health care system, but this is not always a flawless process.

## Working with Health Care Clients from Other Cultures

Putting oneself into another person's shoes is a difficult task. California health care professionals at all levels must be able to do that in order to provide culturally competent care to the immigrant patients and families with whom they interact every working day. From seemingly small matters, such as a patient's preference for water without ice, to life-and-death situations involving the reporting of symptoms or directions for medication use, the inability of health care providers to understand the language and culture of clients is a barrier to giving and receiving appropriate care.

An article in the journal *Academic Medicine* states: "Without understanding the fundamental nature of culture and the integrity of differing belief systems, the risk of conflict and its negative impact on health outcomes is inevitable." Researchers from UCLA studying clinical trials for psychiatric drugs recently found that only 8 percent of more than 9,000 patients studied were minorities, even though the importance of cultural factors in the treatment of mental disorders has been well documented in medical journals. A psychiatrist at Columbia University stated: "If we understand that our definition of pathological isn't pathological in other countries, we can make better decisions on when to treat, especially with medications."

The Web site Diversity Rx, discussing the importance of language and culture, puts the matter in a nutshell:

## Spanish for Health Care Workers

All health care personnel should learn to regard the patient and his or her family as unique and aim to develop skills to assess the role of culture in any given situation. For professionals in the health care setting, awareness of personal biases is a prerequisite for cross-cultural competence. The competent professional cultivates a non-judgmental attitude of respect, interest, and inquiry. From this viewpoint, the cross-cultural encounter is approached as an opportunity for learning and growth.

# Clients Who Speak Little or No English

Nearly 50 million people in the United States speak a language other than English as their primary language; in California, 20 percent of the population has limited English ability. A 2002 study by The Commonwealth Fund reported that many patients have difficulty understanding health care information, with more than 50 percent of both Hispanic and Asian American patients reporting difficulty. The report of a 2003 dialogue among health care professionals in San Francisco opened by stating: “Even for those who are fluent in English and acculturated to the American medical system, the complexity of information coupled with the emotion and anxiety of illness creates substantial opportunities for miscommunication.”

In a 2003 survey of California immigrants conducted in 11 languages and dialects, researchers found that half of all immigrants who do not speak English reported problems understanding medical information. More than half of the Hispanics, Hmong, and Iranians surveyed reported being confused by post-hospitalization instructions, and one-third of all immigrants have trouble understanding prescription drug labels, which some cannot even read. Throughout the United States, refugees and immigrants who speak no English or have limited English proficiency pose challenges to health care providers.

The Office of Civil Rights of the Department of Health and Human Services in 2000 issued guidelines requiring that recipients of federal funds provide oral interpreter services, translated written materials, a means to make services accessible to non-English speakers, and staff training. Even though Title VI of the Civil Rights Act of 1964 and the Joint Commission on the Accreditation of Healthcare Organizations also require health care institutions to provide translation services, many health care providers will find themselves in situations where they must cope on their own. When translators or interpreters are available, an interpreter is preferable because he/she is professionally trained to interpret the meaning of words and phrases between health care provider and client. As Dr. Alice Chen of Language Access, a service of New California Media in San Francisco, explains:

Not just any bilingual person can be an effective medical interpreter. Children, family members, and friends usually aren't familiar with specialized medical terminology in their own languages let alone in English. Nor have they been trained to develop the memory and communication skills needed to interpret accurately and efficiently. They make mistakes that can have serious and sometimes dangerous consequences.

The Office of Minority Health of the U.S. Department of Health and Human Services published 14 standards for culturally and linguistically appropriate services (CLAS) in health care in December 2000. The standards encourage, but do not require, health care organizations to ensure that patients receive understandable and respectful care consistent with their preferred language and health beliefs and practices.

When a community advocacy organization tested hospitals in 2003 for compliance with federal and state laws requiring that they provide access to services for those with limited English proficiency, in more than half of the 70 hospitals surveyed by phone and personal visit no Spanish-speaking staff person could be contacted. In the Bay Area, 60 percent of the hospitals surveyed were able to access a Spanish speaker; in the Los Angeles area, the figure was 56 percent. In a state where Hispanics make up 32 percent of the population, this is surely a cause for concern.

The National Alliance for Hispanic Health has excellent resources for working with Spanish-speaking patients and clients. In *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, the organization discusses six approaches to overcoming language barriers, organized from the most effective to the least effective method:

- 1 bilingual/bicultural professional staff
- 2 interpreters (**never** from non-health care staff)
- 3 language skills training for existing staff

## Spanish for Health Care Workers

- 4 internal language banks (back-up measure only)
- 5 phone-based interpreter services (emergency back-up)
- 6 written translation (**never** use as only means of communication)

Printed patient education materials are available in many languages on a wide variety of topics from a number of Internet sources; some of these are listed in the Resources section. The use of printed materials assumes that the patient or some family member or friend is literate in the native language, which is not always a safe assumption. Appropriate translation from English to other languages is complicated by cultural nuances—both between the health care provider's culture and the culture in which the translated materials are to be used, lack of equivalent terms in other languages, and selecting an appropriate reading level that is neither too simple for clients with good reading skills nor too complicated for the less literate.

Habel, in an on-line education module for nurses, suggests the following means of communication for those providing patient education in situations where the patient does not speak English:

- Use pictures, models, and demonstrations with actual equipment.
- Use simulations to show what is being taught.
- Use audiotapes made in the patient's language.
- After giving the information, test the patient's understanding by asking him/her to communicate in some way what he/she is supposed to do.

In most cases family members or friends should be included in the patient teaching. In many cultures, a family member other than the client is the primary decision-maker; that person will be largely responsible for the patient's understanding of and compliance with treatment directions.

Many helpful resources are available through state and county health departments, which often have patient education materials available in languages spoken by significant percentages of their clients. The California Health Department Web site offers excellent patient education materials in languages spoken by the state's citizens. Their guide to breast cancer diagnosis and treatment, for example, can be downloaded in Chinese, Korean, Spanish, Russian, and Thai in addition to English. The California Healthcare Interpreting Association provides a brochure about the role of interpreters in Spanish, Hmong, Chinese, Korean, and Russian.

The California Primary Care Association, established in 1994 to help ensure that the state's low-income and minority residents receive high-quality health care, recently published an excellent manual for health care providers working with limited English proficient patients. It includes a wealth of information and promising practices drawn from California community clinics and health centers in rural and urban settings serving Asian and Spanish-speaking clients, as well as materials that can be used with clients. The manual addresses the major challenges health care providers face in serving their clients: the scarcity of capable interpreters proficient in medical terminology, the shortage of bilingual staff, and cultural norms that conflict with Western medicine.

## Culturally Competent Health Care

The success of provider-client interactions is influenced significantly by the patient's cultural and language background and by the ability of the provider to understand, appreciate, and take into account that background. It is only natural that every individual grows up believing that his or her culture is, if not the only one, certainly the best—an ethnocentric point of view. DiversityRx cautions: "All health care personnel should learn to regard the patient and his or her family as unique and aim to develop skills to assess the role of culture in any given situation." Kagawa-Singer and Kassim-Lakha state:

The objective of health practitioners is to improve health outcomes and increase the quality of life for each individual patient. . . . When we understand that the purpose of every culture is to ensure the individual's survival and well-being, the stage is set to negotiate with patients and their families among a wider set of options.

Cultural competence is being widely discussed these days. The Internet provides many excellent resources, in addition to the language resources mentioned above, to help health care professionals understand and work effectively with clients

from other cultures. Cultural competence in health care may be considered “the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs” (Betancourt et al. 2002). The University of Michigan Health System Web site, which offers comprehensive materials for health care providers, suggests that culturally competent health care:

- 1 makes more effective use of time with patients
- 2 increases disclosure of patient information
- 3 helps with negotiating differences
- 4 increases patient compliance in treatment protocols
- 5 positively affects clinical outcomes
- 6 improves communication with patients
- 7 decreases stress
- 8 builds trust in a relationship
- 9 increases patient satisfaction
- 10 meets increasingly stringent government regulations and medical accreditation requirements

Camphina-Bacote advises health care providers to seek common ground with clients by using the LEARN Model (Berlin and Fowkes, 1982) of listening, explaining, acknowledging, recommending, and negotiating. She and others make the important point that there is more variation within any specific culture than between two different cultural groups. The health care practitioner who takes the time to learn about the beliefs and practices of another culture must remember to take into account the perspective and experience of each individual client from that culture. Camphina-Bacote cautions:

Interacting with patients from diverse cultural groups will refine or modify one’s existing beliefs about a cultural group and will prevent stereotyping. However, the [health care professional] must be cautious and recognize that interacting with only three or four members from a specific ethnic group does not make one an expert on the cultural group. . . . [T]hese three or four individuals . . . may not truly represent the stated beliefs, values, and/or practices of their specific cultural group.

Jezewski and Sotnik suggest that health care providers working with individuals from other cultures need both knowledge of the specific culture of the persons with whom they are working and knowledge about the basics of working with clients from any culture other than that of the service provider. They draw attention to the importance of understanding the client’s worldview—fundamental beliefs about existence that form the basis of an individual’s approach to life, including health care. Our traditional Western worldview places primary value on individualism—self-expression, assertiveness, etc.—in contrast to the worldview of many cultures in which the individual is less important than the family and community. These two differing worldviews make for very different approaches to and expectations of health care. Individual clients from other cultures will have adopted aspects of the Western worldview, or become acculturated, based on such factors as length of residence in the United States, language ability, nature and extent of interactions with people in this country, and the strength of their identification with their culture of origin.

Rankin and Stallings discuss ways in which to assess the client’s degree of what they call “cultural embeddedness” by considering the following:

- How recently did the patient immigrate?
- Was the immigration voluntary or involuntary?
- Did the patient live in intermediate countries before coming to the United States?
- What country did the patient immigrate from and how different is that culture from U.S. culture?
- Whom does the patient associate with?
- What type of neighborhood does the patient live in?
- Does the patient follow traditional dietary habits?
- Does the patient wear native dress?
- Does the patient leave his/her neighborhood to participate in the larger culture?
- Does the patient use folk medicine or use the practices of a native healer?
- Does the patient come from an urban or rural area in the native country?

Elements of worldview that enter into a client’s expectations of and receptivity to the health care interaction include: attitude toward age, concept of fate, attitude toward change, concept of saving face, source of self-esteem, concept of equality, concept of time, and attitudes about nonverbal behavior such as eye contact, shaking hands, etc. See the chart on

# Comparing Cultural Norms and Values

Aspects of Culture	U.S. Culture	Some Other Cultures
<b>Sense of Self and Space</b>	<ul style="list-style-type: none"> <li>↪ informal</li> <li>↪ handshake</li> </ul>	<ul style="list-style-type: none"> <li>↪ formal</li> <li>↪ hugs, bows, handshakes</li> </ul>
<b>Communication and Language</b>	<ul style="list-style-type: none"> <li>↪ explicit, direct communication</li> <li>↪ emphasis on content; meaning found <i>in</i> words</li> </ul>	<ul style="list-style-type: none"> <li>↪ implicit, indirect communication</li> <li>↪ emphasis on context; meaning found <i>around</i> words</li> </ul>
<b>Dress and Appearance</b>	<ul style="list-style-type: none"> <li>↪ “dress for success” ideal</li> <li>↪ wide range of accepted dress</li> <li>↪ more casual</li> </ul>	<ul style="list-style-type: none"> <li>↪ dress seen as a sign of position, wealth, prestige</li> <li>↪ religious rules</li> <li>↪ more formal</li> </ul>
<b>Food and Eating Habits</b>	<ul style="list-style-type: none"> <li>↪ eating as a necessity; fast food</li> </ul>	<ul style="list-style-type: none"> <li>↪ dining as a social experience</li> <li>↪ religious rules</li> </ul>
<b>Time and Time Consciousness</b>	<ul style="list-style-type: none"> <li>↪ linear and exact time consciousness</li> <li>↪ value on promptness</li> <li>↪ time=money</li> </ul>	<ul style="list-style-type: none"> <li>↪ elastic and relative time consciousness</li> <li>↪ time spent on enjoyment of relationships</li> </ul>
<b>Relationship, Family, Friends</b>	<ul style="list-style-type: none"> <li>↪ focus on nuclear family</li> <li>↪ responsibility for self</li> <li>↪ value on youth; age seen as handicap</li> </ul>	<ul style="list-style-type: none"> <li>↪ focus on extended family</li> <li>↪ loyalty and responsibility to family</li> <li>↪ age given status and respect</li> </ul>
<b>Values and Norms</b>	<ul style="list-style-type: none"> <li>↪ individual orientation</li> <li>↪ independence</li> <li>↪ preference for direct confrontation of conflict</li> <li>↪ emphasis on task</li> </ul>	<ul style="list-style-type: none"> <li>↪ group orientation</li> <li>↪ conformity</li> <li>↪ preference for harmony</li> <li>↪ emphasis on relationships</li> </ul>
<b>Beliefs and Attitudes</b>	<ul style="list-style-type: none"> <li>↪ egalitarian</li> <li>↪ challenging of authority</li> <li>↪ gender equity</li> <li>↪ behavior and action affect and determine the future</li> </ul>	<ul style="list-style-type: none"> <li>↪ hierarchical</li> <li>↪ respect for authority and social order</li> <li>↪ different roles for men and women</li> <li>↪ fate controls and predetermines the future</li> </ul>
<b>Mental Processes and Learning Style</b>	<ul style="list-style-type: none"> <li>↪ linear, logical</li> <li>↪ problem-solving focus</li> <li>↪ internal locus of control</li> <li>↪ individuals control their destiny</li> </ul>	<ul style="list-style-type: none"> <li>↪ lateral, holistic, simultaneous</li> <li>↪ accepting of life’s difficulties</li> <li>↪ external locus of control</li> <li>↪ individuals accept their destiny</li> </ul>
<b>Work Habits and Practices</b>	<ul style="list-style-type: none"> <li>↪ reward based on individual achievement</li> <li>↪ work has intrinsic value</li> </ul>	<ul style="list-style-type: none"> <li>↪ rewards based on seniority, relationships</li> <li>↪ work is a necessity of life</li> </ul>

Source: Lee Gardenswarthz and Anita Rowe: *Managing Diversity: A Complete Desk Reference and Planning Guide*. Burr Ridge, Ill.: Iwrin, 1993). p. 57. Found at <http://www.med.umich.edu/multicultural/ccp/tools.htm>

the facing page for a comparison of cultural norms and values.

## Suggestions for Culturally Competent Patient Interaction

The University of Michigan Health System suggests using the following questions to help lay the foundation for an effective relationship with a patient from another culture:

- ❶ Can you tell me what languages are spoken in your home and the languages that you understand and speak?
- ❷ Please describe your usual diet. Also, are there times during the year when you change your diet in celebration of religious or ethnic holidays?
- ❸ Can you tell me about beliefs and practices including special events such as birth, marriage, and death that you feel I should know?
- ❹ Can you tell me about your experiences with health care providers in your native country? How often each year did you see a health care provider before you arrived in the U.S.? Have you noticed any differences between the type of care you received in your native country and the type you receive here? If yes, could you tell me about those differences?
- ❺ Is there anything else you would like to know? Do you have any questions for me? (Encourage two-way communication.)
- ❻ Do you use any traditional health remedies to improve your health?
- ❼ Is there someone, in addition to yourself, with whom you want us to discuss your medical condition?
- ❽ Are there certain health care procedures and tests which your culture prohibits?
- ❾ Are there any other cultural considerations I should know about to serve your health needs?

Diversity Resources provides the following tips for working effectively with patients from other cultures:

- **Everyone likes to feel special.** Check your records. What cultural groups did you serve last month? Decide to learn a little about one of those cultures every week. *Hint:* Start with the calendar. Are there any festivals or holidays that your patients will observe this month? Ask the first patient you see from each cultural group if there is any specific greeting that is used for that occasion. Write it down and learn to say it in the patient's language. Even if you mispronounce it, the patient will be really pleased with your effort.
- **When speaking to patients who are not proficient in English, avoid too much “small talk.”** Keep your language simple and not cluttered with extraneous questions or information. *Hint:* “Friendly chatter” is not considered friendly in many cultures even if the person does understand you. It may be considered inappropriate to disclose personal information about yourself or “prying” to ask people about their job or their family.
- **Smile and look at the patient when greeting him or her, but don't feel offended if the patient doesn't smile back or establish eye contact.** *Hint:* In some cultures, it's considered rude to smile at strangers and impolite to look directly at anyone who is older or in a position of authority.
- **When taking patient information, use questions that begin with when, where, why, who, which, how.** If the answer is vague or inappropriate, rephrase the question and start again. *Hint:* These questions require a basic understanding of the question itself in order to supply the necessary information. If the patient is unable to answer, there is a great possibility that he or she hasn't understood the question.
- **If a patient says “What?” or “Sorry” or “Could you repeat that?” in response to something you have said or asked, it probably means that the patient doesn't understand, not that he or she doesn't hear.** Rephrase your question or information in other words. *Hint:* In general, it is a very good idea to give the same information or ask the same question in at least two or three different ways. Use different words and expressions each time.
- **Don't make any assumptions about the patient's basic beliefs about how to best maintain health or cure illness.** *Hint:* Adopt a line of questioning that will help you learn some of the patient's beliefs: “Many of our [name of country or culture] patients believe/do . . . . Do you?”
- **Don't be angry or disturbed if a patient is accompanied by one or even a group of friends or family when visiting a hospital or clinic or medical office.** Try to accommodate them. *Hint:* In many cultures, health decisions are not individual, but family decisions. You can save time and frustration, and gain support for your medical advice, if family members are included in the consultation should the patient request that they be present.
- **Be aware that patients may be reluctant to make health care choices or decisions.** Wanting to be part of the decision-making process is a uniquely Caucasian-American cultural trait. Be sensitive to the possibility that asking the opinions of patients who belong to a culture in which the physician is viewed as the ‘knower’ who will make the best choices and take full charge of the patient's cure may destroy the patient's faith and trust in the physician or medical facility. *Hint:* The patient may turn the question back to you, saying, “I don't know. What do you want me to do?” At this point, it is best to say something like, “Well, if it were I (my mother, my sister, my son . . .) I would do/choose X, but I'm required by law to have you make the final decision.”

