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I became deeply linked with the Behrhorst Partners for Development and forever transformed from experiences with Carroll Behrhorst all beginning in 1984. I was a college student at Tulane University that year and had a chance to travel to Guatemala, learn Spanish, and see the work of the Hospitalito and Clinic begun years earlier by Behrhorst. The effect of this experience was defining, and beginning with the summer before starting medical school, I returned regularly to Guatemala and to Chimaltenango.

For me, the connection seeped into nearly everything I did from that point onwards and it still inspires me. This connection changed the path I chose in medicine, opened up new way for me to look at health and grounded my interest in humanitarian medical work. I have returned in my mind over and over to experiences I had with Dr. Behrhorst. And when he moved to New Orleans with his family I saw him frequently and went to his home for good food and sound advice.

Burned in my memory are the first visits to Chimaltenango, walking into the courtyard of the building and looking for a man I'd only heard about. I think I expected an imposing man, physically and in his demeanor. I thought he'd be abrupt, distracted and likely much uninterested in speaking to someone coming to visit his clinic. I discovered that I was well off base on this, and found instead a man of enormous warmth and compassion. I found someone tireless in his work and committed to assisting as many people as he could.

Each day I shadowed him as he patiently saw the long line of patients waiting outside the clinic and as he made rounds in the hospital. Even if the number of people each day wanting to see him was daunting, what was for me most striking was the way he listened to what each patient had to say. None came with the typical complaints that one might see in an office here: my throat has been hurting for few days; my left ear is sore; my knee is aching. Each of the patients came with complex stories and explanations of the symptoms that they were experiencing. Somehow Behrhorst could distill these down to symptoms that would help him to make the right diagnosis and to treat these people. He never rushed or became frustrated, convinced from experience too

as he told me that if you just listen to patients, they will tell you what is wrong with them. Many times I have thought of how he did this and have tried to do the same in my practice here in the Bronx.

Behrhorst understood the cultural divide about health and medicine and spent time learning how best he could practice as a physician in this context. His approach too had a powerful effect on me and since then, every time I go to work in another country I take the time to learn about the people I will be assisting. I learn about their unique perception of medicine and the role of healthcare workers. I do all of this because I learned that there is no such thing as a standard blueprint to apply services in places that you poorly know.

I have memories that are crisper and more raw than others. I have never forgotten the way Dr. Behrhorst cared for two young children who had ingested poisonous mushrooms and who were experiencing severe systemic reactions. It was here I saw quite another side of him with these critical cases and remember his intensity and focus and the determination to use whatever resources he could marshal to save these two. He never lost his momentum during this very difficult time and I came away from this convinced that in a crisis you use whatever is available, doing your very best to save life.

Dr. Behrhorst was the defining figure at the clinic, but I remember long conversations with healthcare workers who worked with and were influenced and changed by Behrhorst. I worked with Daniel Salazar and René Lux, two Guatemalan physicians working in Chimaltenango. We spoke regularly about local health issues and ways to collect and analyze clinical data, and I came to know them personally and to know their families. I drew many lessons from these interactions but one in particular has stayed with me and it is the enormous admiration I have for local physicians and health care workers. I learned that they so well know the common symptoms and diseases in the areas where they live, and the appropriate treatments and follow-up. I became convinced from my time with Behrhorst that one overlooks this valuable resource at his own peril. On arrival in any project, one of the first things I do is to meet and plan with local staff. They know their communities best and should play a large role in project planning.

I also remember the early mornings I spent traveling to small highland towns with Hortencia, one of the clinic's amazing healthcare workers. I saw how that her simple community organization style and clever delivery of health and nutrition information/messages resonating with women in these towns and I learned from her the value of reinforcing important points and frequent follow-up with people to make sure that they understood and were acting on what they'd heard. Often I've used her approach when developing trainings for families without any negative effect.

One unexpected ripple effect is that I have met life-long friends who still have profound effects on me. These friends encouraged me to return often to Guatemala and have been a source of constant support and encouragement, carrying on in Behrhorst's absence. Some of these friends pushed me towards the work of a small Guatemalan organization, PAVA, and I have had the privilege of working with this group for over 15 years now. And it was these very same friends who stood by me silently and not so silently encouraging me to start work with Medecins Sans Frontieres (Doctors without Borders) or MSF as the organization is widely known.

You see, I don't just carry the memories of what I saw those first days in Chimaltenango. I carry the lessons and the ideas of Carroll Behrhorst. I believe I am in small measure part of an amazing group that plans to keep the ripple effect spreading out just a bit further all the time.