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THE MAN AND HIS IDEAS

Long before I came to respect his ideas, I had come to love the man-Carroll Behrhorst.

Many heavy thinkers deplore this approach. Beware, they warn, of being beckoned to counterfeit temples and false gospels by charismatic dazzlers. Rather, they say, one should scrutinize the doctrine, making certain that if conforms to one's enlightened view of the world (i.e., to one's own prejudices).

Perhaps, but the fact was that I met Carroll before I knew much about his work or theories. My wife, Laura, encountered Dr. Behrhorst in 1966 while in Guatemala on a story for LOOK magazine. She had high praise for this remarkable, innovative MD from Kansas who worked with the Cakchiquel Indians. I paid but scant attention.

That fall Carroll visited us In Princeton, NJ. I met a short, plump man in a rumpled seersucker suit with a baby face that might have belonged to a Little League umpire. As he dumped on the floor a worn, bulging briefcase (which held a toothbrush, spare shirt and his papers), I felt somewhat cheated. Expecting a cross between Mahatma Gandhi and Gregory Peck, I met instead your friendly neighborhood grocer. Then he grinned and clasped my arm and I caught a quick glimpse of what Laura meant. A half hour later I felt as though I'd known Carroll all my life. In that short time, he had communicated warmth, openness, compassion, an earthy, self-deprecating humor, a kind of boyish naivety and obvious sincerity. He listened as much as he talked, a rare trait among industrious men, and he did so with a peculiar, involved intensity, his blue eyes alight. Most men of mission---and Carroll is utterly devoted to his human mission in Guatemala--tend to be ponderous, but the little doc has a bounce and an elan that come from an inner joy that feeds on his love of life. A surgical nurse and mutual friend pointed out another quality: "He's gentle and that's unusual among doctors. The daily demands of medicine harden most physicians."

Edgar Gemmell, our board chairman of the Behrhorst Clinic Foundation, stresses another Behrhorst characteristic. "He's a toucher," he says. "He manages at some point to touch the other person, whether a patient, a friend or some stranger he’s just met." I doubt that Carroll is even aware of this trait which springs instinctively from his affection for his fellow humans. He never denigrates individuals nor flicks witty barbs at the expense of another person.

I like something else about Carroll Behrhorst. For all his high resolve and dedication, he's no saint and does not aspire to sainthood. He's a down-to-earth human being with a scattering of shortcomings that stem from his trust, optimism and faith in humanity.

To put it all briefly in the most personal of terms, Carroll makes me feel good. Never, in more than fifty encounters with him over the years, has he failed to buoy me with his ebullience and his camaraderie. Others mention this same sense of well-being when in Dr. Behrhorst 's orbit.

His unflagging energy amazes me. Last year Laura and I spent a number of nights with the doctor in his simple, candle-lit home which nestles amid pines on a hilltop outside Chimaltenango, Guatemala. I found that he arises at 5 a.m., reads newspapers and books for several hours, answers his mail, breakfasts with any of his seven children who happen to be home (they range in age from seven to twenty-four), drives to the clinic at 8 a.m. over dusty roads in a four-wheel-drive carryall, treats a steady stream of between 100 and 200 patients until 2 p .m., lunches at home, naps for an hour, then either returns for rounds at the hospital or journeys to some remote Indian village on a variety of missions. At night he may invite staff helpers to a barbecue, make emergency house calls, work on one of his reports or visit Indian friends.

One afternoon, after Carroll had put in his customary stint at the clinic, Laura and I drove with him to a mountain village twenty-five miles away where a new treatment station for one of the Behrhorst-trained Indian paramedics was to be inaugurated. Carroll drove the combination ambulance and freight vehicle with disciplined madness over an incredibly rocky, pitted dirt road that climbed in dizzy twists to a peak one moment, then plunged into a wooded canyon the next. Reaching the village just before twilight, we found the Indian elders gathered about the new "clinic," a rude hut with thatched roof and pine needles spread on a dirt floor. After an exchange of formal speeches, we walked to a school on a hillcrest where a hundred Indian children were drawn up in ranks to greet the doctor. Initial oratory of gratitude led to Behrhorst 's response, a simple expression of hope in which he managed to sandwich his chief message---that every child and adult listening should try to eat "an egg a day" for better nutrition. He did not have to praise the new paramedic; the community had nominated him as its candidate for training some twelve months earlier and had followed his progress, with quiet interest.

Later festivities at the home of the most prosperous Indian were cut short by a messenger who brought word that a rear tire on the carryall had gone flat. In the next scene, we see Dr. Behrhorst shucking the seersucker coat he always wears (the Cakchiquels want their doctor to look like a doctor) and crawling under the car to jack up the axle. He labored for half an hour and when we finally departed, the moon rode the dark sky and Carroll, streaked with dust and grease, was again at the wheel, waving goodbye to his Indian friends. After another bone-crunching ride over the same road, we arrived back in Chimaltenango at 10.30. Laura and I fell into bed, but Carroll rattled off in the ambulance to make several emergency house calls.