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- **Don't discount or ridicule the power of the belief in the supernatural.** You may not believe in those things, but if your patient does, it will affect his/her health and compliance and satisfaction with treatment. *Hint:* If the patient believes that he or she has been hexed, or bewitched, or punished for past sins, he or she is likely to take little responsibility for participating in treatment and may have little faith in your ability to cure this illness.
- **Make your practice or facility “patient friendly.”** Learn what colors, images, and reading matter will appeal to diverse segments of your patient population. Make sure your waiting room looks and feels like a secure, comfortable place for all patients. *Hint:* If many of your patients are from Asia or the Middle East, you might have tea available. Make sure you have magazines and/or newspapers in the languages of your patients. Are health signs and posters meaningful to the cultures you serve?
- **Be aware that cultural factors affect how to best relate bad news or to explain in detail the nature of a disease or complications that might result from a course of treatment to the patient.** *Hint:* In many cultures, a poor prognosis is never given to the patient, and certain words, like cancer, are never used. Talk to the family first. Follow their advice about how much to disclose to the patient.
- **A gesture or facial expression is worth a thousand words.** When communicating through an interpreter, face and direct your comments to the patient, not the interpreter. *Hint:* Observe the patient's body language and facial expressions carefully. They may tell you much more than the interpreter can. When the words and expressions don't match, rephrase your questions or information.

## Cultural Concerns in Caring for the Dying Patient

The Stanford University Center for Biomedical Ethics, in the article “Understanding Cultural Difference in Caring for Dying Patients,” presents the following general guidelines for health care professionals working with patients nearing the end of life. Specific information for distinct religious and ethnic groups is included as available in the individual country profiles that follow this basic information section.

- Assess the language used to discuss the patient's illness and disease, including the degree of openness in discussing the diagnosis, prognosis, and death itself.
- Determine whether decisions are made by the patient or a larger social unit, such as the family.
- Consider the relevance of religious beliefs, particularly about the meaning of death, the existence of an afterlife, and belief in miracles.
- Determine who controls access to the body and how the body should be approached after death.
- Assess how hope for a recovery is negotiated within the family and with health care professionals.
- Assess the patient's degree of fatalism versus an active desire for the control of events into the future.
- Consider issues of generation or age, gender and power relationships, both within the patient's family and in interactions with the health care team.
- Take into account the political and historical context, particularly poverty, refugee status, past discrimination, and lack of access to care.
- To aid the complex effort of interpreting the relevance of cultural dimensions of a particular case, make use of available resources, including community or religious leaders, family members, and language translators.

## Working with Latino/Hispanic Clients

The question of appropriate terms to use for clients and patients from Spanish-speaking countries can cause confusion. The Pew Hispanic Center and the Kaiser Family Foundation conducted a national survey of Latinos in 2002; they devote many pages to a discussion of this issue. The study found that 88 percent of Latinos refer to themselves by their country of origin, e.g., as “Mexicans” or “Salvadorans,” and that 81 percent use either “Latino” or “Hispanic” as a self-descriptor. Researchers found that 53 percent had no preference as to which term was used, but that among those who had a preference “Latino” is the preferred term in California and among more recent immigrants. The health care provider should be sensitive to cues as to which term clients prefer.

The American Public Health Association (APHA) notes that Hispanics may use folk remedies and practices along with Western medicine. *Curanderismo*, a healing tradition embraced by many Latino cultures, is practiced in immigrant neighborhoods by *curanderos/as* using herbal medications, prayer, and massage, often to remove hexes that may make Western medicine ineffectual. Western health care professionals are increasingly paying attention to the importance of incorporating

a Latino client's use of *curanderismo* into an overall health plan. Health care practitioners should ask appropriate questions (as indicated in the section above) and support the client in using any complementary practices that do not conflict with the practitioner's recommended treatment regimen. The APHA suggests that respecting and integrating these practices can build patient confidence and increase compliance. The agency further notes that Hispanic patients may find our system of prescriptions and referrals difficult to understand and navigate, as many medications that require prescriptions here are available over the counter in Latin American countries.

The following general guidelines are adapted from Diversity Resources: *What Language Does Your Patient Hurt In?: A Practical Guide to Culturally Competent Care*.

- ❶ **Show *respeto*.** People from many Hispanic cultures offer (and expect to receive) deference on the basis of age, sex, and status. Patients will naturally offer *respeto* to the health provider, an authority figure with high social, educational, and economic status. In return, patients expect to be treated with respect. Show respect by:
  - addressing adults by title and family name (Mr/*Señor* X, Mrs/*Señora* Y, or Madam/*Doña*)
  - shaking hands at the beginning of each meeting
  - using *usted* (formal) rather than *tu* (familiar) for “you” when speaking Spanish
  - making eye contact, without necessarily expecting reciprocation; some patients may consider it disrespectful to look an authority figure in the eye
  - speaking directly to the patient, even when speaking through an interpreter
- ❷ **Show *personalismo*.** Patients from many Hispanic cultures expect to establish a one-on-one (but not informal) relationship with the health provider. Establishing a relationship based on *personalismo* may seem time-consuming, but it can save time in the long run by laying a foundation for patient understanding and compliance with care. Show *personalismo* by:
  - treating patients in a warm and friendly, but not informal, manner
  - showing genuine interest in and concern for patients by asking questions about themselves and their families
  - sitting close, leaning forward, and using gestures when speaking with the patient
- ❸ **Involve the family in decision-making and care.** Families are a source of emotional and physical support and are expected to participate in important medical decisions. Be aware that *la familia* may include parents, siblings, grandparents, cousins, aunts and uncles, and close friends. When a member is hospitalized, the extended family may show support by visiting at the hospital. What may seem like an unruly and noisy gathering is probably an important part of the healing environment for the patient and should be accommodated when possible.
- ❹ **Accept a different sense of time.** Many people from Hispanic cultures do not have a precise sense of time in the matter of keeping appointments. In describing a medical complaint, they may not be able to say definitely when it started or ended. They may link it to a season, a phase of the moon, or an occurrence such as a celebration.
- ❺ **Make an effort to establish understanding and agreement.** Out of their respect for authority, patients may too readily agree to take a medication or follow a treatment plan they do not really understand. The health provider must verify that the patient understands the treatment and try to get the patient to agree to follow it.
- ❻ **Respect the spiritual side of physical complaints.** Many Hispanic patients see illness as a result of both physical and spiritual/supernatural/psychological forces. The health care provider should ask the client what he/she believes is the cause of his/her complaint, and should not make light of the patient's beliefs.

## Religion and Health Care

The Center for Religion and Civic Culture at the University of Southern California published a report in 2002 on immigrant religion in Los Angeles. The authors note: “Religious institutions, rather than merely incorporating people into the American mainstream, serve the dual functions of preserving national identities and aiding incorporation.” In the following country profiles, there is a section on the religions practiced in each country, with information on the role of religion in the life of the people.

Making generalizations about religion is certainly risky, and health care providers should understand that not all adherents of a particular religion will have the same attitudes and beliefs about health care. Dr. Harold Koenig, director of Duke University's Center for the Study of Religion/Spirituality and Health, stated: “I recommend that physicians ask every patient if they consider themselves spiritual or religious. . . . Religion has a power to heal, and we have an obligation to value that alongside medicine.” More and more physicians and hospitals are coming to terms with the role of religion in

their clients' health care decisions. A 2005 *Los Angeles Times* article reported that 101 medical schools now incorporate patient spirituality in their curricula, an increase of 84 since 1995.

Speaking at a conference in Kuala Lumpur in 2002 on religious pluralism, Harvard University professor Diana Eck stated:

New immigrants have come to American shores from all over the world and have become citizens. They have brought with them not only their luggage and economic aspirations, but their Qur'ans and Bhagavad Gitas, their images of Krishna and Murugan, their incense to light before the Bodhisattvas on their Buddhist altars.

She emphasizes that people of many religions must learn how to coexist peacefully in the 21st century: "People of different religious traditions live together all over the world—as majorities in one place, as minorities in another." She notes that U.S. history does not offer a positive example of religious tolerance, what with early Pilgrims and Puritans treating the Native Americans as heathens and burning supposed witches at the stake, not to mention our long tradition of anti-Catholicism and anti-Semitism. Our nation's founders wanted religious freedom for themselves, but they were often not tolerant of diverse practices. Both health care providers and educators will benefit from information about the religious heritage of their clients and students. Religion plays a central role in the lives and decisions of many immigrants and refugees and is often an important source of assistance in navigating both the health care and education systems.

# Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM), part of the National Institutes of Health, is the U.S. government's lead agency for scientific research on complementary and alternative medicine, referred to on the organization's Web site as CAM. Many of the patients California health care providers see, both native-born and immigrants, will be using complementary and/or alternative medicine. In the following country profiles some of these practices are discussed under the heading "traditional practices," but because the use of these methods is becoming so widespread throughout our culture, health care professionals should be aware of some salient points. The following information, taken from <http://nccam.nih.gov>, the Web URL of the NCCAM Clearinghouse, is in the public domain and may be freely copied.

## Definitions

Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products not currently considered part of conventional medicine. Conventional medicine, also called Western or mainstream medicine, is that practiced by those with M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals including physical therapists, registered nurses, and psychologists. Practices and products once considered CAM, such as the use of vitamin therapy for macular degeneration and the prevention of birth defects, are now part of conventional medicine.

*Complementary medicine* refers to practices used *together with* conventional medicine, such as the use of meditation to lessen chronic pain. *Alternative medicine* is used *in place of* conventional medicine, such as the use of shark cartilage in place of chemotherapy or radiation to treat cancer. *Integrative medicine* combines mainstream medical therapies and CAM therapies for which high-quality scientific evidence of safety and effectiveness exists.

## Types of Complementary and Alternative Medicine

1. **ALTERNATIVE MEDICAL SYSTEMS** are complete systems of theory and practice that often have evolved apart from and earlier than the conventional U.S. medical approach. Western alternative medical systems include homeopathic medicine and naturopathic medicine; non-Western systems include traditional Chinese medicine and Ayurveda, a system developed in India.

## Complementary and Alternative Medicine Glossary

### **Acupuncture**

Method of healing developed in China at least 2,000 years ago. A family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practices incorporate medical traditions from China, Japan, Korea, and other countries. The technique most studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation.

### **Aromatherapy**

Use of essential oils (extracts or essences) from flowers, herbs, and trees to promote health and well-being.

### **Ayurveda**

Alternative medical system practiced primarily on the Indian subcontinent for 5,000 years; includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment.

### **Chiropractic**

Alternative medical system that focuses on the relationship between bodily structure and function and how that relationship affects the preservation and restoration of health. Chiropractors use manipulative therapy as an integral treatment tool.

### **Dietary Supplements**

Products taken by mouth that contain dietary ingredients intended to supplement the diet; may include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, and metabolites.

### **Homeopathic Medicine**

Alternative medical system based on the concept that “like cures like.” Small, highly diluted quantities of medicinal substances are given to cure symptoms; the same substances given at higher or more concentrated doses would actually cause those symptoms.

### **Massage**

Manipulation of muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being.

### **Naturopathic Medicine**

Alternative medical system based on the belief that there is a healing power in the body that establishes, maintains, and restores health. Practitioners work with the

patient with a goal of supporting this power through treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and traditional Chinese medicine.

### **Osteopathic Medicine (Osteopathy)**

A form of conventional medicine that emphasizes diseases arising in the musculoskeletal system. The underlying belief is that all body systems work together and that disturbances in one system may affect function in other systems. Some osteopathic physicians practice osteopathic manipulation, a full-body system of hands-on techniques designed to alleviate pain, restore function, and promote health and well-being.

### **Qi gong**

Component of traditional Chinese medicine that combines movement, meditation, and regulation of breathing to enhance the flow of qi (“chee,” an ancient term for vital energy) in the body, improve blood circulation, and enhance immune function.

### **Reiki**

Japanese word representing Universal Life Energy. Reiki is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the patient’s spirit is healed, which in turn heals the body.

### **Therapeutic Touch**

Derived from an ancient technique known as the laying-on of hands, based on the premise that the healing force of the therapist affects the patient’s recovery. Healing is promoted when the body’s energies are in balance; by passing their hands over the patient, healers can identify energy imbalances.

### **Traditional Chinese Medicine**

Based on the concept of balanced qi (“chee”) or vital energy that is believed to flow throughout the body and regulate a person’s spiritual, emotional, mental, and physical balance. Qi is influenced by the opposing forces of yin (negative energy) and yang (positive energy). Disease results from disturbance in the flow of qi resulting in an imbalance of yin and yang. The practice includes herbal and nutritional therapy, restorative physical exercises, meditation, acupuncture, and remedial massage.

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- 2. MIND-BODY INTERVENTIONS** comprise a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques previously considered CAM are now part of mainstream medicine (e.g., patient support groups, cognitive-behavioral therapy). Mind-body techniques still considered CAM include meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.
- 3. BIOLOGICALLY BASED THERAPIES** use substances found in nature such as herbs, foods, and vitamins. Examples include dietary supplements, herbal products, and the use of natural but scientifically unproven therapies, such as shark cartilage as a cancer cure.
- 4. MANIPULATIVE AND BODY-BASED METHODS** include chiropractic or osteopathic manipulation and massage.
- 5. ENERGY THERAPIES** involve the use of energy fields and are divided into: (1) Biofield therapies, such as Qi gong and Reiki, that manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, the fields of energy believed to surround and penetrate the body. (2) Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.

The glossary on page 16 outlines some of the more common complementary and alternative medical practices with which health professionals may come in contact as they work with both foreign-born and native-born patients.

## Conclusion

Health care providers are key factors in the equation for establishing a state and national culture in which people from around the world can live together in mutual respect and harmony. We have much to learn from one another. The process of understanding and communicating with clients who speak a different language, practice a different religion, and eat different foods than we do is not easy, but it is worth the effort. Indeed, if we do not make the effort our jobs health care providers will be more difficult, and our clients will suffer.

In her excellent resource *Caring for Patients from Different Cultures: Case Students from American Hospitals*, Geri-Ann Galanti puts our mission succinctly:

Treat the patient as a whole person with psychological and spiritual needs as well as physical ones. See [them] as members of a family unit, not [simply] as individuals. Do not assume that patients or co-workers will view the world the same way that you do; they may have different values and different ways of looking at things. Do not make assumptions and do respect differences. Recognize that other people's views are just as valid as yours (146).

The country profiles on the following pages are intended to introduce health care providers to the cultures from which the largest numbers of Spanish-speaking California immigrants and English language learners come—Mexico, El Salvador, and Guatemala. Every effort has been made to provide accurate, up-to-date information while keeping the profiles brief. Statistics in the “Quick Facts” sections have for the most part been taken from the April 2005 on-line version of the *CIA World Factbook*. The task has been challenging, as sources vary even on information as basic as country area and dates of important historic events. That said, health care providers should be able to broaden their knowledge of clients from other cultures by studying these materials, keeping in mind the key concept of individual differences. The Spanish words and phrases will be helpful as health care professionals work with Spanish-speaking clients in a variety of settings. May increased harmony and mutual understanding result.

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## Other Resources

**BabelFish Translation:** <http://world.altavista.com/> Service for translating words, blocks of text or Web pages.

**Cambridge International Dictionary:** <http://www.dictionary.cambridge.org>  
Find idioms and phrasal verbs with example sentences.

**Center for Applied Linguistics:** <http://www.cal.org>  
Excellent resources on language and culture, immigrant education, refugees.

**Center for Cross-Cultural Health:** <http://www.crosshealth.com>  
Minnesota Department of Health Web site with good information on integrating the role of culture in improving health. Includes sources for health materials in various languages.

**CIRRIE: Center for International Rehabilitation Research Information and Exchange**  
<http://cirrie.buffalo.edu>  
Excellent resources for understanding other cultures and providing culturally competent health care.

**Combined Health Information Database, National Institutes of Health:** <http://chid.nih.gov>  
Source for listings of health materials in many Asian languages.

**Commonwealth Fund:** <http://cmwf.org>  
An excellent Web site with resources on health care for minorities and the underserved.

**Cross Cultural Health Care Program:** <http://www.xculture.org>  
Seattle organization provides profiles of ethnic communities, resources for caregivers.

**CulturedMed:** <http://www.sunyit.edu/library/html/culturedmed>  
State University of New York Institute of Technology Web site that promotes culturally competent health care for refugees and immigrants.

**Dave's ESL Help Center:** <http://www.eslcafe.com/help>

**Encarta World English Dictionary:** <http://www.dictionary.msn.com> Pronunciation of Spanish words and phrases

**Diversity Rx:** <http://www.diversityrx.org>  
Excellent resources for providing culturally competent health care.

**EthnoMed:** <http://ethnomed.org>  
Site developed by University of Washington Harborview Medical Center provides medical and cultural information on immigrant and refugee groups in the Seattle area; includes patient education materials in various languages.

**Manager's Electronic Resource Center:** <http://erc.msh.org>  
Comprehensive information from Management Sciences for Health on working with health care clients from other cultures, including profiles of many different cultures focusing on health concerns, etc. Includes The Provider's Guide to Quality & Culture. Exceptional resource.

**MedLine Plus:** <http://www.nlm.nih.gov/medlineplus>, and [/spanish/medlineplus.htm](http://spanish/medlineplus.htm)  
Excellent source for patient information materials in English and Spanish.

**National Alliance for Hispanic Health:** <http://www.hispanichealth.org>  
Source for health information in Spanish; links to a variety of publications and online resources.

**Nursing World:** <http://nursingworld.org>. Includes many resources on diversity.

**The 24 Languages Project:** <http://medstat.med.utah.edu/library/refdesk/24lang.html>  
Source for consumer health brochures in 24 different languages; includes many Spanish publications.

**World Education:** <http://www.worlded.org>  
Guide to culture, health, and literacy for health care practitioners working with patients with limited English skills. Includes links to health education materials and Web sites.

