



Glenn A. Lopez  
Los Angeles, California

I am blessed to have known Carroll Behrhorst as both a family friend and mentor in my professional life, and, since his passing, as a guiding light in spirit. My family first moved to Guatemala in 1964, five years after Dr. Behrhorst's arrival in that country. I was nine years old when I met Chris, one of Carroll's sons, and our childhood friendship led to many a weekend at the Behrhorst residence outside of Chimaltenango. There I came to know Dr. Behrhorst as the kind father of my friend and visionary yet pragmatic community and international health leader that he was.

From an early age, I was impressed with Dr. Behrhorst's *lifestyle*—he healed the sick, met with military officials *and* community activists, taught health promoters and U.S. university students alike, and coordinated efforts with multiple local and international institutions, *all in the course of a day's work!* The creativity of his life!

Over the years, my exposure to his holistic philosophy and approach to health in rural Guatemala inspired me to establish a farm-based, ambulatory, prevention-oriented primary health care system in Guatemala, "GuateSalud." Central to GuateSalud was the work of the Behrhorst-style health promoters, people selected from the farm population to receive training in the prevention, recognition, and initial treatment of common ailments, whose work was continuously supervised and supported by mobile physicians.

With the signing of the peace accords in 1996, a major effort was undertaken by the Guatemalan Ministry of Health to expand basic primary health care to the half of the population, primarily in rural areas, that did not have access to basic health services. The *Sistema Integral de Servicios de Salud* (SIAS) incorporated many aspects of the GuateSalud program which was based, in large part, on the Behrhorst vision of community-based primary health care. At the time of my departure from Guatemala in 2000, the SIAS had extended the provision of primary care services to over 3 million additional rural inhabitants.

Nevertheless, I recall having some basic disagreements with Dr. Behrhorst regarding some aspects of his work which I would voice and we would discuss over dinner at his candle-lit home. In particular, I always felt the idea of turning over control of the Behrhorst Hospital to a board comprised of local residents seemed ill conceived, and, unfortunately, at one point, the local board strained under its own mismanagement. I felt Dr. Behrhorst's kind heart blinded him

to the lure which managing relatively large sums of money would have on local board member. Perhaps in his great understanding of the Mayan people, he well knew the consequences of his departure and allowed the changes to play themselves out – ultimately to the betterment of the Behrhorst Hospital.

It's been six years since I returned to the U.S. to work on the extension of preventive and basic primary health care services to underserved Latino populations in Los Angeles County. Contrary to my initial impression that my experiences in rural Guatemala would have little relevance to the urban Los Angeles environment, the Asthma Screening and Early Intervention Program in a large public middle school and the Sun Valley community-wide Diabetes Prevention and Early Intervention Program rely heavily on an extensive network of community health workers.

Rarely does a week go by when I do not instruct eager medical students on the visionary work of Dr. Behrhorst and the example he gave as to the impact which one person can have on this world. I frequently ask myself what Dr. Behrhorst may have done in my shoes as I ponder decisions regarding local politicians, school board and police officials, as I engage grassroots organizations, community clinics and insurance companies to address pressing needs in underserved communities, and as I train promoters and medical students alike, *all in the course of a day's work!*