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I came to the Behrhorst Clinic for the final three months of medical school in 1980. My closest friend and fellow 4th year medical student, Mike Kappelman, and I had arranged to go at the same time. We, two Midwesterners, had never been outside of the “developed” world before, bumbled through the airport and onto the bus to Chimaltenango.

My sense of utter confusion and “what have we done?” is still easy to recall. We got off the bus at the edge of the highway under a brilliant blue sky and were directed to walk down the dusty street to the Clinic. Perhaps it was fitting that we had to start at the Zocalo to find where we were headed.

This sense of being over the edge of reality is now harder for me to find in life but along with fear, it now brings excitement for the unimaginable. The next universe, I learned, awaits as a seat on the bus.

I learned many many things during our time in Chimaltenango, so can only touch a few.

A purely medical example is that of the 30’s yr old woman who was admitted with abdominal pain. I was baffled by the intermittent symptoms and it was only until, three days later, I had a bowl of caldo (soup) for supper with its signature layer of chicken fat floating on top, that I knew what the word meant. She had used the same word to describe the cause of her symptoms and I was both chagrined and excited to figure out that she had gall bladder disease.

Doña Marta was our landlady and one of the nurses at the Clinic. She was a kind and stern person by turns, so we were always somewhat formal in her presence. Getting up at dawn to the doves and chickens, washing and shaving from a heavenly pan of hot water, these started every day. We tried to have hot showers as well. They were an every-few-days treat and the heating element for the water was an electric coil. I am glad that I maintain my faith in inanimate objects

as the wires were just above the showerhead and were not really covered with tape, just blessed with it. On the days when I came “home” for siesta/lunch, I listened to the novelas on the radio with the housekeeper and was tried to piece together the steamy and angst-filled plot. It was chilling, years later, to return to Chimaltenango and to have questions about her politely deflected. “She is gone” is all I know.

A father who clearly loved his son, perhaps 4 yrs old, came to us because of his son’s pneumonia which turned out to be tuberculosis. We treated him with the standard medications and he did well. We advised Dad that he should stay for two weeks to be sure that he was no longer contagious. (No one else got TB from him). The father planned to continue treatment at home and he and I argued, one of my first doctor-patient disagreements. He explained that at \$1.00 per day even without his loss of farm earnings, he would lose close to 6 months of income for his family. He explained his love for his child, his understanding of my explanation, and left with his son. I admire his courage and now, respect that there are many right answers to the questions we ask.

Dr. Behrhorst was a distant figure, busy in the clinic, when we were in the hospital. He and his wife had our group of students over for a social time and the most popular dish was a delicious cheese. We could not leave it alone and demolished it almost completely, spreading it on saltines. It was not until a trip to Mexico years later that I realized it was a 5 lb. block of El Presidente butter! That gold foil still looks gourmet to me.

Dr. Sosa joined the clinic during the time we were there. He was a quiet, energetic man who seemed to us to be endlessly smart and always moving. He and I worked and worked to care for an infant with sepsis/meningitis. After the death of the child, he and he nurses handled the family discussions and arrangements for travel home with gentle grace and also with practicality. When, a short time later, I read of his murder, it brought home to me how little I could know about the nature of the civil war in Guatemala. If he, a quintessential healer, could be a target, what was the war about? I clearly had no understanding of the conflict even though I thought I did at the time.

Mike, my friend and co-worker, was a great teacher as well. I was and am more shy than he. He plunged ahead in strange circumstances, camera at the ready. I, on the other hand, tried to “blend” (as if that would ever work for a tall, blue-eyed gringo!) Mike also showed an un-self conscious sense of humor with a laugh that I can hear in my head any time. I will leave it to him to describe his experiences, but I would want to note that he was always the more sensible and the stronger of the two of us.

At a deep and confusing level, I learned the importance of acceptance. As a child of the 60’s - 70’s I was steeped in the idea of change and in the supremacy of the individual over all structures. Outrage and cynicism, so familiar to the adolescent me, were just not on the menu of the average Guatemalan that we met. I had never let myself spend time with people who fully believed the fact that they had what they could have and who were able to enjoy that. For a long time, years really, words like “fatalism” or “happiness” were the only way I could describe this but did not include anything that I could imagine.

After my return and residencies in internal medicine and pediatrics, I joined a practice in Cambridge, Massachusetts. The patients there, mainly Azorean Portuguese immigrants, showed me more of the same mind-set. As a generalization, the oldest among them were very accepting of the life they had lived and the youngest were striving, just as was I. “Paciencia” (patience) was the most common descriptor of what cannot be changed in that practice.

As my own life broadened and was both challenged and rewarded, I have gained strength from this belief in forces larger than my own. Patience. Acceptance. I catch occasional glimpses of this gift from the poorest people I have ever met.

After my return, I tried to recreate some of the adventure of travel in Guatemala. Mexico and Costa Rica had much more appeal than the Caribbean. They still do. I have tried in many ways to carry forward the work of the Behrhorst. Most importantly, I have been a regular contributor and have supported the Foundation through its many faces.

My wife and I went on a medical mission to the Zamorano Agricultural College in Honduras a few years ago. There, we set up one-day clinics in a number of small towns. In that setting, we gave what we could offer in a single day and preached the gospel of green vegetables and modern agricultural techniques. It was wonderful. It was also a clear view of our role as doctors. We were, in some ways, a sideshow available to communities who were at least willing to listen to the agricultural workers. I was pleased and humbled to do the work but realized that without the help with crops, land management, water protection, and diet, we were a novelty rather than a necessity.

After going to the Behrhorst Clinic, I started my residency in internal medicine at Cambridge Hospital in Cambridge, Massachusetts. I went from cynicism about American surplus to slow understanding of the challenges of “life in the big city” to real admiration of how people make a life from a strange environment. Had I not had a chance to see a “through the looking glass” world, I would very likely not have been able to accept the East as equal to the Midwest.

Had my eyes not been open to this, I would not be able to work in my current job. I am currently the medical director of Outer Cape Health Services, a Community Health Center caring for fishermen and for many HIV+ residents of the outermost tip of Cape Cod.

Life is wider than it is long.