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Growing up, I never knew exactly what my grandfather, Carroll Behrhorst, did. Although I knew he was a doctor and lived in Guatemala, I didn't have any real understanding of his work. My earliest memories of my grandfather are our family vacations to New Orleans for Christmas, where my grandfather introduced us to oysters and squid. I have vague recollections of my grandfather, grandmother, aunts, and uncles living with my family in Idaho for several months when I was in the first grade, although I did not know until much later that this was due to the death threats that forced them to flee Guatemala at the height of the violence.

I did not learn about my grandfather's work and its significance until after he passed away in 1990. Unfortunately, my siblings and I were not able to travel to the funeral in Guatemala, and it was only after I saw a video of the funeral procession that I began to appreciate my grandfather's work. The sight of hundreds of Kaqchikel Maya lining the streets of Chimaltenango along the procession route, the crowd of people carrying my grandfather's coffin on their shoulders to his final resting place in Chimazat, is one of the most moving images that I have witnessed. That image of the love and compassion expressed by the hundreds of mourners compelled me to learn more of my grandfather's life and work in Guatemala.

I enrolled in Tulane University, where my grandfather taught at the School of Public Health, which offered me my first opportunity to travel to Guatemala for a Kaqchikel Maya language course. Following that, I attended the University at Albany, SUNY where I was able to continue my education in Mesoamerican Studies and Medical Anthropology. I am fortunate that I was able to spend over 14 months conducting ethnographic research on the history and impact of the Behrhorst Clinic in Chimaltenango. Living in our family house in Chimaltenango provided a unique experience to learn about the history of the Clinic from the health promoters, Clinic staff, as well as residents of Chimaltenango. I was able to travel throughout the countryside in the different municipalities of the Department of Chimaltenango searching for health promoters, agricultural workers, and staff who worked with the Clinic to collect their life histories and

stories of working with the Behrhorst Clinic. One of my fondest memories is sitting on a patio in an aldea (village) of San Martín Jilotepeque with one of the first Behrhorst health promoters, surrounded by milpa (cornfield) and eating a sugar cane stalk, listening to stories of my grandfather and family.

As many people will no doubt mention, the Behrhorst Clinic was truly innovative in public health care. The health promoter program developed by the Clinic served as the template, and often impetus, for countless promoter programs throughout the Highlands. The integrated model of development promoted by the Clinic, guided by the philosophy that improvements in health require improvements in the wider socio-economic contexts in which people live, offered a holistic model of health that addressed the underlying forces contributing to poor health. This model of integrated development is continually “re-discovered” in international health programs, although often as quickly abandoned for selective, vertical interventions. Finally, the concept of empowerment, which is too often misused or limited, distinguishes the Behrhorst Clinic from many other health programs. The emphasis on giving people the “economic and political power... to improve their relative status in society,” is perhaps the most important priorities of the Clinic, and one of its most lasting legacies.

While much of the discussion concerning the history of the Behrhorst Clinic focuses primarily on the role of my grandfather, my own research has given me a much greater appreciation of not only what my grandfather was able to accomplish in Chimaltenango, but the role of the Clinic in empowering those participating in the program. For me, the greatest “ripple effect” of the Behrhorst Clinic is the inter-generational process of empowerment, activism, and development instigated by providing marginalized populations with access to basic resources such as education, training, and equipment. The effect of the Clinic on the social and economic conditions of participants is evident in the 1960’s. In the first years of the Clinic several Kaqchikel Maya women gained medical education through the Clinic, eventually earning their professional nursing degrees. Health promoters trained to diagnose disease and administer medication were able to not only provide health services in rural areas, but also to improve their own relative socio-economic status through education and administering drugs. Agricultural extensionists were able to improve their own crops through training programs and access to fertilizer and technology. Coop members and campesino (farmer) groups benefited from programs emerging from the Clinic, such as Kato-Ki and Uleu, allowing hundreds to improve their crops and financial standing.

While there was an immediate effect on the socio-economic status of participants, the most profound changes have occurred in the subsequent generations. While health promoters, agricultural extensionists, and medical staff were all able to benefit personally from their positions, their participation in the Behrhorst Clinic also had profound implications for their children. Health promoters and agricultural workers were able to provide their children with improved diet and health care, in addition to education, often including college. Through the Behrhorst Clinic, health promoters and staff were able to offer their children greater opportunities, and they also passed along a passion for and commitment to public service. Several of the original Behrhorst health promoters’ children are medical doctors, nurses, and health technicians. Several work in health and development NGOs in Chimaltenango, while others work as teachers at the primary, secondary, and administrative levels.

Although the Behrhorst Clinic has gone through many transformations in its 45 years, its legacy lives on; not just in the continued work of the Clinic, or through the support and work of BPD, but through the work of individuals and families affected by the Clinic. The “ripples” instigated by the Clinic continue to spread throughout Guatemala as it is enmeshed in the communal structures and relationships of every community it reached.