Carroll Behrhorst was born in Girard, Kansas, July 23, 1922, son of a filling station operator and auto mechanic. He earned his medical degree at Washington University in St. Louis, served as a U.S. Navy reserve doctor and spent the 1953 in private practice in Winfield, Kansas. He worked as a public health doctor and professor of medicine in Guatemala for three years before opening the Chimaltenango clinic in 1962.

The aura of his native Kansas, windswept prairies and amber wheat fields, still clings to Carroll. His style is informal, friendly, pragmatic. Deep within him dwell some of the values of the vanished frontier: an affinity for hard work, respect for the individual, quiet self-esteem, belief in self-help as opposed to charity, contempt for glittering status symbols, distrust of large, stagnant institutions, rugged self-reliance, humbleness before the infinite unknowns of the universe and an iron determination. Upon these Carroll has built his own philosophy embracing a belief in the perfectibility of man, a tolerance for the creed of others, a love for the natural as opposed to the artificial and enduring idealism.

His most attractive and luminous trait, I believe, is his ability to listen and learn, a duality that sharply marks the divide between Dr. Behrhorst and the host of Yankee missionaries who fanned out over the world to bring word of Christianity and the indoor flush toilet to so-called primitive cultures. His predecessors for the most part sought to impose their beliefs and customs on peoples they deemed inferior. Even the celebrated Nobel Peace Prize winner, Dr. Albert Schweitzer, was not free of the occluded, white-man's-burden view of the world.

Carroll, on the contrary, holds that he and the Cakchiquel Indians are equals, each able to learn from the other. He never forces his techniques and dogma on the Cakchiquels . Rather he patiently learns what they want and need and then seeks to satisfy their wants, never violating Cakchiquel custom and creed. From the Indians, Carroll takes far more than he gives, absorbing values from the ancient Maya heritage that enrich his life.

Today the town of Chimaltenango offers a fascinating example of the cleft between these two missionary approaches. Right off the plaza stands the Behrhorst clinic and hospital, its doors wide open to sufferers of all beliefs, its spirit infused by a doctor who treats each Indian as an equal and a person of worth. A few blocks away stand several old-style missionary compounds, walled off to the teeming Indian life around them, wedded to the doctrine that the dark-skinned Indian can attain salvation only by converting to the white man's religion.

Thousands of Indians know the name and warmth of Carroll Behrhorst. They accept and trust him as doctor and friend. Not one Indian in a hundred could name any of the missionaries who labor behind those compound walls that represent an alien, austere, unwanted way of life. From my unwalled friend, the doc, I've acquired countless insights in the eight years I've known him. I delight in the simplicity of the knowledge circuit--from the Cakchiquels to Dr. Behrhorst to me.

Some mysterious enzyme may be at work in our beleaguered industrial civilization. In the last few years there has been a great rekindling of interest in Indian life among people of the West.

With mass production yielding such sullen fruit as poisonous pollution, hydra-headed hydrogen missiles, depletion of vital natural resources, blighted cities, beaches and oceans, western man no doubt yearns sentimentally for the uncluttered, nature-linked life of the Indians. But perhaps this new interest also reflects a deeper, intuitive feeling that the white man's world is imperiled and that we must search ancient Indian cultures for clues to our rejuvenation. Could it be that the long-scorned, exploited and oppressed Indian tribes of this hemisphere hold a key to human survival?

Robert Jaulin, a French anthropologist, notes that the Quechua and Aymara Indians of the high plateaus of the Andes resist all efforts to impose the white man's customs and technology on them and that they have repopulated themselves to their original 20,000,000 after being decimated by the Spanish invaders. "Until now they have managed to refuse our civilization," said Jaulin, in a 1971 Psychology Today interview. "One day they will be strong enough to impose their will on us, because their civilization will have become necessary to us, whose system is very close to crumbling into ruins."

Whether or not one accepts this Indian mystique shared by Behrhorst and Jaulin, one can find a score of Behrhorst practices that have application to millions of people outside the mountains, gulley's and plateaus of Guatemala. Most of them can be exported to any so-called under-developed country as witness the high marks accorded the Behrhorst experiment by the World Health Organization. Some can be transplanted to the industrialized nations such as the United States. Here are a few of the most important:

Behrhorst helps those who help themselves. Charity may make the donor feel noble, but It demeans and softens the recipient. Every patient treated in the clinic is expected to pay something, if only 25 cents. The hospital basic charge is 75 cents a day per bed. The Indians expect and appreciate the charges. They too sense that charity guts self-respect and dignity. Penniless patients treated in emergencies invariably return after recovery with at least a token payment.

