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I first met Doc in 1971 when I was a Peace Corps Volunteer living in Escuintla, working in the local health center with a CARE nutrition program. My last name was Vaught at the time, and people called me Betsy.

Doc and I got to know each other during various Gringo Nights at his house. I remember we South Coast volunteers would get on our little red motorcycles and head for Chimaltenango up the dirt road through Antigua to Doc's house on the last Thursday of each month to have a bit of fun, talk to Doc and meet other volunteers.

After a year in Escuintla, I requested a transfer to the cooler highlands, moved to Chimaltenango and was given a month of one-on-one intensive language training in Kaqchikel at the Proyecto Linguistico in Antigua. My teacher was from Patzun.

Following language training, I was living in Chimaltenango teaching nutrition to a group of Mayan women and teaching a group of boys from the park to read and write, when one day Doc asked me to help him set up his community Extension Program out of the Hospitalito. He had received a small grant from the Clarke Foundation, as I recall. I jumped at the chance.

For the next two years I had the pleasure of working with a wonderful and dedicated group of Mayan nurses and agricultural extensionists including Felipa Xico, Lidia Mucia and Maria Cururruchich. We worked together to extend education on health and nutrition and improved agricultural practices into surrounding villages in coordination with the hospital's Health Promoters.

I remember vividly working together in the little office in the hospital, preparing educational materials and giving talks to the women who were preparing food out back for their family members, working in the malnutrition ward trying to rehydrate and feed severely malnourished babies - many of whom died, driving along the bumpy dirt roads to the villages, meeting with villagers and talking to women around their fires.

I also will never forget teaching Lidia, Felipa and Maria to drive. At that time it was uncommon to see women driving cars, much less jeeps, and you never saw women in traje (indigenous clothing) driving. People stopped what they were doing and stared!

I will also never forget the times Doc spent sitting on the grassy slope under the pine trees by his house in Chimaltenango, talking to me about public health. Those talks and the experience I had with my colleagues in the Extension Program had a profound influence on my life.

From that experience, and the talks with Doc, I gained important insights that would shape my work in public health from then on.

Perhaps the most important was that people who are professionals working in public health grossly underestimate the capacity rural villagers with little formal education have to prevent and treat the illnesses and conditions that are causing suffering and death in their communities. Doc's Health Promoter program showed that villagers can prevent, identify and manage illnesses if they are given the training, supplies and equipment they need.

This was an important lesson in village empowerment and public health, one that I have consistently fought for over the years, and one that has proven itself to be true again and again, no matter in which country or culture it is applied. Even villagers who are illiterate can be given the knowledge and skills to analyze community health problems, develop community action plans, and implement measures that improve their lives.

Programs that are top-down, designed by people in cities or even in other countries, that do not have the commitment or involvement of those the programs are meant to serve, will not be as successful or be as sustainable in the long run as those programs that are designed and implemented by villagers themselves.

I left Guatemala in 1975 passionately committed to public health and the concepts of community involvement and empowerment I had learned from my experience with Doc and my Mayan colleagues. I completed a master's degree in public health and then a PhD in medical anthropology, got a Fulbright and went back to the Mayan highlands, Chimaltenango (San Jose Poaquil) to do research on the causes of malnutrition there. I have since worked in public health in Zambia, Africa, and have never seen malnutrition as severe as it was then on the South Coast and the Chimaltenango area.

Once I had my degree, I worked for several years on the Navajo Reservation and in the Hispanic villages of Northern New Mexico applying what I had learned from Doc towards the selection and training of community health promoters. This program was recognized by the National Institutes of Health as an innovative approach to rural public health, though the medical establishment unfortunately limits the degree to which community health promoters can act in the US.

Then, for six years, I applied Doc's concepts in a large USAID-funded project in El Salvador, PROSAMI, that worked through local NGOs to provide basic maternal-child health services to remote rural communities through trained health promoters and traditional midwives. Much of the project was implemented during the civil war. That project resulted in the training of over 600 promoters, and 300 midwives, and dropped infant mortality in half, proving the approach viable not only in Guatemala but also in other countries.

The project in El Salvador was so successful, that a delegation came to visit from the Ministry of Health and USAID in Guatemala. Based on that visit and other experiences, the Ministry of Health in Guatemala developed its now famous program Extension de Covertures, which takes the same approach nationwide using trained health promoters and midwives to deliver comprehensive basic services through local NGOs.

I then worked for 7 years in Zambia, Africa in maternal-child health, malaria and HIV/AIDS, training health promoters and midwives and extending Doc's concepts to the training of other cadres of village workers including malaria promoters, HIV/AIDS promoters, caregivers for AIDS orphans and those needing palliative care, and assisting illiterate villagers to develop and implement community action plans. Again, the concepts I learned from Doc proved to be applicable and powerful.

A few years ago, I was given an amazing opportunity to go back to Guatemala to design and manage a USAID-funded program that again applied many of Doc's concepts. The project, Pro Redes Salud, assisted local NGOs to provide basic maternal-child health services in remote rural villages throughout the Mayan Highlands through trained village health promoters and traditional midwives. Pro Redes gave me the opportunity to "come home" to the highlands, bringing Doc's philosophies and what I had learned along the way with me, and give something back to the people that had inspired me so long ago. I even had the opportunity to work with the Behrhorst team in Chimaltenango, who did an excellent job, and renew old friendships.

I can't express how satisfying it was for me not only professionally but also personally to be able to apply Doc's basic but potent concepts throughout the highlands, extending his reach even farther than before. Pro Redes Salud again showed that the Health Promoter approach, involving traditional midwives and whole communities, can have a profound impact on reducing illness and death, and that this approach can be successfully implemented through committed local NGOs.

I have seen Doc's vision work now on two continents, in varying cultures and circumstances, and through several civil wars. What a vision he had! I only wish I could tell him how powerful his vision was, how it has spread, and the form it has taken. I can't help but think he would be pleased.