# Mexico



## Census Figures (2000)

United States Residents Born in Mexico: 9,177,487 (29.5%)  
 United States Residents of Mexican Descent: 25,287,619 (2003 American Community Survey)  
 California Residents Born in Mexico: 3,928,701 (44.3%)  
 California Residents of Mexican Descent: 9,885,974 (2003 American Community Survey)

## Quick Facts

**Country Area:** 756,066 sq. miles (nearly three times the size of Texas)  
**Population:** 106,202,903  
**Median Age:** 24.93 years  
**Population Growth Rate:** 1.17%  
**Life Expectancy at Birth:** 75.19 years  
**Below Poverty Line:** 40%  
**Literacy Rate:** 92.2%  
**Currency:** Mexican peso (MXN)  
**Population Groups:** Mestizo 60%, Amerindian 30%, White 9%, Other 1%  
**Languages:** Spanish, Amerindian (Natl, Maya, Mixtec, Otom, Tzeltal, Tzotzil, other)  
**Religion:** Roman Catholic 88%, Protestant 6%, Other 6%  
**Government:** United Mexican States, federal republic; 31 states, 1 federal district; president elected to six-year term; General Congress consists of Senate and Chamber of Deputies; capital is Mexico City  
**Climate:** tropical to desert depending upon location  
**Natural Hazards:** tsunamis, volcanoes, earthquakes, hurricanes  
**Natural Resources:** petroleum, silver, copper, gold, lead, zinc, natural gas, timber  
**Arable Land:** 13%  
**Agricultural Products:** corn, wheat, soybeans, rice, beans, cotton, coffee, fruit, tomatoes; beef, poultry, dairy products; wood products  
**Exports:** fruit, vegetables, coffee, cotton; manufactured goods, oil and oil products, silver  
**Industries:** food and beverages, tobacco, chemicals, iron and steel, petroleum, mining, textiles, clothing, motor vehicles, consumer durables, tourism  
**Labor Force:** agriculture 18%, industry 24%, services 58%

Mexico, cont.

## Brief History

Our neighbor to the south has a long and proud history, dating to at least 9000 BC when maize, or corn, was first grown in the Tehuacan Valley in the current-day Puebla region of Mexico. Other early peoples include the Olmecs (1800 BC), Zapotecs (300 BC), Maya (250 AD), Toltecs (600 AD), and Aztecs (1325 AD). Spanish explorers conquered the Aztecs in 1521 and ruled Mexico for 300 years. The Mexican empire at that time included what is now California, Arizona, New Mexico, Texas, Colorado, Utah, parts of Wyoming, and most of Central America. Texas declared its independence from Mexico following the Battle of the Alamo in 1836. In 1845, the U.S. Congress voted to annex Texas, leading to the Mexican-American War. Under terms of the Treaty of Guadalupe in 1848, Mexico gave nearly half its territory, what is now Texas, California, Utah, Colorado, and most of Arizona and New Mexico, to the United States. In 1864, the French under Napoleon conquered Mexico City and installed Austrian Archduke Maximilian as emperor. The French withdrew in 1867; Maximilian was executed, and Benito Juarez became president.

Dictator Porfirio Diaz ruled Mexico from 1878 to 1911. In 1910, a 10-year revolution started under the leadership of land reformer Emiliano Zapata, for whom the present-day Zapatista revolutionaries are named. Diaz was overthrown in 1911; new president Francisco Madero introduced land reform. In 1916, U.S. forces crossed the border in search of the notorious bandit Francisco “Pancho” Villa. The National Revolutionary Party took control of Mexico in 1934, nationalizing oil and instituting land reform.

The 1968 summer Olympic Games were held in Mexico City; during that time, hundreds of students were killed in demonstrations. An earthquake in Mexico City in 1985 killed at least 10,000 people. Carlos Salinas de Gortari was elected president in a controversial election in 1988; he signed NAFTA and privatized many industries. In 1994 Zapatista National Liberation Army rebels, working for the rights of indigenous peoples in Chiapas, were brutally suppressed by government troops. Vicente Fox of the National Action Party was elected president in 2000. Current problems include the displacement of farmers and the introduction of genetically modified corn, and a downturn in maquiladora profitability with resulting unemployment as multinational corporations move factories to countries where labor is even cheaper.

## Housing, Family, Work, Traditions

**Housing:**

Lack of adequate housing is an ongoing problem in Mexico, with perhaps one-third of the adult population living in substandard housing. In 1990, nearly 80 percent of Mexican households had access to running water (not necessarily within a house), an improvement over 70 percent in 1980. In some rural areas, people construct shelter of anything available—leaves, cardboard, tin, whatever comes to hand. One-room wooden and adobe huts with dirt floors are common. While less than 20 percent of houses overall had dirt floors in 1990, the figure was more than 50 percent for families in Oaxaca. Habitat for Humanity has constructed more than 12,000 houses in Mexico, using local materials where possible; a 2004 Jimmy Carter building project built 150 homes of autoclaved aerated concrete blocks in five days in Puebla and Veracruz. In large cities, thousands live in shanty towns surrounding the city, and an estimated 40,000 children are on the streets, often involved with alcohol, prostitution, stealing, drugs, or violent crime.

**Family:**

Traditionally, Mexicans emphasize the family, *la familia*, over the individual and include the immediate and extended families in important decisions, with the father or eldest male being the final authority. The traditional role of the male, *machismo*, indicates the male’s responsibility for the family’s welfare and honor. *Marianismo*, a traditional descriptor of the female role, indicates women’s spiritual superiority and ability to suffer. Children are protected and taught to be obedient and treat their elders with respect, *respeto*. *Respeto* dictates appropriate behavior between individuals based on age, gender, social position, economic status, and authority. In the rural areas, traditional family structures tend to persevere; city families look more like their U.S. counterparts. Mexican individuals generally have the last names of both their mother’s and father’s families, with the father’s family name first.

## Mexico, cont.

- Employment:** The largest percentage of Mexican workers are employed in the service sector. Industry employs the next largest group. Urban residents generally have a six-day work week, with Sunday the only day off. UNICEF estimated that in 1996 some 3.5 million children between the ages of 12 and 17 were part of the labor force. Small-scale farmers have suffered since the implementation of NAFTA in 1994, as their unsubsidized crops cannot compete with cheap, government-subsidized produce from the United States. According to Migration Information Source, “In the last several decades, neither Mexican job creation nor labor demand in the United States have been able to absorb the large and growing cohorts of Mexican workers . . . . Even the growth of the maquiladora (export-oriented factory) sector along the border, which accounted for a record 1.3 million jobs in 2001, has not been able to provide enough job opportunities to Mexico’s growing labor force.”
- According to an article in the May 9, 2005 *Los Angeles Times*, between 40 and 50 percent of Mexico’s workforce is engaged in the informal sector, unregistered businesses that provide cheap goods and services for low-income people but pay no employment taxes. Since the election of President Vicente Fox in 2000, this underground economy has been the only source of job growth; the number of street vendors has grown by 40 percent to more than 1.6 million. One vendor explained: “It’s all up to me. There aren’t any jobs, and even if there were, no one would hire someone like me with no education.”
- Recreation:** Soccer is the most popular sport, but Mexicans also enjoy baseball and football as well as rodeos and bullfighting. Mexico City has the world’s largest bullfighting arena.

# Foods and Eating Habits

- Dietary Practices:** Some Mexican Americans adhere to traditional hot/cold beliefs about keeping the body’s four humors (blood, phlegm, yellow bile, black bile) in balance using qualities of heat, cold, moisture, and dryness. Illnesses considered cold are treated with hot foods and vice versa. No dietary taboos.
- Everyday Diet:** Food is an important part of Mexican daily life as well as its festivals and celebrations. The main meal of the day, *comida*, is eaten between two and four in the afternoon. Most people eat this meal at home, but cities have restaurants that serve *comida*, which starts with a soup course, *sopa aguada*, followed by the *sopa seca*, a pasta or rice dish. The main course might be something like meat or chicken *guisado* (stew) or *chiles rellenos*, and this would be followed by beans. Beans and tortillas (preferably corn) are staples. Dessert is light, something like flan or fruit.
- Popular Foods:** Most Californians are very familiar with a wide variety of Mexican foods, given our large Mexican population. Mexican cuisine is based on corn, a crop native to the area. Corn kernels are softened in water and lime, ground, and made into tortillas and tamales. Communal preparation and sharing of tamales is a strong Mexican tradition. Chiles are used both fresh and dried, ranging in hotness from mild to volcanic. Beans are another staple, often served refried or *refritos*. Tomatoes and tomatillos are mainstays for salsa and sauces. Fruits, including mango, papaya, pineapple, and coconut, are eaten fresh and in various dishes. *Nopales*, prickly pear cactus paddles, are served as a vegetable or in desserts. Squash blossoms, *flores de calabaza*, and *pepitas*, pumpkin seeds, are used in many dishes. *Caldo de pollo*, chicken soup, is a favorite in times of illness.
- Many regions are noted for special dishes. Puebla, two hours south of Mexico City, is the birthplace of *mole* sauce, a combination of chocolate, chiles, and spices served over turkey or chicken. *Camotes*, a sweet potato dessert, is a local delight. In Yucatan, cuisine is not as hot as in some other regions, depending more on fruits. *Pibil*, a sauce made of *achiote* (red annatto seeds), oranges, pepper, garlic, and cumin, is used on pork or chicken baked in banana leaves. Coastal Veracruz is noted for its fish dishes and unusual fruits.
- Beverages:** Beverages include *agua de Jamaica*, *agua fresca*, *agua de horchata* (made with rice flour, vanilla, and sugar), *pulque*, *mezcal*, *tequila*, chocolate, and coffee. Herbal teas are used for medicinal purposes.

Mexico, cont.

# Education

- Status:** Nine years of education are required, and the national average is nearly eight years. President Vicente Fox made education his top priority when elected. The nation's education system is widely acknowledged to be deeply corrupt. There are vast differences in opportunity between urban and rural areas, racial and economic disparities, and funding often depends on political pressure and bribes. Many people blame a powerful national teachers' union for resisting changes in teacher training and curriculum.
- According to an article in *Education Week*, many of the students whose families emigrate from Mexico to the United States come from the southern states where education is poor. An Urban Institute study found that more than 1 million school-age children in this country were born in Mexico, accounting for about 36 percent of all school-age immigrants to the United States.
- Primary School:** Students attend primary school for six years. Schools in cities and rural areas vary widely in resources and teacher qualifications. In 1995, the government reported an overall primary school completion rate of 62 percent. There are still areas where schools do not offer all six primary grades. Some city schools have morning sessions primarily for middle-class children, and afternoon sessions for poorer children, many of whom work in the mornings to help support their families, and who receive an inferior education. Some rural children are sent to cities to work in exchange for room and board and the opportunity to attend better schools. In the 1999–2000 school year, 14,766,000 students were enrolled in primary schools. Migration and the need for children to be employed are two factors behind poor school attendance and graduation rates.
- Secondary School:** Following graduation from primary school, students attend the *Secundaria* for grades 7 through 9. Many students attend secondary school through a world-renowned program, *Telesecundaria*, that broadcasts courses by government-owned satellite from Mexico City to schools throughout the country and in other Latin American countries. More than 3,000 schools are linked to a new network via the Internet. The program reaches one-third of Mexico's secondary school students. In the 1999–2000 school year, some 5,209,000 students were enrolled in Mexico's secondary schools.
- High School:** Students who attend *Preparatoria* have a choice between a college-preparatory course and technical training. In November of 2003, about 66 percent of 15-year-olds in Mexico were attending school, and Mexico is making slow progress toward improving its high school graduation rate, which was 60 percent in 2002.
- Higher Education:** Each state in Mexico has at least one public university, some with campuses in several cities. In addition, there are private universities, technological schools, and teacher-training institutes. The National Autonomous University of Mexico City has more than 350,000 students.

# Religion

- Roman Catholicism:** In the 2000 census conducted by the National Institute of Statistics, Geography, and Computation, close to 88 percent of Mexicans surveyed identified themselves as Roman Catholics. There are some 11,000 Catholic churches in the country, served by an estimated 14,000 priests and nuns as well as 90,000 laypersons. About 55 percent of the population reported attending religious services at least once a week; 19 percent said they attended once a month, and about 20 percent attended less than once a month. Catholicism was introduced to Mexico by missionaries who arrived with the Spanish. Many holidays and celebrations revolve around the faith, including *Semana Santa*, the Feast of Our Lady of Guadalupe, and *Las Posadas*.
- Protestantism:** Estimates of the size of various Protestant groups in Mexico vary considerably. In the 2000 census, respondents identified themselves as roughly 4.5 percent Pentecostal and Protestant Evangelical, with mainline Protestants, Jehovah's Witnesses, Mormons, and Seventh-Day Adventists also represented. Church organizations generally claim much larger numbers. About 3.5 percent of

## Mexico, cont.

respondents claimed to have no religion. Of nearly 6,000 religious associations registered with the federal government, about 53 percent are Protestant evangelical and 47 percent are non-Protestant Christian. The Protestant population is found primarily in the southern part of the country, with the state of Chiapas claiming a non-Catholic population of about 36 percent. The states of Tabasco, Campeche, and Quintana Roo have large Protestant populations.

**Other:** Mexico has small Jewish and Muslim populations, and indigenous religious practices are followed in many places. In Chiapas, where a Catholic/Mayan traditional religion forms the basis for daily life and celebration, tensions between non-native Protestant evangelicals and indigenous residents has led to harassment and expulsion from communities.

# Health and Health Care

**Health Status:** As might be expected in a nation where more than half the people live on less than \$2 per day, malnutrition, unsanitary living conditions, and lack of access to health care contribute to a less-than-optimal health profile. Health care availability varies widely from urban to rural areas and within cities depending on income level and employment status. Infectious, parasitic, and respiratory illnesses accounted for nearly 70 percent of deaths in 1940; this figure had dropped to 20 percent by 1990, but such diseases as pneumonia and influenza still pose grave threats and are among the top 20 causes of death, along with nutritional deficiencies, measles, and anemia.

**Traditional Practices:** Mexicans may attribute illness to an imbalance between the individual and the environment; balance may be restored by such things as correcting the balance of “hot” and “cold,” which are intrinsic properties of substances and conditions. “Cold” conditions include menstrual cramps, pneumonia, and colic; “hot” conditions include pregnancy, hypertension, and indigestion.

Health care workers might hear Mexican patients referring to any of a number of folk illnesses or conditions, including *mal de ojo*, the “evil eye,” which may affect infants or women. Home remedies are popular and include teas made from various herbs, spices, and/or fruits. Female relatives or neighbors are often consulted, as are the *verbero* (herbalist), *sobador* (massage therapist), or *partera* (midwife).

The *curandero/a* can assist with both physical and spiritual healing. *Curanderismo*, a combination of Aztec, Spanish, spiritualistic, homeopathic, and modern medicine, is used throughout Latin America. Health care facilities in some U.S. cities with large Hispanic populations are cooperating with *curanderos* to facilitate optimal care for Hispanic clients. Another traditional healing system followed in Mexico is *cantero* or *brujería*, a system of healing magic that originated in Africa.

Common folk remedies used by Mexicans include *ajo* (garlic) for hypertension or as an antibiotic; *damiana* as an aphrodisiac or for chickenpox; *governadora* (chaparral) as a poultice for arthritis or a tea for cancer and tuberculosis; *manzanilla* (chamomile) for nausea and colic; *salvia* (sage) for diabetes and to prevent hair loss; and *uña de gato* for stimulating the immune system. An article from the Feb. 7, 2005 *Los Angeles Times* discusses the large number—some 500 in Southern California—of *botánicas*, herbal medicine shops, now catering to the Latinos who make up nearly 45 percent of the city’s population.

Organizations of traditional doctors have been formed in Chiapas and nationwide to work on regulating medical practice with the goal of favoring the use of traditional medicine and protecting places where medicinal plants are found and grown.

**Medical System:** Formal-sector workers and their families (about 50 percent of the population in 1995) receive health care through the nation’s social security program. In 1995 there were 121 doctors per 100,000 persons for those covered by social security. Others receive health care from various government agencies, with fewer resources than those covered by social security. Overall, there were 147,618 physicians in Mexico in 1997. Public health care is generally considered inferior to that provided by private physicians and hospitals. In 1997, there were 4,506 hospitals in Mexico, 1,539 of them public. Mexico City is the principle center for specialized medical care, but many Mexicans

## Mexico, cont.

who can afford to do so travel outside the country for treatment and surgery. Common antibiotics and other drugs available only by prescription in the United States are sold over the counter in Mexico; many U.S. citizens cross the border to purchase medications and for medical and dental treatment.

## Tips for Health Care Providers

Refer to the section on Working with Latino/Hispanic Clients (pp. 13–14) for general guidelines to follow in working with patients from Mexico. The following information may also be useful.

- Attitudes:** Many Mexican Americans use both traditional practices and conventional Western medicine. Male physicians are generally accepted provided they show respect for modesty and privacy. Most sensitive health information is kept within the family. Clients may be more comfortable disclosing information to health care providers of the same gender. Health care providers, especially physicians, who fail to show respect may be seen as racist or classist. A study conducted in Los Angeles in 2000 found that many Latinos did not use available public health services due to language and transportation problems and perceived cultural insensitivity, as well as fear of deportation.
- Family Authority:** The father or oldest male traditionally is the highest authority. Important medical decisions may require consultations involving the entire family. Health care providers should determine who is the person in charge and be sure to include that individual in decision-making.
- Addressing Clients:** Clients should be addressed in a formal manner, using *usted* rather than *tu* if speaking in Spanish, especially in the case of elders and women.
- Nonverbal Behavior:** Touching by strangers is often considered inappropriate or seen as disrespectful and can be stressful. Therapeutic touch is an integral part of traditional healing. Handshaking is considered polite and is generally welcome.
- Verbal Exchange:** Health care providers should give clear explanations of medical conditions and options. Clients may ask for the provider's opinion on choices.
- Hospitalization:** Family members are traditionally quite involved in care and may see hospital regulations as an impediment to their role. Stoicism is common when dealing with pain, especially among men. Some Mexican American patients may refuse foods based on the idea of hot foods being used to treat cold illnesses and vice versa. Health care workers should be sensitive to the client's request for such Catholic rites as baptism and the anointing of the sick.
- Death and Dying:** Information about a terminal illness is often handled by a family spokesperson such as the oldest son or daughter, who may wish to shield the patient from knowledge of the gravity of the illness. Dying at home may be preferable. If the patient is Catholic, make sure his or her priest or the hospital chaplain is available for appropriate rites. Wailing is a socially acceptable sign of respect. Relatives or family members may want to assist with the body and will probably request time alone with the body to say farewell. Many Catholic Mexican Americans believe the body must be kept intact for burial and so will resist autopsy and organ donation.

## Celebrations and Holidays

January 1	<i>Año Nuevo</i> , New Year's Day
January 6	<i>Día de los Santos Reyes</i> , Three Kings' Day (Epiphany)
February 5	<i>Día de la Constitución</i> , Constitution Day
February 14	<i>Día de la Amistad</i> , Valentine's Day
February 24	<i>Día de la Bandera</i> , Flag Day
February/March	<i>Carnaval</i> (five-day celebration; begins the week before Lent—parades, music, dancing, feasting)
March 21	Birthday of Benito Juarez
March/April	<i>Semana Santa</i> , Holy Week, includes Holy Thursday, Good Friday, Easter Sunday
May 1	<i>Primero de Mayo</i> : National holiday honoring workers, similar to Labor Day.