Curing the sick is not enough. An Indian child suffering from diarrhea, pellagra or tuberculosis returns again and again unless basic causes of the ailments are eradicated. Early on Carroll clearly saw the links of the chain: Malnutrition caused a high percentage of illness among the agrarian Cakchiquels; poor crop yields and lack of protein caused most malnutrition; poverty, exploitation and landlessness accounted for poor crops and the protein lack. To crack the dismal cycle, Dr. Behrhorst over the years established a complex of services: Indian dialect-speaking extension nurses who specialize in teaching nutrition; agricultural extensionists who instruct in animal husbandry, tilling and fertilizer techniques; co-op marketing and land reform.
A modest revolving fund now enables Indians to borrow money at reasonable rates to purchase land when it comes on the market.

Land purchase is at the core of the Behrhorst program. An Indian can maintain a healthy family on a few acres, but for centuries, wealthy ladino families owned the land that once belonged to the Cakchiquels. Now when land goes up for sale, Indian managers of the revolving fund try to

buy it up for the Cakchiquel land pool. Another revolving fund has begun to finance community projects such as fruit trees, water pumps and fertilizer. The demand is great.

Adequate health care does not require a $30,090 medical education. Carroll reasons that nature cures about 86 per cent of human ailments and most of the remaining 20 per cent can be cured by any intelligent person after concentrated training. Therefore, he established a network of "health promoters," Indians who, averaging only a third-grade education, treat the sick in their villages. Sixty of these medics are at work in small clinics scattered throughout the highlands where 200,000 Indians depend almost exclusively on Dr. Behrhorst and his trainees for their medical care. The paramedics received a year's training 1 one day a week, at the hospital and clinic in Chimaltenango and they still return once a week for bolstering instruction. They also know what not to treat. They refer the complicated cases to Dr. Behrhorst. As local practitioners, most become community leaders for development projects.

Behrhorst serves on Indian terms, not his own. Carroll never dictates nor espouses his will. He explains the problem and lets his patient decide his own fate. He does not violate Indian custom. The hospital, for instance, resembles a cluttered market more than it does an antiseptic American medical center. Indian nurses wear native garb, not white uniforms. Indian families crowd around the beds, sleeping on the floor, preparing food, caring for the ill member. The Cakchiquels want it that way. Carroll concedes that hygiene suffers, but experience shows that boosted morale of the sick far outweighs the physical risks. The feelings of alienation and humiliation which prevent most Indians from seeking treatment in a city “white man's" hospital are nowhere in evidence.

The best job is doing himself out of a job. Carroll believes that any institution financed or serviced will wither as soon as the sustaining fuel is cut off. He therefore labors to make the Behrhorst health-and-welfare complex a total Cakchiquel enterprise. The health promoters and Indian nurses provided a first step. Indian management of the revolving fund is another. This year Vicenta Telon, one of the few Cakchiquels to become a graduate nurse, is taking over some of the clinic treatment from Dr. Behrhorst. A search is on for an Indian doctor who can be trained to head up the clinic and hospital.

I doubt that many members of the Behrhorst Clinic Foundation board would have accepted membership if they believed that Carroll‘s endeavors had application only to the highlands of Guatemala. The exciting promise for most of us is the high probability that many of Carroll's ideas, successfully tested in Chimaltenango, can be exported to wide areas of Latin America, Africa and Asia, and some of them could be adapted in the United States with great benefit to our own extravagant and often flawed system of community health care.

The Behrhorst health-and-welfare complex is financed in three ways: (1) clinic and hospital fees paid by the Indians, (2) foundation grants for specific purposes such as the land-purchase revolving fund, and (3) individual contributors. It is upon this last category that the Behrhorst Clinic Foundation depends on to pay its annual operating deficit.

For a number of years individual contributors have hovered around the 200 mark. Most are people who have either visited the hospital in Guatemala or have heard one of Dr. Behrhorst's infrequent talks in the United States. We board members think this is a pitifully small number of backers for an enterprise which serves more and more Indians each year and which holds such promise for the world. We're trying, as a starter, to boost the number to 500. We hope you'll be interested enough to join the Behrhorst family of contributors. If so, checks made out to the “Behrhorst Clinic Foundation" can be mailed either to the friend who sent this packet to you or to John Puelle, Treasurer, 602 East 9th Street, New York City, New York 10009. Contributions are tax deductible. If you have a friend who might share your interest, please let us know his or her address and we'll mail out a packet.

In closing, an anecdote. Several years ago, a renowned American physician, a top specialist in tropical medicine, visited Chimaltenango and toured a number of mountain villages with Dr. Behrhorst, dropping in on some of the Indian health promoters. The specialist, whose own training spanned two decades, was understandably skeptical of the medical skills of Indians who dispensed treatment after only limited primary schooling and one year of instruction at, the clinic. He closely questioned each paramedic as the Indian worked with patients but could spot no blunders. Near sundown of a long day, he at last rebuked one health promoter, Diego Alba, for his treatment. "You gave the wrong medicine,” he said. “The specific medicine called for in this case of pneumonia is penicillin." Carroll translated into Spanish. Alba listened carefully, then replied: "I know, Doctor, but you see, this man is allergic to penicillin."

Carroll grinned.