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My first introduction to the Behrhorst work goes way back to the early 1970's. At that time I was a high school student involved in planning the West Suburban (Chicago) Walks for Development, or Hunger Hikes. Thousands of young people obtained pledges for the miles they walked along a 30-mile route through numerous communities, and the funds raised were distributed to domestic and international "self-help" development programs – including the Behrhorst Clinic.

A few years later 11 other college students and I participated in a 5 month program in Guatemala sponsored by the Experiment for International Living, and it just so happened the Behrhorst program was the centerpiece for the experience. Each of us lived with a family in a rural highland community served by one of the Behrhorst health promoters. I had the honor of living with the Guicoy family in Tonajuyu del Centro, the most beautiful aldea (village) in the world, and located about 12 kilometers from Chimaltenango. At that time it was accessible only by foot or motorcycle. The family included Lucilo, the health promoter, his brothers Gonzalo and Efraim, his father Daniel, and Daniel's wife, Paula. In recent years I've reconnected with BPD and introduced my teenage sons and mother to Guatemala through the BPD tours.

Lots of images come to mind when I think about Behrhorst work. When I think of Doc I see his smile and genuine delight greeting patients, friends, and acquaintances - teaching by example the importance of relationships to do this work. When I think of the hospital I remember the long line of traje-clad Kaqchikel wrapping around the interior courtyard waiting to be seen by Doc or other clinic staff. And I remember family members of patients simultaneously settled, and hovering, near their loved ones' hospital beds to prepare meals and provide other comforts to hasten recovery.

When I think of the health promoter program I see Lucilo and other health promoters arriving at the clinic on Friday mornings, sometimes after hours of traveling by foot, bus or some such combination, for their weekly meetings with Doc. I remember Lucilo interrupted from his work in the milpa (cornfield) by a neighbor urgently requesting his help for a health-related matter. And I also have an image of Lucilo standing in the doorway of a neighbor's home talking to the mother about the importance of vaccinations and good nutrition.

While I don't remember a specific conversation, I know we (Experiment in International Living students, Peace Corps volunteers, and others) had many passionate conversations about power, privilege, poverty, social justice, community development, etc. that grew out of our exposure to the powerful processes we were seeing in Chimaltenango and communities in highland Guatemala.

My experience with Behrhorst – living with a health promoter family, seeing Doc and the Behrhorst Clinic programs in action, and much more recently visiting communities in which BPD is working – has had a profound impact on me. I think the experience helped shape my career interests which are now best described as “school and community health”. The significance is much more than professional, though. It continues to draw me back to Guatemala. It’s been important for me to introduce my sons and mother to Guatemala and BPD, knowing at best I could only give them a glimpse of the experience that was so meaningful to me.

The Behrhorst experience provided me with a model to understand the potential power of public health – a model based on the premise that long term improvements in the health of individuals require improvements in environmental, social and economic conditions in the community. It seems so obvious that until the basic needs of people in the highlands of Guatemala (but everywhere, for that matter) are met, including having access to clean drinking water, sufficient nutritious food, safe and clean living conditions, education, and a regular source of income, the problems of diarrhea, malnutrition, respiratory infections, etc. will continue. This approach also shifts the focus from individuals to communities. This basic recognition of the importance of focusing “upstream,” or on at least some of the socio-economic and environmental determinants of health, has served as a lens from which I’ve viewed (and sometimes critiqued) other public health programs and practices.

In addition to providing a public health model, the Behrhorst experience gave me some guidance on how to do this type of community health work. Doc was able to jump start a community development (or community mobilization, or capacity-focused development, or whatever we choose to call it) process in which people dig in, literally and figuratively, to do the work. This powerful community development process builds the capacity of individuals (as they increase their knowledge, skills, and confidence to direct change); it also strengthens communities as organizations that gain experience and success acquiring and using resources to improve the lives of their members. In short, this type of public health work involves both personal development and community development.

Perhaps because I treasured the experience of living with Guatemalan families and forming friendships that bridge cultures, it’s been important to me to host exchange students and welcome them into our family. I must admit, though, delightful as these experiences have been, none have compared with the seeming significance of my first time in Guatemala.

On a professional level, I think the Behrhorst experience keeps me questioning the best or most appropriate ways to address significant health disparities in selected communities. For example, what does personal development and community development look like for gay and lesbian youth? How can the process of community planning be more effective? How can social networks strengthen communities and be effective HIV prevention strategies? And the list goes on.

As the Behrhorst story has shown, much of the hard work related to community health doesn’t require experts, but rather, the commitment of community members working together for the long haul to tackle hard problems. The work can be slow, and it can be discouraging. The Behrhorst experience helps me maintain sufficient outrage about health disparities to demand work for healthier communities, and at the same time the Behrhorst spirit invites belief in the possibility of change.