## Mexico, cont.

May 5	<i>Cinco de Mayo</i> : National holiday commemorating Mexican victory over the French in 1862.
May 10	<i>Día de la Madre</i> , Mothers' Day
May 18	Nationalization of Petroleum Industry: Commemorates the nation's taking over oil producing properties from foreign interests.
June 24	<i>San Juan Bautista</i> , feast of St. John the Baptist
July 18	Death of Benito Juarez
September 15	<i>El Grito de Dólores</i> , Cry of Independence: Marks the day Miguel Hidalgo announced the Mexican revolt against Spain.
October 12	<i>Día de la Raza</i> , Day of the Race
November 1 & 2	<i>Día de los Muertos</i> , Day of the Dead. It is believed that the spirits of the dead return to Earth to visit friends and relatives. November 1 is also called Day of the Little Angels, dedicated to children who have died. The Day of the Dead is observed throughout the country, but traditions vary considerably by region and town, with the celebration being more important and elaborate in the southern, more rural parts of Mexico. Many communities clean and decorate graves with branches and flowers. At the gravesites, family members tell stories about departed family members as they share food enjoyed by the departed. These meals are often elaborate and include a special <i>Pan de Muerto</i> , featuring a plastic skeleton baked into a rich dough, as well as sweets in animal, skeleton, and skull shapes. This is a festive occasion, as the living and the dead eat and drink together.
November 20	<i>Día de la Revolución</i> : Celebrates the Mexican Revolution of 1910.
December 12	Feast of Our Lady of Guadalupe, Mexico's patron saint (also called the Virgin of Guadalupe); Celebrates the three appearances of the Virgin Mary to Juan Diego, a poor Indian, just north of Mexico City in 1531; millions of pilgrims come to the Basilica of Guadalupe. This miracle was recognized by the Vatican in 1745. Celebrations include parades, fireworks, dancing, and feasting.
December 16–24	<i>Las Posadas</i> : Festival celebrated with processions that commemorate the journey of Mary and Joseph to Bethlehem.
December 24	<i>Nochebuena</i> , Christmas Eve
December 25	<i>Navidad</i> , Christmas Day
December 31	<i>Vispera de Año Nuevo</i> , New Year's Eve

## Mexicans in the United States

Fr. Junipero Serra and other Spanish missionaries were the first Mexican presence in what is now California, coming in 1769 to establish the presidio and Catholic mission of San Diego. By 1823, 21 missions were strung along the California coast, roughly one day's walk apart, between San Diego and Sonoma. Early settlers were primarily farmers and ranchers. Most were of mixed racial background, and they created additional mixtures by marrying native California Indians.

Mexicans living in the territories ceded to the United States in 1848 were offered U.S. citizenship with the promise of property rights; some 80,000 accepted the offer and are the ancestors of today's fourth-, fifth-, and sixth-generation Mexican Americans. According to the Migration Information Source, migrants to the United States from Mexico can be divided into three categories: (1) sojourner or circular migrants—authorized and unauthorized migrants, generally young and primarily male with little education, who come to the United States to work, mainly in agriculture, but whose primary residence is in Mexico; (2) settled or permanent migrants—authorized and unauthorized migrants, about equally male and female with higher education levels whose residence is in the United States; and (3) naturalized U.S. citizens born in Mexico—these people form a subgroup of the permanent migrants.

Before 1929, movement between Mexico and the United States was relatively easy. Mexicans came to the United States in the 1800s to work on railroad construction, and they were recruited during World War I. During the Great Depression of 1931 to 1940, an estimated 458,000 Mexican Americans were repatriated and deported back to Mexico. Mexicans began migrating to the United States in large numbers during World War II when the United States asked for Mexican workers, *braceros*, to contribute to the war effort by providing temporary agricultural labor in this country. From 1942 until the *bracero* program ended in 1964, an estimated 4.5 million workers came to the United States from Mexico. Mexicans have continued to emigrate to the United States, with about 300,000 per year coming across the border either

## Mexico, cont.

legally or illegally in the 1990s. The movement is primarily motivated by the need for employment, with Mexicans from both urban and rural areas throughout the country seeking opportunities in the United States.

The U.S. Census Bureau estimates that there are more than nine million Mexican immigrants living in this country. Of these, about one in five are naturalized U.S. citizens; more than half are undocumented, not authorized to be in the United States. Establishment of the maquiladora districts in 1965 has brought millions of people from all over Mexico to border towns, but the sheer size of the applicant pool and a recent downturn in the maquiladora industry have increased the number of undocumented individuals crossing into the United States.

As of the 2000 census, 32 percent of Californians were Hispanic, accounting for three-fourths of the state's population growth in the decade between 1990 and 2000. Combined "minority" groups now make up a majority of the state's population. Hispanics accounted for 12.6 percent (35.6 million people) of the U.S. population in 2000; that figure is expected to grow to 24.4 percent, or 102.6 million people, by 2050. These figures include native Hispanics, people born in the United States of Hispanic origin, and foreign-born Hispanics of whatever citizenship status.

In a 2004 interview, a Roman Catholic priest with Mexican and Guatemalan roots serving in East Los Angeles stated:

I think Mexican Americans have a very small social space. Most of the world is either Mexican or American. If you're Mexican American and you go to Mexico, you're an American. If you're in this country, you're a Mexican. So what you learn to do is hang out with your own kind. . . . There's a bit of schizophrenia that you learn to negotiate when you're a U.S.-born Latino, which is quite different from the world of immigrants (*U.S. Catholic*, 25).

The church often serves as a center for support and socialization, offering education, social programs, health care, a place for celebrating and organizing, and assistance with immigration matters. *Quinceañeras*, the occasion of a Mexican girl's 15th birthday and entry into the adult world, is widely celebrated in the United States.

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## ~ Spanish for Health Care Workers ~

# El Salvador



## Census Figures (2000)

United States Residents Born in El Salvador: 817,336 (2.6%)  
 California Residents Born in El Salvador: 359,673 (4.1%)

## Quick Facts

<b>Country Area:</b>	8,124 sq. miles (slightly smaller than Massachusetts)
<b>Population:</b>	6,704,932; smallest, most densely populated country in Central America
<b>Median Age:</b>	21.57 years
<b>Population Growth Rate:</b>	1.75%
<b>Life Expectancy at Birth:</b>	71.22 years
<b>Below Poverty Line:</b>	36.1%
<b>Literacy Rate:</b>	80.2%
<b>Currency:</b>	U.S. dollar (USD)
<b>Population Groups:</b>	mestizo 90%, Amerindian 1%, White 9%
<b>Languages:</b>	Spanish (official), Nahua
<b>Religion:</b>	Roman Catholic 55%, Protestant 22%, Other 23%
<b>Government:</b>	Republic of El Salvador: capital San Salvador; president serves five-year term; Legislative Assembly popularly elected; country divided into 14 departments; departments divided into districts in which municipalities are governed by elected council, mayor.
<b>Climate:</b>	tropical; rainy season May–November
<b>Natural Hazards:</b>	volcanoes, earthquakes, hurricanes
<b>Natural Resources:</b>	hydropower, geothermal power, petroleum
<b>Arable Land:</b>	31.85%
<b>Agricultural Products:</b>	coffee, sugar, corn, rice, beans, oilseed, cotton, sorghum, shrimp, beef, dairy products
<b>Exports:</b>	coffee, sugar, shrimp; offshore assembly exports, textiles, chemicals, electricity
<b>Industries:</b>	food processing, beverages, petroleum, chemicals, fertilizer, textiles, furniture, light metals
<b>Labor Force:</b>	agriculture 17.1%, industry 17.1%, services 65.8%

## El Salvador, cont.

# Brief History

The Olmec people established settlements in the western part of El Salvador by 2000 BC. In about 1200 AD, the Pipil, descendants of the Toltecs and Aztecs, came to El Salvador—which they called Cuzcatlan, Land of Jewels— from Mexico following the collapse of the Maya empire. The Pipil economy was based on maize (corn), and they had a complex culture including laws and taxation, astronomy, mathematics, hieroglyphic writing, and trade routes extending over two continents. In 1524 the Spanish conquistador Pedro de Alvarado arrived in El Salvador, conquering it for Spain in 1540. Spanish settlers established plantations of cotton, balsam, and indigo and destroyed much of the indigenous culture. Following a revolt organized by Fr. José Matias Delgado, El Salvador gained independence from Spain in 1821, but a few wealthy colonists controlled most of the land. President Gerardo Barrios introduced coffee cultivation in 1859, and it has been a major crop ever since.

President Maximiliano Hernandez Martinez ruled as a dictator from 1931 to 1944. In 1932, Augustine Farabundo Martí organized a peasant uprising to protest injustices; 30,000 peasants and Indians were killed, and Martí was executed. The present-day FMLN, Frente Martí Liberación Nacional, is named for him. In 1961, following a coup, the right-wing National Conciliation Party (PCN) gained control of the government, establishing death squads to deal with rising popular unrest and guerilla activity. Civil war broke out in 1979 as peasants rose up to protest 60 years of brutal military rule, pitting the FMLN against the U.S.-backed military and its death squads. At the time, 90 percent of the land was owned by 5 percent of the population, known as the “14 families.” Between 1972 and 1991 some 80,000 Salvadorans were killed. In 1980, human rights campaigner Archbishop Oscar Romero was assassinated while celebrating Mass. Jose Napoleon Duarte, the first civilian president since 1931, was elected in 1980. In 1992, the FMLN and the government signed a UN-sponsored peace accord in which the FMLN was recognized as a political party. In 1998, Hurricane Mitch devastated coastal areas; earthquakes in 2001 killed 1,200 Salvadorans and left millions homeless. In March 2004, right-wing ARENA candidate Tony Saca was elected president with 57 percent of the vote.

# Housing, Family, Work, Traditions

**Housing:** Cities are very crowded as people come from rural areas seeking work. One-third of all Salvadorans live in the capital, San Salvador. Most live in one-room apartments with communal facilities. Middle class individuals live in row houses or apartments. The few wealthy live in neighborhoods protected by high walls and security systems. The poorest urban residents live in shacks made of cardboard or tin on riverbanks or in ravines.

In rural areas, most homes are adobe with dirt floors and thatched roofs. The very poor live in huts made of woven branches covered with mud. Following the devastating earthquakes of 2001, cement blocks and other sturdier materials are being used for homes.

**Family:** Most families include two or three generations living together. Often the grandmother is very important, running the home while other family members work for wages. Adult children usually live with parents until they marry. Older family members tend to be looked up to because of their age and experience. Children are brought up to show respect to their elders. Boys are encouraged to show *machismo*, toughness, and girls are trained to be modest.

Women who never marry continue to live at home until the parents die. Then they may live with a close relative, usually a male. Women may begin living with a partner very young, often having children in their teens. Because so many men were killed in the long civil war, at least 25 percent of households are headed by women.

War and high unemployment, especially since the coffee market downturn, have caused the traditional family unit to break down. The father or mother often emigrates to find work and make enough money to allow the family to join them for a better future. This can take up to 15 years and often does not happen. It is estimated that one-third of Salvadorans live abroad, most in the United States.

## El Salvador, cont.

- Employment:** About one-third of Salvadorans support themselves by farming. They may own small plots of land or work on large estates. In the cities, they may work in factories, mostly *maquiladoras*, producing textiles, clothing, furniture, and other items for export. The country has the highest concentration of manufacturing in Central America.
- Children may begin working at a very young age to help support their families. Human Rights Watch recently studied Salvadoran children employed as domestic workers. They found that 25 percent of children in domestic service began working between the ages of 9 and 11.
- Recreation:** Town plazas are important gathering spots, especially on Sundays, the one non-work day. Soccer is a favorite national sport, with most towns having stadiums and villages having playing fields. Most urban families now have television and cell phones.

# Foods and Eating Habits

- Dietary Practices:** Some Salvadorans subscribe to the hot-cold theory of illness and treatment by opposing foods. They do not like ice in beverages. No dietary taboos.
- Everyday Diet:** *Casamiento*, a mixture of rice and beans, and fried plantains form the basic diet of most Salvadorans. Coffee with tortillas or bread is a common breakfast. Prosperous Salvadorans might eat a breakfast of eggs, mashed refried beans, tortillas, fried plantains, and coffee; lunch might be soup, meat, rice, salad, and fruit; dinner would be mashed beans, rice, tortilla, fried plantains, cheese, and coffee (plus meat if affordable). Fast food is becoming very popular. Getting together around the dinner table is an important family tradition.
- Popular Foods:** Many foods and drinks are made of corn. Tamales are very popular. *Pupusas* are internationally famous and consist of toasted corn or rice tortillas filled with pumpkin flowers, cheese, beans, and/or bacon, eaten with spicy pickled cabbage and special hot sauce. These are often eaten for breakfast. Many people eat them at small restaurants called *pupuserias*. *Pasteles* are pockets of corn flour dough stuffed with meat, made into crescent shapes, and deep fried. They are popular at special celebrations. *Pasteles de chucho* is a dish of fried yucca and beef patties. *Mariscada* is a fish stew including lobster, crab, shrimp, and other fish. *Hojuelas* is a corn dish eaten with honey during All Saints' Day celebrations. *Coyoles* and *torrejas* are special sweet foods eaten during Holy Week or Easter.
- Beverages:** *Frescos/refrescos* or *liquados* are made of tropical fruits. *Horchata* is a drink made of roasted rice flour mixed with milk or water and sweet spices. *Cebada* is made of barley flavored with cinnamon. *Atol de elote*, sweet corn gruel, and *shuco atol*, gruel made from dark corn, black beans, and powdered pumpkin seeds, are popular drinks. Coffee and hot chocolate are popular. Beverages are usually served at room temperature. Alcoholic beverages include *chicha*, prepared with fermented pineapple peel and cashew, and *torito* and *tic-tack*, made from sugar cane.

# Education

- Status:** Many children in rural and high-poverty areas do not have access to schools; nearly one-tenth of them never begin school, and many do not complete primary school. Others cannot afford to attend. Migration interferes with school attendance, and many teenaged children are kept at home to care for younger siblings and assist in housework or in the fields. According to Human Rights Watch, many children in the capital city of San Salvador work as domestics as many as 16 hours each day, and attend special night schools designed for them. Many children work as street vendors; they are often exploited and forced into prostitution.
- Primary School:** The school year in El Salvador runs from February through November. Children attend compulsory primary school, *basica*, for nine years, from age 7 to 15. Although primary school is free,

## El Salvador, cont.

students must buy uniforms and supplies and may pay an enrollment fee each year. The curriculum is similar to that of the United States. Many private schools are operated by the Roman Catholic and other churches. Preschool is offered but not required.

**Secondary School:** Following primary school, students have a choice of three-year courses at two kinds of secondary school, *media*, one offering a college preparatory degree and the other a technical/vocational degree following three years of coursework. School fees, uniforms, and supplies cost up to \$300 per year.

**Higher Education:** Public and private universities and specialized institutions provide higher education. Classes run from February to December and are conducted in Spanish. The government operates universities, technical institutes, and national schools of agriculture and physical education. The University of El Salvador, established in 1841, has schools of law and medicine.

## Religion

**Roman Catholicism:** About 55 percent of Salvadorans are Roman Catholic. The nation's celebrations and holidays revolve around Roman Catholic saints and feast days. Most towns have a patron saint who is honored annually. Until the 1930s, the Catholic Church was conservative. During the civil unrest related to longtime repression of the majority by landowners and politicians, the church under Archbishop Luis Chavez Gonzalez began taking an active role in seeking to better the lot of the campesinos. In the late 1960s, following Vatican II, the clergy became more involved in the life of the people. In the late 1970s, some 15,000 lay leaders received training in Bible, liturgy, agriculture, cooperativism, leadership, and health, often in base communities that functioned like extended families. Right-wing groups opposed these efforts. Archbishop Oscar Romero, Chavez's successor and a champion of the poor, was assassinated on March 24, 1980 while saying Mass. Also in 1980, four U.S. religious women were abducted and killed by national guardsmen. On November 16, 1989, six Jesuit priests and their housekeeper and her daughter were killed at the University of Central America by members of the Salvadoran army. In San Salvador today, there are 53 base communities, with 10 to 60 members each, where Catholics meet twice a week to support one another in faith and life. However, there is much opposition to these communities from the conservative church hierarchy, which views them as overly political. The late Pope John Paul II silenced liberation theologians who sought to bring about social reforms.

**Protestantism:** Protestant missionaries, primarily from the fundamentalist and evangelical denominations and sects, have been active in El Salvador at least since the Central American Mission was established in El Salvador and Guatemala in 1898. Most British and German immigrants were Protestant. Protestantism grew steadily, especially during the economic depression and political repression of the 1930s. Missionaries in the 1970s and 1980s used crusades, door-to-door evangelizing, radio programs, and direct food and health aid to spread their message of personal salvation through faith in Jesus. Their emphasis on putting up with the trials of this life while awaiting a heavenly reward continues to appeal to many people as well as to those in political power.

## Health and Health Care

**Health Status:** About a quarter of the Salvadoran people have no access to health services, and a third do not have clean drinking water. Many people suffer from chronic malnutrition and illnesses linked to unsanitary conditions. Open sewage is a health threat in cities. During the rainy season, waste materials are washed into the drinking water supply, leading to dysentery, *mal de mayo*, a leading killer of children under age five. Preventable diseases such as measles are still prevalent, and impure water continues to cause cholera outbreaks.

## El Salvador, cont.

**Traditional Practices:** *Brujería* is the Indian tradition of natural healing presided over by *curanderos* who perform special rituals and/or prescribe natural remedies of herbs and spices. Herbs are used instead of commercial medications among older people, especially in rural areas. Coconut water is used as a diuretic. Mint or chamomile tea is a remedy for stomach ache, and sliced raw tomatoes are used for severe burns. Many Salvadorans use these complementary treatments in addition to consulting physicians. Over-the-counter medications are widely used. The information on traditional practices in the section on Mexico, page 44, applies to El Salvador as well.

**Medical System:** The Ministry of Health operates 30 hospitals as well as clinics in rural areas. Private hospitals are also available. Employees of formal businesses participate in a social security program that provides medical insurance, workers compensation, and disability pensions. Other citizens depend on government-subsidized care. Global Policy Forum reports that many people cannot pay the “voluntary contribution” required for health care services.

In 2002, under pressure from the World Bank and the Inter-American Development Bank, the President attempted to allow U.S. multinational HMOs to take over the health system. Massive strikes and demonstrations led to agreements in June 2003 between the government and health care unions that appear to have stopped the government’s attempt at privatization.

## Tips for Health Care Providers

Refer to the section on Working with Latino/Hispanic Clients (pp. 13–14) for general guidelines to follow in working with clients and patients from El Salvador. The following information may also be useful.

**Attitudes:** Traditionally, Salvadorans have held their physicians in great respect, like priests and teachers, and would not question their authority. They believe health is related to the balance of hot and cold, and good health may be associated with the ability to perform their daily tasks. Many Salvadorans will seek help from traditional healers or pharmacists before Western physicians, perhaps due to the cost involved. A study conducted in Los Angeles in 2000 found that many Latinos did not use available public health services due to language and transportation problems and perceived cultural insensitivity, as well as fear of deportation.

**Family Authority:** The father or eldest son is the primary decision-maker. In cases of terminal illness, health care practitioners should inform that individual, who may not want the patient informed.

**Addressing Clients:** Although most Salvadorans understand Spanish and may have some English, others may speak native languages. Address clients in a formal manner.

**Nonverbal Behavior:** Touching between members of the same sex is accepted. Women may be shy and prefer a woman physician.

**Verbal Exchange:** Procedures should be explained carefully; Salvadorans and other Central Americans may have difficulty understanding such concepts as patients’ rights and informed consent.

**Hospitalization:** Salvadorans may be stoic in enduring pain. During childbirth, it is customary for several women to participate in labor and delivery. New mothers are to avoid cold foods and drinks as well as strong emotions. Chicken soup, bananas, and meat are believed to strengthen the mother.

**Death and Dying:** Diagnosis of terminal illness should be given to father or eldest son. Catholics will want a priest to administer the sacraments. Many Salvadorans would prefer to die at home with family. Family members may wish to prepare the body for burial and to stay with the body to say goodbye. Cremation is not common. Organ donation may be accepted if the body is treated respectfully.

## Celebrations and Holidays

January 1

New Year’s Day

March/April

Holy Week, *Semana Santa*: Good Friday celebrated with music, processions.

May 1

Labor Day

## El Salvador, cont.

May 3	Day of the Cross: This festival is believed to have originated in an Indian festival honoring the rain god and praying for rain before being appropriated by the Spaniards into a celebration honoring the cross. Families decorate crosses in their front yards with flowers, fruits, and paper ornaments and participate in a ceremonial adoration of the cross.
June 17	<i>Día del Padre</i> , Fathers' Day
June 22	Schoolteachers' Day
June	Corpus Christi
August 6	<i>La Bajada</i> : Celebrated throughout the capitol, San Salvador, <i>La Bajada</i> , which means "the descent," honors the nation's patron saint. It takes its name from the fact that campesinos from the surrounding hills come down to the city to honor the saint. The festival features a statue of El Divino Salvador dressed in purple robes being lowered into a globe representing the world. The statue reemerges dressed in white robes representing the transfiguration. The crowd shouts "Viva El Salvador," referring to both the savior and the nation. In 2003, a replica of the statue was brought to Mission Dolores in Los Angeles, where nearly 60 percent of the Salvadoran immigrants to the United States live.
September 15	Independence Day: Commemorates the declaration of independence of Central America from Spain in 1821.
November 2	All Souls' Day
November 5	First Call for Independence Day: Commemorates the 1811 battle for independence from Spain.
December 12	<i>Virgen de Guadalupe</i> : To honor the Virgin of Guadalupe, patron saint of Latin America, children dress up in Indian costumes and accompany the Virgin in procession.
Christmas	Traditional celebrations take place on Christmas Eve; families attend midnight Mass; children receive gifts from <i>El Niño</i> , the baby Jesus. Many families have elaborate <i>nacimientos</i> , nativity scenes.

# Salvadorans in the United States

According to Catherine Elton, writing in *The Christian Science Monitor*: "More than a quarter of El Salvador's 6.5 million citizens live in the U.S., and Salvadoran economist Robert Rubio estimates that remittances account for 16 percent of the country's economy. He likens the flow of remittances to a life-support system for the country's poor economy." Elizabeth DiNovella, writing in *The Progressive*, states: "Most Salvadorans I meet have a family member who is living abroad. Nearly one-third of the population lives outside the country."

More than 2 million Salvadorans live in the United States, about half in California with the majority of those, nearly 1 million, in Los Angeles. About half a million Salvadorans live in the Washington, D.C. area. The Salvadorans send about \$2.5 billion back to El Salvador each year, about 15 percent of the country's gross national product. In March 2001, the United States granted Temporary Protection Status (TPS) to Salvadorans fleeing the devastation of the massive earthquakes of January and February. Some 248,000 Salvadorans took advantage of the opportunity to receive special visas allowing them to live and work in the United States and send money back to family members in El Salvador. On Jan. 6, 2005, the residency and work permits were extended for a second time, until Sept. 9, 2006.

An exceptional resource for understanding health care clients and students from El Salvador is the recent book *Seeking Community in a Global City: Guatemalans and Salvadorans in Los Angeles*. The authors, who have spent many years working with and studying immigrants in Los Angeles, provide an excellent history of the two groups, describing their persecution and dislocation within Latin America, their immigration to the United States, and their adaptation to U.S. culture.

Salvadorans were being recruited in 2004 to help the United States fight the war against Iraq. *The Washington Post* reported: "With the U.S. military unable to meet security needs in Iraq, private U.S. firms are now . . . aggressively recruiting in El Salvador, a member of the U.S.-led military coalition in Iraq, viewing it as an ideal source of guards. The country has low wages, high unemployment and a large pool of men with military or police experience — many of whom were U.S.-trained — from the 12-year civil war that ended in 1992."

## El Salvador, cont.

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# Guatemala



## Census Figures (2000)

United States Residents Born in Guatemala: 480,665 (1.5%)  
 California Residents Born in Guatemala: 211,458 (2.4%)

## Quick Facts

**Country Area:** 42,042 sq. miles (slightly smaller than Tennessee)  
**Population:** 14,655,189  
**Median Age:** 18.47 years  
**Population Growth Rate:** 2.57%  
**Life Expectancy at Birth:** 65.14 years  
**Below Poverty Line:** 75%  
**Literacy Rate:** 70.6%  
**Currency:** quetzal (GDQ), U.S. dollar (USD)  
**Population Groups:** Mestizo/Ladino, approximately 55%; Amerindian or predominantly Amerindian, approximately 43%; Whites and Others 2%  
**Languages:** Spanish 60%, Amerindian Languages (23)–40%  
**Religion:** Roman Catholic, Protestant, Indigenous Mayan  
**Government:** Republic of Guatemala, a democratic republic: president serves five-year term; one-house Congress, members elected for five-year terms; country divided into 22 departments; Guatemala City is the capital.  
**Climate:** tropical; rainy season May–October  
**Natural Hazards:** volcanoes, earthquakes, hurricanes  
**Natural Resources:** petroleum, nickel, rare woods, fish, chicle, hydropower  
**Arable Land:** 12.5%  
**Agricultural Products:** sugarcane, corn, bananas, coffee, beans, cardamom, cattle, sheep, pigs, chickens  
**Exports:** coffee, sugar, bananas, fruits, vegetables, cardamom, meat; apparel, petroleum, electricity  
**Industries:** sugar, textiles and clothing, furniture, chemicals, petroleum, metals, rubber, tourism  
**Labor Force:** agriculture 50%, services 35%, industry 15%

## Guatemala, cont.

# Brief History

Fishing and farming villages on the Pacific coast of Guatemala go back at least as far as 2000 BC. By 250 AD, the Maya were building great temple cities in the highlands. In 1523, Spanish conquistador Pedro de Alvarado conquered the Maya, paving the way for Spanish colonization. Guatemala gained its independence in 1821. Exploitation of indigenous peoples continued, however, as governments encouraged foreign investment, even giving communally owned land to investors and allowing them to use 25 percent of the male population to work the plantations. Those who objected were massacred. Conservative dictator Rafael Carrera ruled from 1844 to 1865. In 1873, liberal Justo Rufino Barrios became president; he modernized the country and introduced coffee as a cash crop.

Juan Jose Arevalo became president in 1944 following the overthrow of repressive president Jorge Ubico. Arevalo introduced democratic reforms such as land redistribution and social security. Colonel Jacobo Arbenz Guzman continued these reforms when he was elected in 1951. When he began expropriating foreign-owned land, the U.S. CIA, acting to protect the vast holdings of United Fruit Company, backed a coup that brought Colonel Carlos Castillo to power in 1953. Castillo was assassinated in 1963. Democratic rule was restored in 1966 with the election of Cesar Mendez.

In 1970, the military candidate, Carlos Arena, was elected. His efforts to eliminate anti-government elements resulted in the death of 50,000 or more people in the coming decade. An earthquake in 1976 killed 27,000 people and left more than a million homeless. In 1981, death squads and the military killed 11,000 people in response to guerilla activities. By 1989, some 100,000 people had been killed and 40,000 were among the missing. Rigoberto Menchu, Mayan civil rights activist, received the Nobel Peace Prize in 1992 for her efforts on behalf of her people. In 1996, President Alvaro Arzu signed peace accords with the guerillas, ending 36 years of civil war in which an estimated 200,000 people died, including those killed in 626 massacres in Mayan villages. Conservative businessman Oscar Berger was elected president in 2003.

# Housing, Family, Work, Traditions

- Housing:** Recent estimates suggest that more than half of Guatemalans, especially indigenous peoples, live in inadequate housing. Forced evictions of residents from squatter settlements and a shortage of 1.5 million houses mean many homeless people, including 5,000 children, live in the streets of the capital, Guatemala City. The city nearly doubled in population between 1955 and 1995 and is now home to more than 3 million residents, about 75 percent of whom live in poverty. A clean water supply is one of the city's critical problems. Squatters receive no city services, and most obtain water from public taps or privately owned water trucks. Rural houses might be adobe enclosures for sleeping with a packed earth floor and a tin or thatched roof, surrounded by a larger room that serves as a kitchen and all-purpose room.
- Family:** Most families consist of parents and their unmarried children, with perhaps a married son or daughter and family as well as elderly relatives and godparents, *padrinos*, who are an important part of the family. Women tend to marry young and have large families. Guatemala has one of the highest fertility rates in Latin America. At the current growth rate, the population will double every 22 years. In rural areas, common-law marriages are frequent, and Mayan marriage rituals differ from those of the Roman Catholic church. As Guatemalans adopt more North American values, family structures are changing.
- Indigenous Peoples:** Guatemala has the highest proportion of indigenous people of any Central American nation, with Mayan groups or *indigenas*, who follow traditional customs and speak one of the 23 officially recognized dialects. They far outnumber *ladinos*, those who follow a more Westernized lifestyle and speak Spanish. The various linguistic groups tend to cluster in separate areas. The largest groups are the Kiche, Mam, Kaqchikel, and Q'eqchi.
- Traditional Textiles:** Guatemalan textiles are famous around the world. Mayan women have woven the fabric on backstrap looms for two centuries. They wear beautiful blouses called *huipiles*, some with designs more than a thousand years old. According to The Center for Maya Textiles, "The *huipil* is the ultimate expression of native weaving artistry, proclaiming the wearer's identity as a woman and

## Guatemala, cont.

individual within her community.” Each Mayan village has its distinctive pattern. The Spanish conquerors and later the army used those patterns as a means of identifying specific Mayan groups. Traditional skirts, called *cortes*, are made of fabric woven by men on foot treadle looms.

### Employment:

Most rural families labor on plantations of the small percentage of people who own the majority of land. They may have their own livestock and garden plots for growing beans, rice, and corn. In the cities, many women work as live-in domestics and in maquiladoras supplying U.S. and South Korean corporations, facing discrimination and exploitative working hours and conditions. A nonprofit group, the Commission for the Verification of Codes of Conduct, is now working with international companies doing business in Guatemala to monitor and improve working conditions and labor practices both in factories and in coffee and banana fields.

# Foods and Eating Habits

### Dietary Practices:

No dietary taboos.

### Everyday Diet:

Some indigenous people in Guatemala and Mexico refer to themselves as Corn People. Corn originated in this area in the teocinte plant. This staple of life is endangered by the introduction of genetically modified seed, a serious threat to a crop that forms the backbone of the country's agriculture, markets, and social life. Rural Guatemalans eat mainly black beans and corn prepared in various ways, including fried bean paste, beans and rice mixtures, and corn tortillas. Those who live in houses in the cities probably begin the day with coffee, porridge or beans, eggs, and perhaps fried plantains. The large midday meal might begin with soup and be followed by meat, rice, vegetables, and salad. Guatemalans enjoy many tropical fruits, including bananas (which may be eaten with chocolate sauce, honey-cinnamon syrup, or orange juice and whipped cream), mangoes, mameys, pitahayas, and jocotes.

### Popular Foods:

*Arroz con pollo chapina* is a chicken and rice dish that includes onions, garlic, tomatoes, peppers, and seasonal vegetables. *Jocon* combines chicken and a green sauce made from squash seeds, chiles, tomatillos, scallions, sesame seeds, and cilantro. *Tamales* and *chile rellenos* are also popular. *Pepian* is a beef stew with vegetables and a sauce of roasted seeds and peppers. *Subanik* is a dish combining chicken, pork, and beef accompanied with rice and guacamole. *Fiambre*, cured pork, is a traditional food eaten on All Saints' Day. *Bunuelos*, fried dumplings with honey, and flans, rice cakes, rice custards, honey crisps, and sugared figs are popular desserts.

### Beverages:

Coffee and *chamurrado*, chocolate coffee, are popular beverages, as is fruit juice. Alcoholic drinks include locally made beer, wine, rum, and *rompopo*, a punch made from milk, egg yolks, and rum.

# Education

### Status:

The school year in Guatemala runs from January to October. Education is compulsory through grade six. All schools teach a curriculum established by the Ministry of Education. Public schools are free, but students must buy textbooks and uniforms. Some students attend in the morning, others in the afternoon. Children from wealthier families attend the many private schools, both religious and secular, found in Guatemala. School attendance varies widely depending on location and economics. Many families cannot afford fees for books and uniforms; others prefer to teach their children agricultural skills. In rural areas, children often work in the fields or as household laborers to help support their families. Recent figures show that about 33 percent of children attend preschool and 82 percent attend primary grades. Half the children who start primary school in urban areas complete it, compared with one-fifth of children in rural areas, where about 60 percent of school-age children live. Only 58 percent of all municipalities have secondary schools.

### Elementary School:

Schooling begins at age four with pre-kindergarten, followed by kindergarten, primary grades, and six elementary grades.

## Guatemala, cont.

- Secondary School:** During the five years of secondary school, students may begin and even complete career training. For several careers, including secretary, elementary school teacher, and accountant, high school training is sufficient. Other careers require three to six years of university training.
- Higher Education:** The University of San Carlos was founded in 1681. The only public university, it has campuses in nine locations in addition to the capital, Guatemala City. There are six private universities specializing in various fields of study.

# Religion

**Roman Catholicism:** According to the International Religious Freedom Report of 2002, the percentage of Roman Catholics in Guatemala has declined to perhaps 50 to 60 percent, with the remainder of the population identified as Protestant. Most sources put the Roman Catholic population at over 80 percent. Church attendance is reported to be high among evangelical Protestants and lower among Catholics. Catholicism was established in Guatemala by Dominican friars who made the faith understandable to the Mayan people. The church has incorporated indigenous Mayan beliefs and practices that do not conflict directly with church teachings, which makes Catholicism in Guatemala distinct.

**Protestantism:** The largest Protestant groups are the Assembly of God, the Church of God of the Complete Gospel, and the Prince of Peace Church; mainline denominations such as Presbyterian, Baptist, Lutheran, and Episcopalian are also represented. Evangelical Protestant churches, now claiming some 25 percent of the population as members, generally do not tolerate indigenous beliefs and tend to be conservative in their political outlook, focusing on the believer's personal relationship with Jesus Christ and on individual success and prosperity rather than social justice.

**Mayan Religion:** Indigenous peoples outnumber *ladinos*, but they are looked down upon and their religious practices are regarded as witchcraft or devil worship by many, particularly those in the evangelical Protestant community. Mayan spiritual leaders report that about half the population practices some kind of indigenous spiritual ritual, with only about 10 percent doing so openly.

Traditional prayer men, called *brujas*, *ajkunes*, and *chuchkujawes*, are believed to have powers related to planting crops, healing the sick, foretelling the future, and bringing back lost objects. They conduct their rituals in caves or houses, using offerings of liquor and incense.

Mayan religion was based on synchronizing human activities with the orderly cycles of nature. The Maya developed several calendar systems for various aspects of their activities, reaching a calculation accuracy of one day off every 6,000 years. Mayan calendars served as astronomical almanacs controlling behavior and religious ceremonies. The Maya worshipped many gods and envisioned the universe as having multiple layers both above and below the earth. They believed their rulers were descendants of the gods.

# Health and Health Care

**Health Status:** Nearly half the population of Guatemala has no access to health services. There is no national health insurance. Rural residents are subject to malaria, typhus, dysentery, and other diseases aggravated by unclean water and poor nutrition. Agricultural chemicals cause problems for plantation workers.

**Traditional Practices:** Many Guatemalans have little access to modern medicine and depend on traditional healers, *curanderos* or *yerbaristas*, for herbal remedies. Some also use a *zahorin*, a healer who cures illness using charms and prayers. Many indigenous peoples believe that plants have spirits linked with their healing powers. Mayan healers often administer their herbs based on magically important numbers, and they may classify herbs as male or female and use them in pairs. Therapeutic baths are often used. Some Indians believe illness is caused by the evil eye, and they make special efforts

## Guatemala, cont.

**Medical System:** to protect women and children from strangers.  
In cities and towns, state-run hospitals and clinics are available. A full range of medical care is available in Guatemala City, but medical care outside the city is limited. Guatemala's public hospitals have experienced serious shortages of basic medicines and equipment.

## Tips for Health Care Providers

Refer to the section on Working with Latino/Hispanic Clients (pp. 13–14) for general guidelines to follow in working with clients and patients from Guatemala. The following information may also be useful.

- Attitudes:** Many Guatemalans, especially the Maya, have little if any experience with Western medicine. They may view illness as a disruption in the hot-cold balance. A study conducted in Los Angeles in 2000 found that many Latinos did not use available public health services due to language and transportation problems and perceived cultural insensitivity, as well as fear of deportation.
- Family Authority:** The father or eldest son is the primary decision-maker. In cases of terminal illness, health care practitioners should inform that individual, who may not want the patient informed.
- Addressing Clients:** In the case of Guatemalans who are Maya or members of other indigenous peoples, communication may be difficult. Address clients in a formal manner.
- Physical Contact:** Touching between members of the same sex is accepted. Women may prefer a woman physician.
- Verbal Exchange:** Procedures should be explained carefully. Central Americans, especially indigenous peoples, may have difficulty understanding such concepts as patients' rights and informed consent.
- Hospitalization:** Particularly for indigenous peoples, hospitalization may be very frightening if they are isolated from family members and traditional support systems.
- Death and Dying:** Diagnosis of terminal illness should be given to father or eldest son. Catholics will want a priest to administer the sacraments.

## Celebrations and Holidays

January 1	New Year's Day
January 6	Epiphany
February/March	<i>Carnaval</i> , celebrated before Lent begins: People dress in costumes and masks, break open painted eggs filled with confetti.
March/April	Holy Week, <i>Semana Santa</i> ; Streets are decorated with flowers and colored sawdust for processions where images of Jesus and the Virgin Mary are carried through the streets.
Easter Day	Celebrated with processions and special foods
May 1	Labor Day
May 2–3	Day of the Cross
June 30	Army Day: Celebrates revolt for agrarian reform in 1871.
July 21–26	Rabin Ajau, a traditional Qeqchi Maya festival
September 15	Independence Day
October 12	Indigenous Peoples Day
October 20	Revolution of 1944 Day: Celebrates overthrow of Jorge Ubico.
November 1	All Saints' Day: Guatemalans place food, drinks, pine needles, and flowers on graves of family members and friends; giant kites flown in some cemeteries. Families often eat dinner at the graves and offer food to the dead.
December 7	Devil-Burning Day: People search their houses for things that can be thrown away; these are burned in front of the house to purify it for Christmas.
December 8	Feast of the Immaculate Conception
December 12	Feast of the Virgin of Guadalupe
December 24–25	Christmas Eve festivities include eating tamales and setting off fireworks.
December 28	Day of the Innocents

## Guatemala, cont.

# Guatemalans in the United States

According to the Immigration and Naturalization Service (INS), Guatemala ranks third behind Mexico and El Salvador as a source of illegal immigrants into the United States. This means that the 2002 census figure showing some 480,000-plus native-born Guatemalans living in the United States is probably conservative. The INS reported that in 1996 there were 165,000 Guatemalans living illegally in this country; over the period 1992–1996, the average annual growth rate of illegal immigration from Guatemala was 12,000. In 1998, 5,821 Guatemalans sought assylum in the United States, with an approval rate of 8.7 percent. Guatemalans who do not have legal status tend not to use the health care system for fear of being deported.

An exceptional resource for understanding health care clients and students from Guatemala is the recent book *Seeking Community in a Global City: Guatemalans and Salvadorans in Los Angeles*. The authors, who have spent many years working with and studying immigrants in Los Angeles, provide an excellent history of the two groups, describing their persecution and dislocation within Latin America, their immigration to the United States, and their adaptation to U.S. culture in Los Angeles. Although until recently most immigrants from Mexico and Central American have settled on the West Coast, increasing numbers of Latinos are being recruited to work in meat packing plants in the Midwest, Northeast, and South. An award-winning 1997 series by Marcus Stern in the *San Diego Union-Tribune* reported on the system that allows illegal immigrants to find work in such places as Case Farms, a poultry plant in the North Carolina foothills where most of the workers at that time were illegal immigrants from Guatemala:

Alberto, like many Case Farms workers, is from the rural Guatemalan town of Huehuetenango. During the 1980s it was the site of nightmarish political violence. The killings ended years ago, but the poverty endures. Today, children living in the thatched-roof huts of Huehuetenango eat better because of the paychecks distributed on the factory floor at Case Farms. Like the other Guatemalan workers, Alberto earns about \$54 a day, far more than the \$3 he said he'd earn in Guatemala. But the illegal workers pay dearly for this opportunity. Entering the United States through its 'back door' is undignified, inhumane and fraught with danger. Once here, they remain vulnerable to exploitation.

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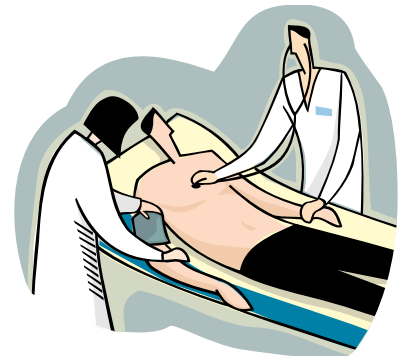
# **Spanish Words and Phrases**



# Patient Care



# Cuidado del paciente





**Admission/Discharge/Transfer**  
**Admisión/Dar de alta/Traslados**

**Vocabulary / Vocabulario**

name	nombre	unpack	desempacar
comfortable	cómodo/a	change	cambiar (se)
introduce	presentar	belongings	pertenencias
roommate	compañero de cuarto	valuables	objetos de valor
call light	llamada de luz	notify	notificar/avisar
suitcase	velís/maleta	dress	vestido/vestirse
pack	empacar	undress	desvestirse

Hello, my name is \_\_\_\_\_.

I'm your \_\_\_\_\_ and I'll be taking care of you.

My job is to make you as comfortable as possible.

Let me introduce you to your roommate. His/her name is \_\_\_\_\_.

This is your call light. It turns a light on at the nursing station and above your door.

Do you have a suitcase?

May I help you unpack/pack your things?

I would like to check you. May I help you undress?

Do you have any valuables or money that you want to put in the office for safekeeping?

We are going to change your room/move you to another room.

This room is very nice/bright/sunny.

We will take all of your belongings with you.

Hola, mi nombre es \_\_\_\_\_.

Yo soy su \_\_\_\_\_ y yo lo voy a cuidar.

Mi trabajo es hacer que se sienta tan cómodo/a como sea posible.

Le voy a presentar a su compañero/a de cuarto. Él/ella se llama \_\_\_\_\_.

Esta luz es para llamarme. Se ilumina en la estación de enfermeras y sobre su puerta.

¿Trae maletas?

¿Le ayudo a desempacar/empacar sus cosas?

¿Me gustaria examinarlo/la. Le ayudo a desvestirse?

¿Trae objetos de valor o dinero que quiera guardar en la oficina para que estén más seguros?

Vamos a cambiar su cuarto/lo vamos a cambiar a otro cuarto.

Este cuarto está bonito/reluciente/soleado.

Vamos a llevar sus pertenencias con usted.

(continued on reverse)

## Admission/Discharge/Transfer

2

I will not be your aide anymore, but I'll introduce you to your new aide.

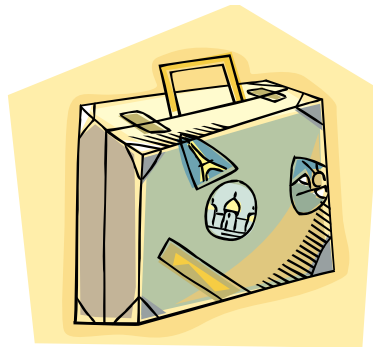
Be sure to notify the nurse before you leave the hospital.

When you are ready to leave, call me and I will go out with you.

Yo ya no seré su enfermera/o, pero le voy a presentar a su nueva/o enfermera/o.

Asegúrese de avisarle a la enfermera antes de irse del hospital.

Cuando esté listo/a para irse, llámeme y ire con usted hasta afuera.



## Assessment after Accident

### Evaluación después de un accidente

#### Vocabulary / Vocabulario

reporting	anunciar	slip	resbalón	move	mover
floor	piso	talk	hablar	pain	dolor
hurt	dolor/lastimado	help	ayuda	fall	caer/caída

#### Before Reporting to the Nurse

Can you move?

Can you talk?

Does it hurt?

Where does it hurt?

Show me where it hurts.

Are you having pain?

Let me help you.

#### Getting the Details

How did you fall?

Did you fall against the bed?

Did you slip out of the bed?

Did your head hit the floor?

What happened?

#### Antes de reportarle a la enfermera

¿Se puede mover?

¿Puede hablar?

¿Le duele?

¿Dónde le duele?

Enséñeme donde le duele.

¿Tiene dolor?

Déjeme ayudarlo.

#### Obteniendo los detalles

¿Cómo se cayó?

¿Se cayó contra la cama?

¿Se resbaló de la silla?

¿Se golpeó la cabeza en el suelo?

¿Qué pasó?

## Assisting the Patient with Crutches, Walker or Wheelchair

### Ayudando a un paciente con muletas, andador o silla de ruedas

#### Vocabulary / Vocabulario

crutches	muletas	foot rest	escabel	walker	andador
blanket	objia/cobertor	right	derecha	dangle	colgar
wheelchair	silla de ruedas	left	izquierda	support	apoyarse
safety belt	cinto de seguridad	waist	cintura	turn	voltear
stand	pararse/levantarse	walk	caminar	alone	solo
careful	cuidado	legs	piernas		

I will get your crutches/walker/wheelchair and show you how to use it/them.

Let your legs dangle over the side of the bed.

Do you need help?

I will support you as you stand/turn.

Put your hands on the arms of the chair as you sit down.

Put your feet on these footrests.

Are you cool/warm enough?

Let me cover you with the blanket.

Put your weight on your right/left foot.

Do not put your weight on your right/left foot.

#### Instruct in Proper Use of Equipment

I am going to put this safety belt on your waist. It will remind you to call for help so that you won't fall.

Do not try to get up or try to walk alone.

I will help you to get out of bed.

Be careful, the floor is wet/slippery.

Le voy a traer sus muletas/andador/silla de ruedas y le voy a enseñar como se usan.

Deje colgar sus piernas sobre el lado de la cama.

¿Necesita ayuda?

Apóyese en mí al levantarse/dar la vuelta.

Sosténgase poniendo las manos en los brazos de la silla cuando se siente.

Ponga los pies en este escabel.

¿Está lo suficientemente frío/caliente?

Déjeme cubrirlo con esta cobija/cobertor.

Ponga su peso en el pie derecho/izquierdo.

No ponga su peso en el pie derecho/izquierdo.

#### Instruya en el uso apropiado del equipo

Le voy a poner el cinturón de seguridad en la cintura. Esto le recordará que tiene que pedir ayuda para que no se vaya a caer.

No trate de levantarse o de caminar solo/a.

Yo le ayudaré a bajarse de la cama.

Tenga cuidado, el piso está mojado/resbalos.

## General Instructions to the Patient

### Instrucciones generales para el paciente

#### Vocabulary/Vocabulario

telephone call	llamada telefónica	visiting hours	horas de visita
receiver	receptor	breakfast	desayuno
operator	operador/a	lunch	almuerzo
smoking	fumar	dinner	cena
lounge	sala de espera	tray	charola
permitted	permitido	laundry	ropa sucia
visitor	visita	hair	cabello
side rails	barandales	styled	peinado
button	botón	cut	corte
beauty shop	salón de belleza	books	libros
barbershop	peluquería	magazines	revistas
volunteer	voluntario/a	thirsty	sediento/a
pain	dolor	hungry	hambre
swallow	tragar	bathroom	baño

You will have to ask your doctor about that.

You can make a telephone call by picking up the receiver and asking the operator for the number.

Do you want me to call someone for you?

There is no smoking in the hospital.

You can turn the TV on this way.

Would you like me to turn the TV off?

You have a visitor.

If you need anything or want to call the nurse, push this button.

You can raise or lower the head of the bed by pushing this button.

Visiting hours are from \_\_\_\_\_ to \_\_\_\_\_.

Tiene que preguntarle al médico.

Puede hacer una llamada telefónica levantando el receptor y pidiéndole a la operadora que le dé el número.

¿Quiere que yo le haga la llamada?

No se permite fumar en el hospital.

La televisión se prende de esta forma.

¿Quiere que le apague la televisión?

Tiene visita.

Si necesita algo o si quiere llamar a la enfermera, oprima este botón.

Puede elevar o bajar la cabecera de la cama oprimiendo este botón.

Las horas de visita son de \_\_\_\_\_ a \_\_\_\_\_.

(continued on reverse)

General Instructions to the Patient

Breakfast is served at \_\_\_\_\_ a.m.

Lunch is served at \_\_\_\_\_.

Dinner is served at \_\_\_\_\_ p.m.

The dining room is located \_\_\_\_\_.

Your tray will be served in the dining room at \_\_\_\_\_.

Will your family take your laundry home or will it be done here?

We have to put it in the laundry.

The charge for laundry is \_\_\_\_\_.

Tell me if you want to have your hair cut or styled/set and I will arrange to have someone from the beauty/barber shop come in.

Would you like to go to the beauty/barber shop?

There are books and magazines in the lounge to read.

I'm going to take you to \_\_\_\_\_ for \_\_\_\_\_ (coffee, music, hobbies, classes).

Volunteers will bring books and magazines.

Are you in pain? Where is the pain?

Are you cold? Do you want a blanket?

Are you thirsty? Drink this.

Are you hungry?

Follow me.

Turn to your left/right.

Take a deep breath.

Swallow.

I will put the side rails up/down.

Do you need to go to the bathroom?

Please sit down/up.

El desayuno se sirve a las \_\_\_\_\_ a.m.

El almuerzo se sirve a las \_\_\_\_\_.

La cena se sirve a las \_\_\_\_\_ p.m.

El comedor está \_\_\_\_\_.

Su charola será servida en el comedor a las \_\_\_\_\_.

¿Se llevará su familia su ropa sucia a casa o la va mandar lavar aquí?

Tenemos que ponerlo en la ropa sucia.

El costo por la lavada es \_\_\_\_\_.

Dígame si quiere que le corten el pelo, o que le peinen y yo haré los arreglos necesarios para que alguien del salón de belleza/peluquería venga.

¿Le gustaría ir al salón de belleza/peluquería?

En la sala de espera hay libros y revistas para leer.

Voy a llevarlo/a a \_\_\_\_\_ para \_\_\_\_\_ (café, música, pasa tiempo, clases).

Los voluntarios le traerán aquí libros y revistas.

¿Tiene dolor? ¿Dónde tiene el dolor?

¿Tiene frío? ¿Quiere una cobija?

¿Tiene sed? Tome esto.

¿Tiene hambre?

Sígame.

De vuelta a su izquierda/derecha.

Respire profundo.

Trague.

Voy a subir/bajar los barandales.

¿Necesita ir al baño?

Por favor siéntese más abajo/arriba.

## Feeding the Patient

### Dándole de comer al paciente

#### Vocabulary / Vocabulario

breakfast	desayuno	hot	caliente	eat	comer
lunch	almuerzo	cold	frío	tray	charola
dinner	cena	juice	jugo	dietician	dietista
sugar	azúcar	salt	sal	enough	suficiente
hungry	hambre	pepper	pimienta	special diet	dieta especial
sugar-free	sin azúcar	salt-free	sin sal		

It's time for breakfast/lunch/dinner.

Here is your tray.

Would you like to sit up more?

Call me when you are finished.

I am going to help you eat.

What would you like first?

Am I going too fast?

Am I going too slowly?

Take a sip of this.

Can you cut your meat?

You must eat to get well.

Aren't you hungry?

You are on a special diet.

Why didn't you eat?

We have to check with the dietician.

Es hora del desayuno/almuerzo/cena.

Aquí está su charola.

¿Quiere enderezarse un poco más?

Llámemme cuando termine.

Le voy a ayudar para que coma.

¿Qué quiere primero?

¿Voy muy rápido?

¿Voy muy despacio?

Tome un poco de esto.

¿Puede cortar la carne?

Tiene que comer para poder aliviarse.

¿No tiene hambre?

Usted esta en una dieta especial.

¿Porqué no comió?

Tenemos que preguntarle a la dietista.

(continued on reverse)

## Feeding the Patient

You cannot have salt.

You are on a salt-free diet.

You cannot have sugar.

You are on a sugar-free diet.

You cannot have spicy food.

You cannot have pepper.

Try a little of this.

Is it too hot?

Is it too cold?

Shall I wait a little?

You must not eat anything except what we bring you.

Would you like to talk to the dietician?

You need to talk to the doctor about that.

You may have juice whenever you want it.

Did you have enough?

Would you like more of anything?

No debe comer sal.

Usted está en una dieta de comida sin sal.

No debe comer azúcar.

Usted está en una dieta de comida sin azúcar.

No debe comer cosas con especias/picantes.

No debe comer picante.

Pruebe un poco de esto.

¿Está muy caliente?

¿Está muy frío?

¿Me espero un poco?

No debe comer nada, a excepción de lo que nosotros le traemos.

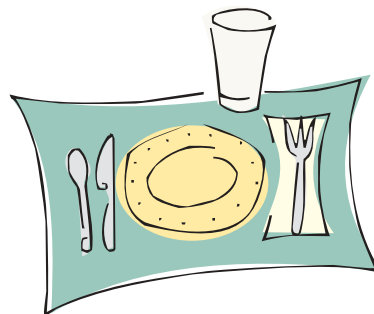
¿Le gustaría hablar con la dietista?

Tiene que discutir eso con su médico.

Puede beber jugo cuantas veces quiera.

¿Fue suficiente?

¿Quiere algo más?



## Exercises

## Ejercicios

### Vocabulary / Vocabulario

exercises	ejercicios	stretch	estirarse	move	mover
hurt	dolor/lastimado	up	arriba	leg	pierna
toes	dedos del pie	foot	pie	arm	brazo

It is important that you exercise while in bed.

Can you move this arm/leg?

Does this hurt?

Tell me if it hurts.

Move your arms/legs up and down.

Point your toes toward the foot of the bed and stretch.

I am going to exercise your arms and legs.

Es importante que haga ejercicios mientras está en cama.

¿Puede mover este brazo/pierna?

¿Le duele esto?

Dígame si le duele.

Mueva sus brazos/piernas hacia arriba y hacia abajo.

Apunte los dedos de los pies hacia el pie de la cama y estírese.

Voy a ejercitar sus piernas y brazos.



## Input/Output/Specimens

### Suministro/Producción de espécimen

#### Vocabulary / Vocabulario

measure	medida	drink	beber/tomar
urinal	urinario	liquids	líquidos
taste	probar	jar	frasco
cough	tos	lungs	pulmones
phlegm	flema	sterile	estéril
laxative	laxante	constipated	estreñido
urine	orina	nutritional	nutricional
toilet	sanitario	supplement	suplemento
flush	bajarle al sanitario	bedpan	cómodo
specimen	especimen	bowel movement	excretar
colostomy	colostomía		

#### Input

The doctor wants to measure everything you drink.

Do not drink anything except what is served to you.

The doctor wants you to drink more liquids.

Would you like something to drink?

You need to drink this nutritional supplement.

The doctor thinks it will help you to get well.

It may not taste good, but it is important that you drink this.

#### Output

It is necessary to measure all of your urine.

Do you have difficulty urinating? Does it burn?

I am going to wash you before collecting the urine specimen.

Do not empty the urinal/bedpan. Call the nurse.

#### Suministro

El doctor quiere medir todo lo que tome/beba.

No tome/beba nada excepto lo que se le sirva a usted.

El médico quiere que tome más líquidos.

¿Le gustaría tomar algo?

Necesita tomar este suplemento nutritivo.

El médico piensa que le ayudará a mejorar.

Quizá no sepa bueno, pero es importante que usted tome esto.

#### Producción

Es necesario medir toda la orina.

¿Tiene dificultad para orinar? ¿Le arde?

Voy a limpiarlo/la antes que me dé la muestra de orina.

No vacíe el urinal/cómodo. Llame a la enfermera.

### Output, cont.

Leave this jar on top of the toilet.

Do not flush the toilet after your bowel movement. Call the nurse.

Have you had a bowel movement today?

Are you still constipated?

Do you need a laxative?

Is your colostomy bag full?

I am going to change your colostomy bag.

### Sputum Specimens

It may hurt, but you need to cough from your lungs into this jar.

We need to keep the phlegm that you cough up so we can examine it.

This is a sterile specimen so please don't touch the edge of the jar.

### Producción, cont.

Deje este frasco encima del sanitario.

No le baje al agua del sanitario después de excretar. Llame a la enfermera.

¿Ha defecado/obrado hoy?

¿Todavía está estreñado?

¿Necesita un laxante?

¿Está llena la bolsa de su colostomía?

Le voy a cambiar la bolsa de su colostomía.

### Espécimen

Quizá le duela, pero necesita toser desde los pulmones en este frasco.

Necesitamos guardar la muestra de la flema que tosió para examinarla.

Este es un espécimen estéril, así es que no toque la orilla de este frasco porque está esterilizado.



## Making the Bed

### Tendiendo la cama

#### Vocabulary / Vocabulario

bed	cama	drapes	cortinas	roll	rodar
comfortable	cómodo	chair	silla	stripped	desvestirse
raise	levantar	cleaned	limpiar	pillow	almohada
nightstand	mesa de noche	blanket	cobija	light	luz
side rails	barandales	button	botón		

I am going to do your bed.

Roll this way, please.

Let me help you into a chair.

Let me help you back into bed.

Shall I raise the head/foot of your bed?

Would you like another pillow? blanket?

Shall I close the drapes?

Are you comfortable now?

Do not try to get out of bed by yourself.

The bed will be stripped and cleaned today.  
You will need to sit in a chair for a while.

Do you want to sit up?

Can you reach the nightstand?

This is your call light: push the button to call the nurse.

The side rails are up on your bed so you won't fall.

Do not try to lower the sides.

Le voy a tender la cama.

Voltéese de este lado por favor.

Déjeme ayudarle a sentarse.

Déjeme ayudarle a regresar a la cama.

¿Le levanto la cabecera/los pies de la cama?

¿Quiere otra almohada? ¿Cobija?

¿Le cierro las cortinas?

¿Está cómodo/a así?

No trate de bajarse de la cama sin ayuda.

Vamos a limpiar su cama y a cambiarle las sábanas hoy.  
Necesitará sentarse en la silla un rato.

¿Quiere sentarse?

¿Alcanza la mesa de noche?

Esta es la luz para llamar: oprima el botón para llamar a la enfermera.

Los barandales laterales están levantados para evitar que se caiga.

No trate de bajar los lados.

## Making the Bed

Let me help you move up in the bed.

Hold on to the top of the bed.

On the count of “three,” lift up and push with your heels.

Is there anything else I can do for you?

I am going to use this lift to get you up.

Déjeme ayudarlo a moverse hacia arriba.

Deténgase de la parte de arriba de la cama.

A las tres, levante y empuje hacia arriba con los talones.

¿Hay algo más que pueda hacer por usted?

Voy a usar esta polea para levantarlo/a.



## Medical Personnel Visits

### Visitas del personal médico

#### Vocabulary / Vocabulario

examine	examinar	physical therapy	terapia física
vital signs	signos vitales	occupational therapy	terapia ocupacional
pulse	pulso	results	resultados
dressed	vestido/a	wires	alambres
finished	terminó	skin	piel
help	ayuda	machine	máquina
test	estudio	blood specimen	espécimen de sangre
needle	aguja	medical history	historia médica

The doctor wants to examine you.

The doctor will be with you soon.

I am going to take your \_\_\_\_\_ (vital signs, blood pressure, or pulse).

Undress and put this on.

Let me help you undress.

You may sit in the chair.

The doctor is here now.

I will help you get dressed when the doctor is finished.

This person is here to get a blood specimen.

This needle may sting a little, but we need to do it in order to help you.

This is the physical therapy director. He/she is going to show you some exercises to do.

This is the occupational therapy assistant. He/she will show you how to dress yourself.

El médico quiere examinarle.

El médico vendrá pronto.

Voy a tomarle su \_\_\_\_\_ (signos vitales, presión sanguínea, o el pulso).

Desvístase y póngase esto.

Déjeme ayudarlo a desvestirse.

Se puede sentar en la silla.

El médico está aquí ahora.

Le ayudaré a vestirse cuando el médico haya terminado.

Esta persona está aquí para obtener un espécimen de sangre.

Esta aguja le va a picar un poco, pero necesitamos hacer esto para poder ayudarlo.

Este es el director de terapia física. Él/ella le va a enseñar algunos ejercicios para que los haga.

Él es el asistente de terapia ocupacional. Él/ella le enseñará como vestirse usted solo.

## Medical Personnel Visits

This person is here to take an EKG.

Don't be afraid. This will not hurt you.

We put these wires on the skin so that the machine will work.

This is just a routine test to keep your medical history up to date.

The doctor needs the results of this test in order to see what effect your medicine is having.

Please lie still.

Esta persona está aquí para hacerle un EKG.

No tenga miedo. Esto no le va a doler.

Ponemos estos cables en la piel para que la máquina pueda trabajar.

Esto es sólo un examen de rutina para mantener al corriente su historia médica.

El médico necesita los resultados de este examen para poder ver que efecto esta teniendo su medicina.

Por favor acuéstese y no se mueva.



## Taking the Vital Signs

### Tomando los signos vitales

#### Vocabulary / Vocabulario

temperature	temperatura	arm	brazo
thermometer	termómetro	tongue	lengua
pulse	pulso	breathe	respirar
blood pressure	presión arterial	body	cuerpo
mouth	boca	rectum	recto

I am going to take your temperature.

Hold the thermometer under your tongue.

Keep your mouth closed.

Please don't try to talk.

Don't breathe through your mouth.

I am going to take your temperature under your arm.

Hold your arm close to your body.

I must take your temperature by rectum.

Roll over on your side, please.

I am putting the thermometer in.

Please try to lie still.

I am going to take your pulse.

Try to relax.

Rest your arm on the bed.

Lie back and be comfortable.

I am going to take your blood pressure.

Give me your arm.

Voy a tomarle la temperatura.

Detenga el termómetro debajo de la lengua.

Mantenga la boca cerrada.

Por favor no trate de hablar.

No respire por la boca.

Voy a tomarle la temperatura debajo del brazo.

Sostenga el brazo cerca de su cuerpo.

Tengo que tomarle la temperatura por el recto.

Póngase de lado por favor.

Estoy introduciendo el termómetro.

Por favor trate de no moverse.

Voy a tomarle el pulso.

Trate de relajarse.

Apoye el brazo en la cama.

Acuéstese y póngase cómodo.

Le voy a tomar la presión arterial.

Deme su brazo.

## Taking the Vital Signs

Try to relax your hand.

You are doing fine.

I'm going to weigh you.

I am going to use this tape to measure your height.  
Please straighten your legs.

Please stand straight so that I can measure how tall you are.

Trate de relajar la mano.

Lo está haciendo muy bien.

Lo voy a pesar.

Voy a usar esta cinta para medir su estatura. Por favor enderece las piernas.

Por favor párese derecho para poder medir que tan alto está.



## Personal Hygiene Care

### Cuidado de la higiene personal

#### Vocabulary / Vocabulario

wash	lavar	brush	cepillo
shower	baño	dentures	dentadura postiza
basin	vasija	wash cloth	toallita
soap	jabón	bowel movement	movimiento intestinal
bedpan	cómodo	hearing aid	aparato para la sordera
powder	talco	bathroom	cuarto de baño
bath	baño	lotion	crema para la piel
urinal	urinal/bacinica		

Would you like to brush your teeth?

It's time to put your dentures in.

Is your hearing aid in?

Do you need to go to the bathroom?

The doctor said that you can get up to go to the bathroom.

Have you had a bowel movement today?

The doctor said that you must use the bedpan.

Call me if you need the bedpan or urinal.

Raise your hips and I will put the bedpan under you.

The charge nurse said to take a shower/bath.

It is time to wash for breakfast.

This is your bath/shower day.

Here is a basin of water/wash cloth/bar of soap.

Would you like me to get you lotion or powder?

¿Desea cepillar sus dientes?

Es hora de que se ponga su dentadura.

¿Trae su aparato para la sordera?

¿Necesita ir al baño?

El médico dijo que se puede levantar para ir al baño.

¿Ha defecado/obrado el día de hoy?

El médico dijo que usted debe usar el cómodo.

Llámeme si necesita el cómodo o urinal.

Levante la cadera y yo le pongo el cómodo debajo de usted.

La enfermera dijo que se bañara hoy.

Es hora de lavarse para el desayuno.

Hoy le toca baño.

Aquí está una vasija con agua, toallita y jabón.

¿Quiere que le traiga crema o talco?

## Personal Hygiene Care

I will give you a backrub.

Let's put on some clean pajamas/nightgown.

Here are your toothbrush, toothpaste, and mouthwash.

Please take your dentures out to be cleaned.

Use this basin when you rinse your mouth.

Can you comb/brush your hair by yourself?

Would you like me to comb/brush your hair?

It's time for lunch/dinner.

Are you in pain? Show me where.

Is your throat sore? Are you having difficulty swallowing?

Le voy a dar un masaje en la espalda.

Vamos a ponerle unas pajamas/bata limpia.

Aquí está el cepillo, la pasta de dientes y el enjuague bucal.

Por favor saque su dentadura para limpiarla.

Use esta vasija cuando se enjuague la boca.

¿Se puede peinar/cepillar el cabello usted solo?

¿Quiere que le peine/cepille el cabello?

Ya es hora del almuerzo/cena.

¿Tiene dolor? Enséñeme donde.

¿Le duele la garganta? ¿Tiene dificultad para tragar/pasar?



## Procedures and Treatments

## Procedimientos y tratamientos

### Vocabulary / Vocabulario

weigh	peso	side	lado
chair scale	silla báscula	bowel movement	excretar/obrar
stretcher scale	camilla báscula	bedpan	cómodo
foot rest	descanso para los pies	bathroom	baño
enema	enema/lavado	hips	caderas
discomfort	incómodo	knees	rodillas

The doctor wants you to be weighed.

This is the chair scale/stretcher scale.

Step onto the chair scale.

Put your feet on the footrests.

Roll over onto the stretcher scale. I will help you so that you do not fall.

I am going to give you an enema. You will feel some discomfort/fullness/urge to have a bowel movement.

After the procedure, I would like you to get up and to the bathroom.

Please turn on your side.

Bend your knees.

Breathe slowly, in and out.

Try to hold it as long as you can.

Tell me when you can't hold it any more.

Be ready to go to the bathroom when you need to.

Raise your hips and I'll put this bedpan under you.

El doctor quiere que lo/la pesemos.

Esta es una silla/camilla báscula.

Súbase a la silla báscula.

Ponga los pies en los descansos.

Ruede su cuerpo hasta la camilla báscula. Yo le ayudaré para evitar que se caiga.

Le voy a poner un lavado/enema. Se sentirá incómodo/lleño/sentirá la necesidad urgente de excretar/obrar.

Después del procedimiento, quiero que se levante y vaya al baño.

Póngase de lado, por favor.

Doble las rodillas.

Respire despacio hacia adentro y hacia fuera.

Trate de aguantarse lo más que pueda.

Dígame cuando ya no pueda aguantarse más.

Esté listo para ir al baño cuando necesite hacerlo.

Levante las cadera para ponerle el cómodo debajo de usted.

## Procedures and Treatments

The doctor wants you to take this special sitz bath. It is a warm water soak that will make you more comfortable.

This bath will help you to heal.

Sit in this bath until I come back. Don't try to get out by yourself.

If you need me, put on your call light.

I will move you into the shower chair.

I will help you to take a shower.

I will wash your back.

I am going to change your dressing.

I will be careful.

Is this too tight?

Try not to get the dressing wet.

El médico quiere que se dé un baño especial sitz. Es un baño tibio que le hará sentirse más cómodo/cómoda.

Este baño le ayudará a sanar.

Siéntese en este baño hasta que yo regrese. No trate de salirse usted solo/a.

Si me necesita, encienda la luz para llamarme.

Lo/a moveré a la silla del baño.

Le ayudaré a bañarse.

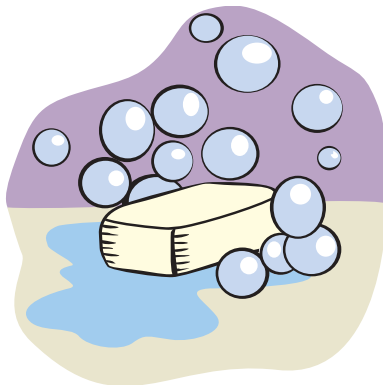
Le lavaré la espalda.

Le voy a cambiar los vendajes.

Tendré cuidado.

¿Está muy apretado?

Trate de no mojar los vendajes.





**General  
Vocabulary  
and  
Expressions**



**Vocabulario  
general  
y expresiones**



## Expressions/General Vocabulary

## Expresiones/vocabulario general

Days of the Week	Días de la semana
Monday	lunes
Tuesday	martes
Wednesday	miércoles
Thursday	jueves
Friday	viernes
Saturday	sábado
Sunday	domingo

Months of the Year	Meses del año
January	enero
February	febrero
March	marzo
April	abril
May	mayo
June	junio
July	julio
August	agosto
September	septiembre
October	octubre
November	noviembre
December	diciembre

Holidays	Días festivos
New Year's Day	año nuevo
Easter	domingo de pascua
Memorial Day	día de recordar a los caídos en la guerra
Independence Day	día de la independencia
Labor Day	día del trabajo
Veteran's Day	día de los veteranos
Thanksgiving Day	día de acción de gracias
Christmas	Navidad

Expressions of Time	Expresiones de tiempo
hour	hora
minute	minuto
second	segundo
today	hoy
tomorrow	mañana
yesterday	ayer
day after tomorrow	pasado mañana
day before yesterday	anteayer
this week	esta semana
this month	este mes
this year	este año
last week	la semana pasada
last month	el mes pasado
last year	el año pasado
next week	la próxima semana
next month	el mes que entra
next year	el año que entra
every day	todos los días
every other day	cada tercer día
once a day	una vez al día
twice a day	dos veces al día
three times a day	tres veces al día
four times a day	cuatro veces al día
before meals	antes de comer
after meals	después de comer
at bedtime	al acostarse



Cardinal Numbers	Números cardinales
1	uno
2	dos
3	tres
4	cuatro
5	cinco
6	seis
7	siete
8	ocho
9	nueve
10	diez
11	once
12	doce
13	trece
14	catorce
15	quince
16	dieciséis
17	diecisiete
18	dieciocho
19	diecinueve
20	veinte
30	treinta
40	cuarenta
50	cincuenta
60	sesenta
70	setenta
80	ochenta
90	noventa
100	cien
1000	mil

Ordinal Numbers	Números ordinales
first	primero
second	segundo
third	tercero
fourth	cuarto
fifth	quinto
sixth	sexto
seventh	séptimo
eighth	octavo
ninth	noveno
tenth	décimo
eleventh	undécimo
twelfth	duodécimo

Relatives	Familiares
husband	esposo
wife	esposa
mother	madre/mamá
father	padre/papá
brother	hermano
sister	hermana
son	hijo
daughter	hija
aunt	tía
uncle	tío
grandmother	abuela
grandfather	abuelo
grandson	nieto
granddaughter	nieta
nephew	sobrino
niece	sobrina
brother-in-law	cuñado
sister-in-law	cuñada
friend	amigo/a

Expressions/General Vocabulary

Descriptive Terms	Términos descriptivos
high	alto/a
low	bajo/a
fat	gordo/a
thin	delgado/a
heavy	pesado/a
light	liviano/a
open	abierto
closed	cerrado
painful	doloroso
painless	sin dolor
many	muchos
some	algunos
few	pocos
smooth	liso
rough	áspero
regular	regular
irregular	irregular
hard	duro
soft	blando
hot	caliente
boiling	hirviendo
wet	mojado
dry	seco
weak	débil
strong	fuerte
better	mejor
worse	peor
alive	vivo
dead	muerto
healthy	saludable
sick	enfermo
sweet	dulce
sour	amargo
bitter	amargo

Personal Items	Artículos personales
clothing	vestimenta
belt	cinto
blouse	blusa
dress	vestido
shirt	camisa
shoes	zapatos
shorts	calzoncillos
slacks	pantalones
slip	fondo
socks	calcetines
stockings	media
underwear	ropa interior

Prostheses	Prótesis
dentures	dentadura postiza
glasses	lentes
hearing aid	aparato para la sordera
toiletries	artículos de tocador
brush	cepillo
comb	peine
lotion	crema
soap	jabón
toothbrush	cepillo de dientes
toothpaste	pasta de dientes
washbasin	lavamanos

Nutritional/Food Terms		Términos nutricionales/comida	
applesauce	puré de manzana	kidneys	riñón
apple	manzana	lamb	borrego, cordero
apricots	chabacanos, albaricoques	lemon	limón
asparagus	espárragos	lemonade	limonada
bananas	plátanos	lentils	lentejas
beans	frijoles	meat	carne
beef	res, de vaca	milk	leche
beets	betabeles, aíz colorada	nuts	nueces
biscuit, cake	bizcocho	oatmeal	harina de avena
butter	mantequilla	olive	oliva
cabbage	repollo	onion	cebolla
cake	pastel	orange	naranja
candies	dulces	peach	melocotón
carrots	zanahorias	peanuts	cacahuates
celery	apio	pear	pera
cereals	cereales	pepper	pimienta
cheese	queso	pickle	encurtido
cherries	cerezas	pie	pastel
chicken	pollo	pineapple	piña
chocolate	chocolate	plum	círuela
coffee (with milk)	café (con leche)	pork	puerco
cookies	galletas	pudding	pudín
cottage cheese	quesosón	rice	arroz
crackers	galletas salada	spinach	espinacas
cream	crema, nata	squash, zucchini	calabacitas
custard	flan	strawberries	fresas
dessert	postre	sugar	azúcar
eggplant	berenjena	tea	té
fruit	frutas	tomato	tomate
fruit juice	jugo de frutas	tortilla (corn)	tortilla de maíz
grapes	uvas	tortilla (flour)	tortilla de harina
grapefruit	toronja	tripe	menudo, tripas
gruel	atole	tuna	atún
honey, syrup	miel de abeja, miel	turkey	pavo, guajolote
ice cream	nieve, helado	veal	ternera
jelly	jalea	yogurt	yogurt

Terms Related to Eating	Términos relacionados con la comida
fork	tenedor
knife	cuchillo
spoon	cuchara
glass	vaso
cup	taza
dish	plato
napkin	servilleta
breakfast	desayuno
lunch	almuerzo
supper, dinner	merienda, cena
snack	entremés
vitamins	vitaminas
diet	dieta

Safety Precautions	Precauciones de seguridad
oxygen tank	tanque de oxígeno
fire extinguisher	extinguidor defuego
exit	salida
emergency exit	salida de emergencia
fire exit	salida de fuego
no smoking when oxygen in use	no fume cuando se está usando el oxígeno

### Pronunciation Guide

Pronunciation and spelling in Spanish are much easier than in English because there is almost no variation from sound to spelling. Try to forget English sounds and practice the Spanish sounds.

### Guía de pronunciación

La pronunciación y la ortografía en español son más sencillas porque casi no hay variación entre el sonido y la forma en que se escribe. Trata de olvidar los sonidos en inglés y practica los del español.

#### Simple Vowels

a as in father  
 e as in day  
 or  
 as in get  
 i as in be  
 o as in old  
 or  
 as in toy  
 u as in rule

#### Vocales simples

the house la casa  
 I see veo  
 the el  
 if si  
 I yo  
 I give doy  
 much mucho

#### Vowel Combinations

ai and ay  
 au  
 ei or ey  
 eu  
 oi or oy  
 ia  
 ie  
 io  
 ua  
 iu

#### Combinaciones de vocales

as in aisle yesterday ayer  
 air aire  
 as in out yet aun  
 as in they king rey  
 as in ay-oo relative deudo/a  
 as in toy I am soy  
 as in yard  
 as in yes  
 as in yoke  
 as wah water agua  
 as in you city ciudad

#### Consonants

c before a, o, u or a consonant sounds like "k"  
 c before e or i sounds like "s"  
 g before a, o, or u sounds like "g"  
 g before e or i sounds like "h"  
 j sounds like "h"  
 h is always silent  
 ñ sounds like ny in canyon (la cañada)  
 ll sounds like y in yes

#### Consonantes

## Polite Expressions Expresiones amables

Good morning/afternoon/evening.

My name is \_\_\_\_\_.

I only know a little Spanish.

I am sorry, but I don't understand.

Do you understand me?

I don't know your language well enough, but I can understand you.

Thank you very much.

I will see you later.

Miss

Mrs.

Mr.

Please.

Thank you.

You are welcome.

No.

Yes.

Please, sit down.

Good-bye.

I am very glad.

I am sorry.

What do you want?

I do not know.

It is all right.

What is the trouble?

Show me.

Buenos días/tardes/noches.

Mi nombre es \_\_\_\_\_.

Yo sé muy poco español.

Discúlpeme, pero no le entiendo.

¿Me entiende?

Yo no sé mucho de su idioma, pero yo le entiendo.

Muchas gracias.

Nos vemos más tarde.

señorita

señora

señor

Por favor.

Gracias.

De nada.

No.

Sí.

Por favor, tome asiento.

Hasta luego.

Me da mucho gusto.

Lo siento mucho.

¿Qué quiere?

No sé.

Está bien.

¿Cuál es el problema?

Enséñeme.

Polite Expressions

Which side?  
 Are you comfortable?  
 You must be careful.  
 Since when?  
 How long?  
 About how much daily?  
 So much?  
 I am your nurse.  
 She is the head nurse.  
 Do you understand me?  
 That is right.  
 More or less.  
 Speak more slowly, please.  
 Not much.  
 I do not understand.  
 Slowly, try again.  
 Repeat, please.  
 Never mind.  
 That will do.  
 Who?  
 What?  
 Where?  
 When?  
 Why?  
 Here.  
 There.

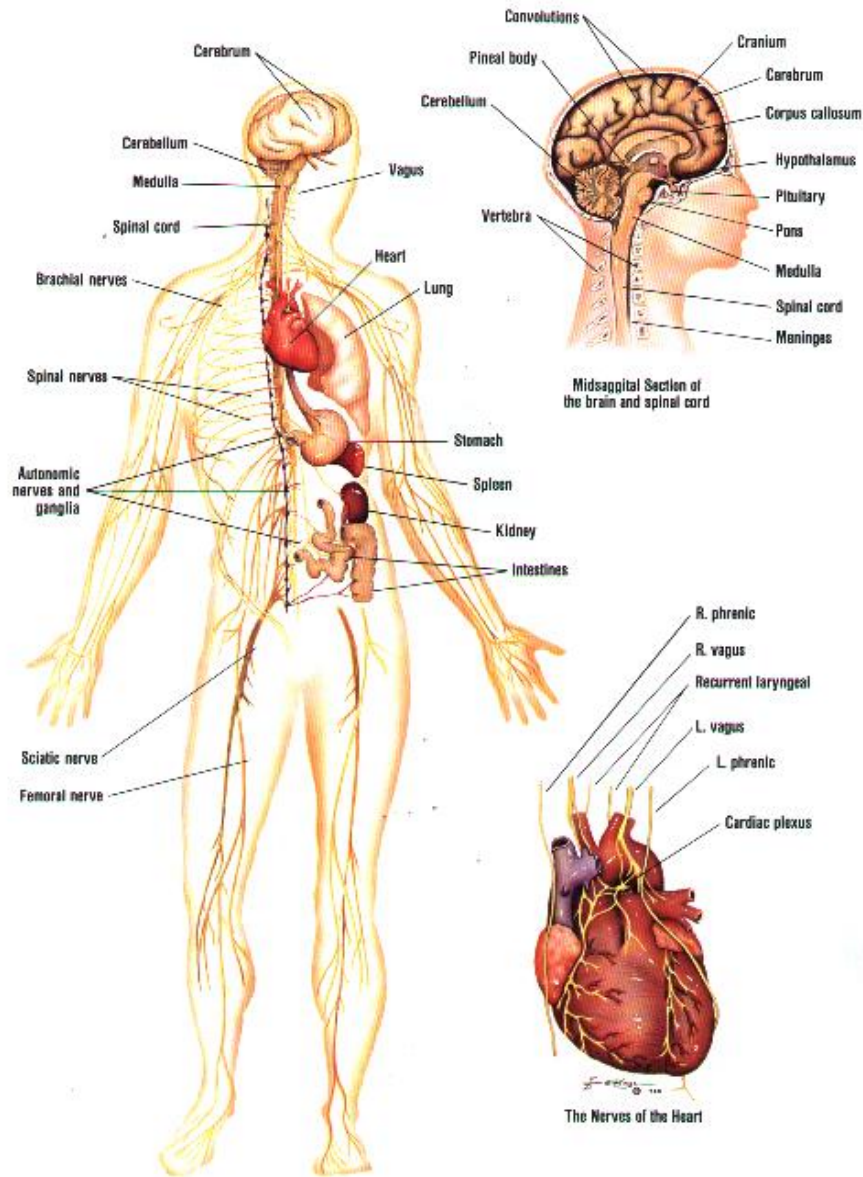
¿Qué lado?  
 ¿Está cómodo/a?  
 Tiene que tener cuidado.  
 ¿Desde cuando?  
 ¿Cuánto tiempo?  
 ¿Más o menos cuanto al día?  
 ¿Tanto así?  
 Yo soy su enfermera/o.  
 Ella es la jefa de enfermeras.  
 ¿Me entiende?  
 Eso está bien.  
 Más o menos.  
 Hable más despacio, por favor.  
 No mucho.  
 No entiendo.  
 Despacio, trate de nuevo.  
 Repítamelo, por favor.  
 Olvidelo.  
 Con eso es suficiente.  
 ¿Quién?  
 ¿Qué?  
 ¿Dónde?  
 ¿Cuándo?  
 ¿Por qué?  
 Aquí.  
 Allá.

## ~ Spanish for Health Care Workers ~

# **Medical Terminology and Abbreviations**



# **Terminología y abreviaciones médicas**



## Parts of the Body

## Partes del cuerpo

abdomen	abdomen/estómago	lips	labios
ankle	tobillo	liver	hígado
appendix	apéndice	lung	pulmón
arm	brazo	lymph node	nudo de linfa
artery	arteria	mouth	boca
back	espalda	nails	uñas
beard	barba	navel	ombligo
bladder	vejiga	neck	cuello
blood	sangre	nerve	nervio
body	cuerpo	nose	nariz
bone	hueso	ovary	ovario
bone marrow	médula espinal	pelvis	pelvis
breast	pecho/seno	penis	pene
brain	cerebro	prostate	próstata
cheek	mejilla	rectum	recto
chest	pecho	rib	costilla
chin	barbilla	saliva	saliva
ear	oreja/oído	shoulder	hombro
elbow	codo	skin	piel
eye	ojo	skull	cráneo
face	cara/rostro	spinal cord	médula espinal
feces	heces/excremento	spine	espina dorsal
finger	dedo	spleen	bazo
finger nail	suñas de las manos	stomach	estómago
foot	pie	sweat	sudor
gall bladder	vesícula biliar	testes	testículos
gland	glándula	throat	garganta
gums	encías	thyroid	tiroides
hair	cabello	toe	dedo del pie
hand	mano	toenails	uña del dedo del pie
head	cabeza	tongue	lengua
heart	corazón	tonsils	anginas/amígdalas
hip	cadera	tooth	diente
intestines	intestinos	urine	orina
joint	coyuntura	uterus	útero
kidney	riñón	vagina	vagina
knee	rodilla	vein	vena

## Medical Terminology/Abbreviations

## Terminología/abreviaciones médicas

Medical Terms	Términos médicos
bandages	vendajes
blood test	examen/prueba de sangre
breasts	senos/pechos
breathe	aliento, respiración
bruise	moretón
cough	tos
cramps	calambres
danger/dangerous	peligro/peligroso
discharge	flujo, deshecho
discharge from hospital	dar de alta
doctor	médico/doctor
douche	ducha, lavado vaginal
emergency	emergencia
eruption	erupción
examine	examinar
exercises	ejercicios
fever	fiebre
infection	infección
inflammation	inflamación
injection	inyección
irritated	irritado
laxative	laxante
listen	escuchar
medicine	medicina
nurse	enfermera/o
nursing supervisor	supervisor de enfermeras
ointment	ungüento
pain	dolor
penicillin	penicilina
physical examination	examen físico
pills	pastillas/píldoras
sedatives	sedantes
sick	enfermo
sleeping pill	pastillas para dormir
septum	esputo
stitches	puntos/sutura
suppository	supositorio
swallow	tragar/pasar

sweat (to sweat)	sudor (sudar)
swelling	hinchado
therapy	terapia
thermometer	termómetro
tired	cansado/fatigado
toilet	sanitario/inodoro/escusado
tongue	lengua
tooth	diente
tranquilizer	calmante, sedante
urinalysis	examen de orina
ward nurse	enfermera/o del piso
weight	peso
wound	herida

General Terms	Términos generale
appointment	cita
bath	baño
bathroom	cuarto de baño
bathtub	bañera/tina
bed	cama
blanket	cobija
chair	silla
child	niño/a
covers	cobijas
drugstore	farmacia/botica
medical insurance	plan de seguro médico
light	luz
lounge	sala de espera
mattress	colchón
pillow	almohada
scale	báscula
sheet	sábana
shower	regadera/ducha
social worker	trabajadora social
soap	jabón
stretcher	camilla
telephone	teléfono
towel	toalla
washcloth	toallita
wheelchair	silla de ruedas

Medical Terminology/Abbreviations

**Procedures Involving Equipment**

The NG tube goes through your nose into your stomach.

The IV needle gives you salt, sugar and water. Do not pull it out.

The nurse is going to insert a needle.

The EKG machine will make a record of your heart.

We are going to take an X-ray of your chest.

Do not pull the catheter out. I know it is uncomfortable.

**Procedimientos que incluyen equipo**

El tubo NG va a través de la nariz, hacia el estómago.

La aguja IV le da sal, azúcar y agua. No se la saque.

La enfermera le va a insertar la aguja.

La máquina de EKG hará un registro de su corazón.

Vamos a tomarle una radiografía del pecho.

No se saque la sonda. Yo sé que es incómodo.

**General Abbreviations**

Abreviación Abbreviation	Palabra en inglés English Word
abd.	abdomen
a.c.	before meals
ad.	up to
ad. lib.	freely, as desired
b.i.d.	twice a day
B.M.	bowel movement
B.P.	blood pressure
B.R.P.	bathroom privileges
c	with
CA	cancer
caps.	capsules
DC, D/C	discontinue
h	hour
H	hypodermic
H <sub>2</sub> O	water
hs	at hour of sleep
I.V.	intravenous
I.M.	intramuscular
inj.	by injection
M.O.M.	milk of magnesia
No. , #	number

**Abreviaciones generales**

Traducción Translation
abdomen
antes de comer
hasta
sin restricciones/como lo dese
dos veces al día
movimiento intestinal
presión arterial
privilegios para usar baño
con
cáncer
cápsulas
descontinuar
hora
hipodérmico/subcutáneo
agua
al acostarse
intravenoso
intramuscular
por medio de una inyección
leche de magnesia
número

Abreviación Abbreviation	Palabra en inglés English Word	Traducción Translation
noc	night	noche
NPO	nothing by mouth	nada por la boca
O <sub>2</sub>	oxygen	oxígeno
p	after	después
p.c.	after meals	después de comer
p.o.	by mouth, orally	por la boca, oralmente
post-op	post-operative	postoperatorio/después de la cirugía
pre-op	pre-operative	antes de la cirugía
p.r.n.	when necessary	cuando sea necesario
pt.	patient	paciente
Q or q	quantity	cantidad
QD	once per day	una vez al día
Qh	every hour	cada hora
Q4h	every 4 hours	cada 4 horas
q.i.d.	four times a day	cuatro veces al día
qod	every other day	cada tercer día
s	without	sin
s.c., sub-q or subcut	subcutaneous	subcutáneos
SIG	directions	direcciones
sol.	solution	solución
S.O.B.	short of breath	respirar con dificultad
S.O.S.	repeat once, if necessary	repítalo una vez si es necesario
S.S.E.	soap suds enema	enema de jabón
stat	immediately	inmediatamente/al instante
tab.	tablet	tableta/pastilla
tinc.	tincture	tintura
TPR	temperature, pulse rate, respiration	temperatura, pulso, respiración
t.i.d.	three times a day	tres veces al día
>	greater than	más que
<	less than	menos que

Medical Terminology/Abbreviations

Abbreviations for Weights and Measures		Abreviaciones de peso y medida
Abreviación	Palabra en inglés	Traducción
Abbreviation	English Word	Translation
cc	cubic centimeter	centímetro cúbico
dr. or ʒ	dram	dracma
g or gm	gram	gramo
gr	grain	grano
gtt	drops	gotas
kg	kilogram	kilogramo
L or l	liter	litro
lb	pound	libra
mcg, mg or mgm	milligram	miligramo
MEq	mill equivalent	equivalente
min	minimum	mínimo/ casi una gota
ml	milliliter	mililitro
oz	ounce	onza
wt	weight	peso

## Symptoms and Medical Terms Used in Reporting Observations

### Síntomas y términos médicos usados en reportes y observaciones

abrasion	raspadura	erosion	erosión
abcess	absceso	eruption	erupción
bleeding	sangrado, hemorragia	fatigue	fatiga/cansancio/ agotamiento
clammy	viscoso, pegajoso	fever	fiebre/calentura
chills	escalofrío	flushed	sonrojado/a
coma	coma	fracture	fractura
confusion	confusión	gangrenous	gangrenoso
constipated	constipado/estreñido	gastritis	gastritis
convulsion	convulsión	headache	dolor de cabeza
coughing	tosiendo	hemorrhage	hemorragia
cramps	cólicos	hoarseness	ronquera
cyanotic	quianótico	hyperactive	hiperactivo/a
cyst	quiste	hypertension	hipertensión
delirium	delirio	hyperventilation	hiperventilación
dermatitis	inflamación de la piel	hypotension	hipotensión
depressed	deprimido/a	hysteria	histeria
depression	depresión	incoherent	incoherente
diarrhea	diarrea	incontinent	incontinente
discharge	descarga, secreción	indigestion	indigestión
dislocation	dislocación	inflammation	inflamación
disoriented	desorientado/a	jaundiced	ictericia
dizziness	mareo, cabeza volada, borracheras	lesion	lesión
dry skin	piel reseca	lethargic	letárgico
dyspnea	disuena	nausea	náusea
eczema	eczema	necrotic	necrótico/a
edema	edema	nervous	nervioso/a

Symptoms and Medical Terms Used in Reporting Observations

nodule	nódulo	trembling	tremor, temblar
numbness	adormecimiento	tumor	tumor
oriented	orientado	twitching	crispamiento
pain	dolor	ulcer	úlcer
pale	pálido, descolorido	unconscious	inconsciente, privado del sentido
pallor	palidez	vertigo	vértigo/mareo
paralysis	parálisis	vomiting	vomit
rash	ronchas, sarpullido	weakness	debilidad
seizure	ataque/convulsion	wheezing	jadeo (respirar con dificultad)
shock	conmoción, choque	wounds	heridas
spitting up	escupir		
sweating	transpiración		
swollen	hinchado		
syncope	síncope (pérdida completa y repentina de movimiento y del sentido)		

**Kern Resource Center  
5801 Sundale Avenue  
Bakersfield, CA 93309  
(661)827-3266  
(661)827-3304 (fax)  
[www.health-careers.org](http://www.health-careers.org)**